

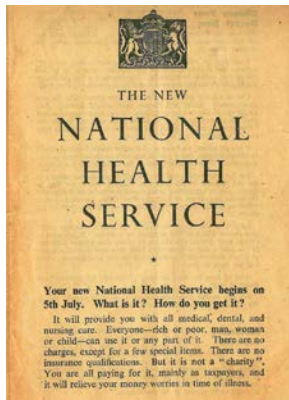
# Health and social care's creative future

**Nick Black**

Professor of Health Services Research  
London School of Hygiene & Tropical Medicine

Health & Wellbeing Board  
Annual Conference

5 December 2018



**70**  
**YEARS**  
**OF THE NHS**  
**1948 - 2018**

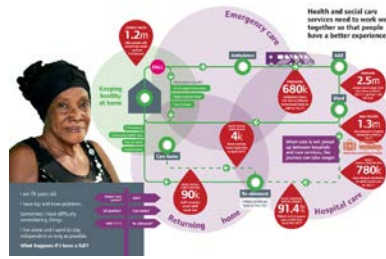


The NHS in England has made a major contribution to dramatic improvements in life expectancy and wellbeing and yet it is beset with daunting problems



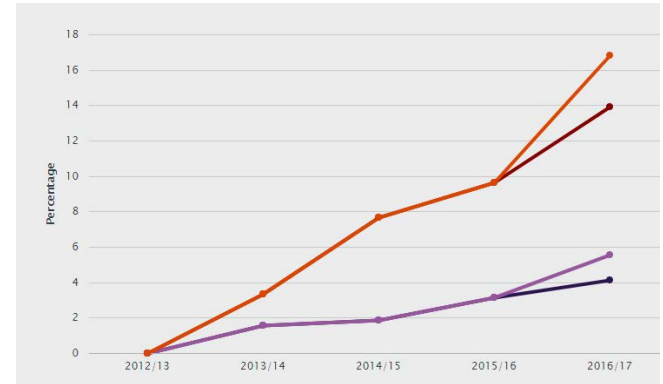


Administrative and regulatory complexity

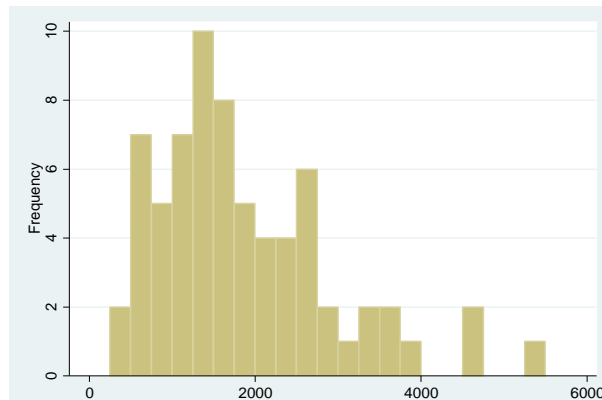


Care not sufficiently patient-centred

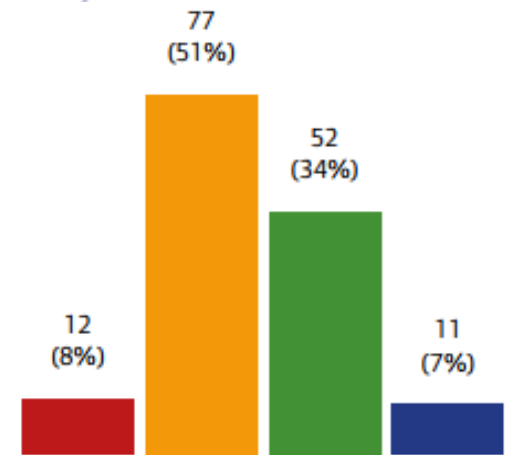
