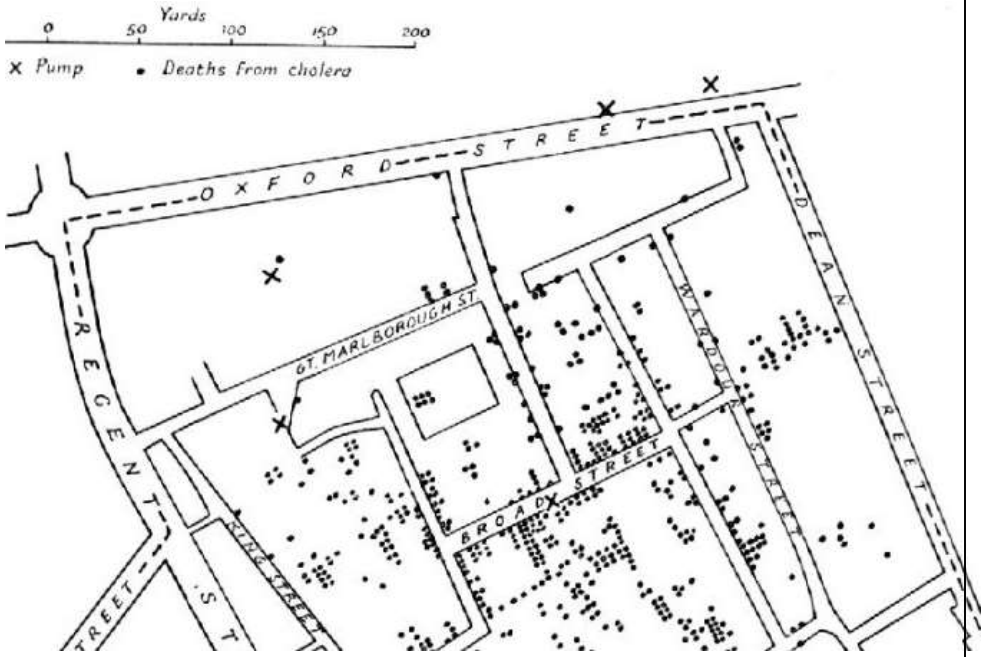
We have had 2 healthcare revolutions, with amazing impact

The First was the public health revolution



The Second has been the technological revolution supported by 50 years of increased investment & 20 years of evidence based medicine, quality and safety improvement eg

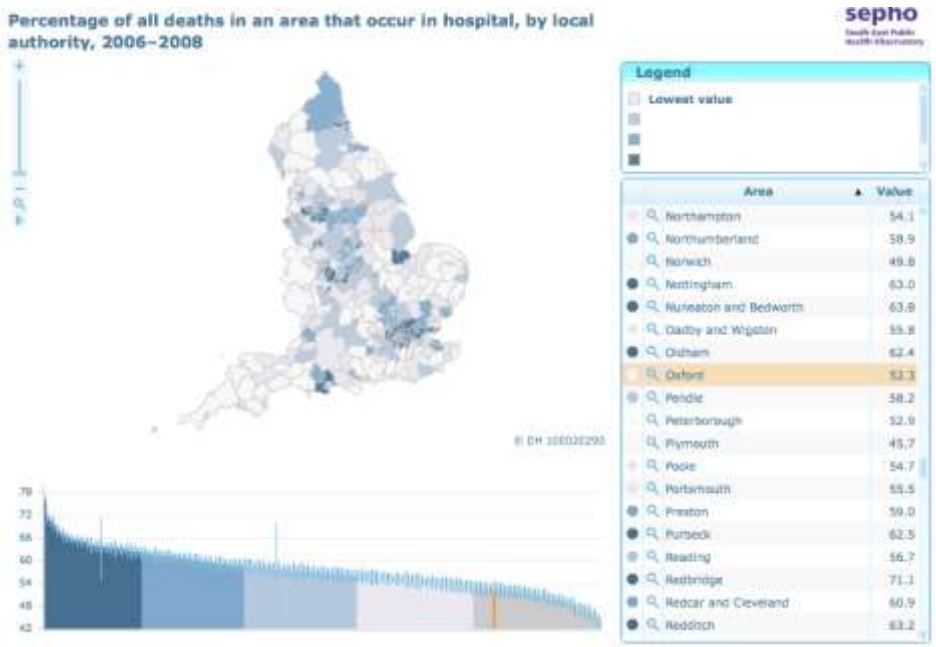
- Antibiotics
- MRI & CT
- Coronary artery bypass graft surgery
- Hip & knee replacement
- Chemotherapy
- Radiotherapy
- Randomised controlled trials
- Systematic reviews

after 50 years of progress all societies still face three massive problems.
The first is unwarranted variation in healthcare ie
”Variation in utilization of health care services that cannot be explained by variation in patient need or patient preferences.”
Jack Wennberg
Variation reveals the other two problems

The European Journal of Health Economics
June 2013, Volume 14, Issue 3, pp 527-538

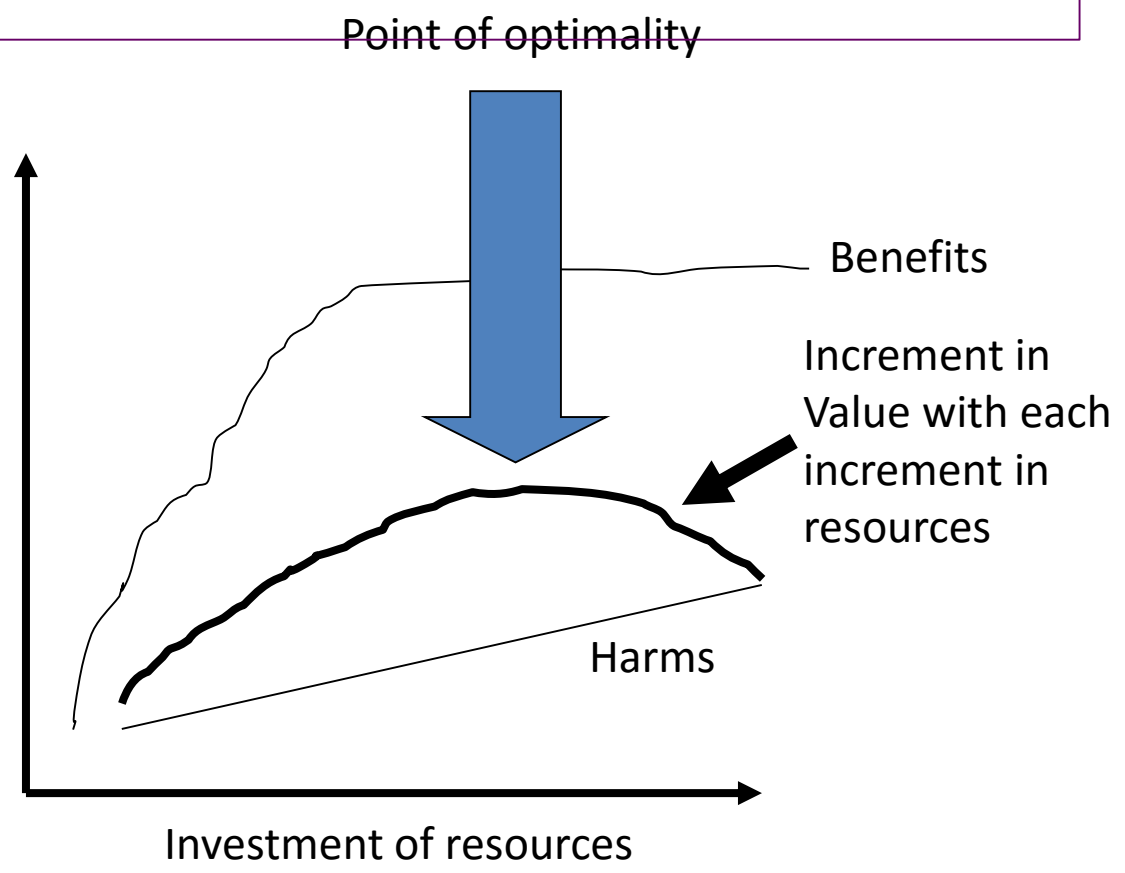
Spending more money, saving more lives? The relationship between avoidable mortality and healthcare spending in 14 countries

