

NHS Improvement's Provider Conference Implementing the Forward View: Supporting Providers to Deliver

# Quality and Value in Health Care

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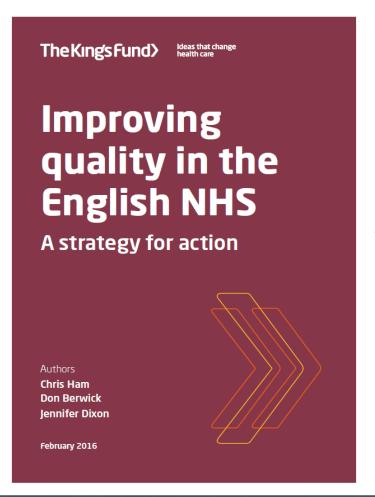
**11 February 2016** 

# **Three Question**

- What is happening?
- Why?
- What can we do about it?



# Forthcoming from The King's Fund and The Health Foundation



**AND** 

The Health Foundation is working with Professor Sheila Leatherman to recommend how the different parts of the NHS should work together to support and accelerate improvements in quality of care.

The report will be published in late spring or early summer.

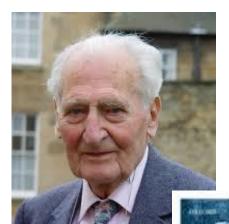


# What Is Happening?

- Conflict among stakeholders.
- Workforce demoralisation.
- Pressure on production.
- Performance in jeopardy.
- Negative public discourse.



# **A Legacy of Giants**



A Bradford-Hill and Causality. I

BRITISH MEDICAL JOURNAL

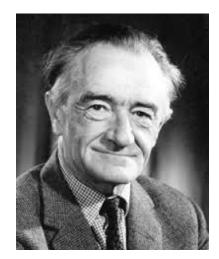
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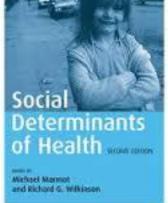
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France of Maked Streets, pools about of Players and Proping Medical, Success divinor of the Season of the Season Control of the

... I have no wish, nor the skill to embark upon a philosophical discussion of the meaning of 'causation'

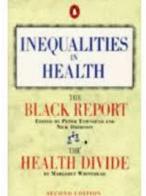
















# Pledges for a New Era

1. Reaffirm the founding charter.



# **Aneurin Bevan: July 5, 1948**

Principles of the National Health Service:

- that it meet the needs of everyone
- that it be free at the point of delivery
- that it be based on clinical need, not ability to pay



# NHS Constitution: March, 2011

- 1. The NHS provides a comprehensive service available to all.
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay.
- 3. The NHS aspires to the highest standards of excellence and professionalism.
- 4. The NHS aspires to put patients at the heart of everything it does.
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities, and the wider population.
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair, and sustainable use of finite resources.
- 7. The NHS is accountable to the public, communities, and patients that it serves.

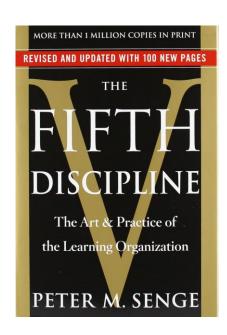


# Pledges for a New Era

- 1. Reaffirm the founding charter.
- 2. Make quality the strategy.