Continued dominance of acute hospitals



Dispirited staff



Variable productivity



Poor quality care

# Council's call to 'Give our NHS more funding'



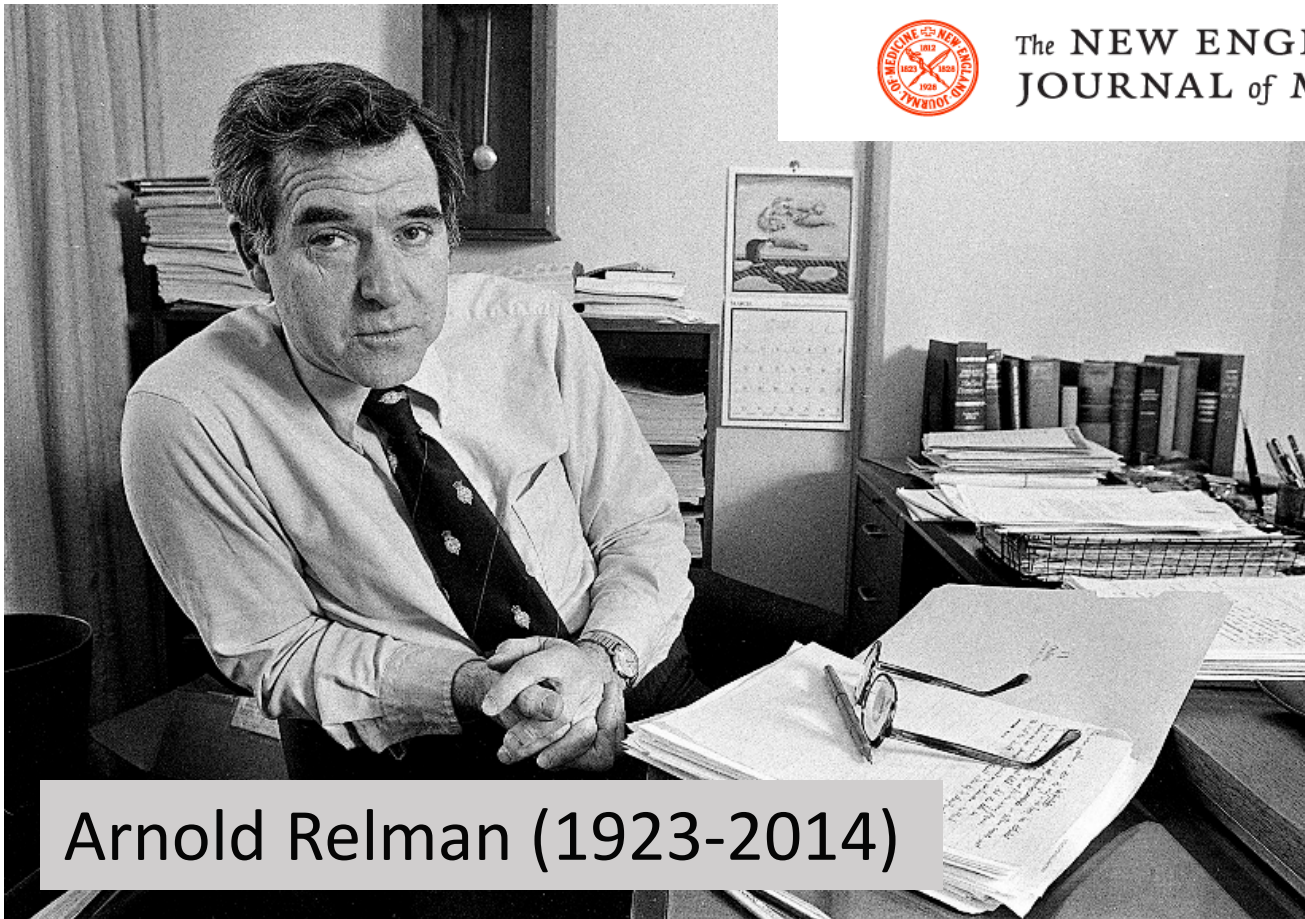
## Two-thirds support higher taxes to maintain NHS funding

Tories urge Theresa May to fund NHS by raising taxes

Liam Fox backs call to use 'Brexit dividend' to fund NHS

# More money is helpful but....

- Will only provide short-term relief if spent on maintaining the *status quo*
- Underlying problems will persist
- Need to understand how we got here over the past 70 years....



Arnold Relman (1923-2014)

“...an equitable health care system, of satisfactory quality, at a price we can afford.”

