

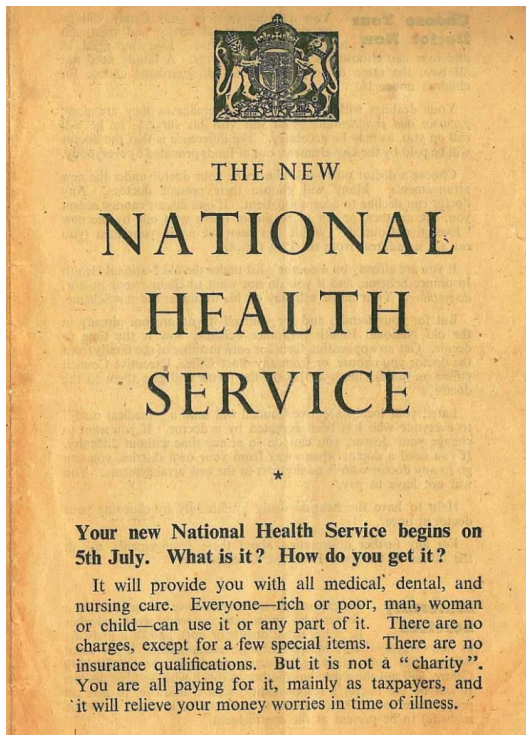
Dawning of the era of systems & creativity: the challenge for HSR

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London School of Hygiene & Tropical Medicine

HSRUK Conference

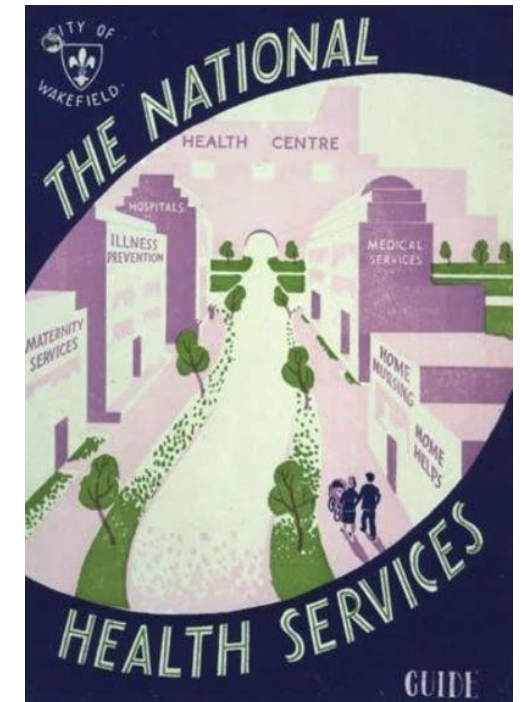
4 July 2018



70
YEARS
OF THE NHS
1948 - 2018

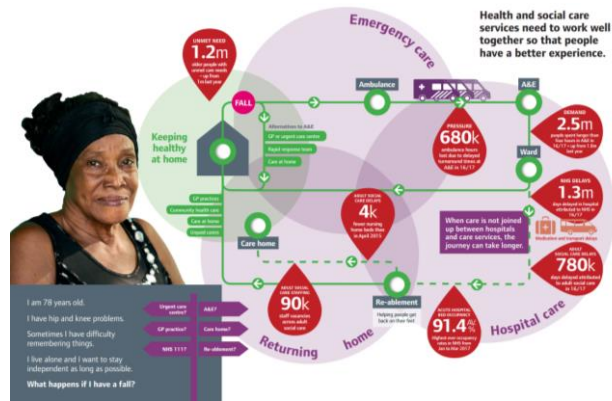


The NHS in England has made a major contribution to dramatic improvements in life expectancy and wellbeing and yet it is beset with daunting problems