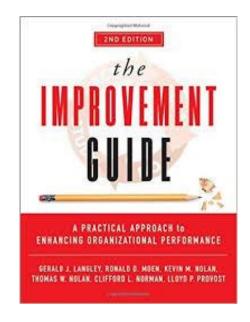


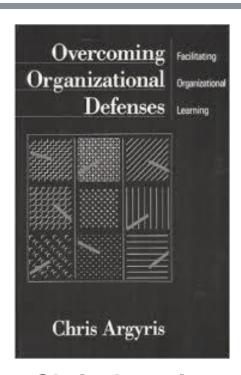
# A Reading List for Leaders



Peter Senge:
The Fifth
Discipline

Jerry Langley, Tom Nolan, & Kevin Nolan: The Improvement Guide

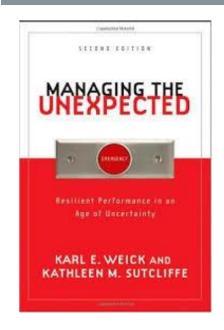




Chris Argyris:
Overcoming
Organizational
Defenses

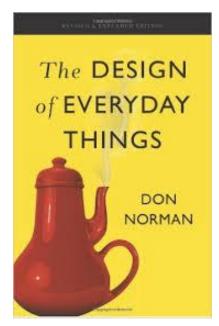


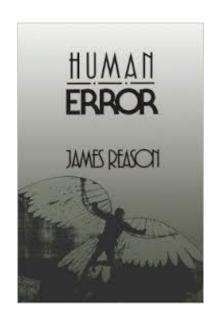
# A Reading List for Leaders



Karl Weick and
Kathleen Sutcliffe: *Managing the Unexpected* 

Don Norman:
The Design of
Everyday Things





James Reason:

Human Error

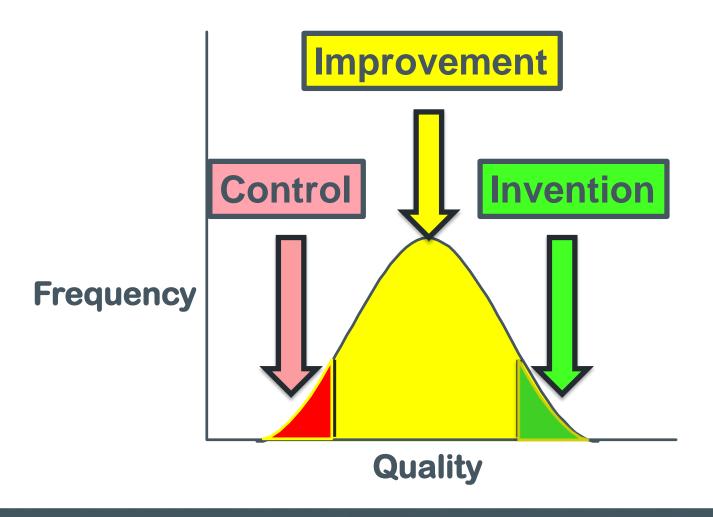


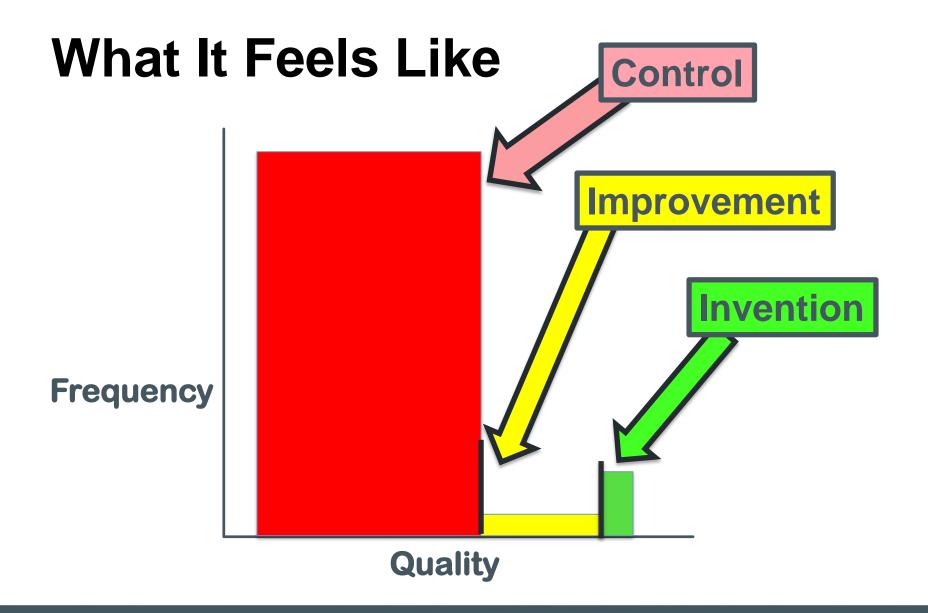
# Pledges for a New Era

- 1. Reaffirm the founding charter.
- Make quality the strategy.
- 3. Rebalance inspection and improvement.