1950

1970

1990

2010

2030

Era of expansion

## Surgery

- transplantation, open heart, hip replacement

## Drugs

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

## Technologies

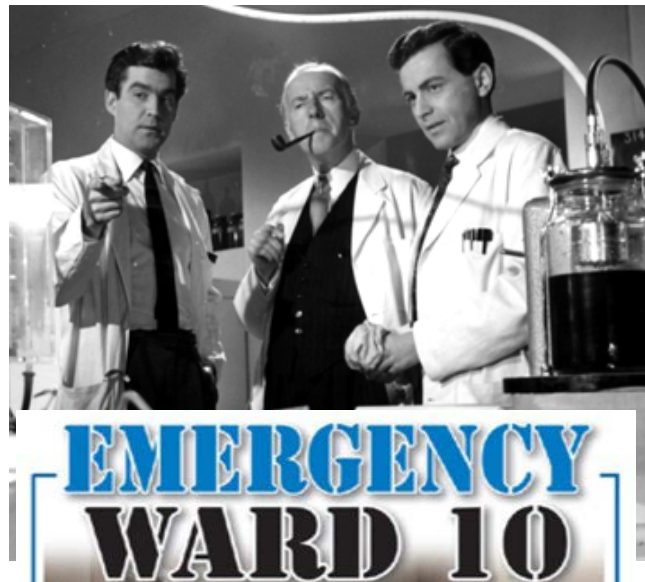
- pacemakers, ultrasound, IVF, defibrillator, angiography

Led to rapid growth in hospitals, doctors, nurses and biomedical research

# Raised public awareness and expectations...



**Dr. KILDARE**



and increased expenditure...