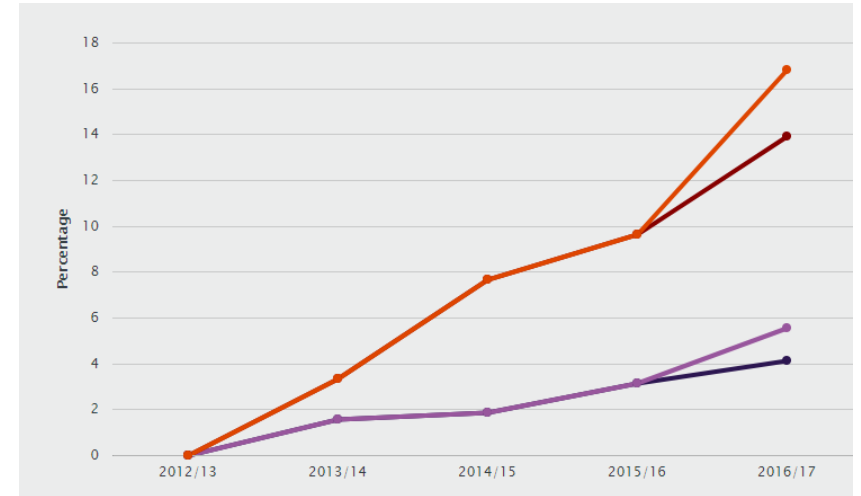


Administrative and regulatory complexity

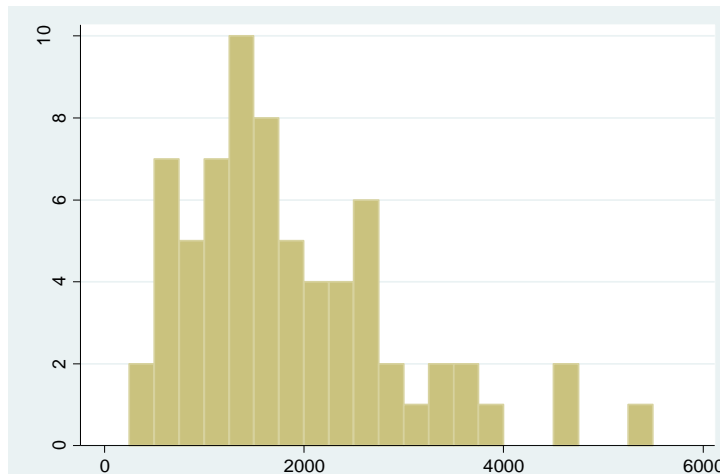


Care not sufficiently patient-centred

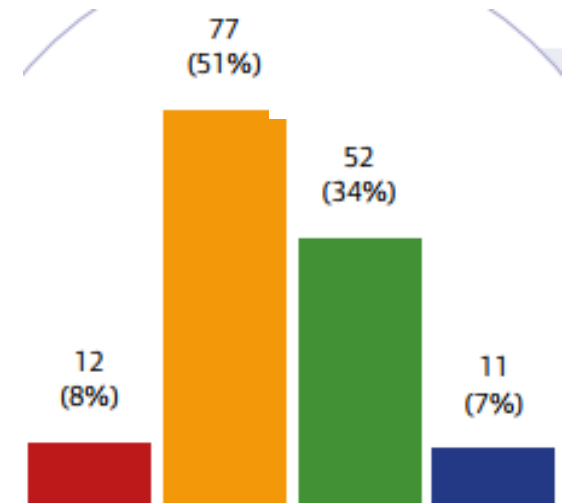
Continued dominance of acute hospitals



Dispirited staff



Variable productivity



Poor quality care

May to unveil £20bn a year boost to NHS spending

Ministers to claim 'Brexit health dividend' extra for the NHS in cash within six years.

£600M A WEEK BREXIT BONUS FOR NHS

- Cash will fund huge increase in doctors and nursing staff
- Focus on cancer and mental health
- Pledge is victory for the EU leavers

By Kate Devlin and Camilla Tominey

Theresa May will today promise a Brexit dividend of £600m a week for the NHS. The funding - awarded as the NHS celebrates its 70th anniversary - will help deliver a decade of "world class healthcare", ministers say. Health Secretary Jeremy Hunt said the multi-billion pound fund was a "strong indicator" of the government's commitment to the NHS. The cash will start flowing from next year and the total will be available in full from 2021. It will be used to pay for more nurses and doctors. Mental health services will be expanded and there will also be a push to deliver better cancer survival rates. It will be accompanied by a crackdown on waste and inefficiency in a bid to ensure all the money is well spent. The description of extra funding as a Brexit dividend.



