[17/10/12]

Increasing value for patients in Wales

Dr Chris Jones, Deputy Chief Medical Officer, Wales

Welsh challenges

- Rising elderly population
- Inequalities
- Rurality
- Chronic conditions
- Medical staffing
- Some specialist services spread thin

The answers..

- Prevent illness

- Improve chronic conditions care

- Shift care from hospital to community

- Integrate whole pathways

- Focus on quality
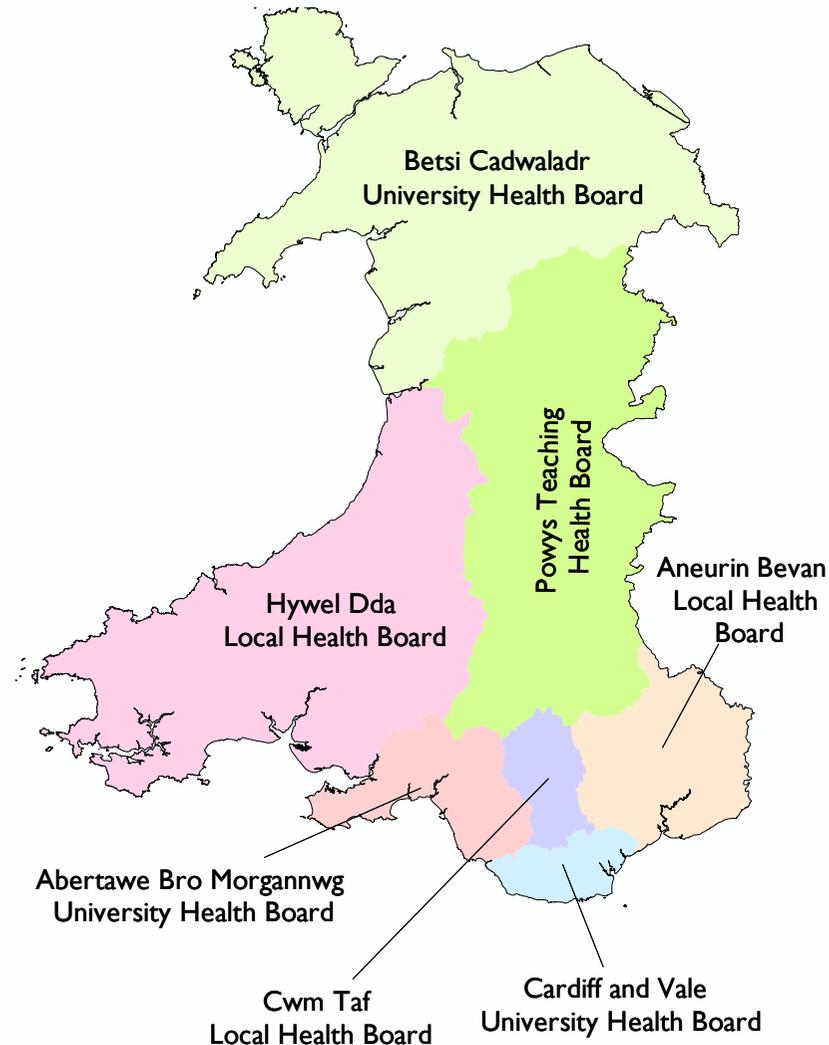
'Simples....'

Our strategy

- 1. Reform to simplify and integrate
  - Merged primary care boards and Trusts (2009)
- 2. Mature organisations and services
  - Enhance clinical leadership
- 3. Deliver on the opportunity
  - prevention
  - integration
  - quality