Richard Heijink , Xander Koolman, Gert P. Westert



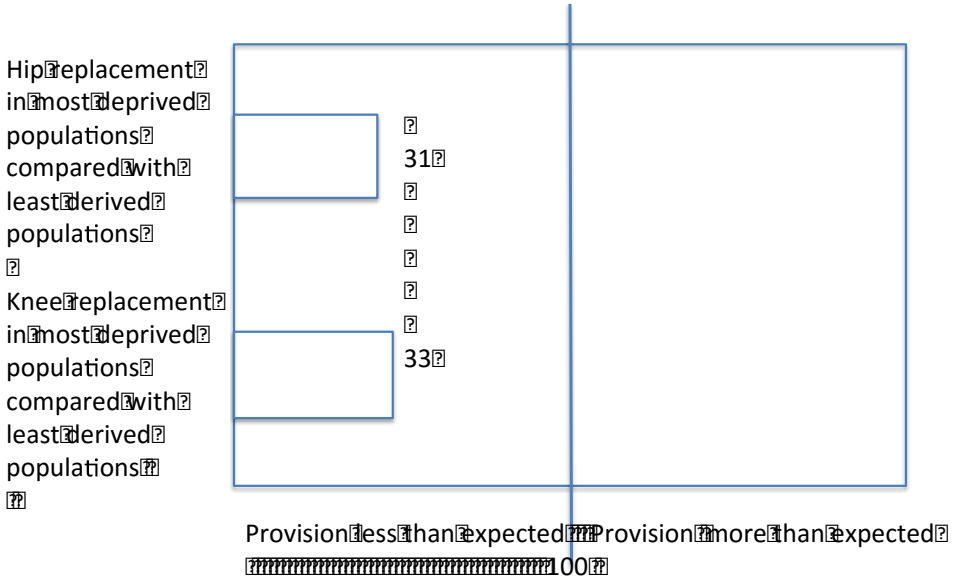
The first is OVERUSE of lower or zero value interventions which results in

1. **waste of resources**
2. **harm**



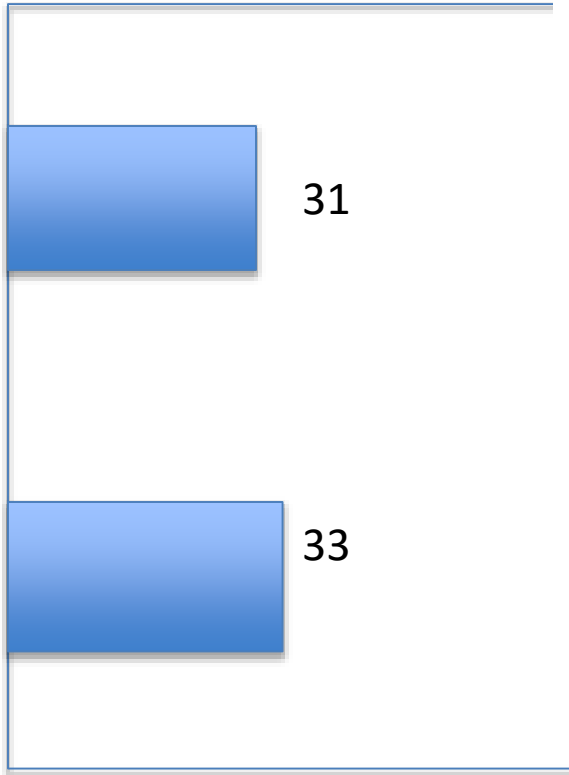
The second is Underuse of high value interventions which results in

1. Preventable disability and death eg if we managed atrial fibrillation optimally there would be 5,000 fewer strokes and10% reduction in vascular dementia, and
2. inequity



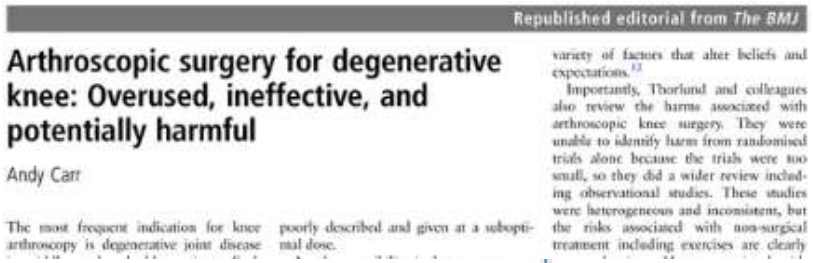
Hip replacement in most deprived populations compared with least derived populations

Knee replacement in most deprived populations compared with least derived populations



Br J Sports Med 2015;**49**:1223-1224 doi:10.1136/bjsports-2015-h2983rep

Republished editorial from The BMJ



Republished editorial from *The BMJ*

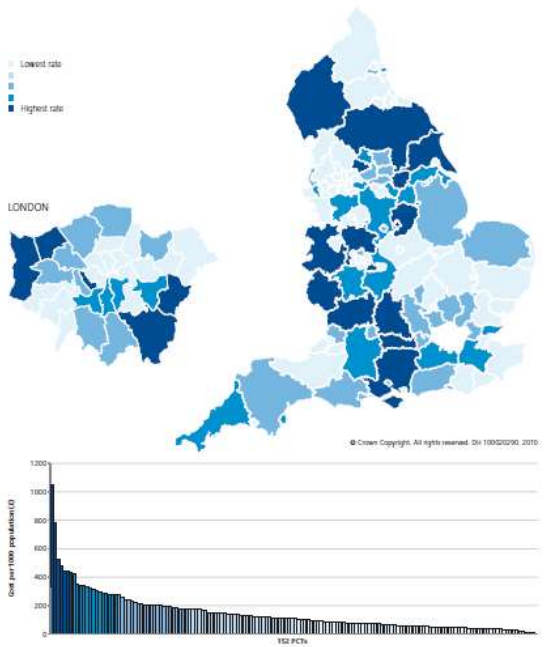
Arthroscopic surgery for degenerative knee: Overused, ineffective, and potentially harmful

Andy Carr

The most frequent indication for knee arthroscopy is degenerative joint disease poorly described and given at a suboptimal dose.

variety of factors that alter beliefs and expectations.[12]

Importantly, Thorlund and colleagues also review the harms associated with arthroscopic knee surgery. They were unable to identify harm from randomised trials alone because the trials were too small, so they did a wider review including observational studies. These studies were heterogeneous and inconsistent, but the risks associated with non-surgical treatment including exercises are clearly



THERE IS ALSO TRIPLE WHAMMY HEALTHCARE !
OVERUSE +
UNDERUSE +
UNWARRANTED VARIATION

In the next decade need and demand will increase by at least 20 % so what can we do?

Well, we need to continue to

1. Prevent disease, disability, dementia and frailty to reduce need
2. Improve outcome by provide only effective, evidence based interventions
3. Improve outcome by increasing quality and safety of process
4. Increase productivity by reducing cost

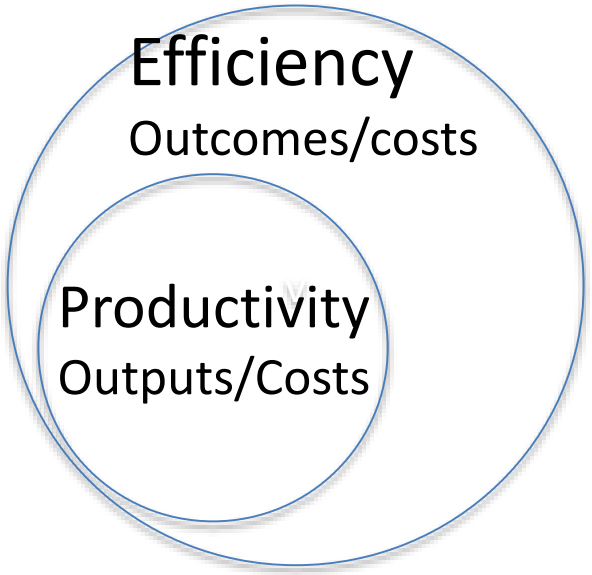
These measures reduce need and improve efficiency

BUT we also need to increase value

The Aim is **triple value**

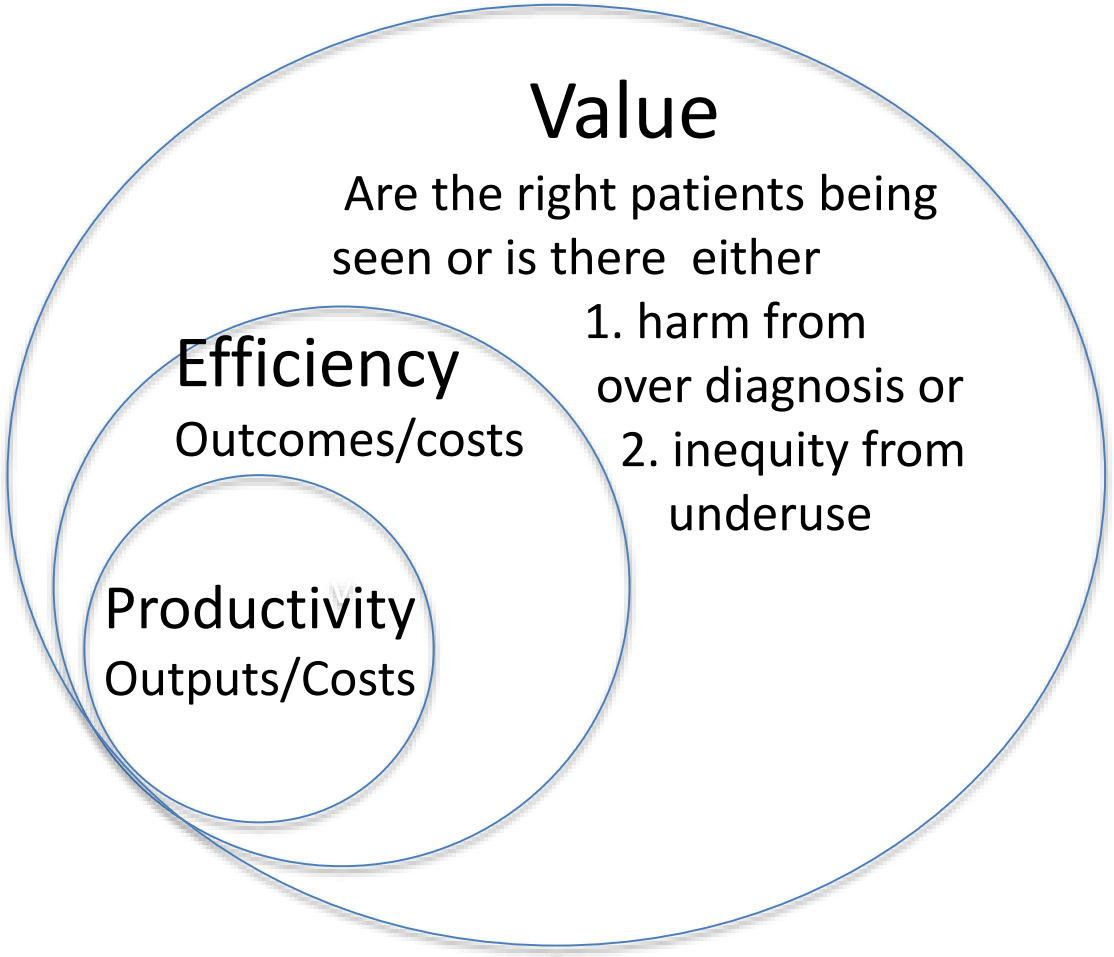
- Allocative, determined by how well the assets are distributed to different sub groups in the population
  - Between programme
  - Between system
  - Within system
- Technical, determined by how well resources are used for outcomes for all the people in need in the population
- Personalised value, determined by how well the outcome relates to the values of each individual

