NHS REFORM AND ACUTE MEDICINE

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2000-2005

- NHS Plan - 10 year strategic plan 2000
- Delivering the NHS Plan 2002
- NHS Improvement Plan 2004
- Leading / Commissioning a patient led NHS 2005
2006-2011
Mechanisms for change

• Markets
  • Choice
  • Contestability
  • Incentives
  • Payer / provider split

• Regulatory
  • Quality
  • Standards

• Managerial
  • Targets & terror
  • Performance management
  • Planning

• Development
  • Leadership
  • Improvement methodology

• Other
  • Networks
  • Integration
Organisation 5 year survival is poor

% Surviving at each year post establishment

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1  2  3  4  5  6  7  8  9  10
Acute (short-stay) hospitals per 100,000
Acute beds per 100,000
In-patient care admissions per 100, Last available

- Austria 2008
- Romania 2009
- Finland 2009
- Germany 2008
- Luxembourg 2007
- Lithuania 2009
- Hungary 2008
- Czech Republic 2009
- France 2009
- Greece 2006
- Poland 2008
- Latvia 2009
- Slovakia 2009
- Norway 2009
- Estonia 2009
- Slovenia 2009
- Israel 2009
- **EU 2009**
- Croatia 2009
- Switzerland 2008
- Belgium 2007
- Sweden 2007
- Ireland 2008
- Denmark 2009
- **Italy 2008**
- United Kingdom 2009
- Portugal 2008
- Spain 2008
- Netherlands 2008
Key components of the reforms

- Devolution of commissioning to groups of GPs
- Creation of more quasi-market mechanisms
- Major structural upheaval
- Changes in the relationship between government and the NHS
Why reform now?

• Not clear
• The reasons given:
  • Poor outcomes in conditions amenable to healthcare interventions
  • Poor cancer survival
  • Bureaucratic current system
• The real reason….
The bill

- Bill through the commons with some softening of the language following the future forum:
- More cagey on the use of competition
- Trying to down play the role of the independent sector
- But the core is the same
Politics

- Hard to call but....
- The basic principles relating to CCGs will survive
- Perhaps some further changes around the imagined anxieties on the private sector
- Messages being given to CCGs
  - Assume that it is going ahead
  - Don’t wait
What happens next?

• Creation of PCT clusters
• Development phase
• Sorting out the loose ends phase
• Developing Health & well being boards
• Commissioning support arrangements
10 priorities for commissioning

- Patient self management
- Primary prevention
- Secondary prevention
- Managing ambulatory sensitive conditions
- Improve the management of patients with physical & mental health needs
10 priorities for commissioning

• Care co-ordination through integrated health and social care teams
• Improve primary care management at the end of life
• Effective medicines management
• Manage the quality of referrals
• Manage emergency activity
What are CCGs focussing on?

1. Organisational development and basics
2. Reliable quick secondary care information – same day or within 48 hours
3. Discharge coordination
4. Practice engagement
5. Involving the public from day one of every initiative
6. LTC care pathway redesign
Or…. 

- Focus on:
- Ensuring primary care does what it is supposed to do
- Build methods for systematic chronic management on the platform of primary care
- Work on integrated and co-ordinated working with social care and specialists
### Coordination Problems in the Past Two Years

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<th>GER</th>
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<th>NZ</th>
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Source: 2010 Commonwealth Fund International Health Policy Survey in Eleven Countries.
Some opportunities

• Is there an opportunity to change the nature of some of the key relationships in the system?

• Can we get better integration between primary care and the specialists that deal with chronic disease?

• Can we improve access to diagnostics for GPs to reduce their dependence on hospital referral?

• Can we provide a much more organised response to patients with acute episodes?
Some obstacles

- Payment mechanisms
- Silos
- Primary-secondary split as an organising principle
- Primary care – too generalist
- Hospitals – too specialist
Some actions

• Work with primary care to improve the out of hospital care system

• Develop expertise at the front door & the ability to

• Get your managers to work out a way to deal with the payment issues

• The reforms must not be a distraction