Poldark's women spy another hairy chest

EXCLUSIVE: SEE PAGE 3

MAY'S £20BN NHS GAMBLE

- PM pledges stunning £380m a week for ailing Health Service
- She bets public will be willing to face tax hikes for better care

Theresa May today announces an extraordinary £20-billion-a-year boost for the National Health Service. In her boldest move since calling the last General Election, the Prime Minister vows to beat Boris Johnson's infamous pledge to invest a £10-billion-a-week "Brexit dividend" in the Health Service. The announcement, timed to coincide with

By Simon Walters and Glen Owen

They whip struggle to contain a party rebellion which could force the Government to give the Commons a vote over the Brexit process and weaken Mrs May's authority. In an article for today's Mail on Sunday, the Prime Minister promises an extra £20 billion in real terms by the 2023-24 financial year - or



Look away Demelza! Poldark's got a new lover

NHS to get extra £384m per week

May honours 'Brexit dividend' funding pledge, but admits taxes will also increase

Theresa May today announced a £384m-a-week funding boost for the NHS, but admitted that the government would have to raise taxes to pay for it. The Prime Minister said the funding would be available from next year and would be used to pay for more nurses and doctors. She also said that the government would have to raise taxes to pay for the funding. The funding will be available in full from 2021. It will be used to pay for more nurses and doctors. Mental health services will be expanded and there will also be a push to deliver better cancer survival rates. It will be accompanied by a crackdown on waste and inefficiency in a bid to ensure all the money is well spent. The description of extra funding as a Brexit dividend.

1950

1970

1990

2010

2030

Era of expansion

Surgery

- transplantation, open heart, hip replacement

Drugs

- antibiotics, anti-TB, beta blockers, Valium, anti-histamines

Technologies

- pacemakers, ultrasound, IVF, defibrillator, angiography

Led to rapid growth in expenditure

1950

1970

1990

2010

2030



Era of expansion



Era of cost
containment

Prospective payment: diagnosis-related groups (DRGs)

Managed care: health maintenance organisations (HMOs)

Market forces: competition

Reduce demand: co-payments; pre-authorisation consent

Realisation that cost driven by medical-industrial complex
and professional judgement

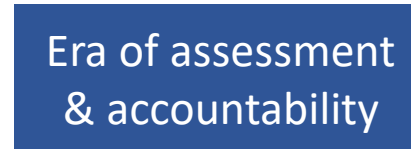
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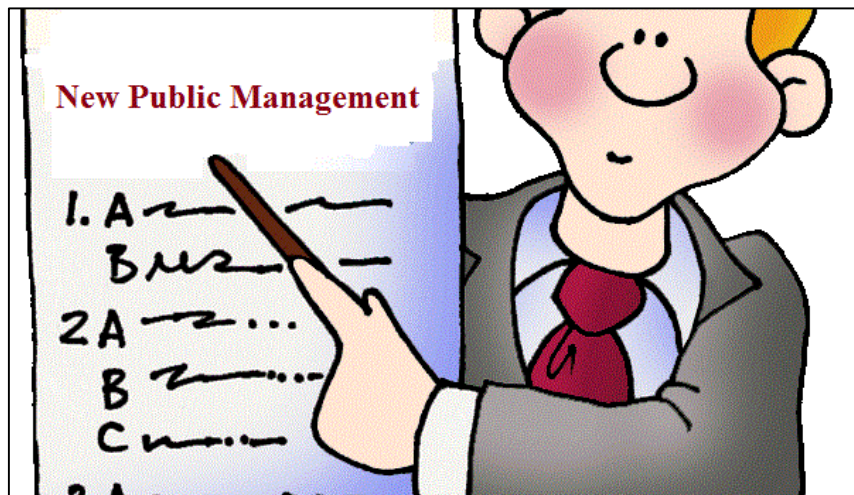


Evidence-based medicine, guidelines, audit, surveys, inspections, regulation, financial incentives, public disclosure...

And yet...problems persist. Why?

Era of assessment and accountability largely based on market-oriented tools

- developed for manufacturing in the early 20th century
- breaks production down into its constituent parts
- seeks to control variation (standardise)
- centrally driven solutions (incentives, targets, sanctions)



Era of Assessment & Accountability

Some success in addressing paternalism and professional autonomy



But...



Unintended consequences

- Regulation has become burdensome
- Low trust system been created
- Staff initiative been discouraged
- Perpetuated organisational silos
- Insufficient rebalancing towards patients

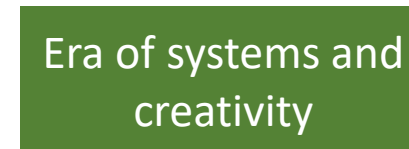
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Era of systems & creativity

- Need a new paradigm to enable health and care services that can adapt to complexity, uncertainty and nonlinearity
- Two key aspects – systems & creativity - intricately linked
 - "Think like a system, act like an entrepreneur"
(Ian Burbidge, RSA 2017)
- May appear the two are incompatible, even in opposition

