





Öresundsförbindelse



**NHS**

# What is our strategic intent?

## *High Value Healthcare which*

- *Allocates resources for optimal value & equity*
- *Makes optimal value from the use of allocated resources*
- *Ensures each individual receives care that addresses their particular problem and values*

How will we achieve our strategic intent?

*Have a clear visualisation*

*Understand context*

*Destabilise the current culture*

*Control the language*

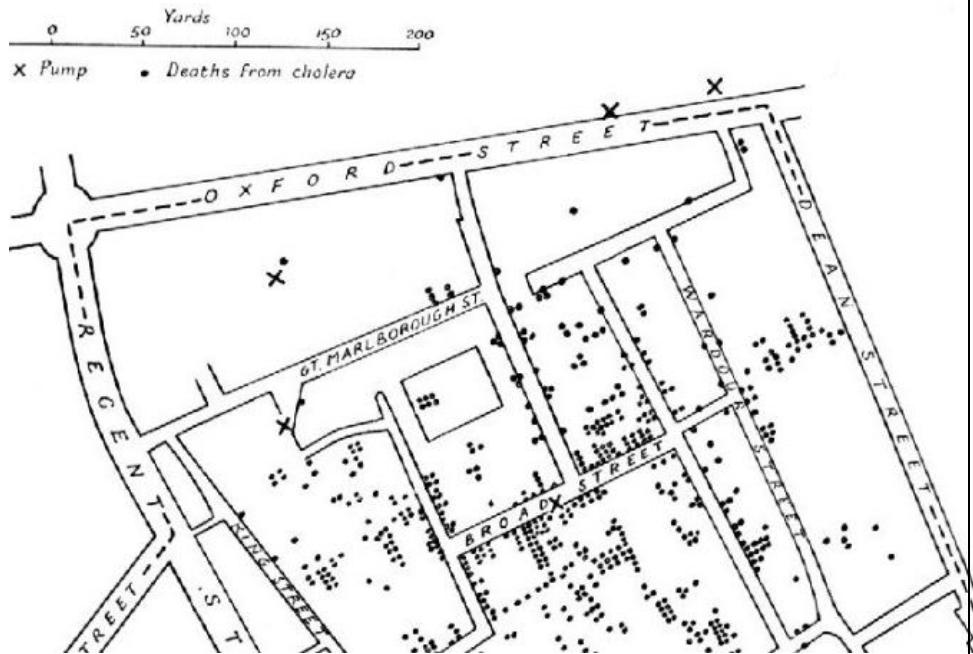
*Build on success*

*Train our workforce*

# Great innovations of the first and second healthcare revolution

## The First

### Broad Street - John Snow



## The Second

- MRI and CT scanning
- Statins
- Antibiotics
- Coronary artery bypass graft surgery
- Hip and knee replacement
- Chemotherapy
- Radiotherapy
- Randomised controlled trials
- Systematic reviews



-

Progress in the last 40 years has been amazing but all health services, everywhere, still face 5 major problems one of which is unwarranted variation which reveals the other four

- HARM, from overuse even when quality is high
- WASTE OF RESOURCES through low value activity
- INEQUITY, from underuse by groups in high need
- FAILURE TO PREVENT DISEASE & DISABILITY

And new, additional, challenges are developing

- RISING EXPECTATIONS
- INCREASING NEED
- FINANCIAL CONSTRAINTS
- CLIMATE CHANGE

Variation in utilization of health care services that cannot be explained by variation in patient illness or patient preferences.

Jack Wennberg

More of the same is not the answer ,  
not even better quality, safer, greener  
cheaper of the same

we need to design, plan and build a  
new paradigm





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# Global health workforce shortage to reach 12.9 million in coming decades

News release

11 NOVEMBER 2013 | RECIFE, BRAZIL - The world will be short of 12.9 million health-care workers by 2035; today, that figure stands at 7.2 million. A WHO report released today warns that the findings – if not addressed now – will have serious implications for the health of billions of people across all regions of the world.

The report, "A universal truth: No health without a workforce", identifies several key causes. They include an ageing health workforce with staff retiring or leaving for better paid jobs without being replaced, while inversely, not enough young people are entering the profession or being adequately trained. Increasing demands are also being put on the sector from a growing world population with risks of noncommunicable diseases (e.g. cancer, heart disease, stroke etc.) increasing.



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### Publication

[A universal truth: No health without a workforce](#)

### Related links

[More on the Third Global Forum on Human Resources for Health](#)

[WHO's work on health workforce](#)

[Global Health Workforce Alliance](#)


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20<sup>th</sup> Century

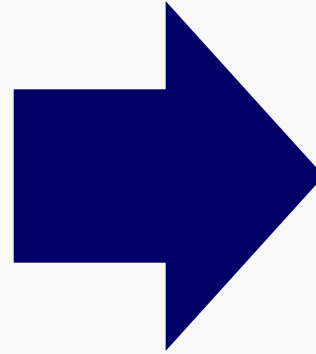
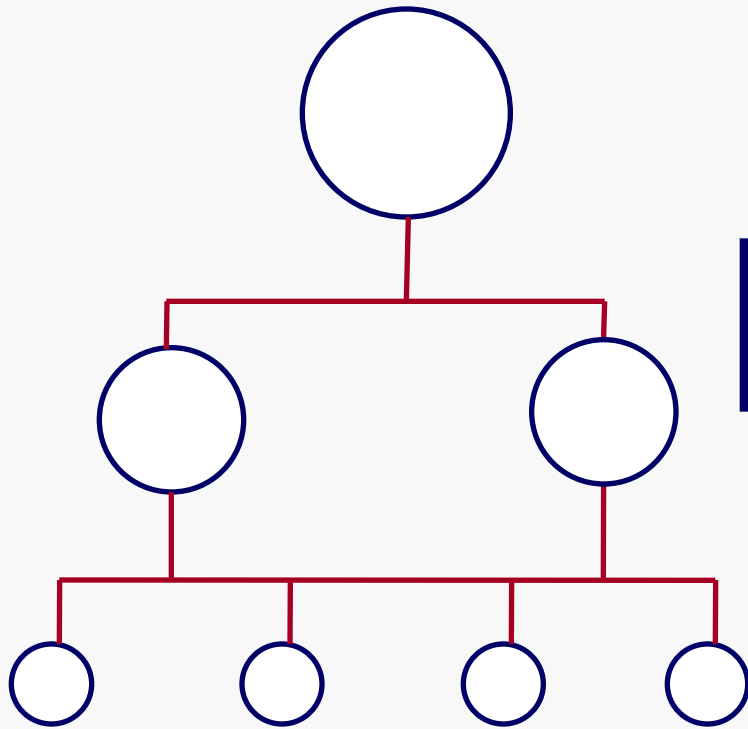
21<sup>st</sup> Century