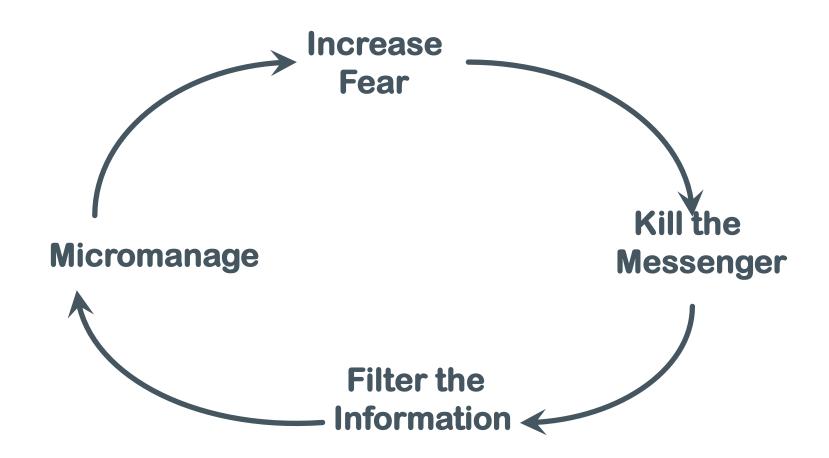


# Three Populations: "The Trilogy"





# The Cycle of Fear



# Pledges for a New Era

- 1. Reaffirm the founding charter.
- Make quality the strategy.
- 3. Rebalance inspection and improvement.
- 4. Place confidence in redesign.



## Where We Are Headed....

From	То		
Fragmented Payment	Unified Budgets		
Hospital as the Center	Home as the Hub		
Excellent Soloists	High Performing Teams		
Moving People	Moving Knowledge		
"What Is the Matter with You?"	"What Matters to You?"		
A Sense of Scarcity	A Sense of Abundance		

# New Rules for Radical Redesign

- Change the Balance of Power
- Standardize What Makes Sense
- Customize to the Individual
- Promote Wellbeing
- Create Joy in Work
- Make It Easy
- Move Knowledge, Not People
- Collaborate/Cooperate
- Assume Abundance
- Return the Money







# Design: Move Knowledge, Not People











#### IAP CLINIC PARTICIPATION SITES

"PROJECT ECHO"







# **ECHO Treatment Outcomes: Equal to University Medical Center**

Hepatitis C Outcome	ЕСНО	UNMH	P- value
	N=261	N=146	
Minority	68%	49%	P<0.0
SVR (Cure) Genotype 1	50%	46%	NS
SVR (Cure) Genotype 2/3	70%	71%	NS

SVR=sustained viral response Arora S, Thornton K, Murata G. New Eng J Med 2011; 364:23



Design: Move Knowledge, Not People











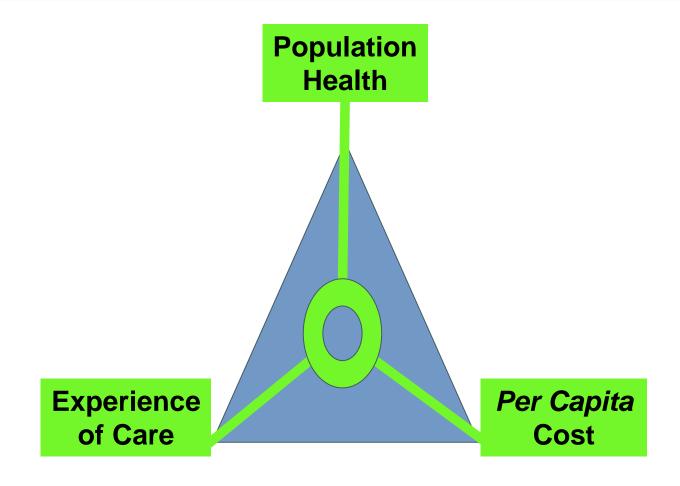


#### HEALTHCARE. REFRESHINGLY SIMPLE.





# The Triple Aim





# "The Daily Mile"



# "Fit to play, fit to learn"



**Design: Focus on Well-Being** 

St Ninians Primary
School
Stirling

Scotland Ms Elaine Wyllie

wylliee48s@stirling.gov.uk

# Pledges for a New Era

- 1. Reaffirm the founding charter.
- Make quality the strategy.
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- 4. Place confidence in redesign.
- 5. Do it together.

