

# Practice and Provider Monitor



**Practice and Provider Monitor (PPM) is a web-based tool that provides insight into performance management. It helps to improve financial, operational and clinical outcomes, with compelling return on investment and rapid time-to-value.**

**PPM is currently used by 35 per cent of PCTs and 55 per cent of acute trusts.**

**For more information please email [products@drfoster.co.uk](mailto:products@drfoster.co.uk)**

**[www.drfoster.co.uk](http://www.drfoster.co.uk)**

PPM is a strategic planning tool and a joint information resource for providers and commissioners. It enables users to quickly identify opportunities for efficiency and productivity that can be delivered directly to reduce costs and improve quality.

PPM offers:

- A shared view of all inpatient and outpatient activity for providers and commissioners
- Comparisons of the effectiveness and efficiency of providers, with data for all trusts in England
- Analysis of trends in income and tariff/bed days by HRG, diagnosis and procedure
- Analysis of admission numbers, episodes of care, length of stay, DNA rates, DOSA rates, excess bed days over tariff, potential bed day savings and emergency readmission rates
- Benchmarking against a chosen peer group, within the SHA or nationally
- Monthly activity statements at trust, PCT and practice level, showing who has been treated, where and for what conditions
- The ability to drill down to individual patient records and histories dating back 15 years.

New features in 2010 include:

- A range of new Standardised Admission Ratios across GP referrals, consultant-to-consultant referrals and hospital admissions
- Improved charts including stacked bars, bubble plots, trend graphs, pie charts, and pie-of-pie charts
- Nested and cross-tabbed queries to enable multiple drill-down within one report
- New outcomes measures, such as complication spell ratios and analysis by HRG4.

Dr Foster Intelligence knows the role that information plays in meeting QIPP requirements and is in a unique position to support both commissioners and providers by:

- Helping PCTs understand their position as world class commissioners against the Assurance Framework by drilling down further into their data
- Helping providers understand the impact of commissioning on the use of their services and how hospitals can allocate resources effectively.

## “By making sure that those people see primary care staff first, we could be making savings of at least £500,000.”

Ray Guy, Practice Service Manager, Liverpool PCT

### Liverpool PCT

Liverpool PCT has used PPM for over three years.

Practice service manager Ray Guy says, “PPM enables me to answer the two most basic questions: what services do we need to provide to the people in our community, and who needs to go to hospital? Once that’s known, you can create a community health system based on a prioritised list of things that you want to take out of hospital.”

In 2009, data showed a great increase in A&E attendance over the previous two years, with 25 per cent more people using A&E than before.

Data from PPM suggested that 10 to 15 per cent of patients were using A&E inappropriately. Part of the problem was the department’s close proximity to the local population.

The trust discovered it could save over £500,000 if people saw primary care staff first where appropriate.

By helping to establish trends of A&E attendance, the tool supported the development of a plan to situate a primary care unit within the A&E department.

PPM has also been used for examining follow-up rates for musculoskeletal and ophthalmology patients, on behalf of a local consortium of 23 practices.

### Nottingham City Hospital

Comparing its work with peers is an essential process for Nottingham City Hospital, which uses PPM to monitor the equality of care and access.

By better understanding which groups in the community are using its services and in what way, the hospital can allocate resources more effectively.

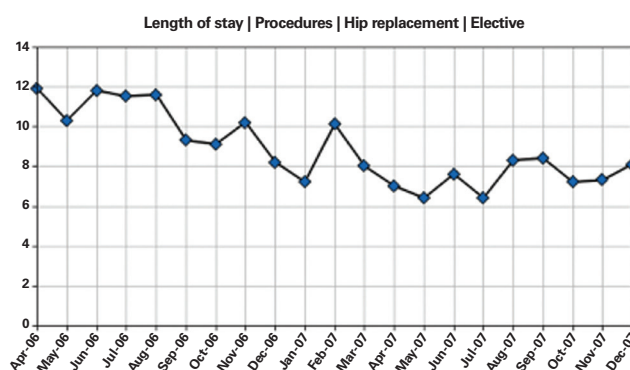
Kate Pound, a service improvement manager, says she uses PPM all the time.

“There virtually isn’t a day or a week that goes by without me using it. It’s quite an empowering tool to have when faced with challenging questions from directorates. It means I can always compare us with other trusts when I need to prove a point.

“The data we are now using has provided us with a massive drive in service improvement. People are no longer working in isolation. They see themselves as a part of the whole patient flow. I think it has empowered and enlightened staff who are now recognising and saying, ‘You need to improve your length of stay, you need to improve the way you’re working,’ etc. For me, that has really been very powerful.

“We’ve done massive work on reducing length of stay in areas such as hips, knees and cardiac pathway. I am looking at reconfiguration of the beds, and length of stay is the driving force of it. When you realise there are an awful lot of people coming in as inpatients that actually should be day case procedures, that is what pushes service redesign.”

### Improving length of stay



*This graph shows the downward trend in average length of stay for elective hip replacements.*