Bureaucracy  Network

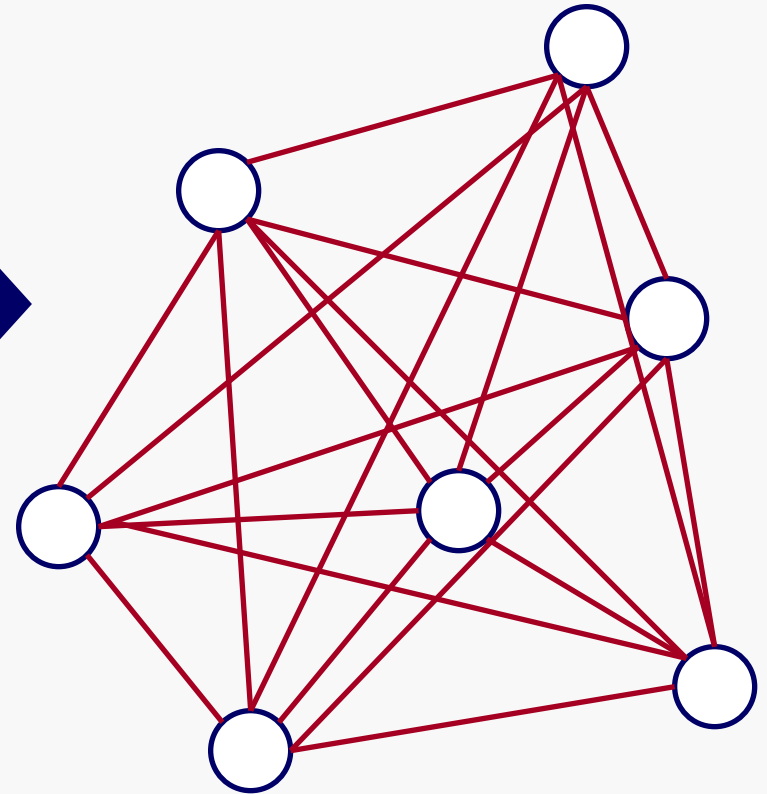
Hospital  System

Doctor  Citizen

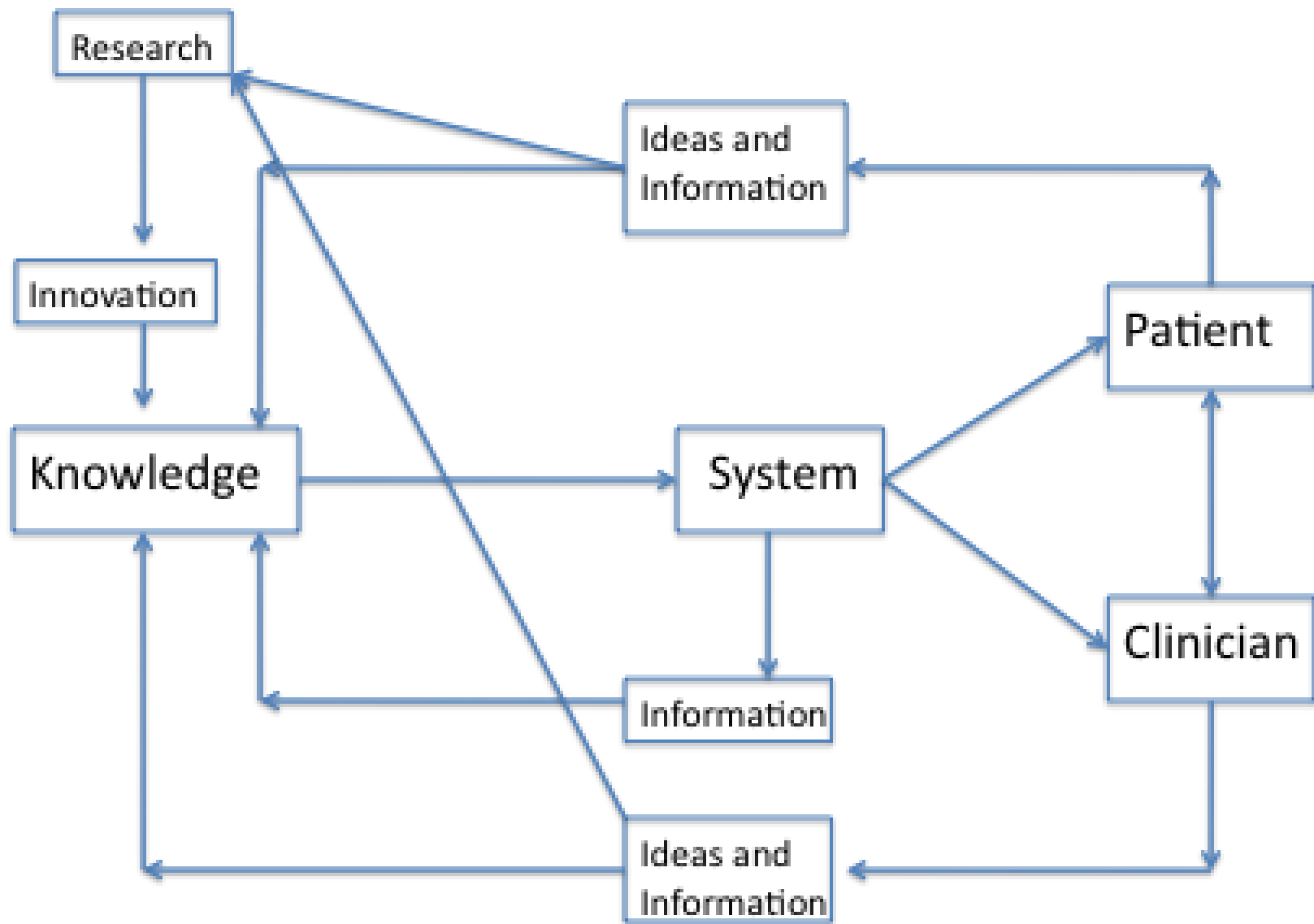
# Hierarchy



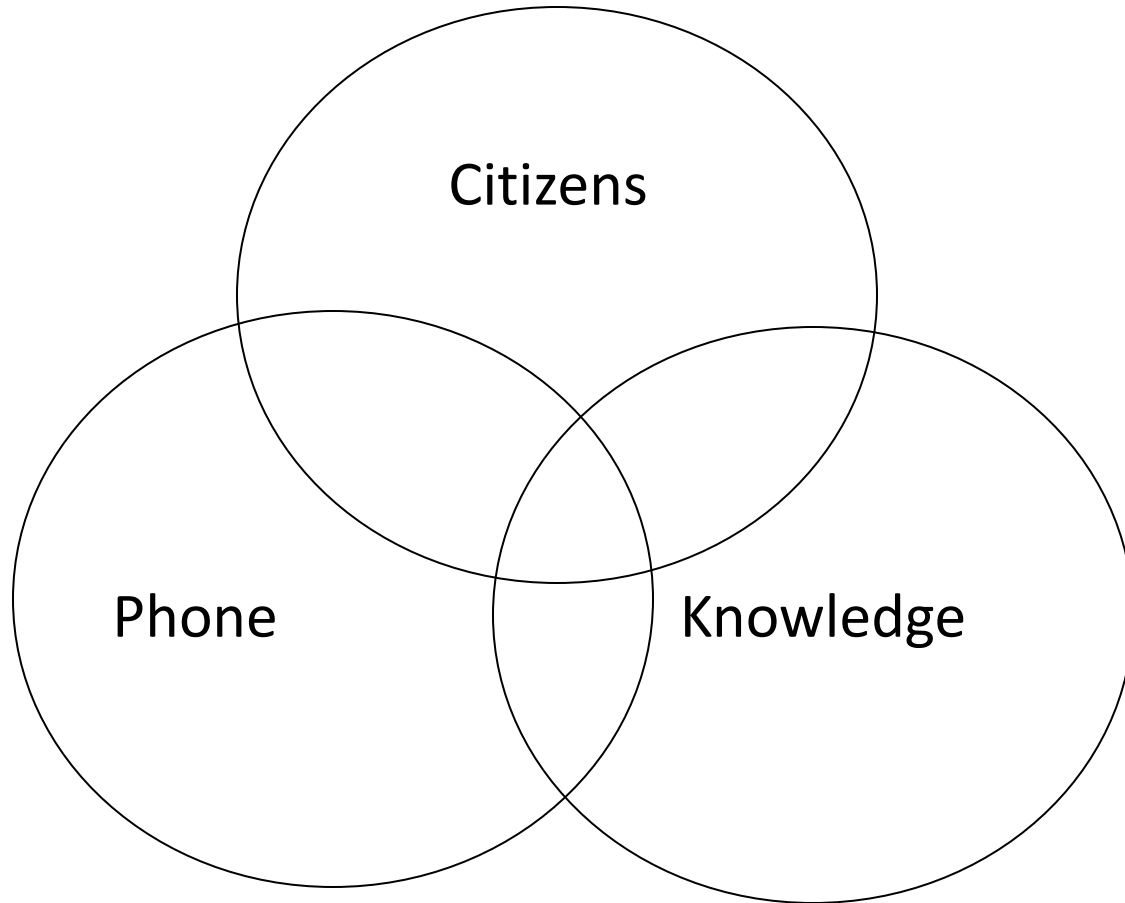
# Network







the Third Healthcare Revolution is already underway



the Third Healthcare Revolution will come out of the barrel of the Smartphone

How will we achieve our strategic intent?