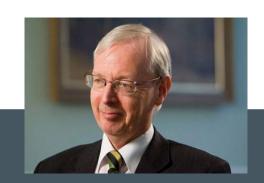


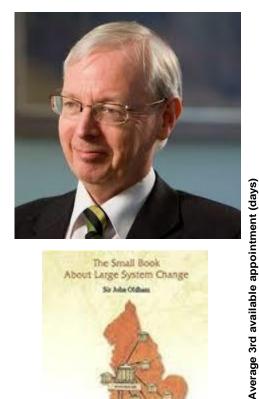
### Dr. John Oldham

National Primary Care Development Team (PCDT)

#### Development Team (NPDT) focus:

- Access to primary care
- Care for patients with proven coronary heart disease
- Access to routine secondary care services.
- 11 regional PCDT organizations
- 1000 practices in the UK covered 7 million patients
- Reduced waiting times for >32 million patients
- The largest improvement program in the world, 2002

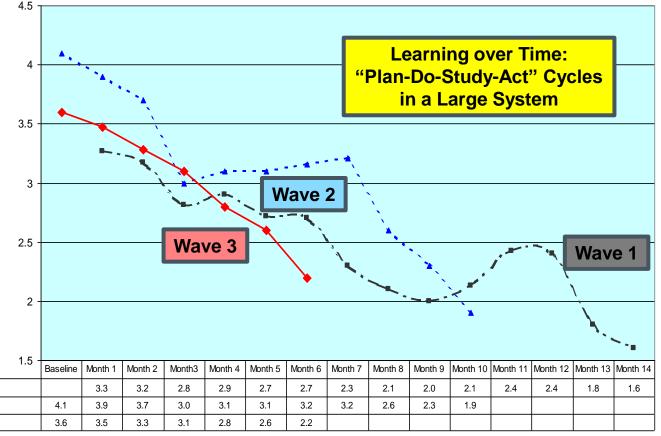


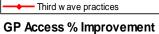


The Small Book About Large System Change

Dr. Donald M Berwick

#### The National Primary Care Collaborative **GP 3rd Available Appointment Trends** First, Second and Third Wave practices





First wave practices

Second wave practices

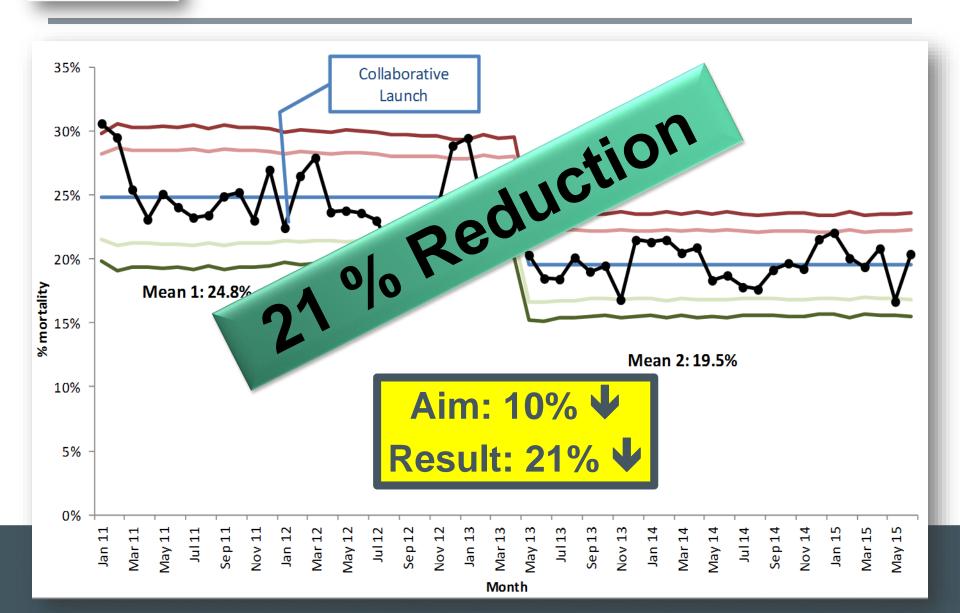
Wave 1 - 50.38% over 14 months of reporting

