



How do we ensure we deliver good value for money?

Transcript

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My name is Ed Rothery. My role with the partnership is the Chief Finance Officer, as you would expect, the key part of the role is to ensure that the partnership has enough resources to fulfil its requirements to deliver the MSK contract through this part of Sussex. The thing that is slightly unusual, I think, in terms of the way most health care services are provided in Sussex, is that the partnership operates under what's called a prime provider contract. The partnership both provides health services as part of the MSK pathway, and it also commissions other organisations to provide other parts of the MSK service in Sussex.

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When you're working across two partner organizations within a partnership, you will have a role in a successful delivery of the service model. I think one of the things coming from a kind of NHS provider perspective is the kind of benefit that you can gain from working with other organizations that might be coming from a different perspective or a different start point. I personally benefited, and I think my organization, benefits as well from from some of those interactions with Here. In particular, some of the some of the way that organization can move into quite a fleet of foot way. The importance that they have on business, intelligence, information, analytics, those more real time reporting that allows them to make decisions with confidence around the data there needs to be a pretty high degree of collaboration across different organizations so that the patient themselves has a kind of seamless route between the different providers.

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And hopefully we'll see that the care that they've received is part of a single pathway rather than individually accessing different providers along the way. The measure of benefit in terms of value for money for this model of care would be that we continue to provide the service for this growing population is growing demand, improved care for patients, but staying within the fixed financial envelope. So providing all of those

services without a huge inflationary impact on the system. What the numbers demonstrated five or six years on now is that we've been very successful in achieving that goal.

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Firstly, total spending has dropped. If we take an example, for the last full year of the contract before that kind of covid impact, the totality of the spending dropped by more than four million pounds between the second year contract and the fifth year. And that was great. That was what we were aiming for, is not delivered through rationing care or inappropriate care. It's purely by providing the right service at the right time to the right patients and in a uniform manner and a consistent manner.

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Secondly, that's in the context of a very significant increase in demand for the service. The partnership received something like fifty four thousand referrals in a year. Into its services by year five, that figure was sixty four thousand, delivering a reduced spend on the back of a huge increase in demand is, I think, even more significant and even more remarkable, really, in terms of the context that we're operating in. Thirdly, in context of a quite a significant reduction in the numbers of patients who are waiting for treatment as well, "what would it cost if all of those patients who are on a waiting list receive their treatment immediately?" Back in year two to clear that waiting list immediately would cost about 12 million pounds.

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And by year five, that had dropped to less than 10 million pounds. What that meant was that there were far fewer patients waiting for treatment in the fifth year of our contract than when we took it over. One of the unknowns when this new model of care was commenced was the length of time it takes to make an impact over time. What we said at the start of the contract we thought would happen has happened in this seemingly endless rise in demand and cost for some of these services, such as MSK can be arrested if you have the right model in place and a real focus on providing the right care at the right time for the patients.

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All of those different aspects add up to, I think, an even more significant performance from a kind of a value for money perspective for the model. You're not only spending less money, but you're dealing with all of those other factors that come in: demand, inflation reduction and waiting times as well. We're not spending less because we are building up a problem for the future, that's being tackled at the same time. But over time, I think some of those kind of numbers demonstrate how successful the partnership has been in doing that.

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And we think by maintaining that model, by continuing that that model of care, those kind of benefits will continue to be driven out. I really hope that we can continue with

the benefits that have been brought about after five, six years of delivering in the way that the partnership has delivered. Everything that we're trying to achieve through and improve from a value for money perspective is ultimately around improving the outcomes for patients.