



Department
of Health

The importance of Quality and Clinical Engagement in delivering efficiency and productivity programmes in the NHS

David Prior, Parliamentary Under-Secretary of State for NHS Productivity
16th December 2016

The NHS is doing really rather well

- The Economist Intelligence Unit found NHS care at the end of people's lives to be the best in the world
- Public satisfaction with the NHS is high
- And by international standards, the NHS *is* a lean system

Figure 1: Satisfaction* with the NHS, 1983 to 2014



*Question asked: 'All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?'

Question not asked in 1985, 1988 and 1992

Source: NatCen Social Research's British Social Attitudes survey

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The Commonwealth Fund ranked the NHS top of its comparison of international health systems

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010. Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

There are compelling reasons to do things differently

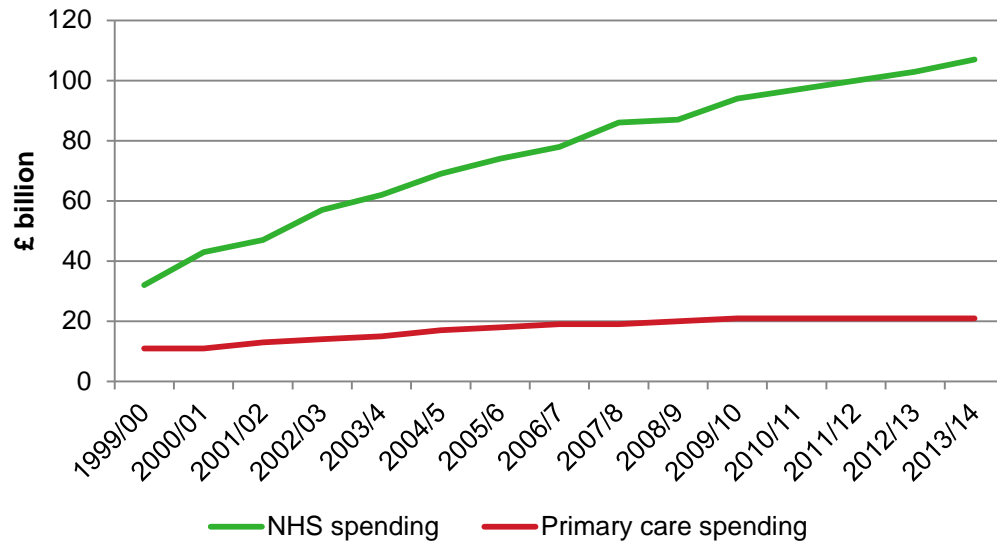
“The NHS is a 1940s system operating in a 21st century world.”

The NHS Plan (2000)

“...there is broad consensus on what [the] future needs to be. It is a future that dissolves the classic divide, set almost in stone since 1948, between family doctors and hospitals, between physical and mental health, between health and social care, between prevention and treatment. One that no longer sees expertise locked into often-outdated buildings, with services fragmented, patients having to visit multiple professionals for multiple appointments, endlessly repeating their details because they use separate paper records. One organised to support people with multiple health conditions, not just single diseases. A future that sees far more care delivered locally but with some services in specialist centres where that clearly produces better results.”

The NHS Five Year Forward View (2014)

Much of health policy since 2000 has driven resources into acute hospitals



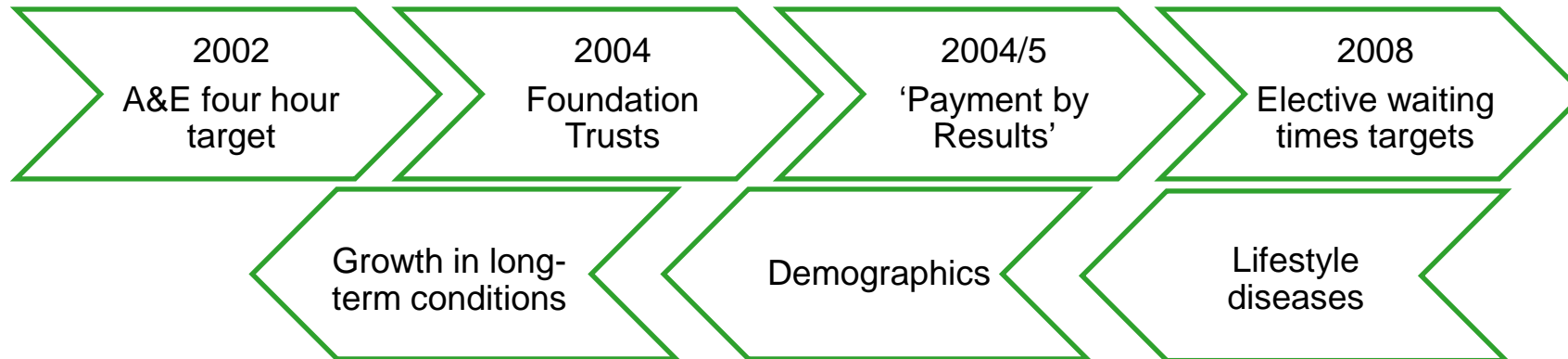
54%
Growth in activity 2000-2015 (finished consultant episodes)