Wave 2 - 52.23% over 10 months of reporting

Wave 3 - 35.85% over 6 months of reporting

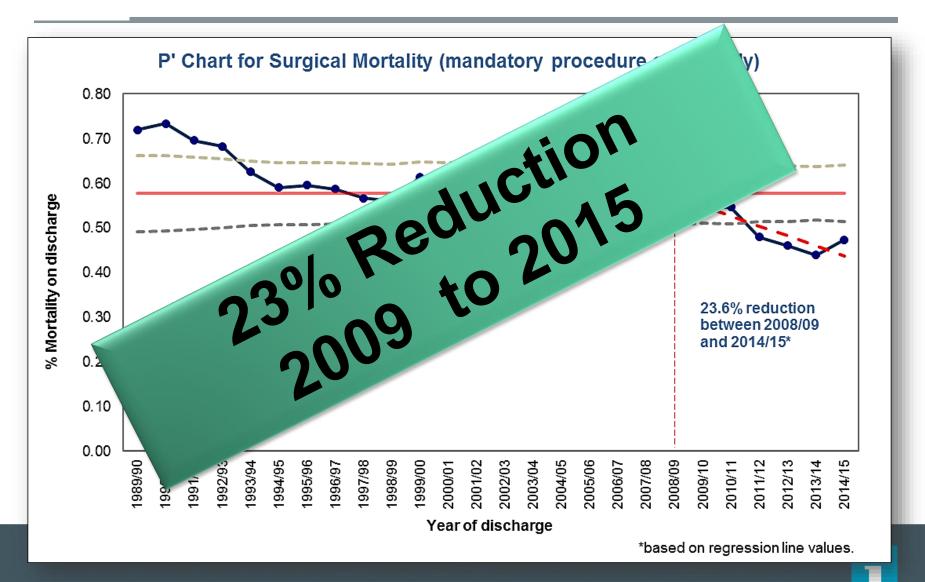


## % 30 day Sepsis Mortality

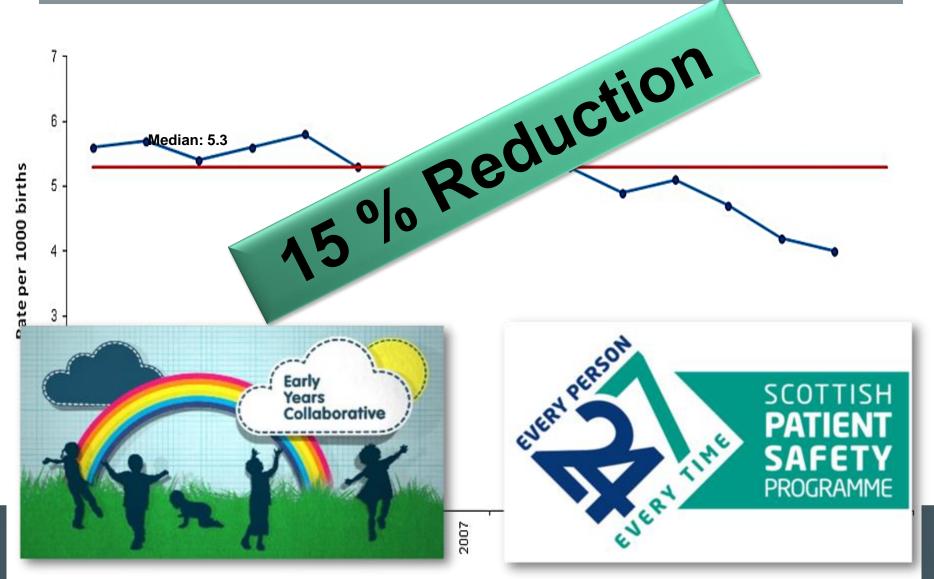




## **NHS Scotland Surgical Mortality**



# Scottish Stillbirth Rate (per 1000 births) 2000 - 2014



# Pledges for a New Era

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- 4. Place confidence in redesign.
- 5. Do it together.
- 6. Honor the workforce.



# W. Edwards Deming

"Management's overall aim should be to create a system in which everybody may take joy in his work."