Reform

NHS Wales reformed 2009

- 7 integrated health boards

- 1 Ambulance Trust

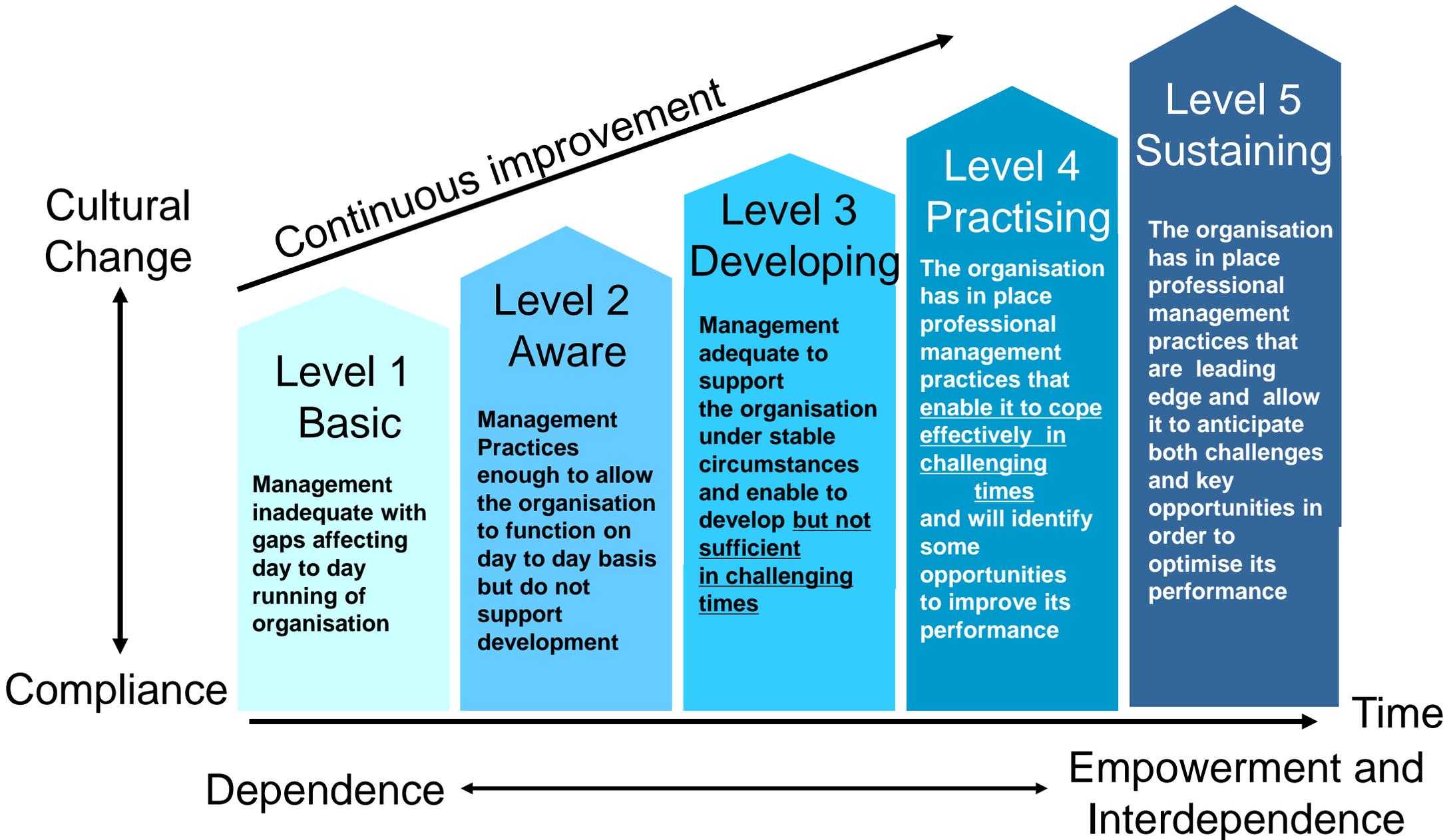- 1 Public Health Trust

- 1 Cancer Trust

Health Boards

- The primary statutory organisations
- Responsible for planning, securing and delivering all health needs for their population
- Huge
- Capitated funding (some > £1 B)
- Partly co-terminous with 22 local authorities
- Integrated, with GP localities

Maturation

NAO Maturity Scale – How do we want organisations to develop?

Continuous improvement

Cultural Change

Compliance

Level 1 Basic

Management inadequate with gaps affecting day to day running of organisation

Level 2 Aware

Management Practices enough to allow the organisation to function on day to day basis but do not support development

Level 3 Developing

Management adequate to support the organisation under stable circumstances and enable to develop but not sufficient in challenging times

Level 4 Practising

The organisation has in place professional management practices that enable it to cope effectively in challenging times and will identify some opportunities to improve its performance

Level 5 Sustaining

The organisation has in place professional management practices that are leading edge and allow it to anticipate both challenges and key opportunities in order to optimise its performance

Time

Dependence ←→ Empowerment and Interdependence

Clinical leadership maturity

Level 1: Not enough clinicians accept the need to change the way they work so behaviours are reactive and responsibilities limited to the patient in front of them

Level 2: More clinicians are engaged in developing an integrated care vision but aren't yet in sufficient numbers or making sufficient progress with implementation to make a difference

Level 3: A critical mass of clinicians are beginning to accept accountabilities and responsibilities for patient populations and the wider system and are starting to make a difference