*Have a clear visualisation*

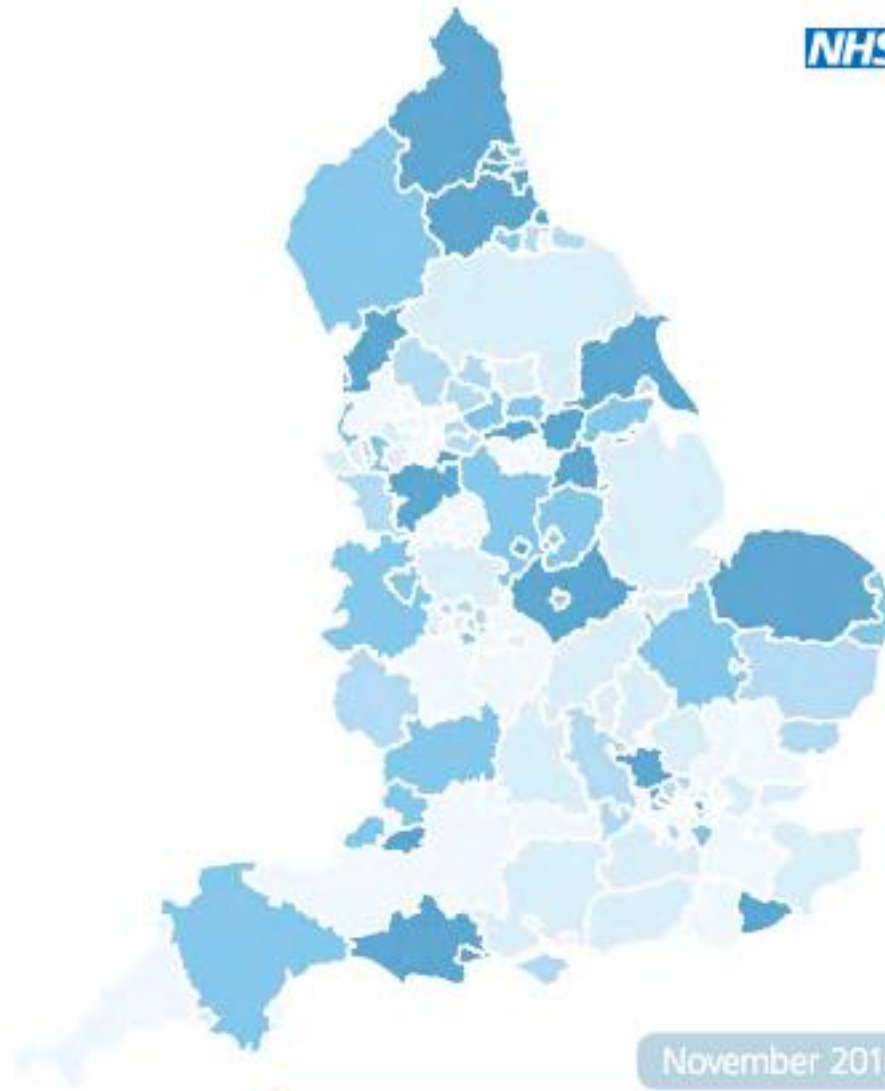
*Understand context*

*Destabilise the current culture*

*Control the language*

*Build on succes*

*Train our workforce*



November 2010

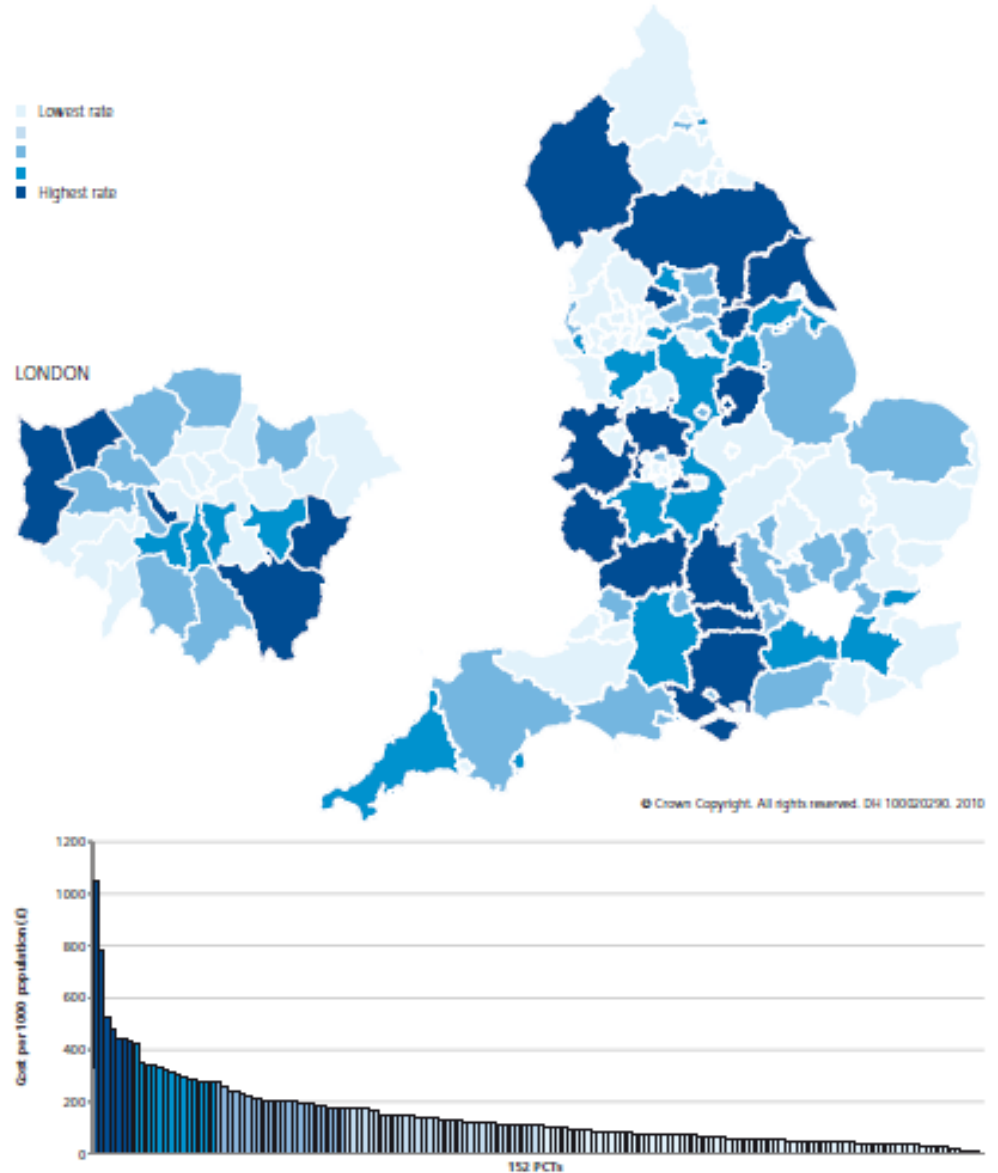
**The NHS Atlas of Variation in Healthcare**