1950

1970

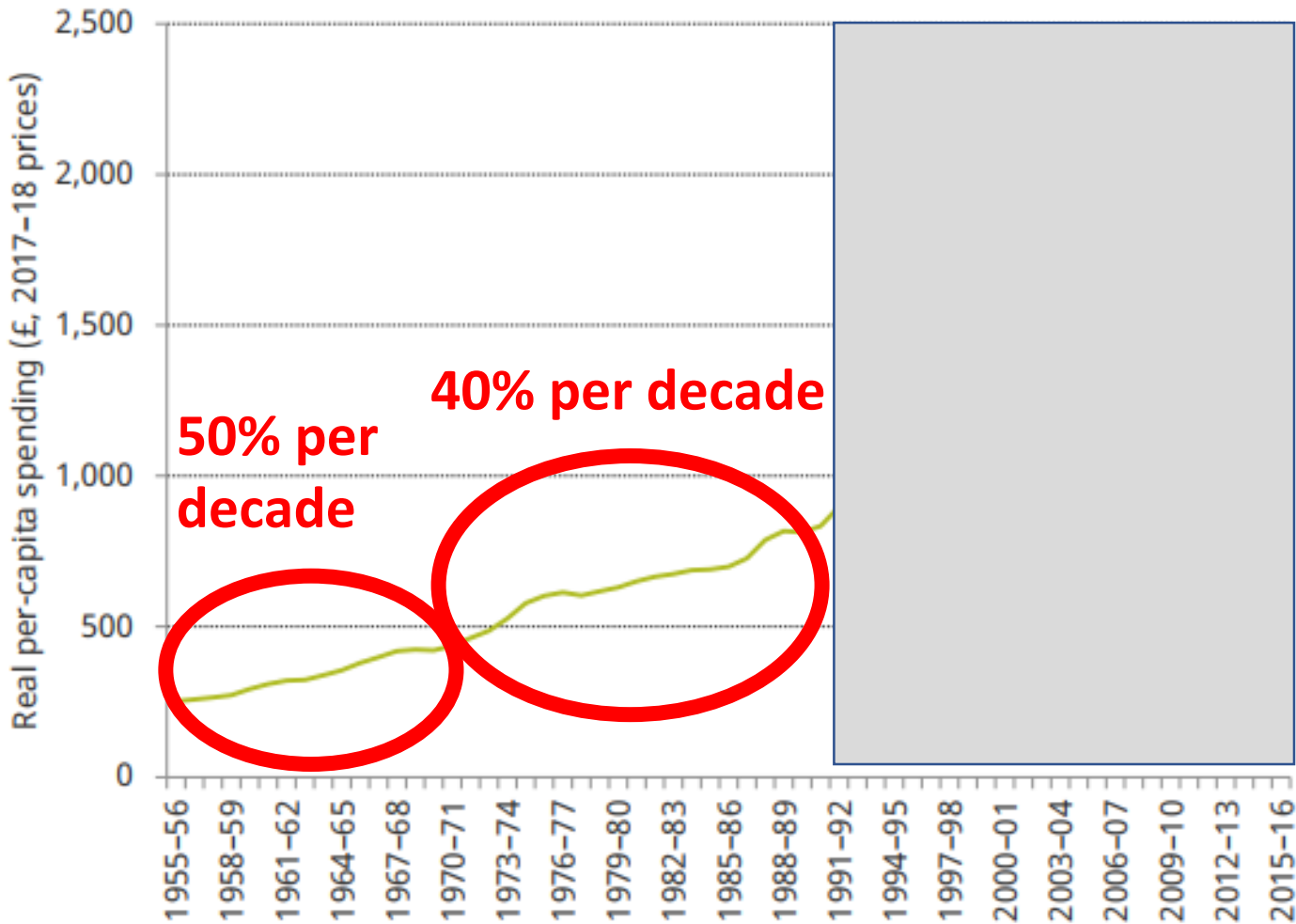
1990

2010

2030



# UK: per capita health care spending (2017-18 prices)



# Why wasn't cost containment working?



