

# Practice and Provider Monitor



**Practice and Provider Monitor (PPM) is a web-based tool offering providers and commissioners a shared view of nationally benchmarked inpatient and outpatient activity.**

**PPM is currently used by 50 per cent of PCTs and 48 per cent of acute trusts.**

**For more information please contact your local Healthcare Improvement Consultant on 0800 288 9810**

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The PPM tool 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, excess bed days over tariff, potential bed day savings and emergency readmission rates
- Benchmarking to allow comparisons with other practices within the PCT and 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 ten years

Reporting options enable in-depth, bespoke investigations, including:

- Standardised Admission Ratio
- Admitted patients
- Outpatients
- PbR monitoring
- Patient records
- Mapping options to facilitate easy presentation of complex data-sets

As a World Class Commissioning consortium partner, Dr Foster Intelligence knows the role that information plays in achieving the key competencies 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 Manager, Liverpool PCT

## Liverpool PCT

Liverpool PCT has used PPM for over two years.

Ray Guy, a practice service manager, says that “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.”

Recently, data has shown a great increase in A&E attendance over the last 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 could be 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 has supported the development of a plan to situate a primary care unit within the A&E department.

A plan on behalf of the local consortium of 23 practices is now being drafted and PPM is also being used to examine follow-up rates for musculoskeletal and ophthalmology patients.

## 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.

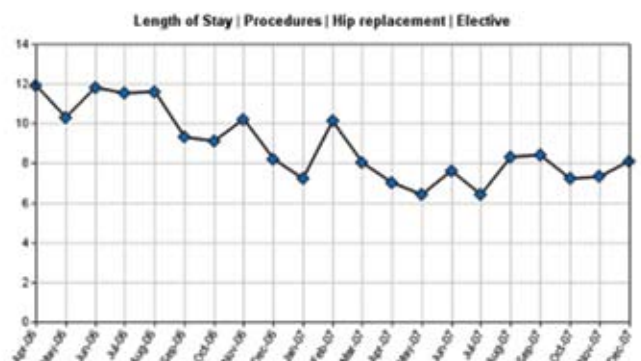
Service improvement manager Kate Pound says she uses PPM all the time.

“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. Just at the moment 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*