82%
Growth in consultant numbers 2000-2014

22%
Growth in GP numbers 2000-2014

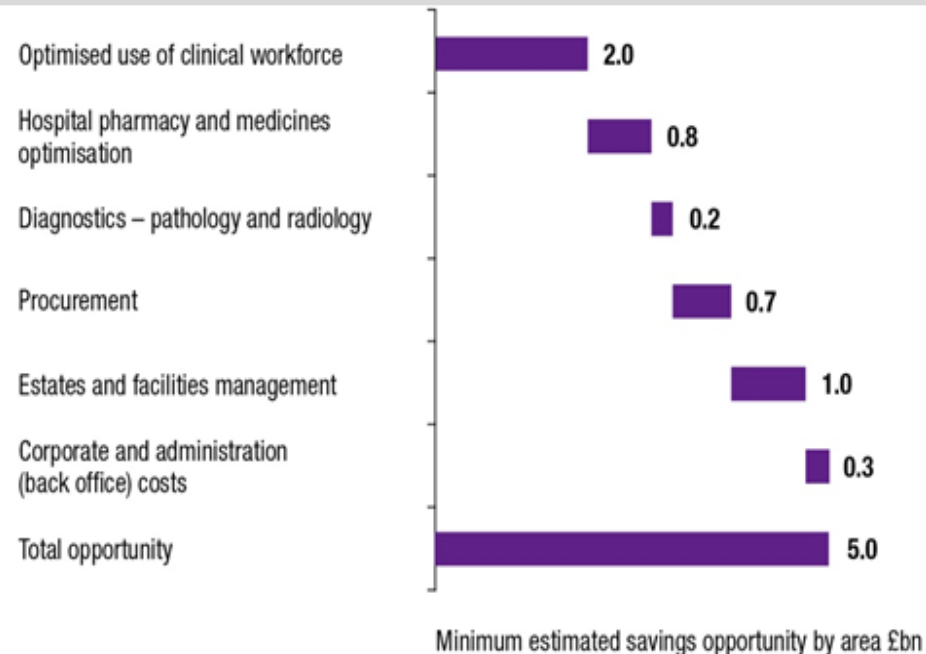
14%
Increase in total nurses working in Community Services, including district nurses 2003-2013 (FTE)

Source: DH, Hospital Episode Statistics, NHS Hospital & Community Health Service (HCHS) monthly workforce statistics



Lord Carter's report highlighted a £5bn opportunity to benefit clinical productivity

"... my experience of the best of the NHS and other health care systems internationally shows that the provision of high quality clinical care and good resource management go hand-in-hand."



Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

An independent report for the Department of Health by Lord Carter of Coles

February 2016

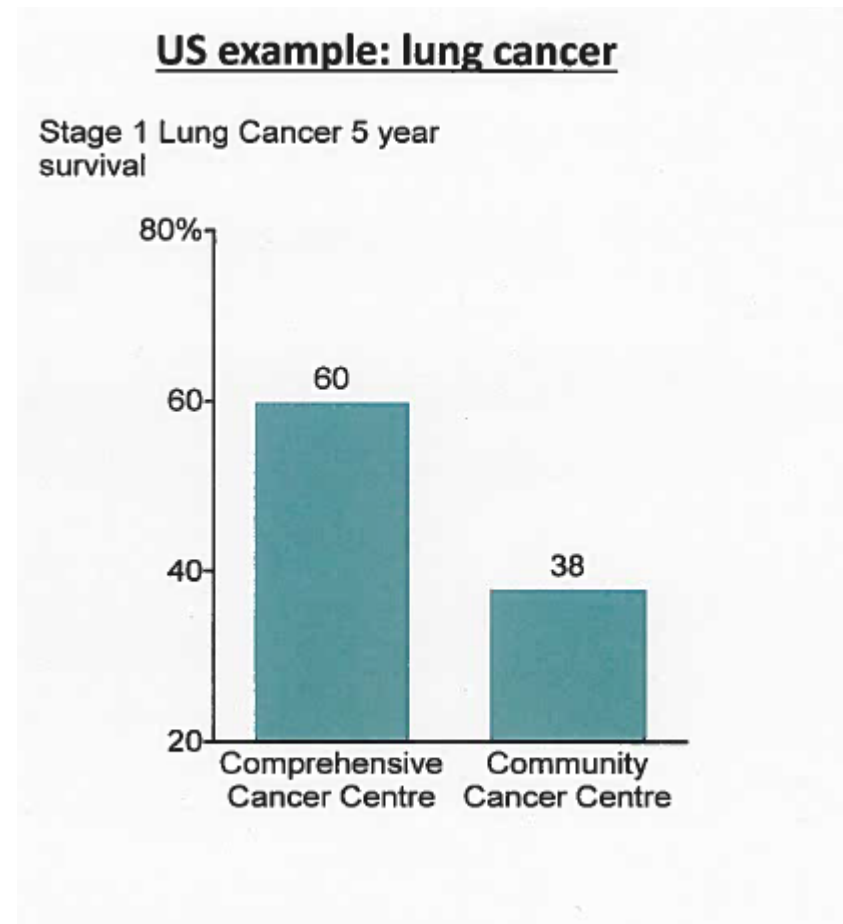
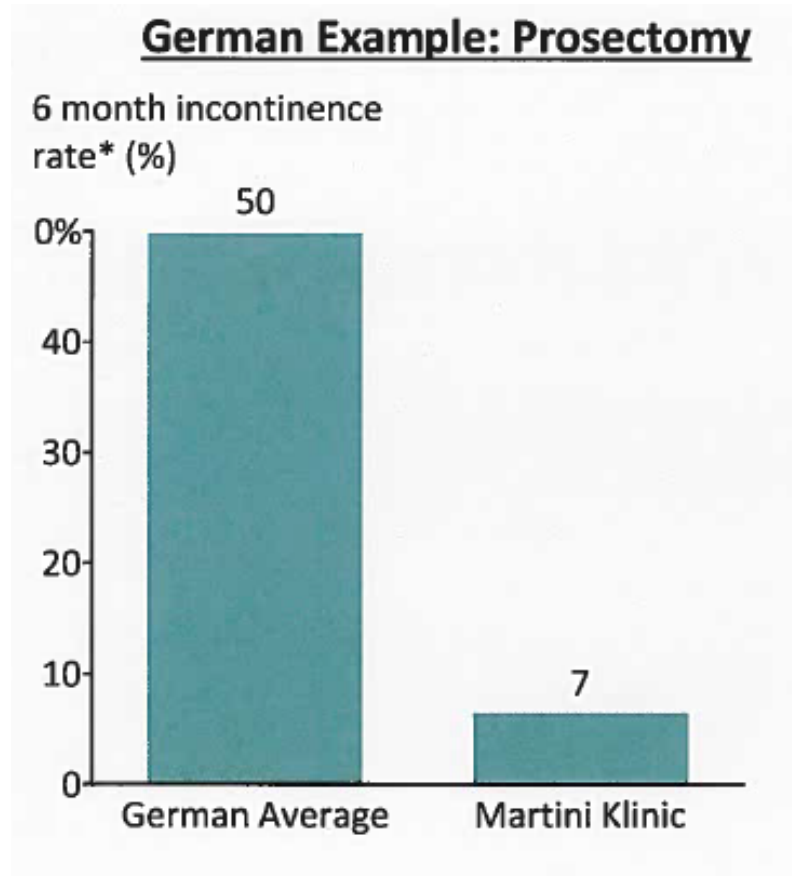
Levers of improvement and change

- Targets – Waiting Times, MRSA etc
- Decentralisation – Foundation Trusts, CCGs etc
- Performance Management – SHA's, TDA
- Choice – Choose & Book etc
- Competition – ISTC's, AQP etc
- Regulation- CQC, Monitor

But more importantly ?