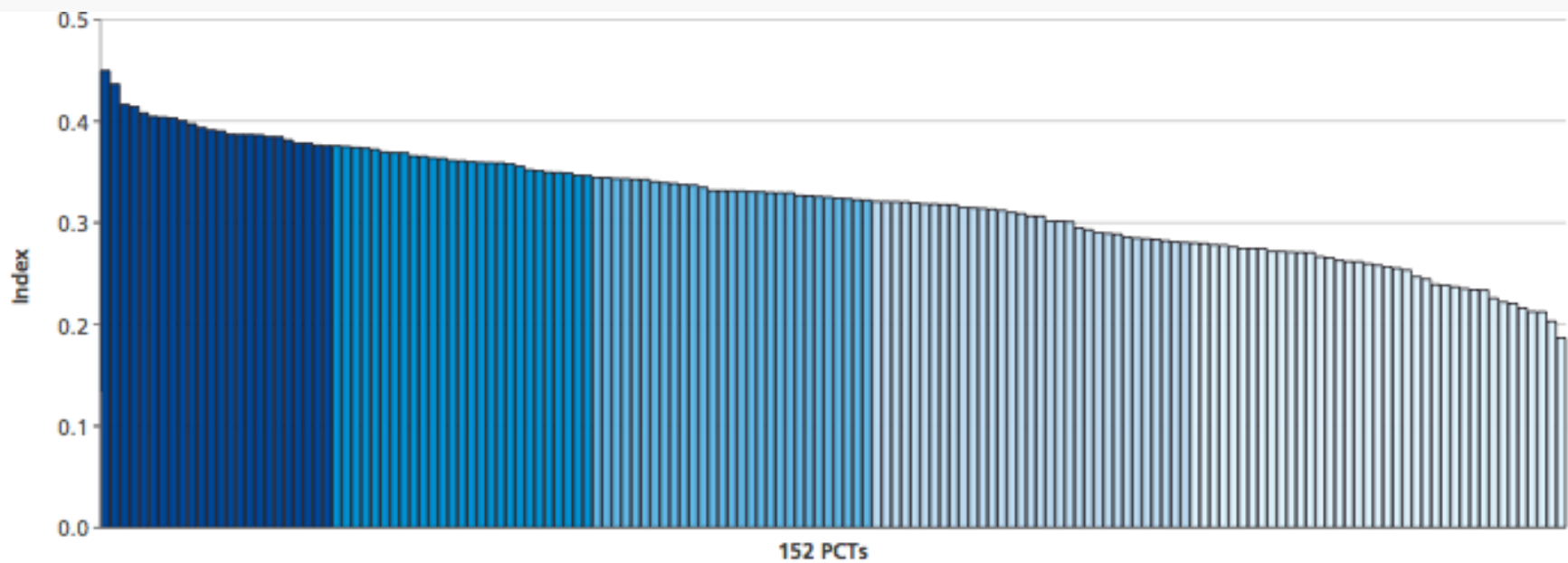
Reducing unwarranted variation to increase value and improve quality



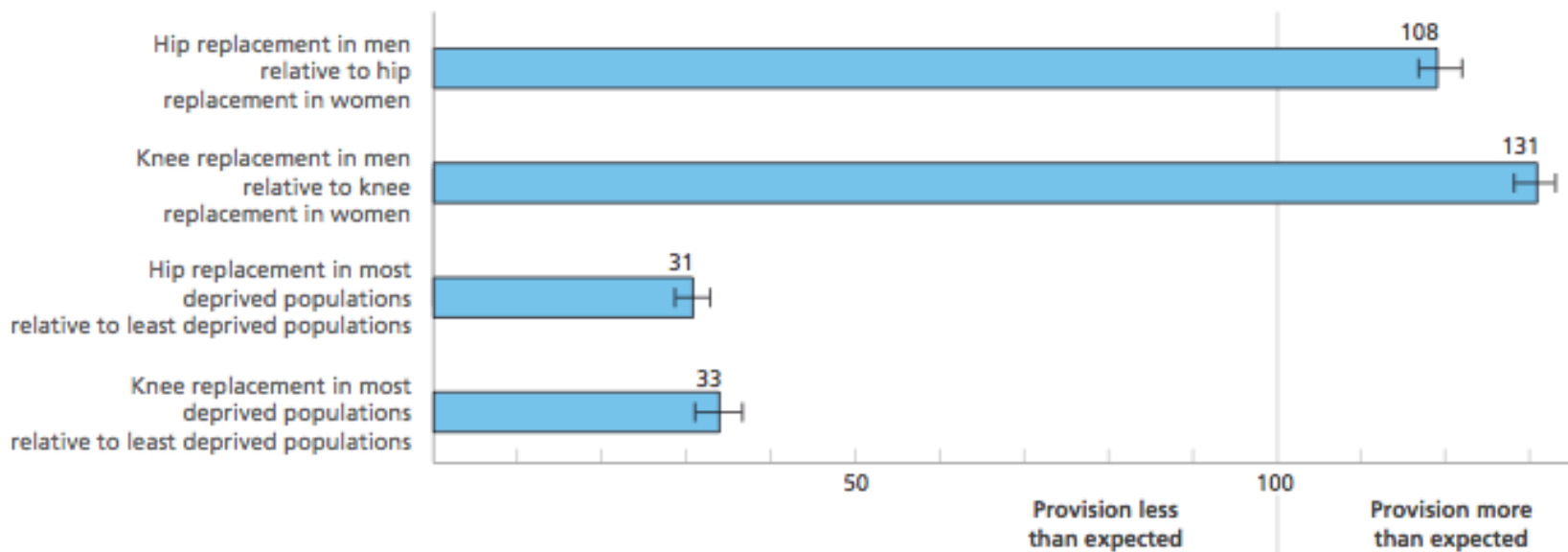
## Rate of anterior cruciate ligament reconstruction expenditure per 1000 population by PCT Weighted by age, sex, and need; 2008/09

The variation among PCTs in the rate of expenditure for anterior cruciate ligament reconstruction per 1000 population is 50-fold.





### Illustration of the Inverse Care Law



# Population healthcare questions

- Is epilepsy care in Lazio better than epilepsy care in Wales?
- Who is responsible for the service for people with bipolar disorder in Northumberland?
- Did the service for people who are breathless in Brussels improve last year?
- Is the service for frail elderly people getting better in the Ukraine, is it better than in Latvia, and who is responsible for it?
- Is arthritis care in Paris better than arthritis care in Berlin?
- How many asthma services should there be in Spain and is that different from the number of services for inflammatory bowel disease or rheumatoid arthritis ?