Level 4: Most clinicians have accepted accountabilities and responsibilities for whole patient populations and systems and are actively implementing new ways of working

Level 5: All clinicians are delivering new and innovative ways to actively manage the health risks of whole patient populations and can demonstrate benchmark levels of outcomes

Clinical leadership - actions

- Clinically led organisations
  - Clinical budget holding
  - GP localities
- Talent pipelines
- Leadership programmes
- Refresh engagement structures
- 1000 lives plus
  - Improvement faculties
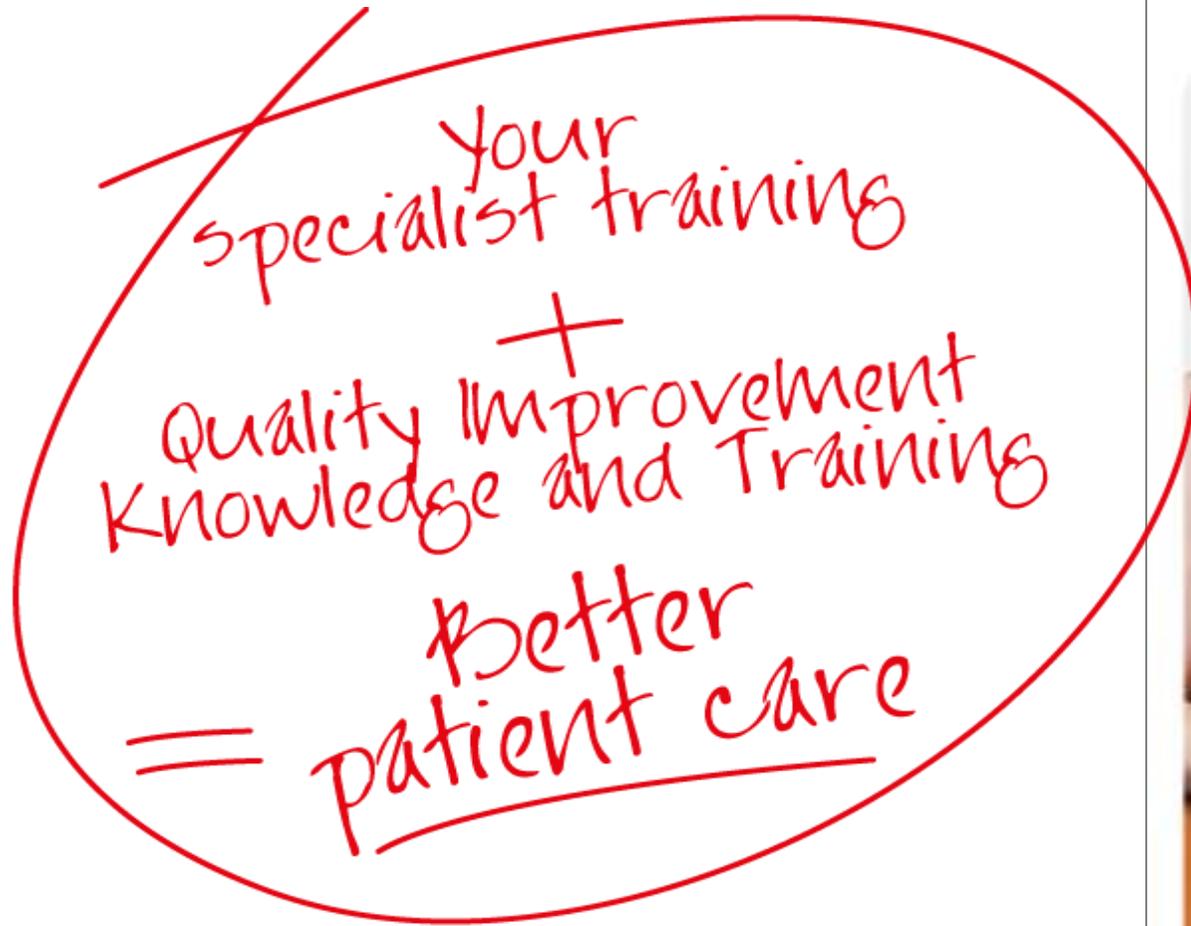 - QI training (25% / year)

1000 Lives Plus

- Leadership for Quality
- Healthcare Associated Infections
- Medicines Management
- Acute Care
- Surgical Care
- Stroke Care
- Transforming Ward Care
- Transforming Maternity Services
- Public Health
- Primary and Community Care
- Mental Health