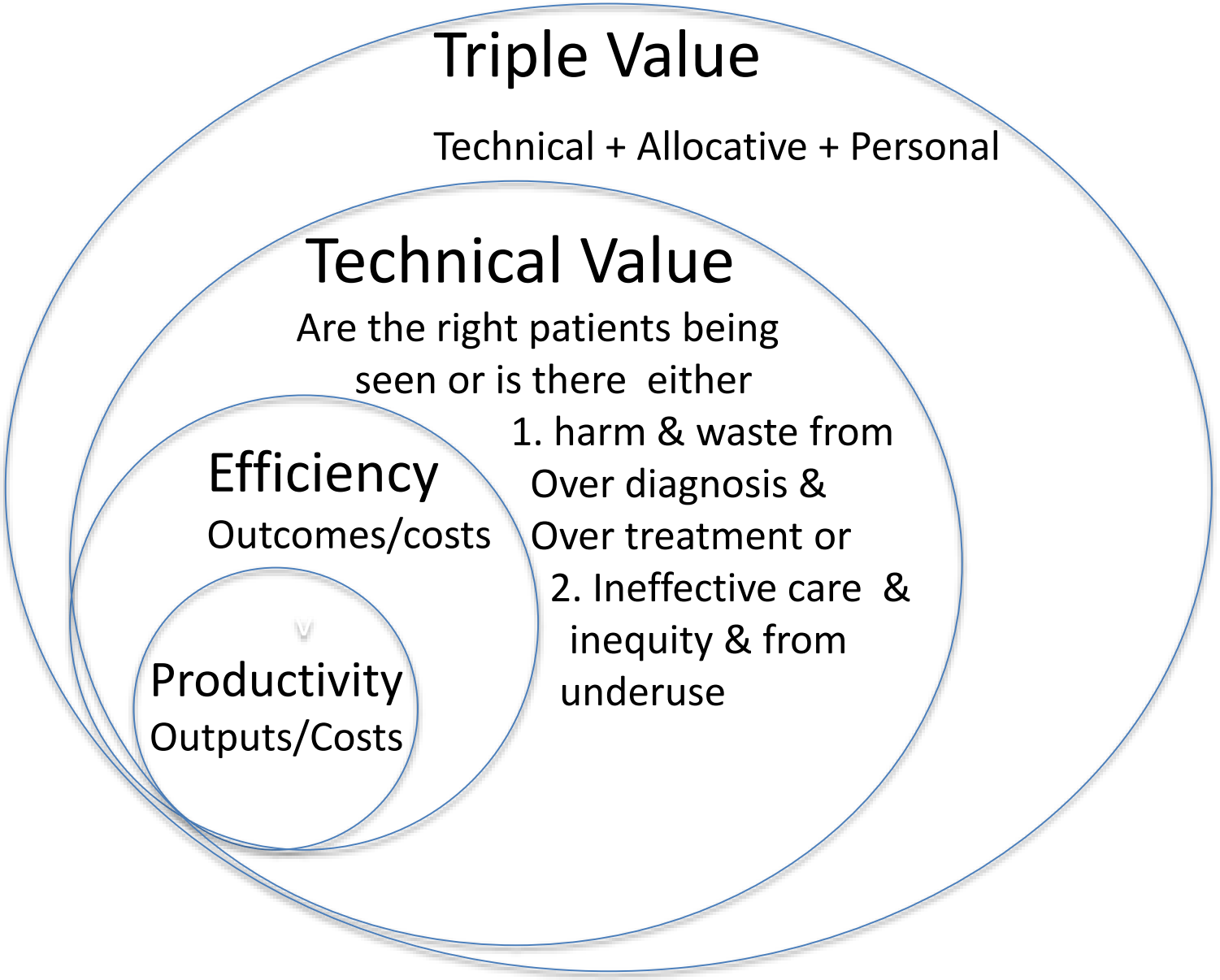
waste is anything that does not add value and we need to develop a ‘culture of stewardship’ to ensure the NHS will be with us in 2025 and 2035



Costs are not only £££ but also

- Carbon costs,
- Time, particularly the Time of patients and carers and
- Lost opportunity


Value
Are the right patients being seen or is there either
1. harm from over diagnosis or
2. inequity from underuse
Efficiency
Outcomes/costs
Productivity
Outputs/Costs


Triple Value
Technical + Allocative + Personal
Technical Value
Are the right patients being seen or is there either
1. harm & waste from Over diagnosis & Over treatment or
2. Ineffective care & inequity & from underuse
Efficiency
Outcomes/costs
Productivity
Outputs/Costs

THE RIGHTCARE METHOD OF INCREASING VALUE FOR POPULATIONS AND INDIVIDUALS IS BY

CITIZENS & **COMMISSIONERS**

1. Ensuring that every individual receives high personal value by providing people with full information about the risks and benefits of the intervention being offered and relating that to the problem that bothers them most and their values and preferences
2. Shifting resource from budgets where there is evidence from unwarranted variation of overuse or lower value to budgets for populations in which there is evidence of underuse and inequity
3. Ensuring that those people in the population who will derive most value from a service reach that service
4. Implementation of high value innovation funded by reduced spending on lower value interventions for the population
5. Increased rates of higher value intervention eg helping a higher proportion of people die well at home funded by reduced spending on lower value care in hospital in that population