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# Ban old language

PrimarySecondaryAcuteCommunityManagerOutpatientHubandSpoke

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## Introduce new language

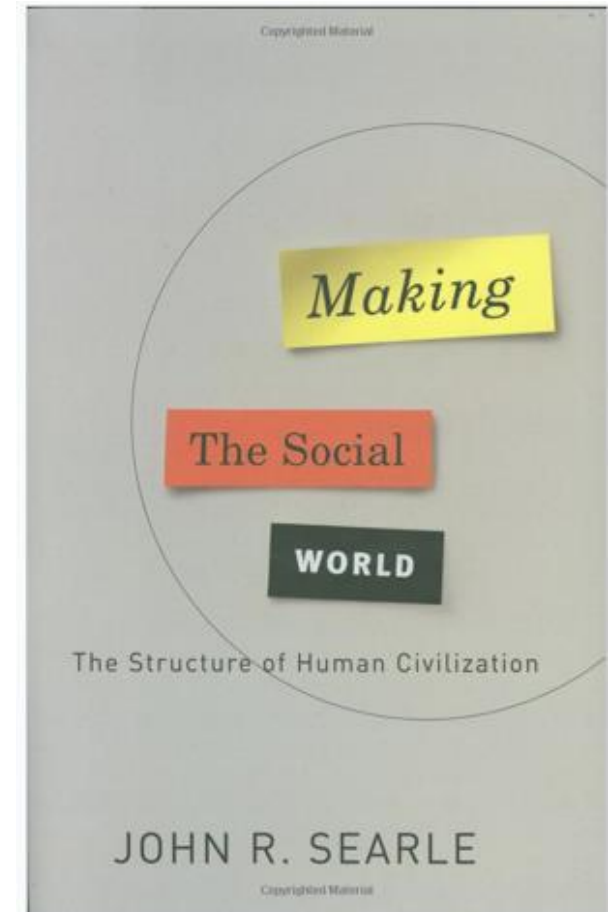
A **SYSTEM** is a set of activities with a common set of objectives and outcomes; and an annual report. Systems can focus on symptoms, conditions or subgroups of the population  
(delivered as a service the configuration of which may vary from one population to another )

A **NETWORK** is a set of individuals and organisations that deliver the system's objectives  
(a team is a set of individuals or departments within one organisation)

A **PATHWAY** is the route patients usually follow through the network

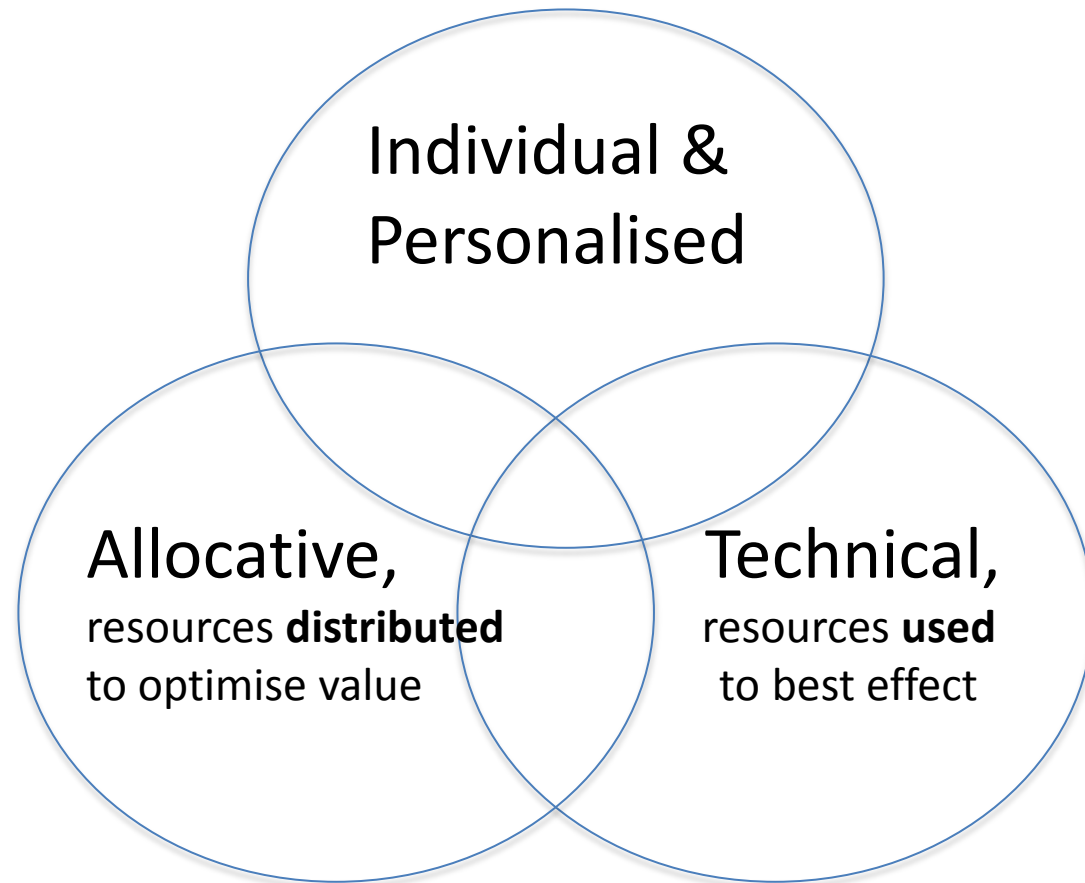
A **PROGRAMME** is a set of systems with a common knowledge base and a common budget

‘all of institutional reality,  
and therefore, in a sense,  
all of human civilization, is  
created by speech acts’

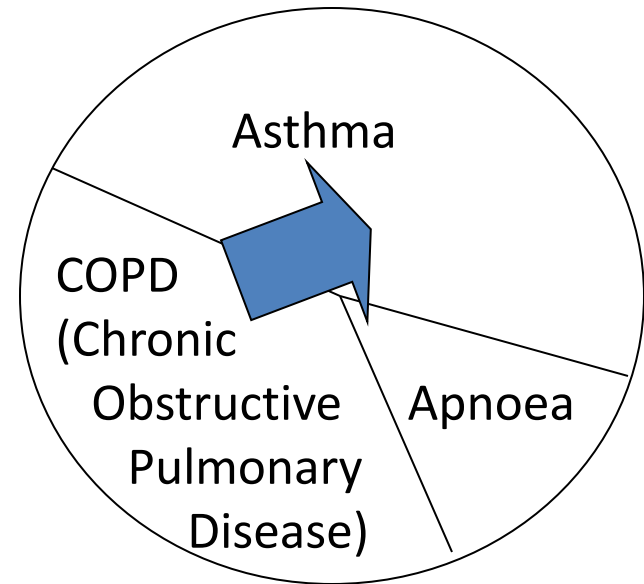
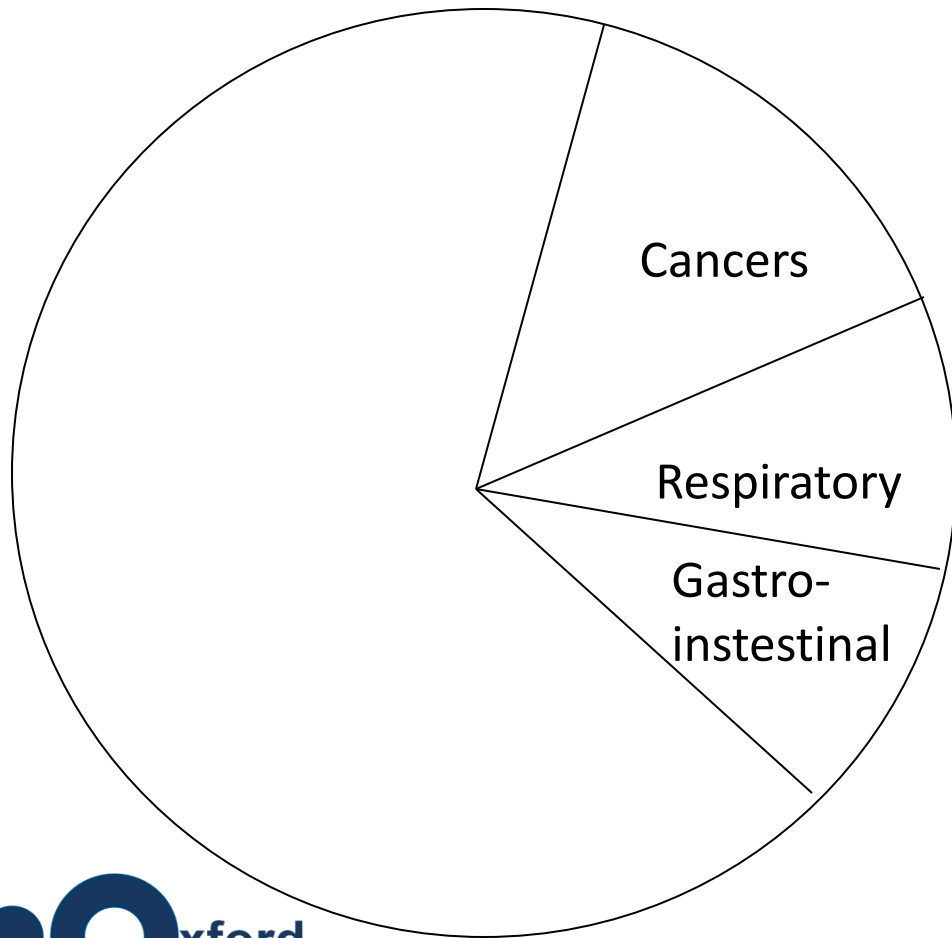