Improving care, delivering quality
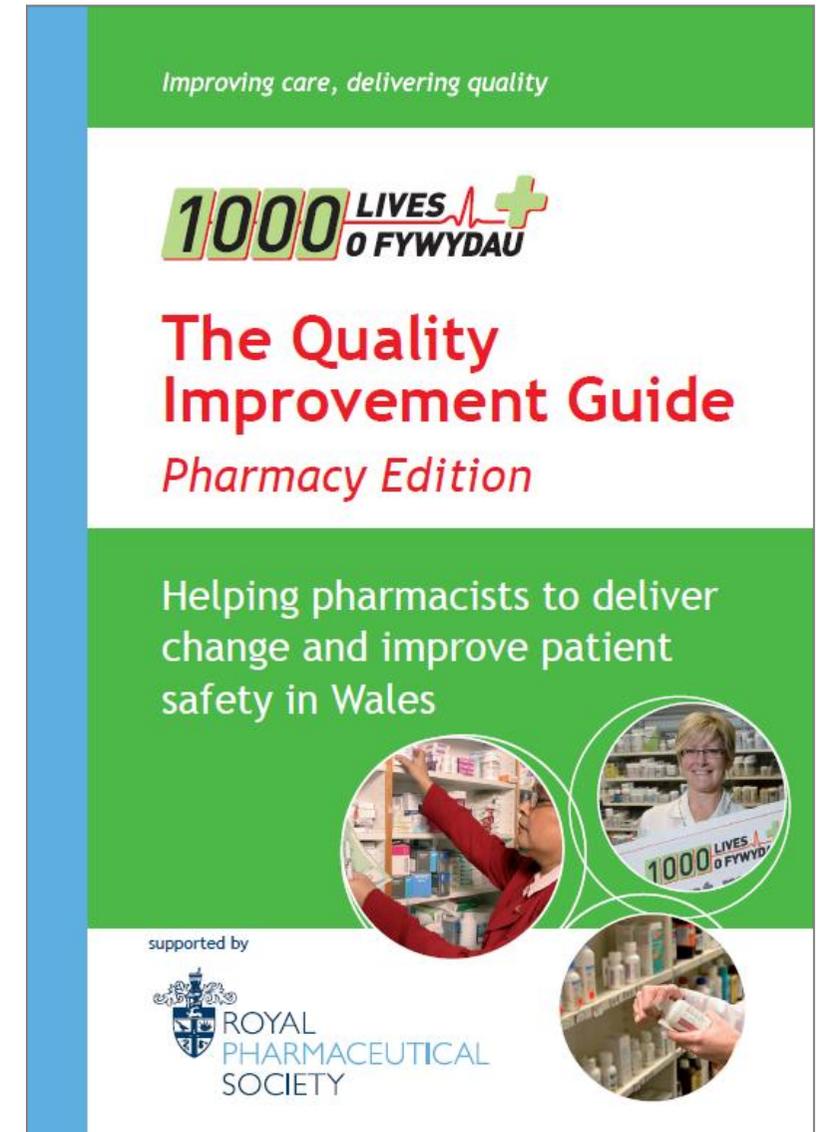