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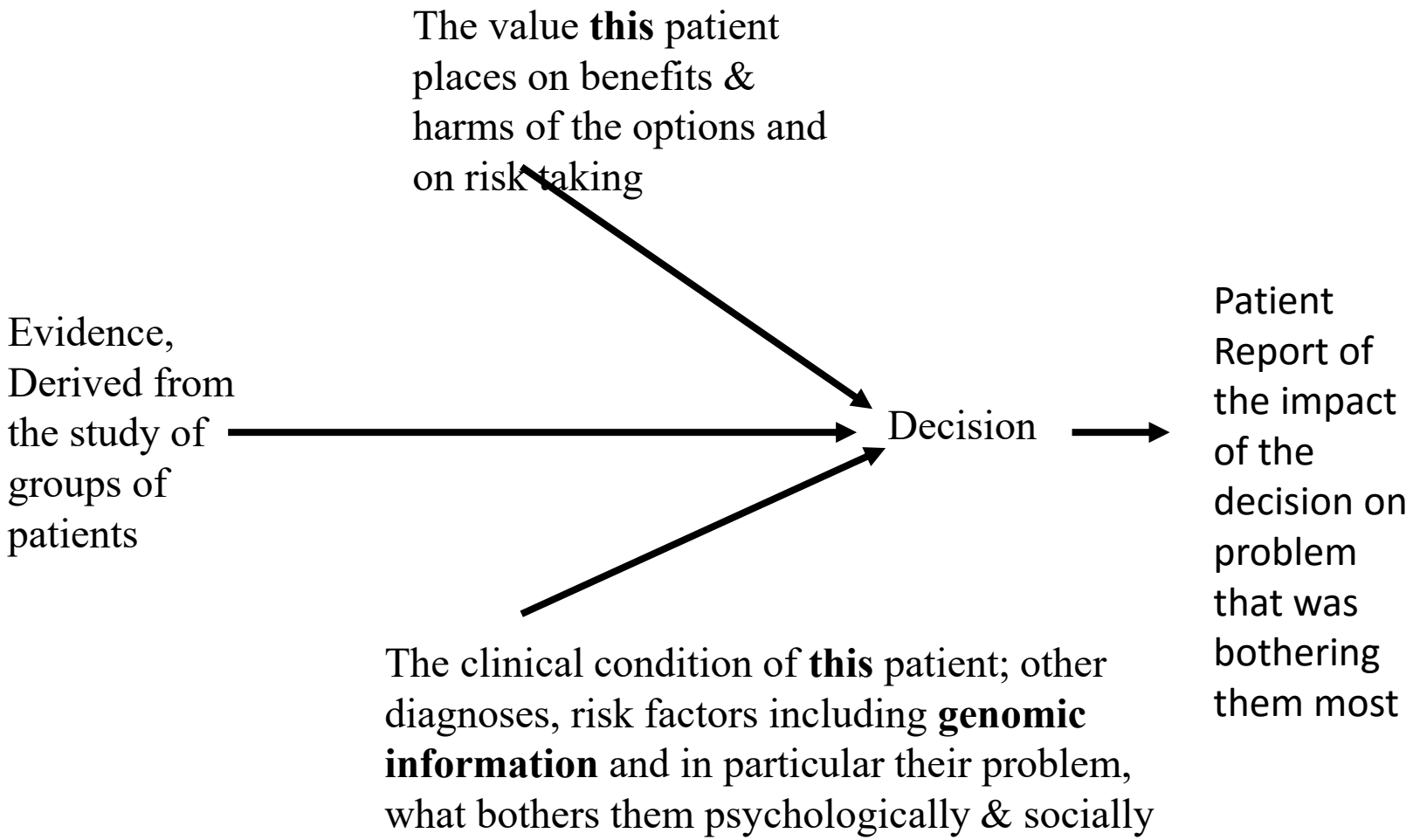
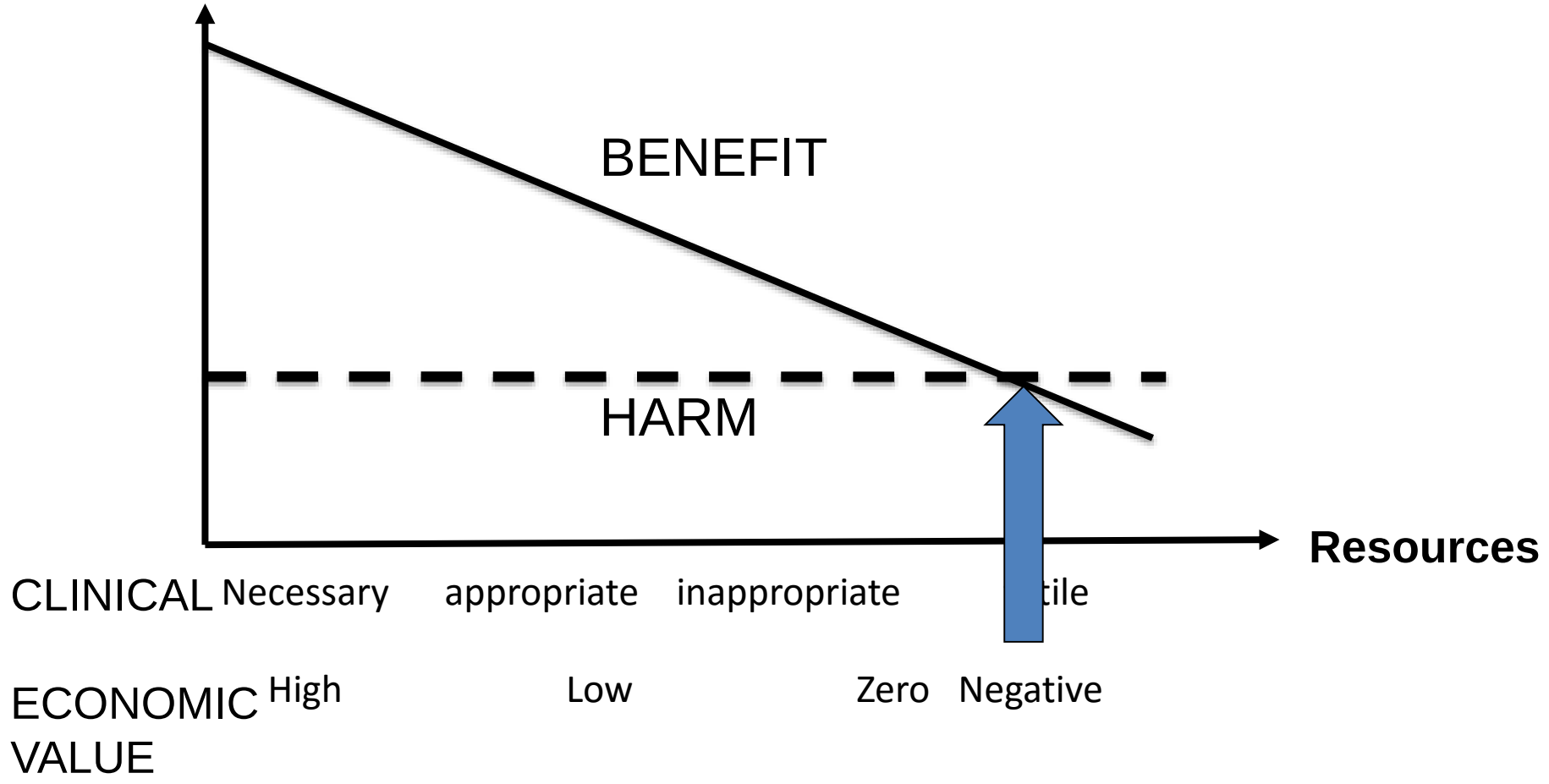


And if genomic information is included the term used is usually precision medicine rather than personalised medicine

5.The Rightcare method for ensuring that every individual receives high personal value is providing people with full information about the risks and benefits of the intervention to prevent overuse through over diagnosis and overtreatment by

- Ensuring that what is bothering the individual patient most is articulated and recorded by the service
- Providing information about the risks and benefits of every decision eg the decision to offer a drug, is presented in absolute numbers
- Providing decision aids for complicated decisions in which there is a significant risk of harm
- Helping the patient reflect on their values, both online and face to face, in the light of the information presented,
- Eliciting patient feedback to ensure these steps are taking place

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



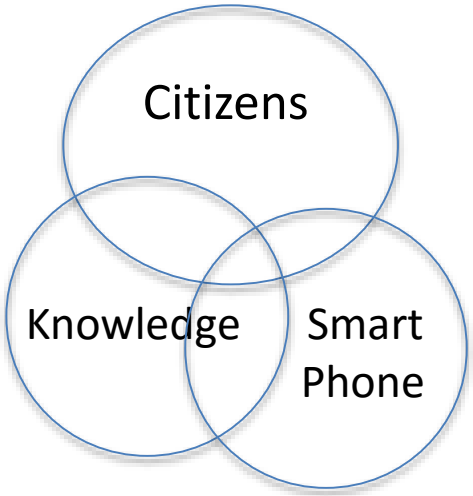
We are now in the thirdhealthcare revolution

The First

The Second

- Antibiotics
- MRI
- CT
- Ultrasound
- Stents
- Hip and knee replacement
- Chemotherapy
- Radiotherapy
- RCTs
- Systematic reviews