Systems

- Systems thinking been around for years
 - ‘Organisational systems’: top-down, focus on parts
 - Break complex issues into actionable parts
 - But, doing it better not likely to produce different outcomes
 - Failure blamed on organisations
- Insufficient grasp that health and care services are ‘human systems’
 - Focus on connections, relationships and meanings
 - Recognise that problems cannot be solved by single organisations
 - Make use of resourcefulness and perspectives of people
 - Responsive to needs of patient/client (and staff)

Systems

- Allow creativity to emerge
 - draw together those necessary to address the issue
 - may not be those in positions of authority
 - 'make space' for the right conversations to occur
- outcome (creative solutions) determined by
 - who is included
 - how space is managed

Creativity

- Need for social entrepreneurs working within health and care system
- Altruistic form of entrepreneurship (not motivated by profit-making)
- Key task: creative disruption
- Challenge is how to release creativity within the system



The new era has already dawned

National and regional systems change

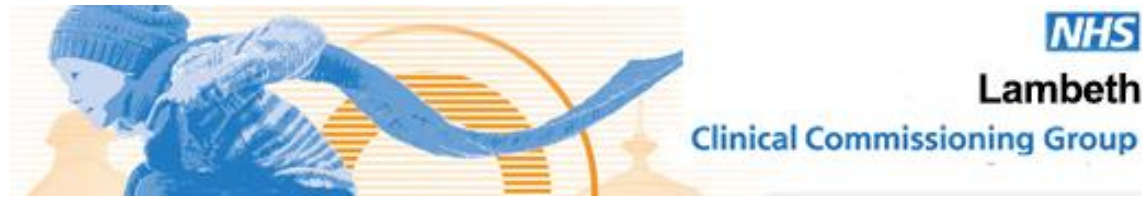


Taking charge
of Health and Social Care

GMCA GREATER
MANCHESTER
COMBINED
AUTHORITY

NHS
in Greater Manchester

Improving mental health care



2013: citizens, carers, social care, voluntary sector, primary care, public health and mental health trust



Denis O'Rourke, assistant director for integrated commissioning in mental health



Supports 400 people a month
43% reduction in referrals to secondary mental health care
Reduction in number entering residential care

Reducing emergency admissions: specialist nursing

Gateshead



15 200 patients; 2500 multi-morbidity

Older Persons Specialist Nurse
Comprehensive geriatric assessments

54% reduction in emergency admissions

81% reduction in home visits



Reducing emergency admissions: community welfare



Helen Kingston, GP



Jenny Hartnoll
Health trainer



28 000 patients
2013 Compassionate Frome Project

Community hospital/general practice
social services/charities

17% reduction in emergency admissions
21% reduction in costs

(Julian Abel & Lindsay Clarke, Resurgence & Ecologist, 2018)

Reducing emergency admissions: falls rapid response



East Midlands Ambulance Service
NHS Trust



13.6% of 999 calls are for falls
50% are taken to A&E

Falls Rapid Response Team introduced

28% taken to A&E
£377K hospital cost saving pa
Fewer admissions to residential care
Overall savings £1.8m pa

Enhancing hospital safety: acute kidney injury

Wrightington, Wigan and Leigh 
NHS Foundation Trust



Stephen Gulliford (Consultant physician) devised programme

Suzanne Wilson (AKI Nurse)

- Educated ward staff
- Raised awareness of AKI

28% reduction in incidence AKI stage 3

Mortality reduced from 45% to 28%

Reduction in average length of stay

Learning from abroad



Self-directed district nursing teams in the Netherlands



 Region
Jönköpings län



Shared dialysis
in Sweden



Self-management of
Parkinson's disease in
the Netherlands



Earlier eras were and
remain heavily dependent on HSR

Does HSR have a role in new era?

Do more of the same
Do the same differently
Do new things

Do more of the same

Rigorous evaluation of new technologies

- Cancer immunotherapy
- Gene therapies



End to lifetime of injections (£100K pa) and anxiety, discomfort, restricted activities, emergency admissions

- Predictive modelling/Risk profiling ('big data')
 - Machine learning/Artificial intelligence

Do the same differently

1. Shift focus to place-based quality assessment

- Study of institutions perpetuates existing structures and modes of delivery
- Strengthen population perspective