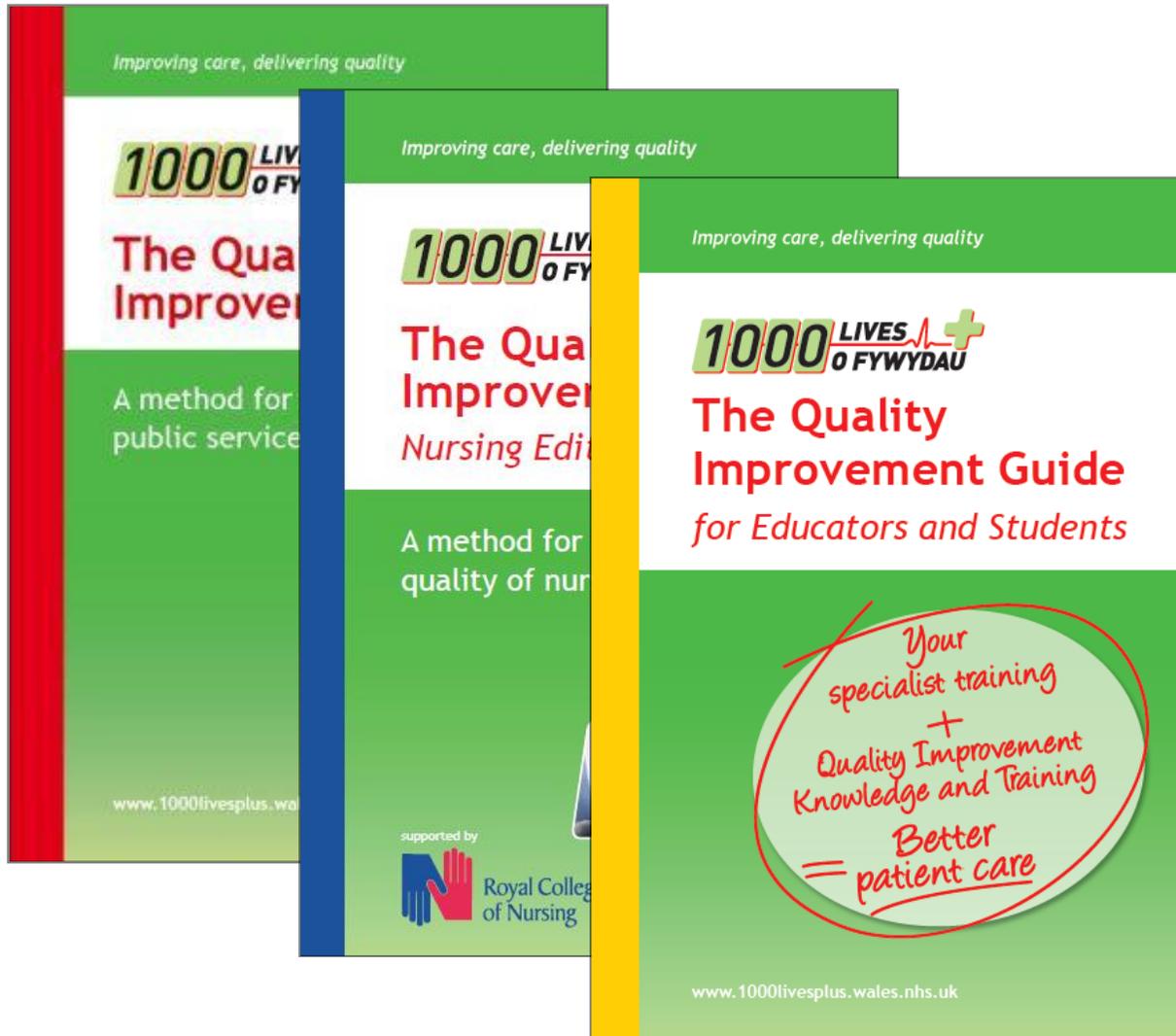
1000 Lives Plus
Student Chapter