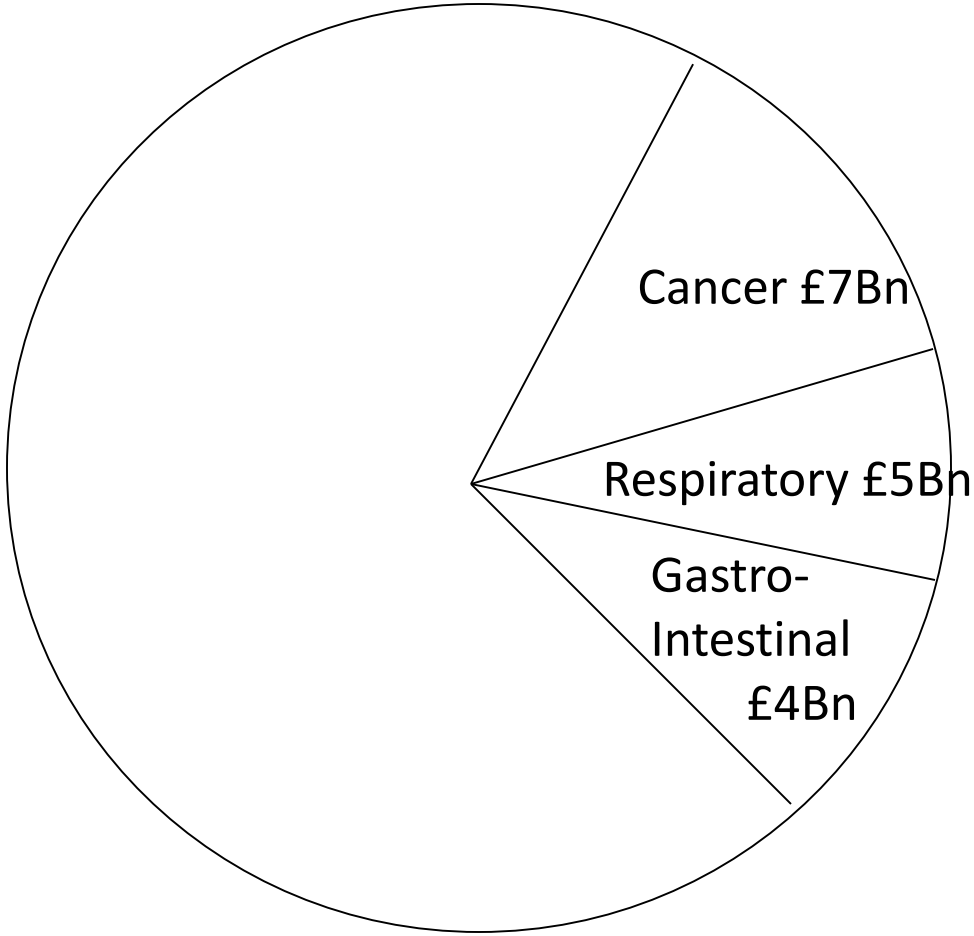
the Third



THE RIGHTCARE METHOD OF INCREASING VALUE FOR POPULATIONS AND INDIVIDUALS IS BY

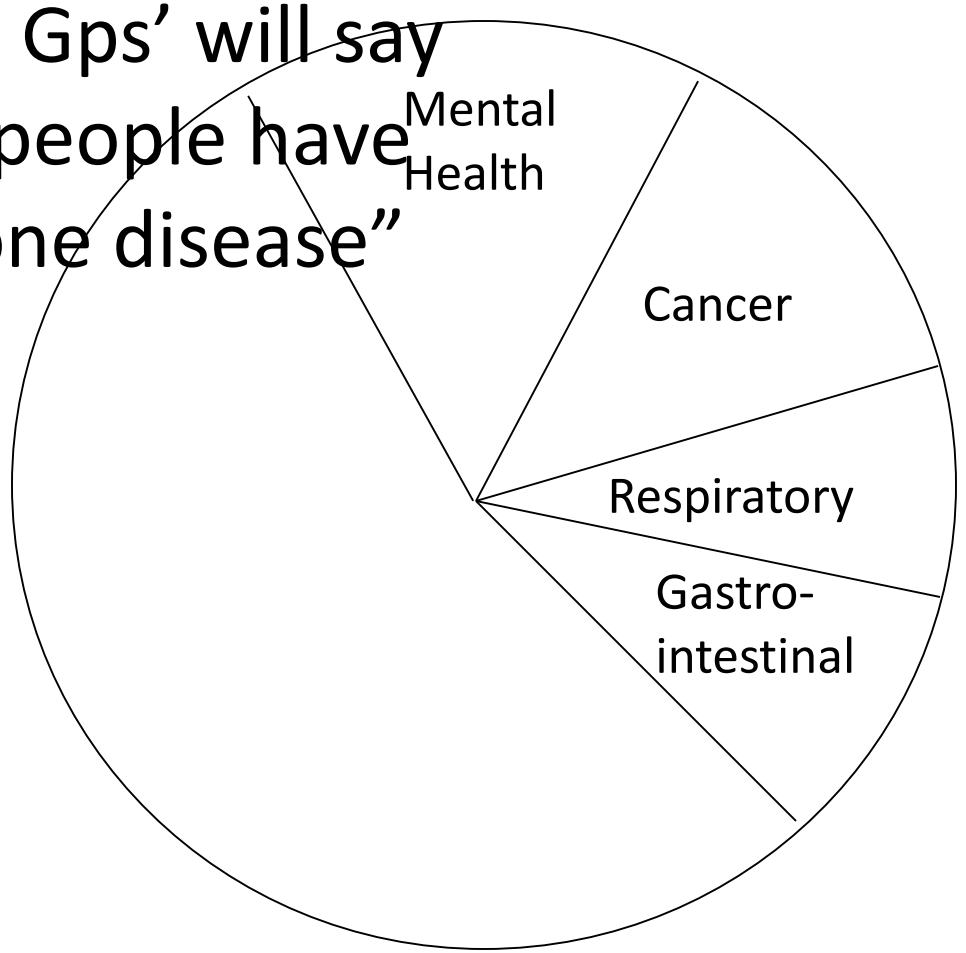
2. Shifting resource from budgets where there is evidence from unwarranted variation of overuse or lower value to budgets for populations in which there is evidence of underuse and inequity

”


Cancer £7Bn
Respiratory £5Bn
Gastro-
Intestinal
£4Bn

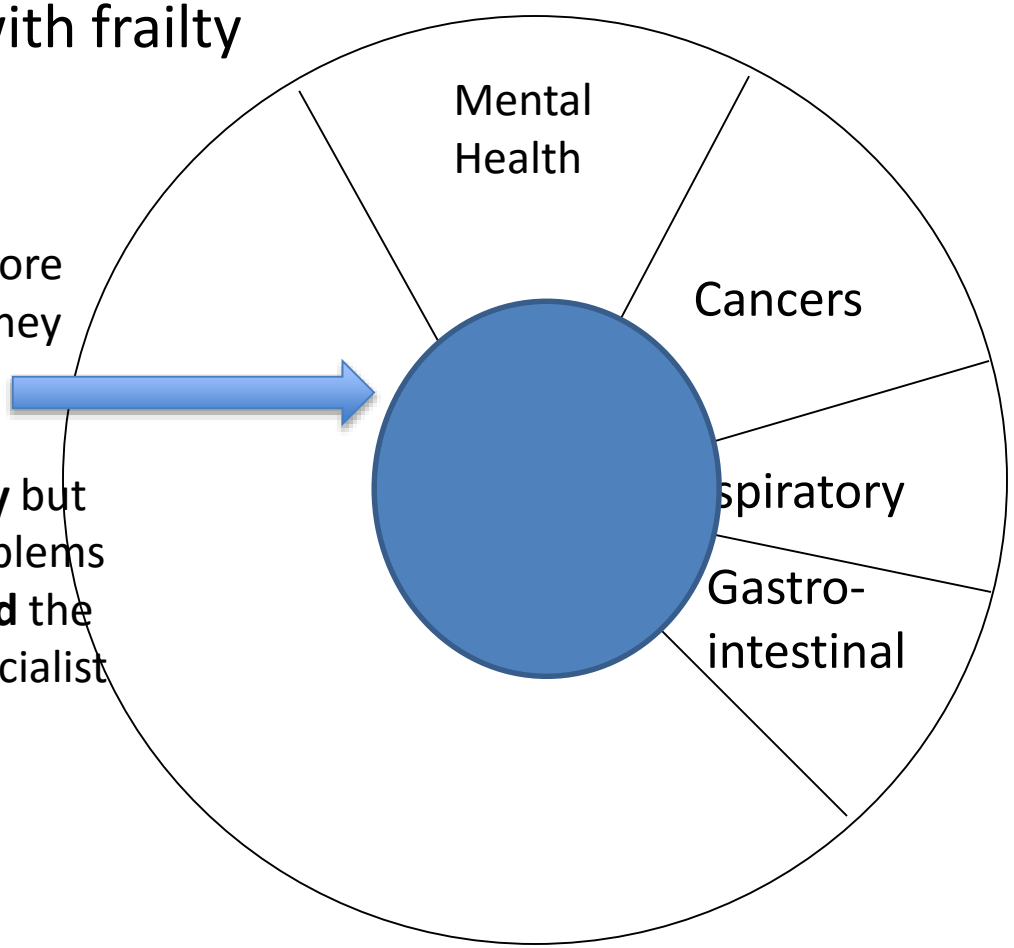
£11Bn!

At this point Gps' will say "but lots of people have more than one disease"



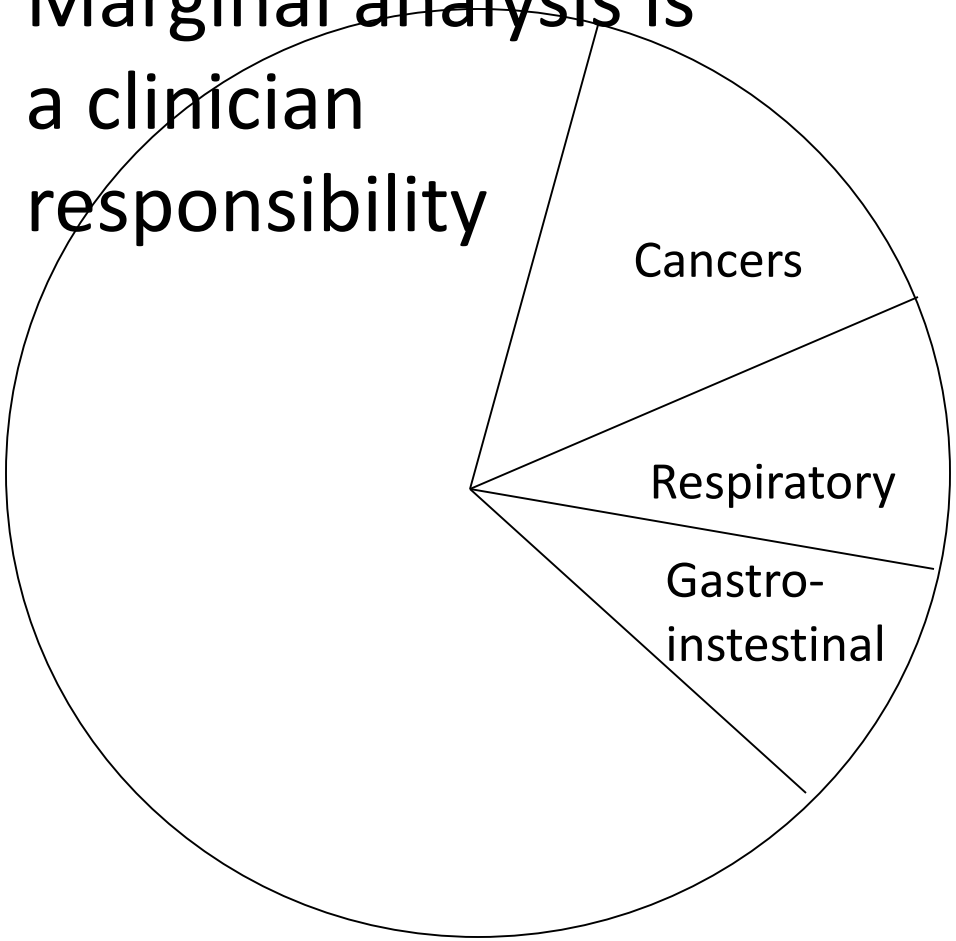
2. We are working to develop programme budgets determined by characteristic such being elderly with frailty

