



Royal College
of Physicians

Quality
Improvement Hub

Quality Improvement Resources

Service planning and costing tools



Alcohol services

[Alcohol Learning resources](#)

Tools and guidance can be used by commissioners and providers as aids for needs assessment, treatment capacity, service impact and planning responses in local alcohol service delivery. Published by Public Health England

Tools include

- The [Alcohol Systems Model](#) is a computer simulation tool that enables commissioners / service planners to envisage the likely impact of making changes in service configuration. The model represents a geographical area equivalent to a PCT or Local Authority, with an adult population of 250k (and rising). It is capable of scaling to cover a different local, regional or national picture if required.
- [Ready Reckoner v5.2 and Instructions](#)

The ready reckoner V5 (updated Feb 2011) aims to assist areas to select interventions to reduce alcohol related admissions in the short term.

- [Rush Model Spreadsheet - Average PCT](#)
- [Rush Article](#)

The Rush Article, 'A systems approach to estimating the required capacity of alcohol treatment services' looks at how to produce, 'a model for estimating the required capacity of alcohol treatment systems...

- [ARA Tool](#)

This tool was updated on the 1st Nov 2009. This is a tool for calculating alcohol attributable fractions for episode level data. The tool can be used to calculate alcohol-attributable fractions and...

Cardiovascular services

[Cardiovascular outcomes versus expenditure in local populations](#)

The outcomes versus expenditure tool shows the relationship between spending on cardiovascular disease (CVD) care and clinical outcomes. Published by Public Health England

Commissioners

[The care cost calculator](#)

A free interactive (spreadsheet based) tool for use by commissioners in local areas to look at costs of care by age group, patient group and care setting. Published by Monitor

Diabetes services

[Diabetes outcomes versus expenditure \(DOVE\) in local populations](#)

The DOVE tool shows the relationship between spending on diabetes care and clinical outcomes in GP and clinical commissioning group (CCG) areas. Published by Public Health England

[Dove tool for GP practices](#) : includes clinical outcomes from the National Diabetes Audit (NDA) and Quality Outcomes Framework (QOF), and prescribing data from NHS Digital

[Dove tool for CCGs](#): includes QOF and prescribing data

Hospitals

[Savings and productivity collection](#)

Published by National Institute Clinical Excellence, alongside their National guidelines and quality standards

[Spend and outcome tool \(SPOT\)](#)

Published by Public Health England.

An online tool that compares acute hospital activity, clinical coding and payment by results data. Free to all in NHS.

[Cost assessment tool \(CAT\)](#)

Costing template for acute care services. NHS Improvement. 2017

National Institute for Health and Care Excellence (NICE)

[Costing tools](#)

Costing tools support estimation of cost and discuss the assumptions made when estimating the financial impact of implementing the guidance.

[Service planning](#)

Tools and advice for use by organisations planning to implement the guidance.

Public health

[Local authority opportunity tool](#)

Derived from Atlas of variation 2015. Published by Public Health England

[CCG opportunity tool](#)

Derived from Atlas of variation 2015. Published by Public Health England

Whole health economy

[Strategic Health Asset Planning and Evaluation](#) (SHAPE)

A web-enabled, evidence-based application which informs and supports the strategic planning of services and physical assets across a whole health economy

Free to NHS Professionals. Published by Public Health England



Disclaimer

The resources within this document have been developed by the College and other organisations to support healthcare services to implement change. Inclusion within this guide does not imply the College is formerly endorsing the products and it is not an exhaustive list.

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