The mission of population healthcare is to maximise value for populations and the individuals within them by focusing primarily on populations defined by a common need which may be a symptom such as breathlessness, a condition such as arthritis or a common characteristic such as frailty in old age and not on institutions , or specialties or technologies.

# Triple Value Programme

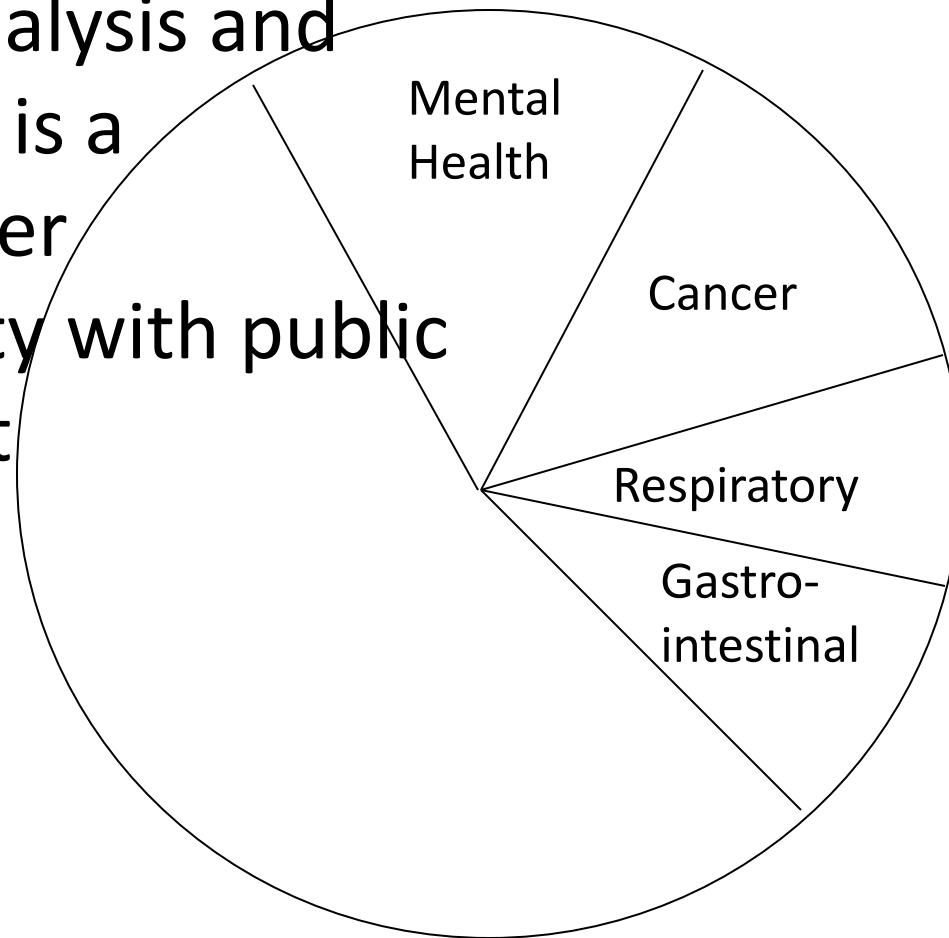






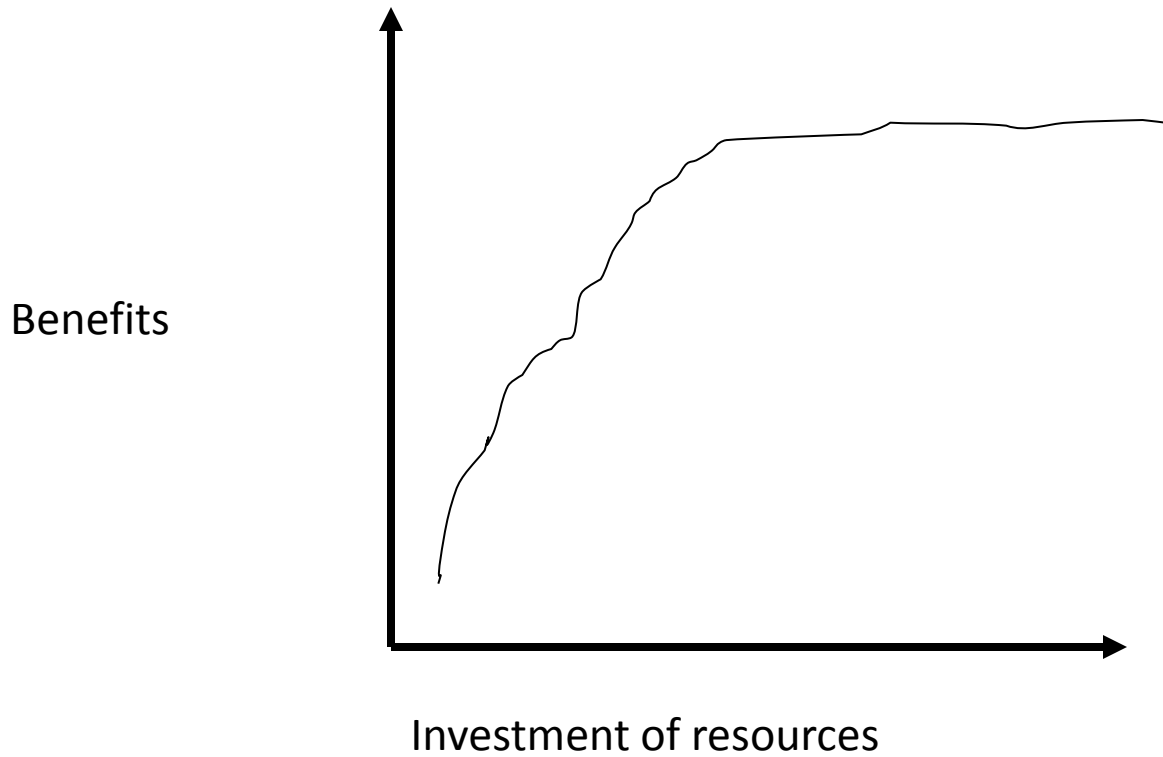
**ALLOCATIVE VALUE  
Within Programme,  
Between System  
Marginal analysis is  
a clinician  
responsibility**

Between Programme  
Marginal Analysis and  
reallocation is a  
commissioner  
responsibility with public  
involvement