Your
specialist training
+
Quality Improvement
Knowledge and Training
=
Better
patient care

Improving care, delivering quality

A consistent and standard language for improvement

Improving care, delivering quality

Delivery

- NHS performance
- Equity
- Integration
- Quality
- Primary Care

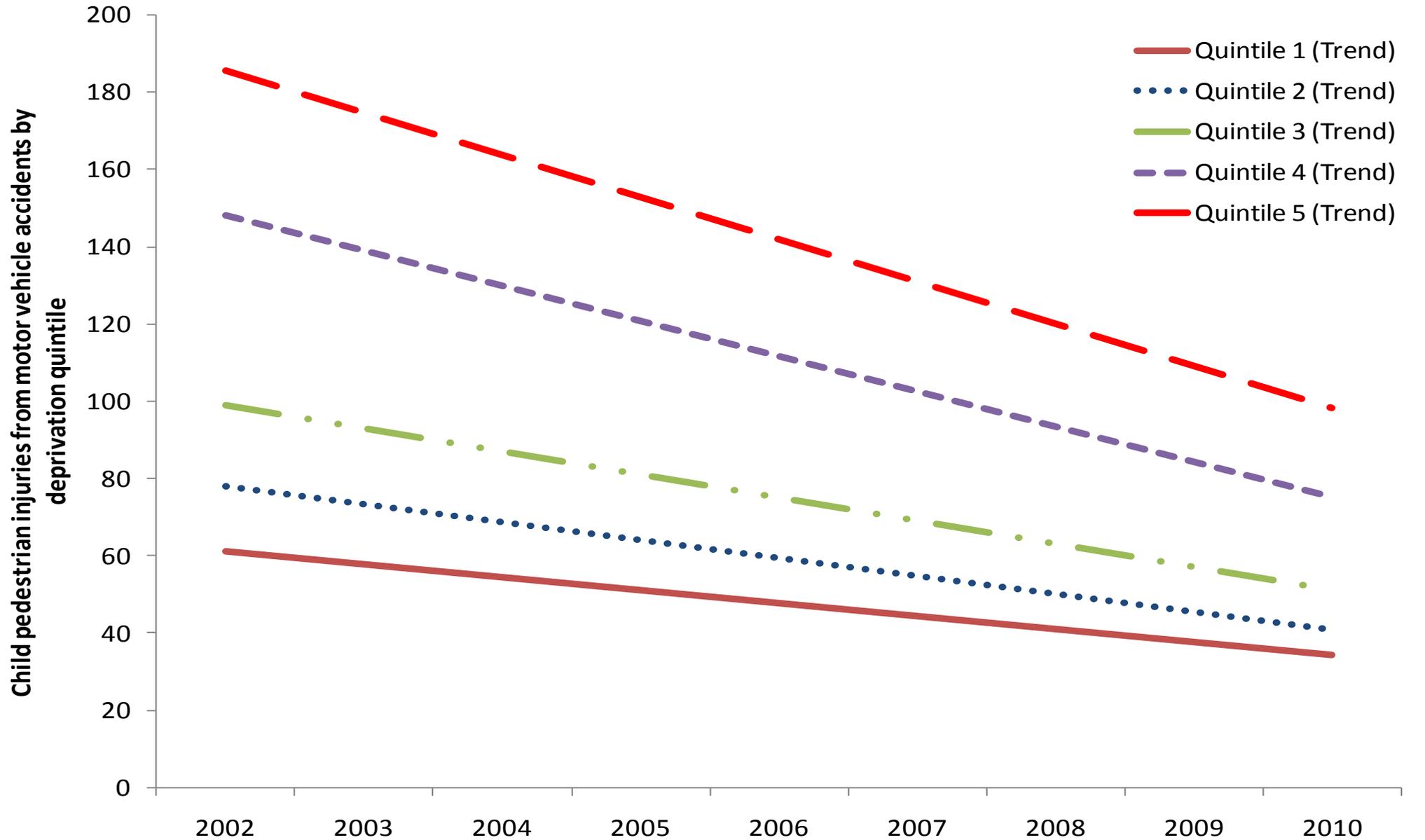# NHS Performance 2011/12

- Financial balance (flat cash)
- 39 Priority Areas
  - 32 improved
  - 5 static
- Highlights
  - HCAIs
  - Mortality
  - Stroke
  - Dignity in Care
  - Efficiency and Productivity