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JOURNAL of MEDICINE

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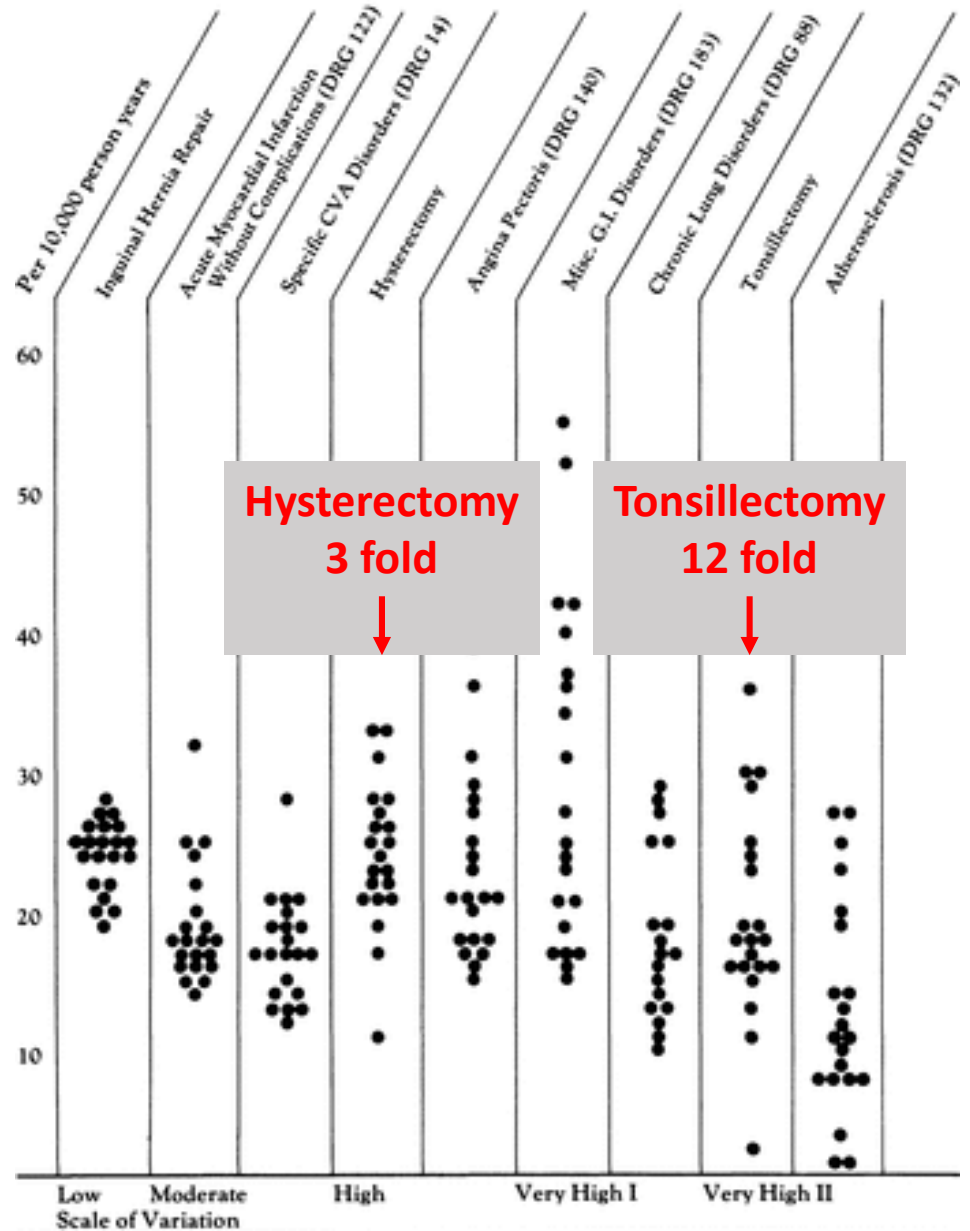
## The New Medical-Industrial Complex