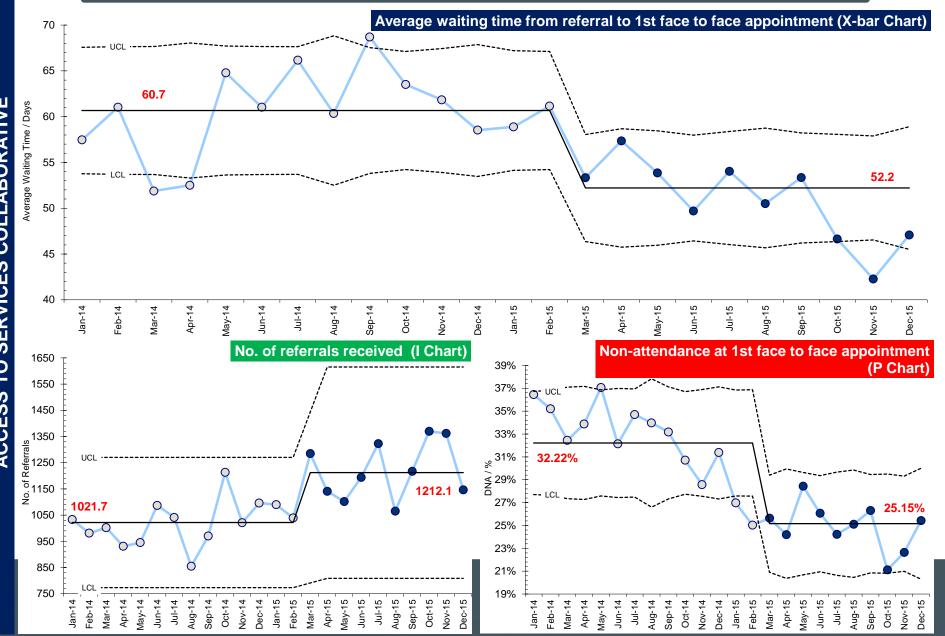
# Maureen Bisognano

"You can't give what you don't have."

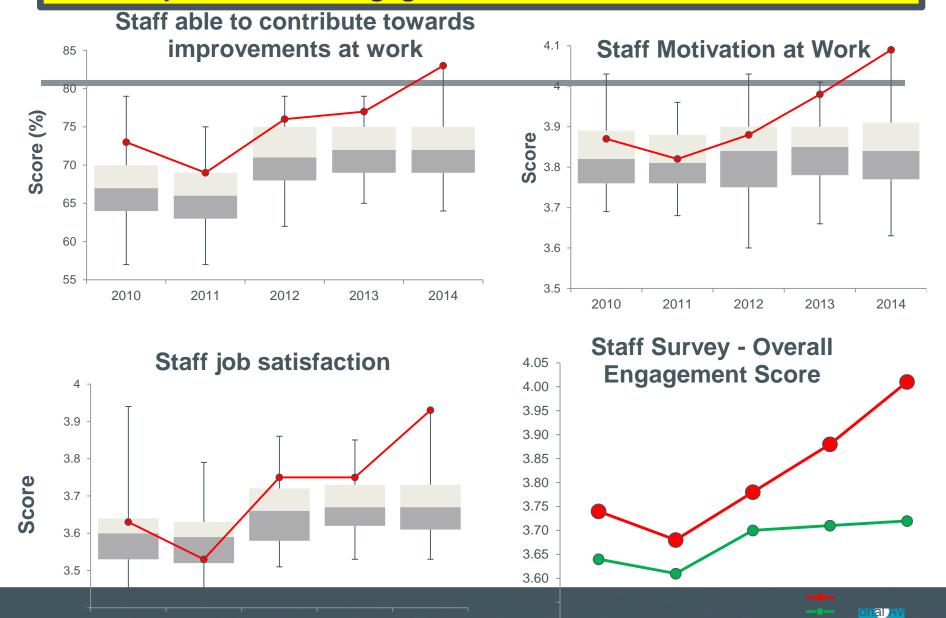




# Improving Access to Community Mental Health, Psychology, and Community Health Services: East London Foundation Trust



#### **Staff Experience and Engagement: East London Foundation Trust**



# **Scoring of Management**

#### Their Immediate Physician Supervisor

To what extent do you agree or disagree with each of the following statements about (name of immediate supervisor)?