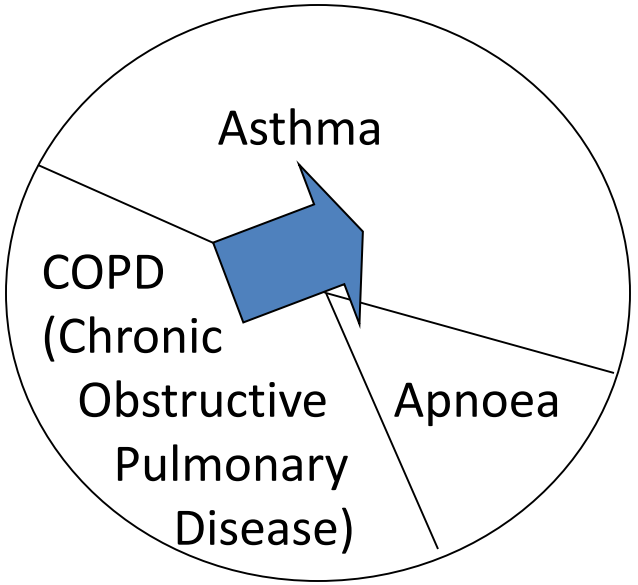
Many people have more than one problem ; they have complex needs. GP's are skilled in managing **complexity** but when one of the problems becomes **complicated** the Generalist needs Specialist help



xford

Within Programme,
Between System
Marginal analysis is
a clinician
responsibility





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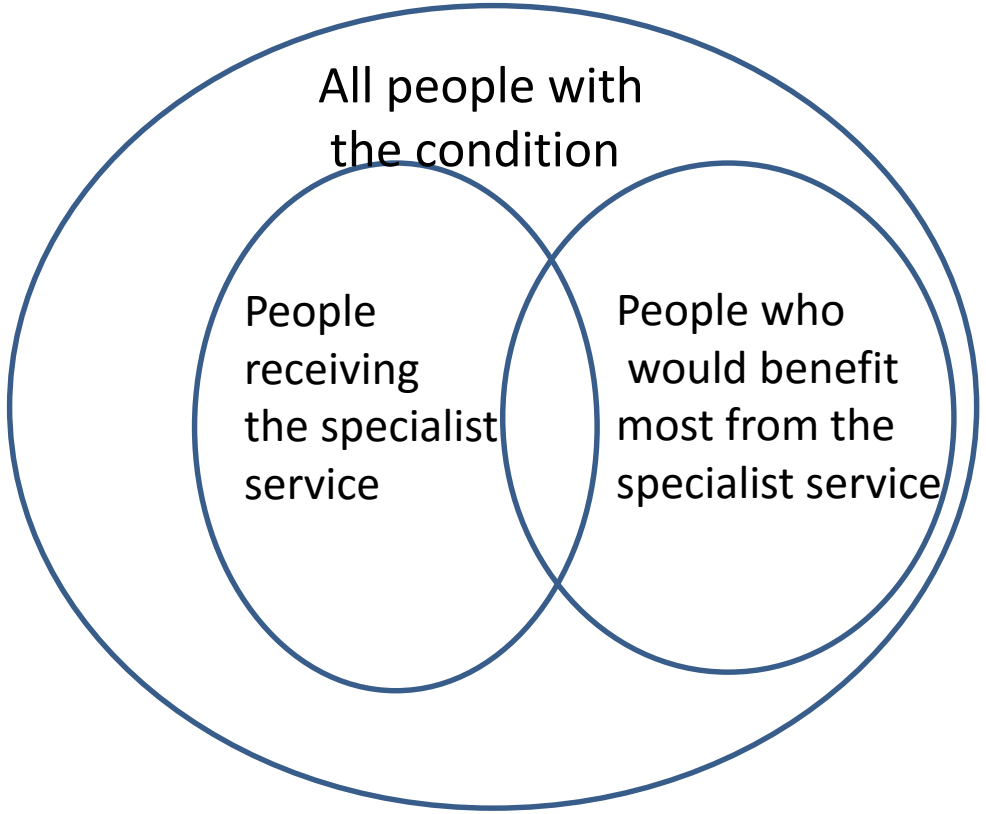
3. Ensuring that those people in the population who will derive most from a service are in receipt of that service if necessary by reducing the number of people seen by that service directly

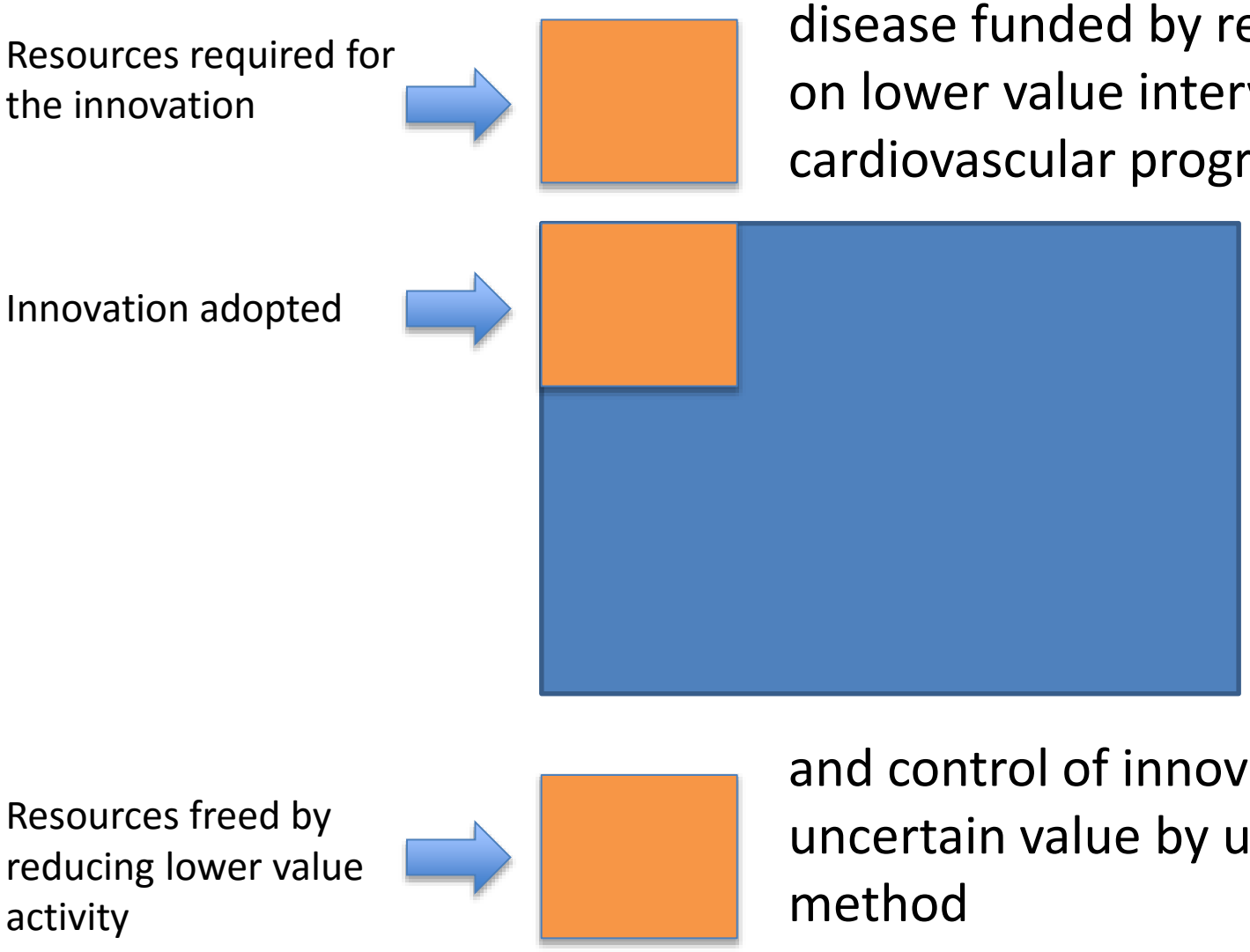


This requires clinicians including specialists to become population focused as well as delivering high quality care to referred patients and the surgical services initiative which is part of the Efficiency programme will develop this approach

