What is changing in the NHS

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What is the extent of our challenge?

• Around 1.4 million people work in the NHS and 54 million people use NHS services

• The NHS costs £100 billion a year and there is an increasing gap between the current trajectory of healthcare expenditure and what will be available to spend

• We need to reduce NHS expenditure by £15 billion in the next three years
What is the extent of our challenge?

- Every day community pharmacists dispense 2.3 million prescription items
- Every day 13,000 people call NHS Direct
- Approx 228,000 people go for an eye test each week
- Every month, 21 million people visit their GP surgery
- In total around 70% of the total health and care spend in England (£7 out of every £10) is attributed to caring for people with LTCs the cost and prevalence continues to grow.
- At Primary Care Trust level across the country there is a 48% variance in the number of people receiving best practice care for diabetes.
- There is a recognised need to transform the NHS from a reactive episodic system into a proactive wellness services

(DH, LTC Compendium of Information, May 2012)
The NHS in England before the reforms

Department of Health

- 10 strategic health authorities (SHAs)
- 152 primary care trusts (PCTs)

Health services: NHS trusts and primary care services
The NHS in transition

- 4 merged strategic health authorities (SHAs)
- 50 primary care trust (PCT) clusters
- 200+ shadow clinical commissioning groups (awaiting authorisation)

Health services: NHS trusts and primary care services

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The future NHS putting power into the hands of people and communities
Academic Health Science Networks

• Provide a systematic delivery mechanism for the local NHS, universities, public health and social care to work with industry to transform the identification, adoption and spread of proven innovations and best practice
• Locally owned and run and, because they are partnership organisations
• Application process to award a licence for the network, which will include funding specifically to enable local work on innovation and spreading best practice
• Ambition is that all NHS organisations will have the opportunity to be part of an AHSN by the end of March 2014

Also see DH website www.dh.gsi.gov.uk
Web address
www.dh.gov.uk
High level ambition

“We need to do things differently. We need to radically transform the way we deliver services. Innovation is the way - the only way – we can meet these challenges. Innovation must become core business for the NHS”.

Sir David Nicholson
Chief Executive of the NHS
Innovation Health and Wealth-aspirations and activity

• We will develop and publish an innovation scorecard to track compliance with NICE Technology Appraisals
• We will procure a single comprehensive and publicly available web portal for innovation in the NHS
• We will align financial, operational and performance incentives to support the adoption and diffusion of innovation
• We will identify High Impact Innovations which will be adopted widely
A range of National/Regional Levers

• The role of commissioners – charged to commission high quality, safe and innovative services
• This is supported by Commissioning for Quality and Innovation (CQUIN) payments which reward excellence by linking a portion of providers income to achievement of national/regional quality goals.
  – COPD discharge care bundle, a short list of evidence-based practices which should be implemented prior to discharge for all patients who have been admitted with AECOPD
  – Completion of care plan for people with Long Term Conditions
  – People with Dementia who have an emergency admission-find, investigate and follow up
• Move towards transparency and compliance
We do have a vision........
The NHS Constitution 2012

The NHS Belongs to the People

It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives.

It works at the limit of science — bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.
What Matters to Patients (England 2011)

- Feeling informed and being given options
- Staff who listen and spend time with me/patients
- Being treated as a person, not a number
- Being involved in care and being able to ask questions
- The value of support services, for example patient and carer support groups
- Efficient processes

(Robert, Cornwall, Brearley et al 2011)
Additional support and resources have been made available

WWW.institute.nhs.uk/theguide

WWW.institute.nhs.uk/patientfeedback
Leaders need to create the conditions within which innovation can flourish.

“...Strategies and processes alone are not sufficient to drive the degree of change we are seeking....the NHS should focus on tackling the behaviours and cultures in the system that stand in the way.”

(David Nicholson CEO, National Health Service)
Creating the Culture for Innovation

- Honouring everyone’s input
- Diversity
- Trusting, open environment
- Team based work

Relationships
- Flexibility
- Deliberate process
- Training
- Encouragement for skills development

Risk Taking
- Emotional support
- Balanced assessment
- Learning from failure rather than punishing
- Trying new things

Tools
- Aligned with organisational goals
- Recognition
- Intrinsic motivation
- Individualised

Resources
- Funding
- Time
- Authority to act

Rewards
- Wide scope search
- Uncensored, unfiltered, unsummarised
- Free-flowing

Goals
- What, but not how
- Specific call for innovation
- Tie to strategic plan
- ‘Stretch’
- Clear case for need
Barrier- I have not got the time
Productive General Practice
• “If you don’t have time for improvement it’s because you did not spend any time on improvement”

weet by @leanvoices
Innovation in the NHS

Perceived Support
- ‘Top of the office’ support
- Recognition that it’s hard
- Case studies identified and shared
- A number of incentive schemes
- Availability of capability support

Perceived Barriers
- Innovation not always aligned with organisations strategic objectives
- No one responsible – everyone should be responsible
- Risk averse nature & sack of time reinforces status quo
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