Arnold S. Relman, M.D.

N Engl J Med 1980; 303:963-970

Awareness of large variations in clinical judgement in USA

Extent of variation in England similar



Hospital market areas, Maine

# The answer?

**Assess the benefits (and costs) of care**

and

**Make professionals accountable  
(curbing autonomy)**

1950

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Era of expansion

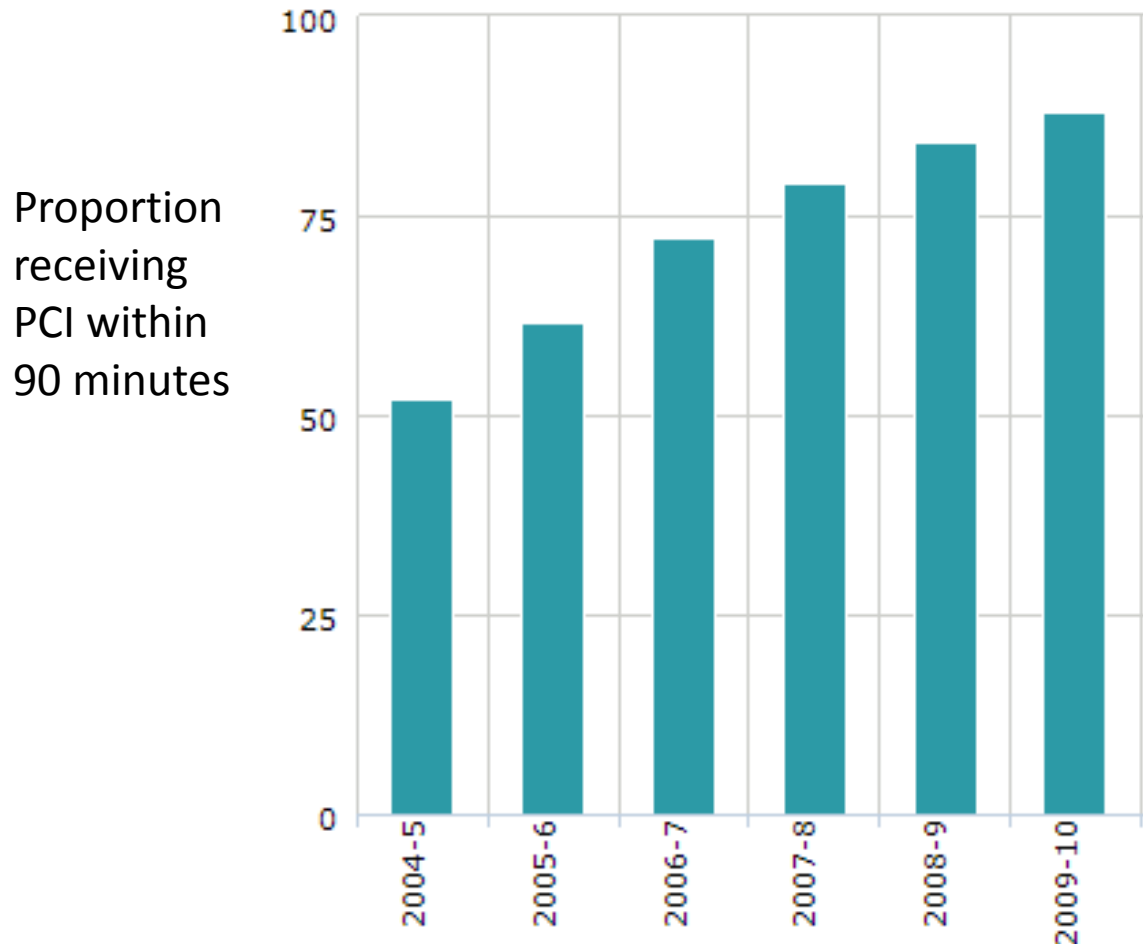
Era of cost  
containment

Era of assessment  
& accountability

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

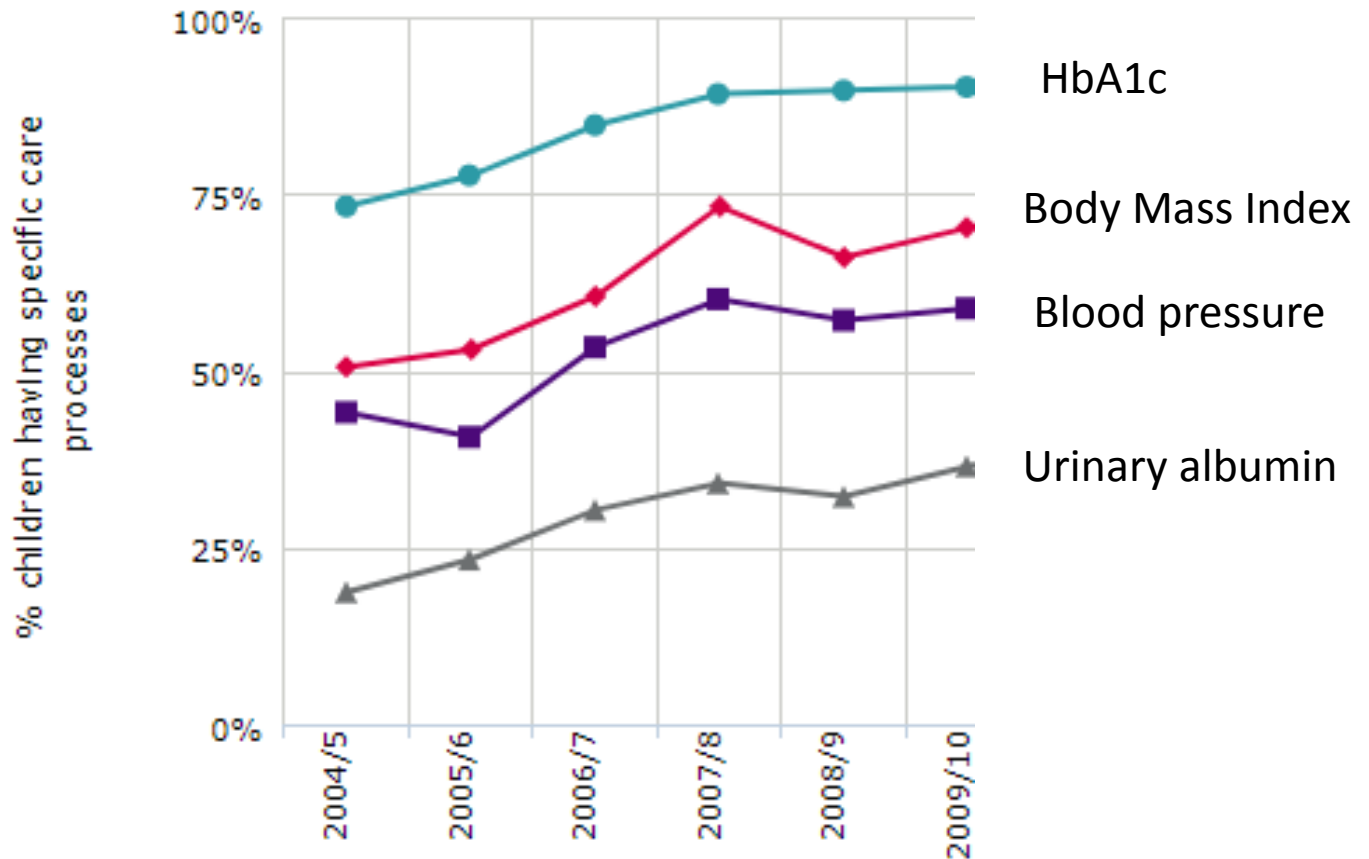
## Adherence to guidelines:

Proportion of patients with ST elevation myocardial infarction (STEMI) treated by primary coronary angioplasty (PCI) within 90 minutes



# Adherence to guidelines

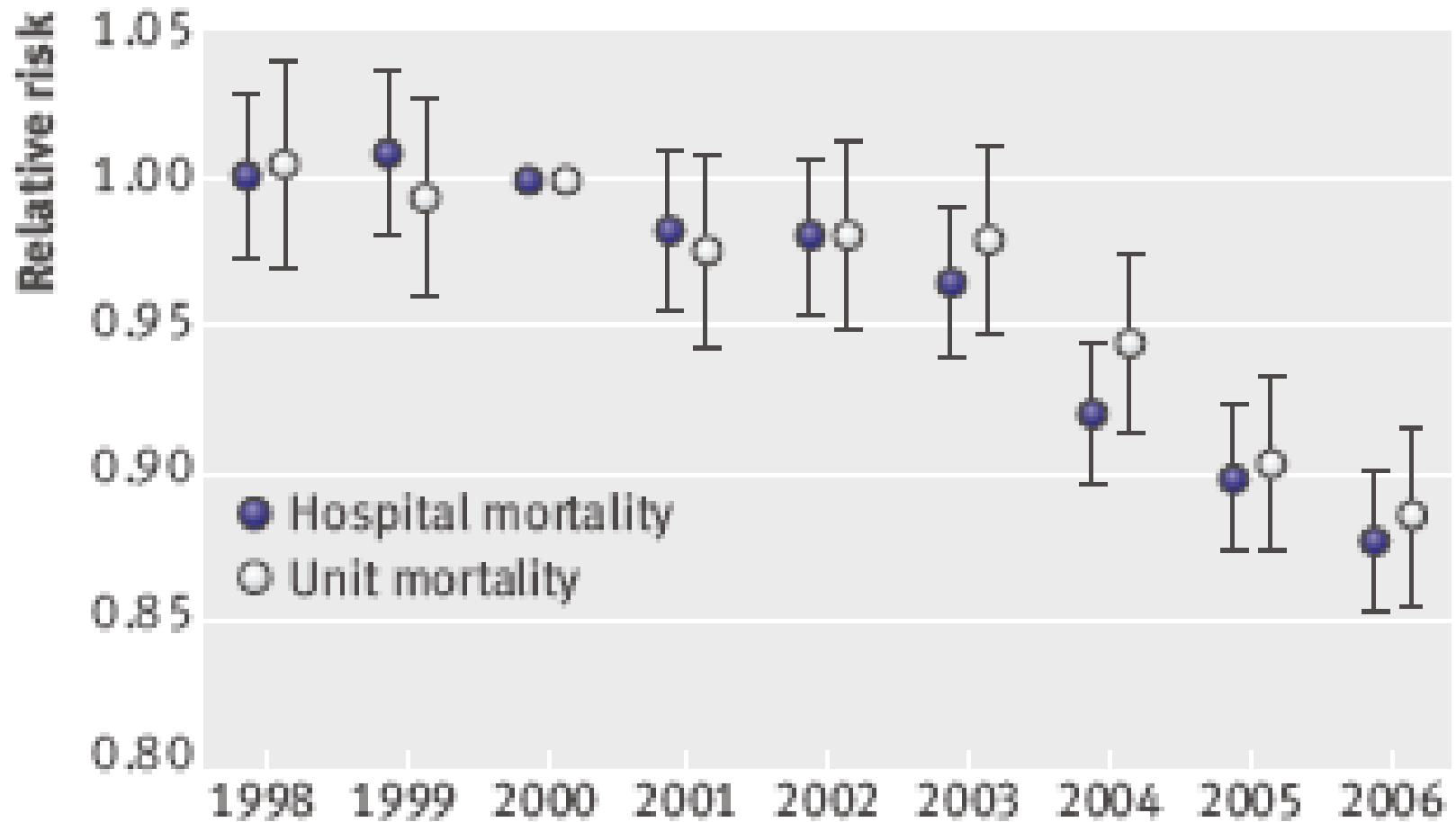
## Proportion of children with diabetes receiving recommended investigations