Holds career development conversations with me<sup>a</sup>

Inspires me to do my best<sup>a</sup>

Empowers me to do my job<sup>a</sup>

Is interested in my opinion<sup>a</sup>

Encourages employees to suggest ideas for improvement<sup>a</sup>

Treats me with respect and dignity<sup>a</sup>

Provides helpful feedback and coaching on my performance<sup>a</sup>

Recognizes me for a job well done<sup>a</sup>

Keeps me informed about changes taking place at Mayo Clinica

Encourages me to develop my talents and skills<sup>a</sup>

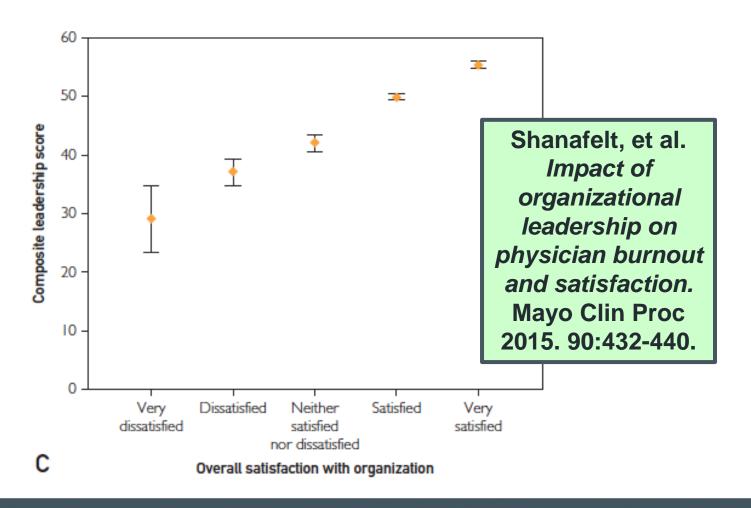
I would recommend working for (name of immediate supervisor)

Shanafelt, et al.

Impact of
organizational
leadership on
physician burnout
and satisfaction.
Mayo Clin Proc
2015. 90:432-440.



# Leadership Score vs. Satisfaction





# Pledges for a New Era

- Reaffirm the founding charter.
- Make quality the strategy.
- Rebalance inspection and improvement.
- 4. Place confidence in redesign.
- 5. Do it together.
- 6. Honor the workforce.
- 7. Embrace voice and power for patients, carers, and communities.



# Co-Design and Co-Production

Batalden M, Batalden P, Margolis P, Seid M, Armstrong G, Opipari-Arrigan L, Hartung H. Coproduction of health care service. BMJ Qual Saf 2015; 0:1-9.

Healthcare is not a product manufactured by the healthcare system, but rather a service, which is cocreated by healthcare professionals in relationship with one another and with people seeking help to restore or maintain health for themselves and their families.



### **Design: Change the Balance of Power**

# Introducing Christian

- Ryhov Hospital, Jönköping, Sweden had traditional hemodialysis and peritoneal dialysis center.
- In 2005, a patient, Christian, asked about doing it himself
- Today, 75% of Ryhov dialysis patients use self-dialysis...





# **Self-Dialysis Results**

- Costs reduced 50%
- Complications dramatically reduced
- Measuring success by "number of patients working"



# Some Requests... Please...

- Government: Honestly monitor the effects of austerity. Rebalance: Far less reliance on "inspection." Far more investment in "improvement".
- Executives & Managers: Master improvement as a strategy for the Triple Aim. Focus on pride and joy in the workforce.
- Clinicians and Royal Colleges: Reduce claims of prerogative. Embrace the Triple Aim, and master improvement as the strategy for pursuing it.
- Junior Clinicians: You are our best hope. Keep the faith. Become the leaders you can be in redesign.
- Public: Resist the negativity. Be bold about what you want. Help to achieve
  it.
- Media: Accept responsibility for helping optimism thrive.



## Thanks... And I Wish You Well!

"It will last as long as there are folk left with the faith to fight for it"

Aneurin Bevan MP on the NHS