Increasing value for patients

Inequity

Child pedestrian injuries from motor vehicle
accidents by deprivation quintile
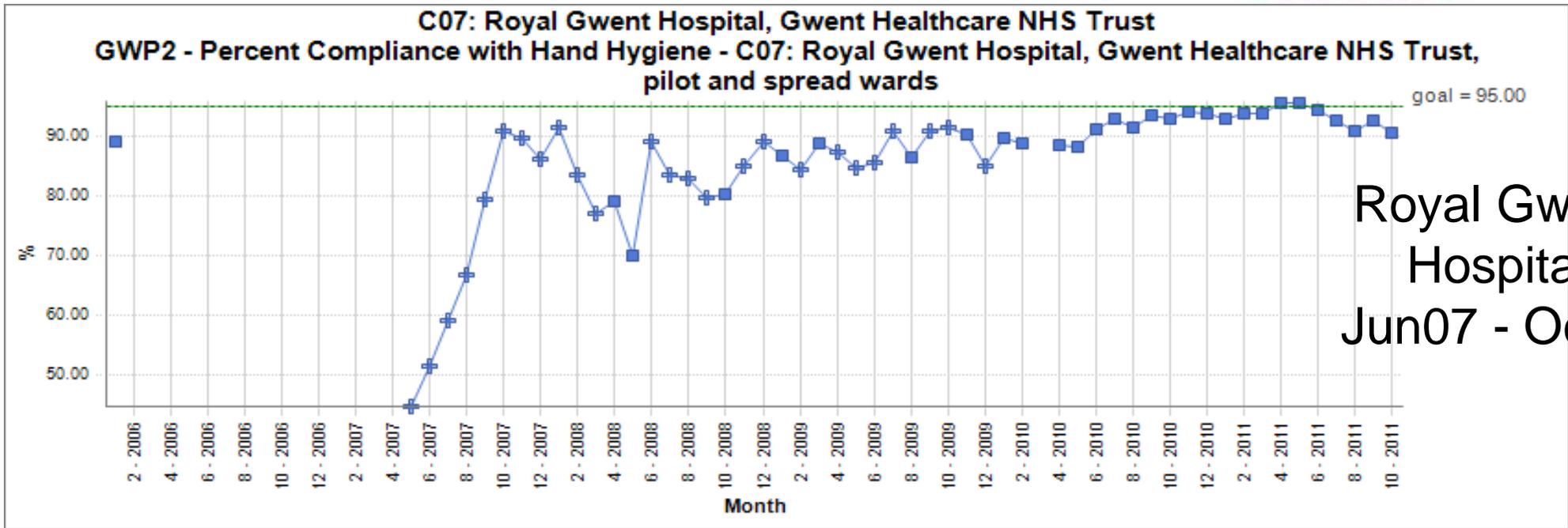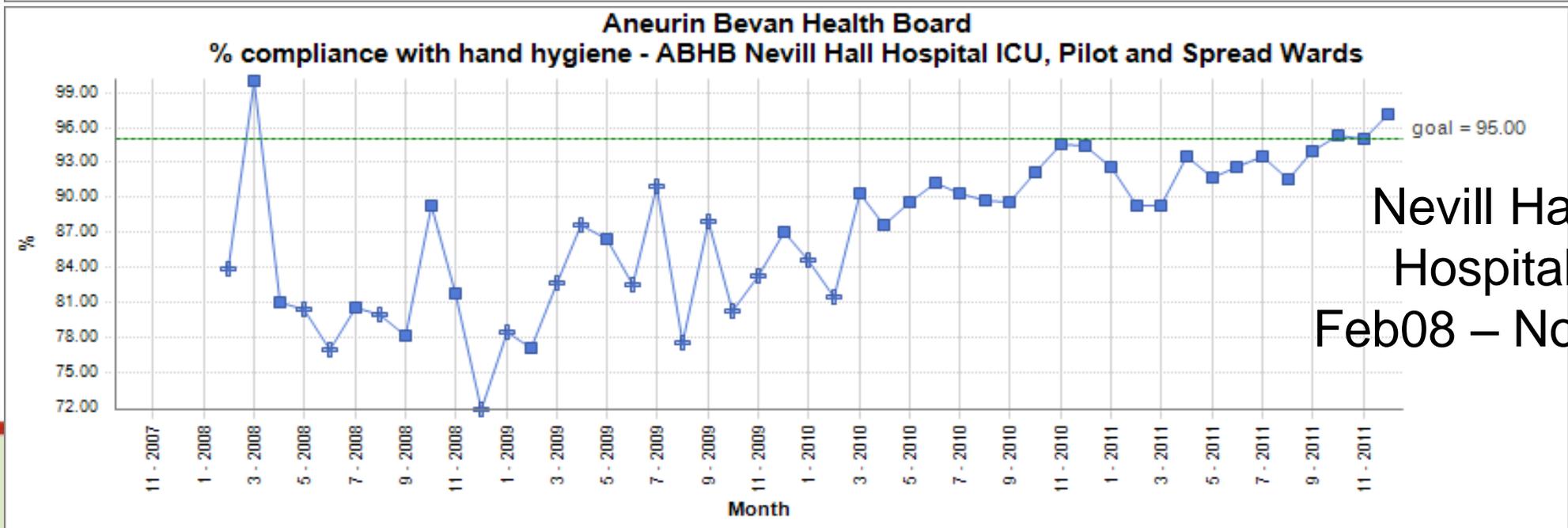Source: Statistical Directorate, Welsh Government

Integration

		% reduction 2011/12
Emergency admissions	CHD	- 9.3%
	COPD	- 16.5%
	Diabetes	- 14.6%
Emergency readmissions	CHD	- 19.4%
	COPD	- 24.6%
	Diabetes	- 29.6%
Length of Stay	CHD	- 16.7%
	COPD	- 15.7%
	Diabetes	- 15.8%

Quality

C07: Royal Gwent Hospital, Gwent Healthcare NHS Trust
GWP2 - Percent Compliance with Hand Hygiene - C07: Royal Gwent Hospital, Gwent Healthcare NHS Trust, pilot and spread wards