THE RIGHTCARE METHOD OF INCREASING VALUE FOR POPULATIONS AND INDIVIDUALS IS BY

4. Implementation of high value innovation funded by reduced spending on lower value interventions for the population

4. Implementation of high value innovation eg troponin in heart disease funded by reduced spending on lower value intervention in the cardiovascular programme budget



and control of innovation of uncertain value by using the IDEAL method

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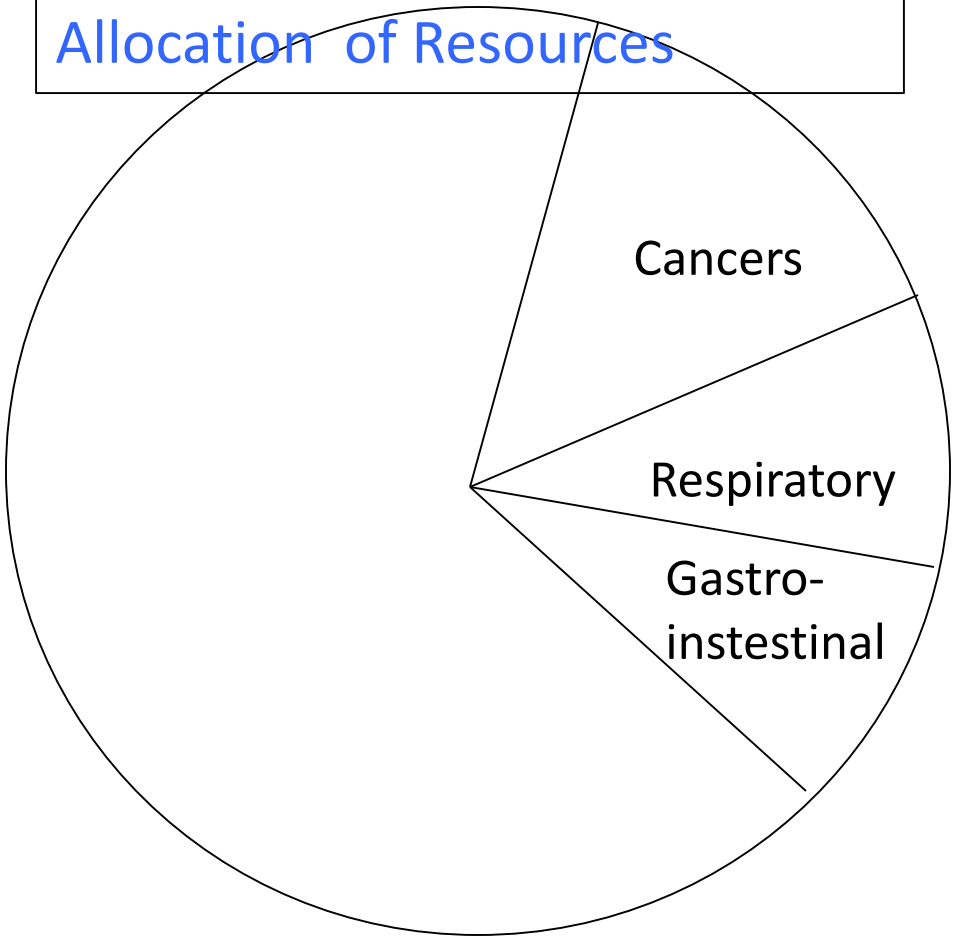
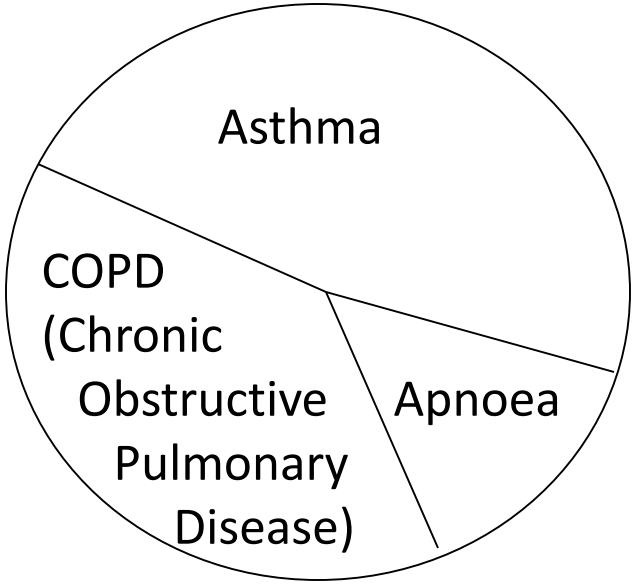
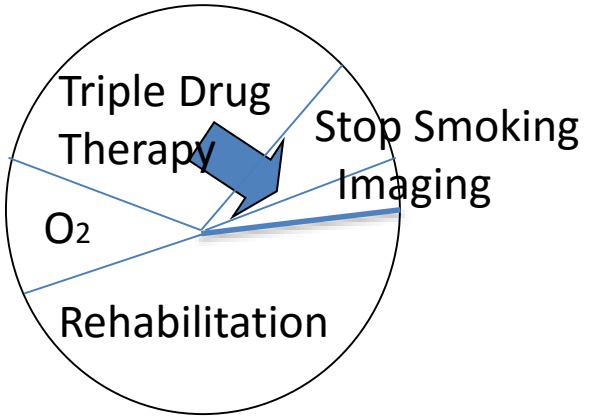
Optimise resource use for each system by carrying out Within System Marginal Analysis Using the STAR tool – Socio Technical Allocation of Resources