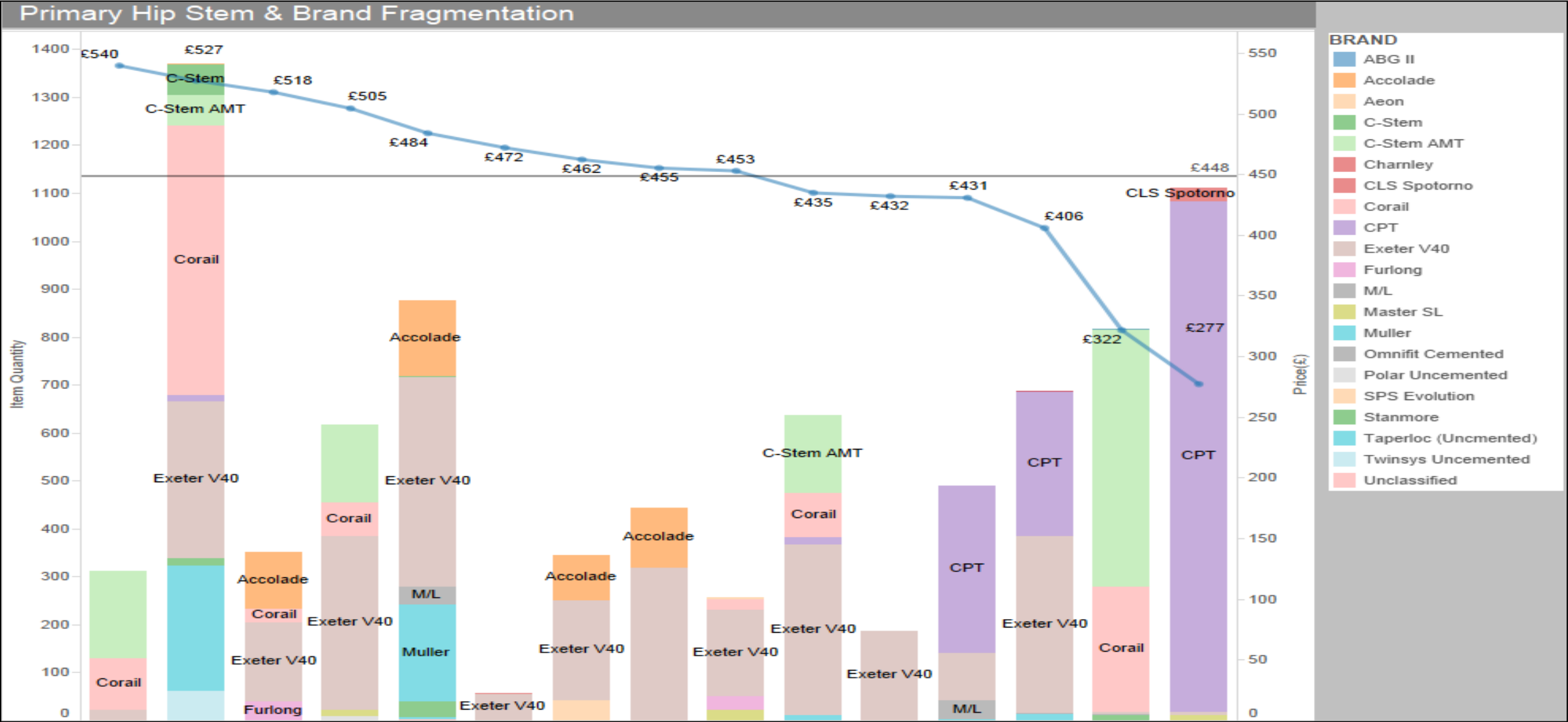
- Exposing Unwarranted Variation: Institution, Clinician, Place
- Clinical Engagement

Clinical Variation



Sources: BCG, Fox Cancer centre

Hip stem prosthesis average price, volume and brand



Clinical productivity

- Benefits to clinical productivity
 - More time caring for patients
 - Better understanding of costs
 - Better comparison of clinical performance and optimisation around the best – improving care quality through greater standardisation
 - Exposing variation in clinical practice and enabling the difficult conversation about why it exists =>

Consultant									
Consultant Description	Avg Consumable C...	Avg No of Products	Avg No of Staff	Avg Minutes	No of Procedur...	Lower Quartile	Upper Quartile	Variance	Std Deviation
Mr Chiu	£132	55	7	58	15	£111	£148	£65	£22
Mr D Laugharne	£128	53	5	19	1	£128	£128	£0	-
Mr P Korczak	£124	53	7	61	9	£102	£142	£66	£24
J Stenhouse	£122	49	7	68	4	£92	£150	£65	£35
Mr K Jones	£106	49	9	40	10	£73	£140	£122	£43

Source: Derby Teaching Hospitals NHS Foundation Trust

It's not just about finance or procurement – we will need Clinical Engagement to improve patient outcomes

- Behavioural and cultural change
- Senior managers and clinical leaders both need to be on board
- Clinicians need to be part of the team for credibility for greater standardisation and better care
- Thank you to all those who have already got on board and supported the Clinical Evaluation Team

Quality, safety and value

NHS Clinical Evaluation Team Outcomes Launch
16 December 2016

- Mandie Sunderland – Chair, NHS Clinical Reference Board & Chief Nurse, Nottingham University Hospitals NHS Trust
- Dr Naomi Chapman – Clinical Programme Lead, NHS Clinical Evaluation Team