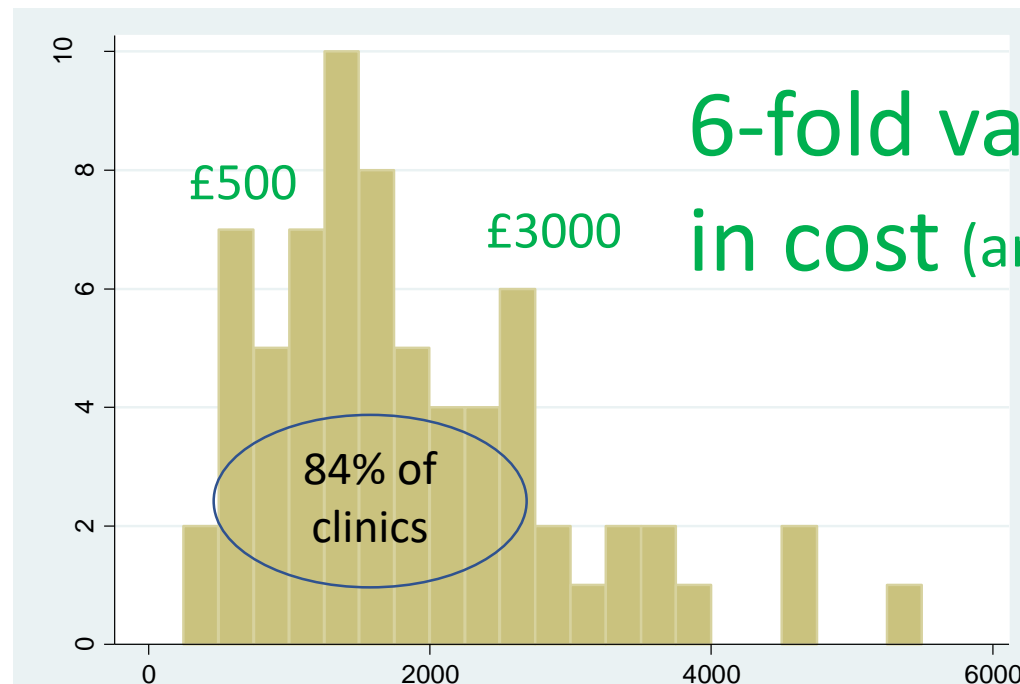
2. Develop measures for aspects valued by patients and clients

- reassurance, integration, continuity, shared decision-making
- avoid the McNamara fallacy
 - *'if it cannot be measured, it is not important'*



3. Measure cost rather than rely on price

- almost nothing known about costs in the NHS
- probably varies much more than outcome



- measurement can be boring
- explore new methods



4. Cope with evaluation when greater diversity of provision and processes of care

- Encouragement of local creativity will increase ‘variation’ in how care is delivered
- Challenge for quantitative methods which are oriented to standardisation (protocol driven)
 - Multiple, heterogenous, small-scale innovations will never meet traditional requirements of statistical significance
- Also requires HSR funding bodies to be fit-for-purpose
 - Adopt appropriate criteria to judge methods
 - Traditional ‘hierarchies of evidence’ need addressing
- Big risks for HSR in not meeting this challenge
 - Results seen by policy-makers and practitioners as irrelevant or even obstructing transformation

Do new things

Greater emphasis on other roles of HSR

- HSR is unusual; not just about scientific rigour
- first and foremost about change
- part of the health and care system

1. Disruption

- Help challenge and create environment where system change can happen
 - inspire and support staff and managers to be disruptive
 - takes courage to challenge the status quo; to think the unthinkable
- HSR has been too timid
 - mostly sought only transactional improvement

2. Helping services address complex problems

- Identifying concerns and goals of practitioners and policy-makers (listening)
- Focus on understanding/investigating what is going on
- Use our skills and ability to help clarify and to apply analytical models

3. Assist improvement

- Policies
 - HSR been better at rocking the boat than steering it
 - Criticisms of policies should come with solutions
- Practices
 - Not trying to solve problems but help staff and patients understand them
 - Powerful stimulant for change
 - HSR is first part of organisational development

OpenSpace event

Characteristics of MASs

- Organisational survey (2014 – 2015)
- Random sample of 73 MASs in England
- Structure (resources & organisation):
 - Staffing: worked the provision of clinical assessments, provision of post-diagnosis interventions, accreditation
- Processes (delivery & coordination):
 - Working times, duration, number and frequency of appointments

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Staff running and managing memory clinics

Self-organising groups

Setting their own agenda, leading discussions, developing solutions



To conclude...

- Pressures on health and care services mean radical change is not an option but a necessity
- Era of Systems & Creativity provides exciting challenges and great opportunities
- HSR can make a big contribution but must be more ambitious
 - engage at all levels - national, regional, local
 - focus on transformative rather than transactional change
 - deep listening with patients, clinicians, managers and policy-makers
 - embrace roles and competencies beyond scientific rigour