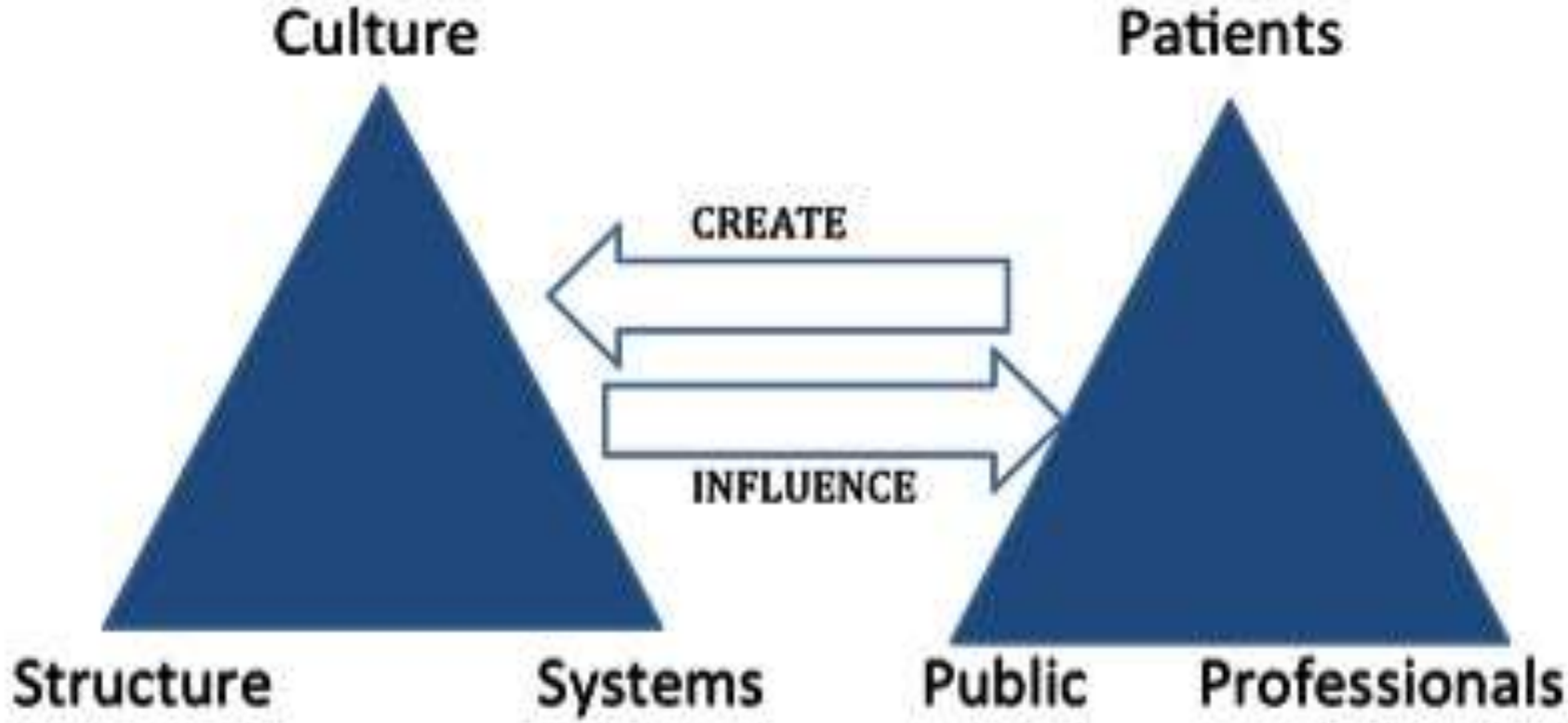






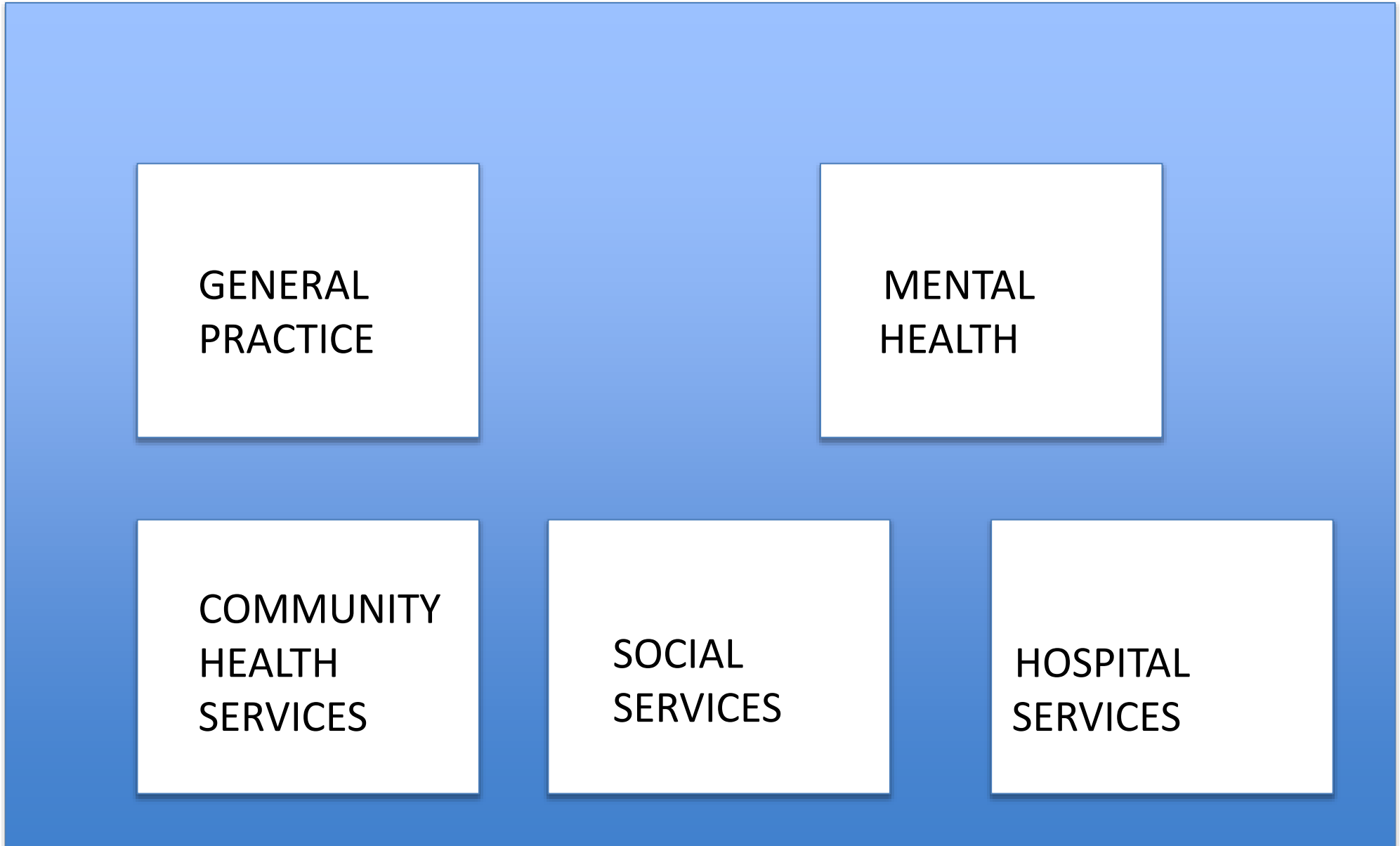
policymakers… can exhort; in some cases they can legislate; most commonly they deploy resources but this means moving resources from one priority to another rather than creating new resource… Their main lever is moving constrained resources around and choosing between different ratios of financial allocation; they tend to think like economists or be advised by them, and economics is the training for many policymakers, whether civil servants or politicians. This does not mean good economic analysis is essential to influence policy (although it certainly helps), but good policymakers will always be asking the question ‘ what is the opportunity cost of this new initiative?’ . Policymakers also therefore can be more numerate than scientists often give them credit for, and have access to well trained statisticians.

What makes an academic paper useful for health policy?
Christopher Whitty (2015)
Medicine for Global Health 13;301

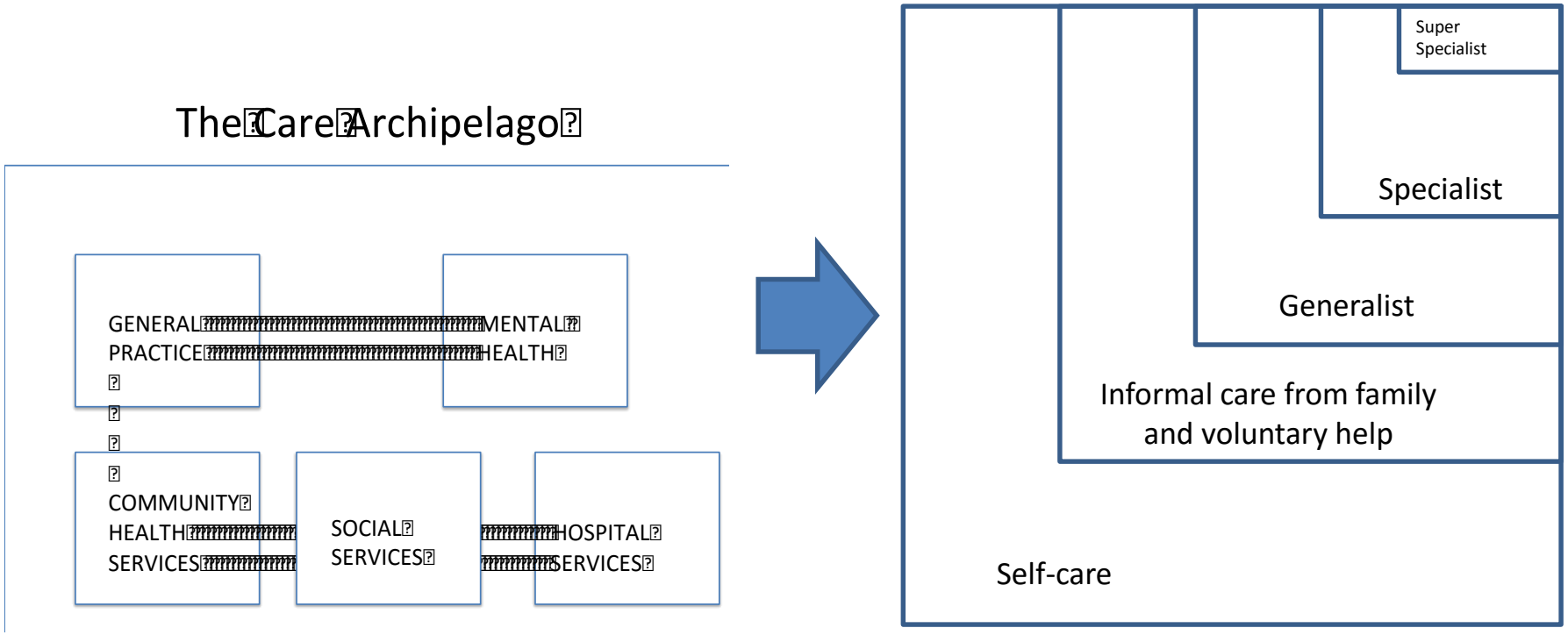

Culture
Patients
CREATE
INFLUENCE
Structure
Systems
Public
Professionals

1.Is the service for people with seizures & epilepsy in Manchester of higher value than the service in Liverpool?
2. Who is responsible for service for all the women with pelvic pain in South Yorkshire?
3.How many liver disease services are there in England and how many should there be?
4.Which service for people at the end of life in the North West provides the best value?
5. Is the service for people with asthma in Cumbria of higher value than the service in Northumberland?
6.Who is responsible for the quality outcome and value of the service for people with depression in Manchester?

The Care Archipelago



New Models of care will ensure that People receive care that is co-ordinated around their needs and supports them to live the lives they want to lead



Population healthcare focuses primarily on delivering care to 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, not on institutions , or specialties or technologies. Its aim is to maximise value for those populations and the individuals within them

and New Models of Care are evolving to meet the needs of populations and individuals

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

We need a new set of skills

1. What do you understand by the term complexity?

2. What is meant by the term system and how does it differ from a network?

3. what is meant by population based healthcare rather than bureaucracy based care ?

4. What are the three meanings of the term value in 21st Century healthcare?

5. what is the relationship between value and efficiency

6 what is meant by the optimal use of resources?

7. What is meant by the term quality and how does it relate to value?

8. What is a system and a standard?

9. How would you assess the culture of an organisation?

10. How would you decide if an organisation had a strong culture of stewardship?