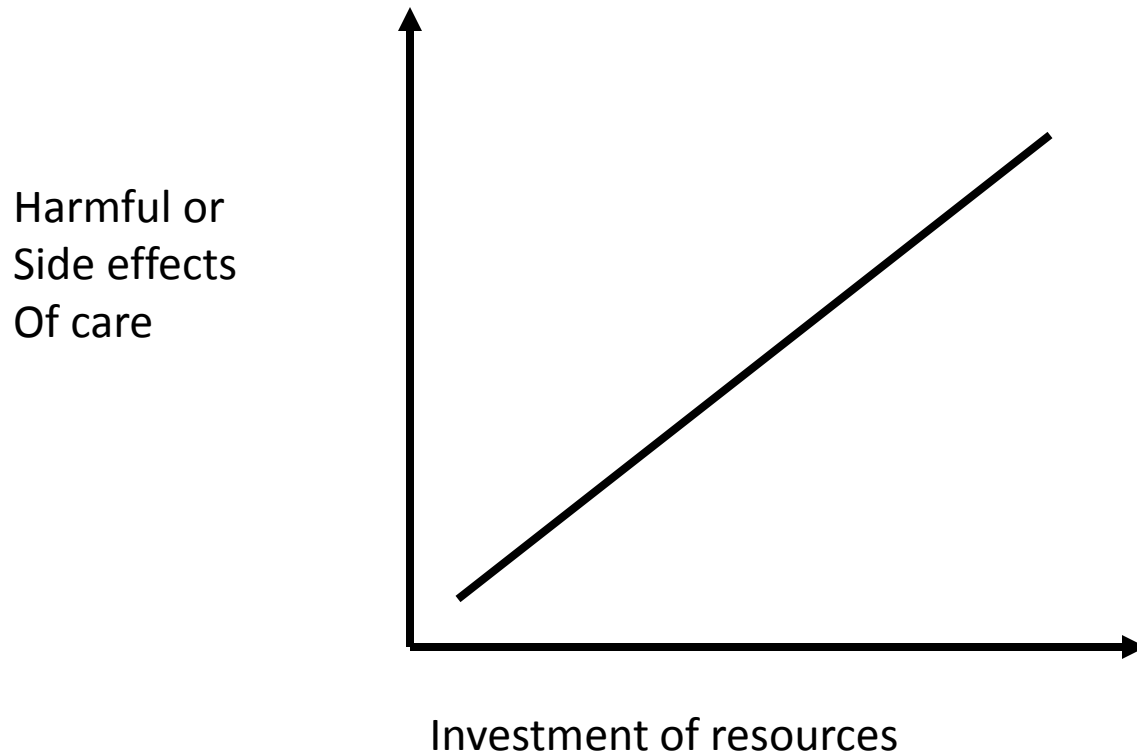


Technical Value = Outcomes / Costs

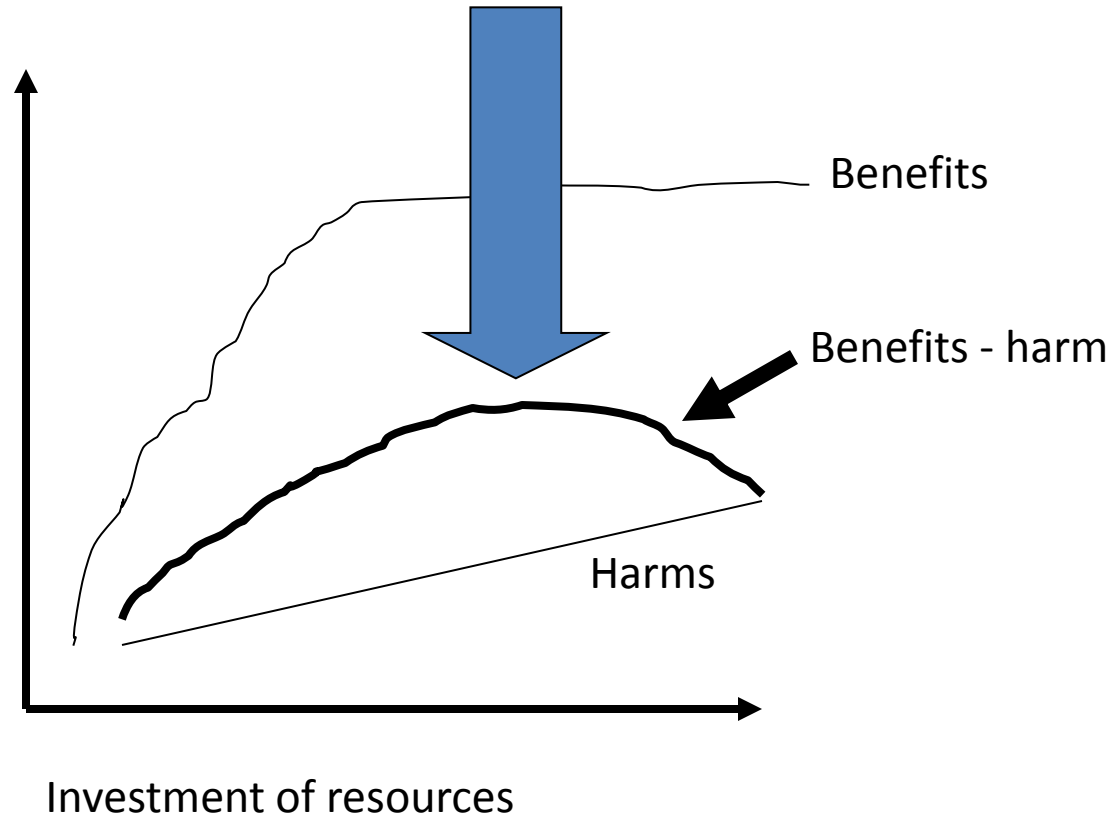
# The law of diminishing returns

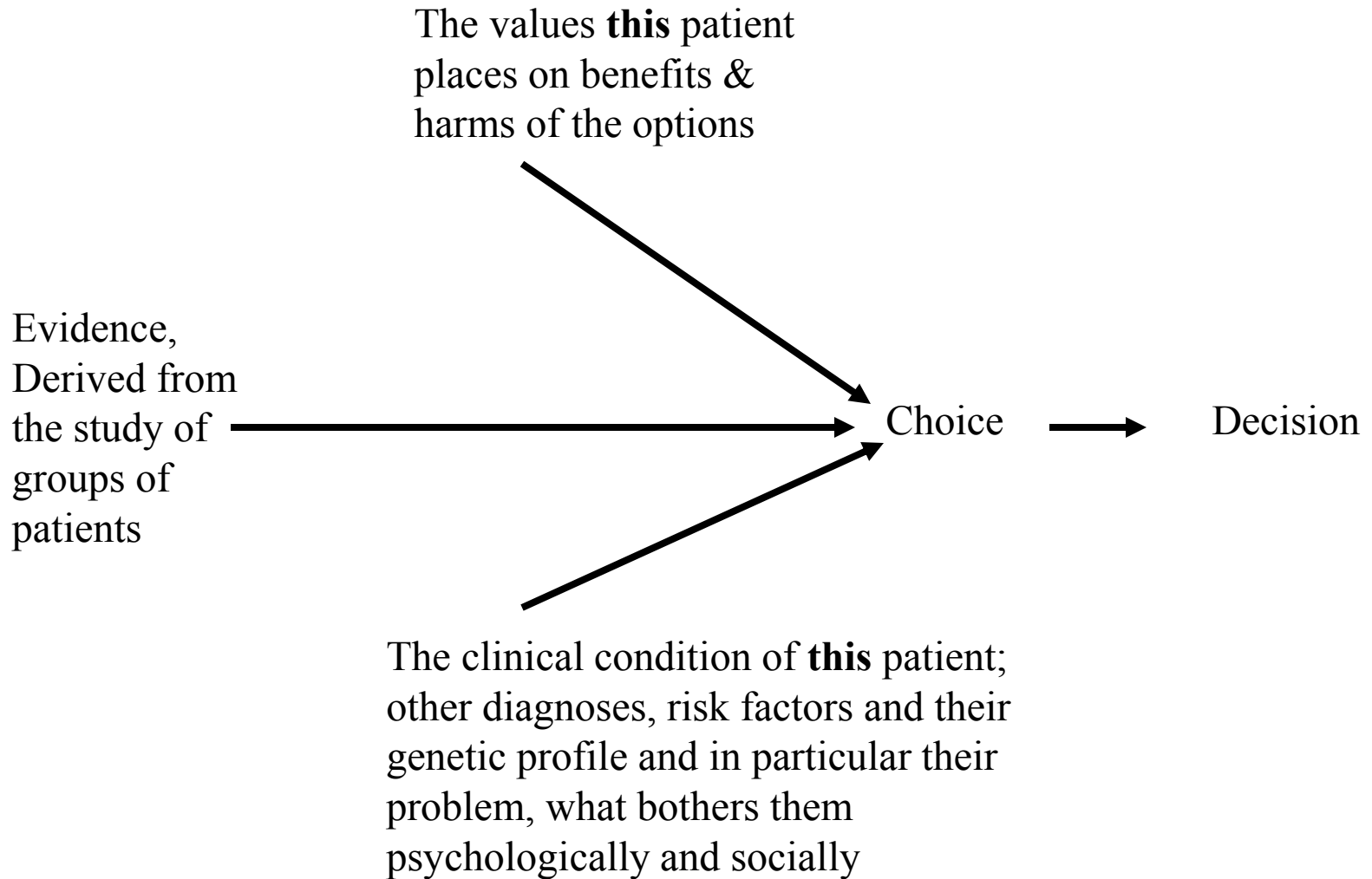


Harmful effects increase in direct proportion to the resources invested



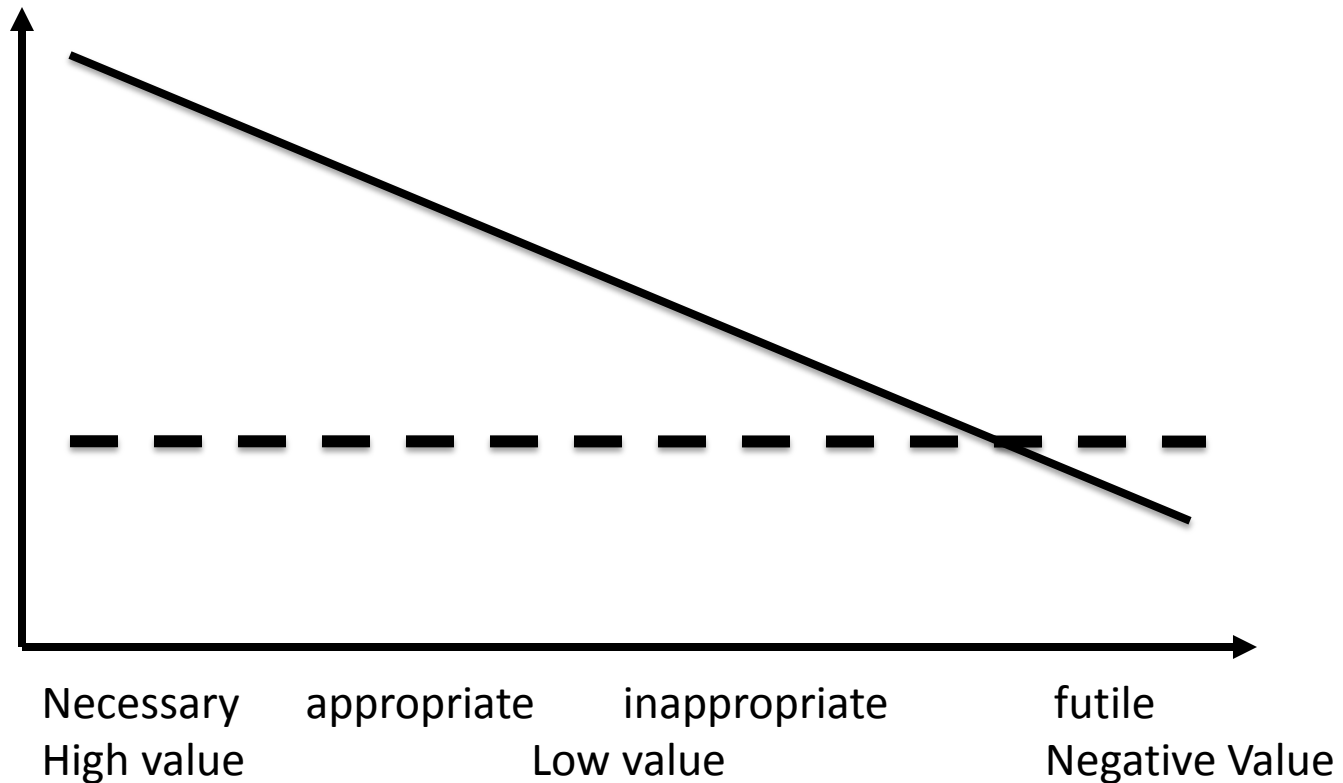
After a certain level of investment the health gain may start to decline;  
the point of optimality





# Personalised and Stratified Medicine

As the rate of intervention in the population increases, the balance of benefit and harm also changes for the individual patient





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# The Healthcare Archipelago

GENERAL  
PRACTICE

MENTAL  
HEALTH

COMMUNITY  
SERVICES

HOSPITAL  
SERVICES

SELF CARE

INFORMAL CARE

GENERALIST

SPECIALIST

SUPER  
SPECIALIST

## Newborn Screening for Sickle Cell Disorders Programme Standards

NEWBORN PROGRAMME OBJECTIVES:	CRITERIA	STANDARDS	
		Minimum (Core)	Achievable (Developmental)
<b>Programme Outcome</b>			
<b>Best possible survival for infants detected with a sickle cell disorder by the screening programme</b>	<b>Mortality rates expressed in person years</b>	<b>Mortality rate from sickle cell disease and it's complications in children under five of less than four per 1000 person years of life (two deaths per 100 affected children)</b>	<b>Mortality rate in children under five of less than two per 1000 person years of life (one death per 100 affected children)</b>
<b>Programme Outcome</b>			
<b>Accurate detection of all infants born with major clinically significant haemoglobin disorders*</b>	<b>Sensitivity of the screening process (offer, test and repeat test)</b>	<b>99% detection for Hb-SS 98% detection for Hb-SC 95% detection for other variants</b>	<b>99.5% for Hb-SS 99% for Hb-SC 97% for other variants</b>

This is an example of a national service set up as a system

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# Population Medicine

<i>New responsibility</i>	<i>Action</i>
Value	Getting the right patients to the right resources
Outcomes	Getting the right outcomes for the right patients
Waste	Getting the right outcomes with the least waste
Sustainability	Doing the right things to protect resources for future generations
Equity	Ensuring fairness and justice
Supporting all patients, not just those referred	Creating population-based, integrated systems
Health promotion	Preventing disease and promoting health and well-being

**IF YOU ASKED EVERY PUBLIC HEALTH  
PROFESSIONAL TO WRITE DOWN THE MEANING  
OF**

Equity, and how it differs from Equality

Quality of care & how it differs from Value

Allocative value

Absolute and relative risk reduction

Preference sensitive decision making

How consistent would be the response?



Work like an ant colony; Neither markets nor bureaucracies can solve the challenges of complexity