Royal Gwent
Hospital
Jun07 - Oct11

Aneurin Bevan Health Board
% compliance with hand hygiene - ABHB Nevill Hall Hospital ICU, Pilot and Spread Wards
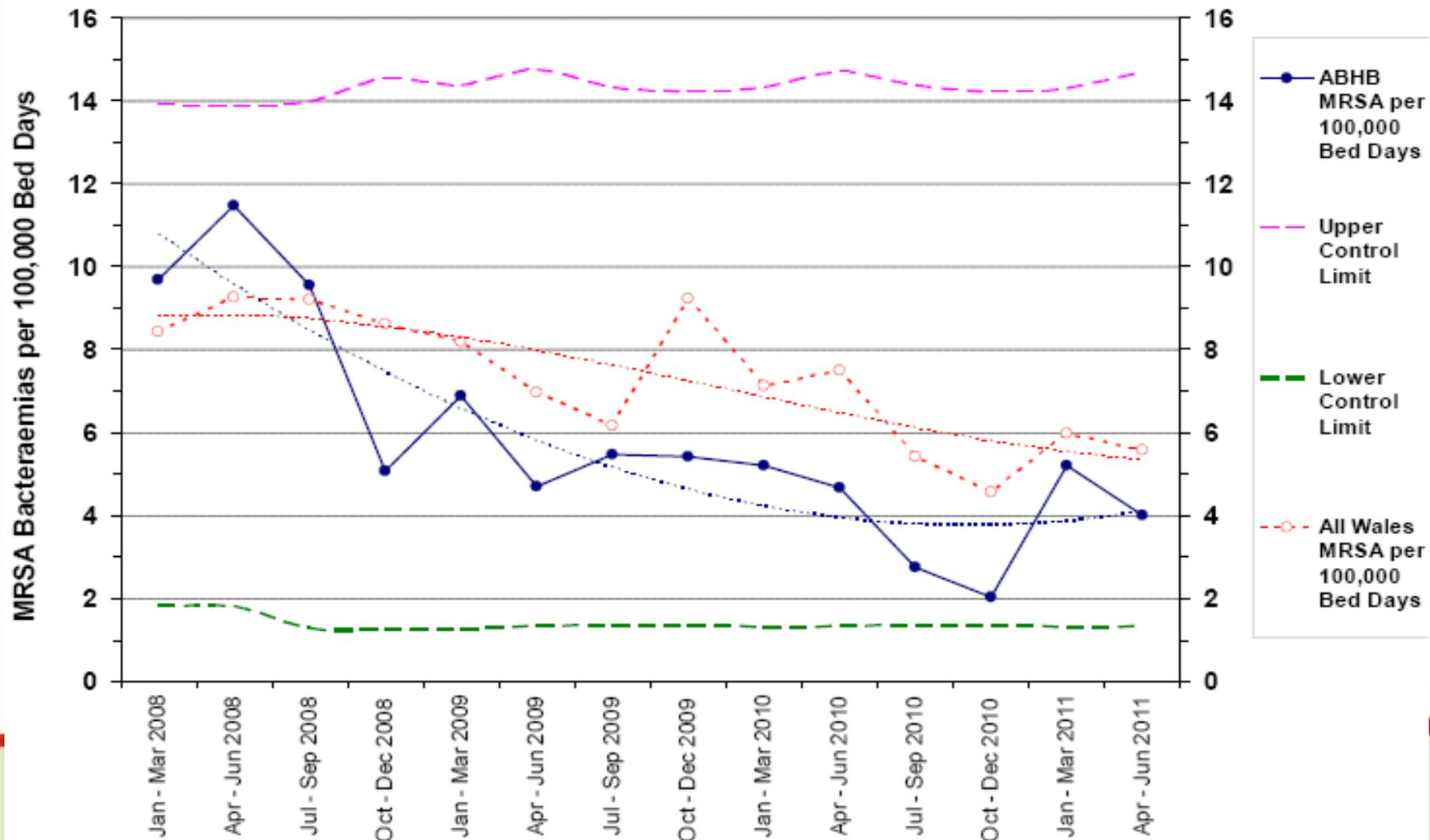
Nevill Hall
Hospital
Feb08 – Nov11

Outcome

- ## MRSA Bacteraemia

Catheter Bundle Incident Interval (days)

- Swansea Renal   286
- Cardiff ITU   772
- Mid North ITU   121
- Mid North Renal   74
- Abergavenny ITU   196
- Wrexham ICU   82

Primary Care

- Already evidence of change
- Focus more on whole population
- Develop localities
- Measure quality
- Lead transformation of care
- Address the Inverse Care Law

Summary

Increasing Value in Wales

- A system with clinical support
- Size on our side
- Good working relationships
- Improvement culture
- Improving value (performance / cost)
- Now need to really deliver
  - prevention, integration, quality