# Outcome

## Mortality of adult critical care patients



# 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

## Era of Assessment & Accountability

Despite achieving much, now needs moderating

Relman anticipated the need for a fourth era...

“The Era of Assessment and Accountability is dawning at last; it is the third and latest - but probably not the last - phase of our efforts to achieve an equitable health care system, of satisfactory quality, at a price we can afford.”

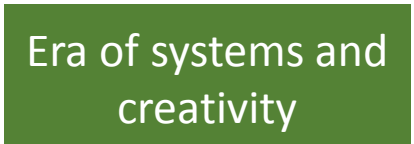
1950

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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
  - Make use of resourcefulness and perspectives of people
  - Responsive to needs of patient/client (and staff)



# Systems

- Systems leadership
  - Build relationships based on deep listening
  - Recognise that problems cannot be solved by single organisations
- 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

# Reducing hospital use: 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: 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



Suzanne Wilson (AKI Nurse)

- Educated ward staff
- Raised awareness of AKI

28% reduction in incidence AKI stage 3  
57% reduction in mortality  
40% reduction in average length of stay



# Enhancing humanity: hospital gowns



Lesley Eldridge  
(Nurse)

Joanne Thorne  
(HCA & fashion  
graduate)

Designed hospital gown with poppers  
Maintain dignity of patients  
Easier access for health care professionals

## Learning from abroad



Self-directed district nursing teams in the Netherlands



 Region  
Jönköpings län



Shared dialysis  
in Sweden



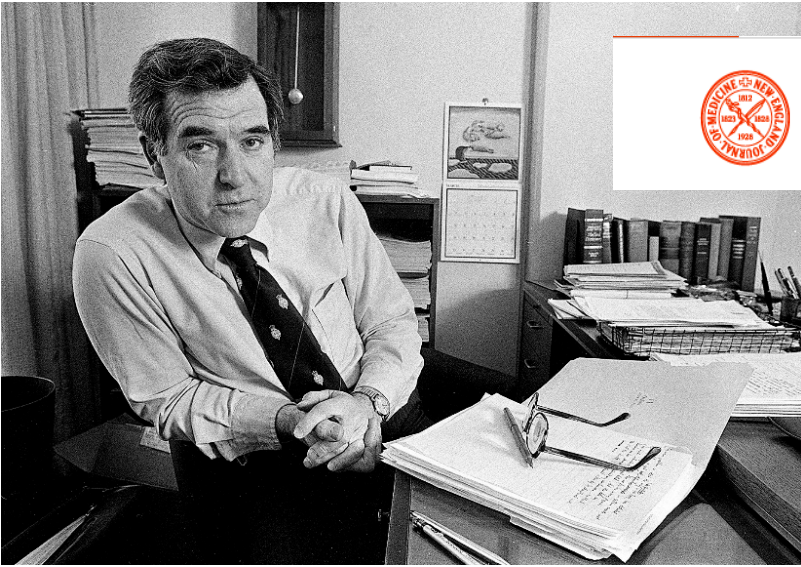
  
ParkinsonNet

Self-management of  
Parkinson's disease in  
the Netherlands



## 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



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“No one should underestimate the size or difficulty of the task. However, the logical necessity of this new initiative seems clear. “

(Arnold Relman, 1988)