“Patients at the heart of everything: The National Clinical Strategy”

Healthcare Science Trainees and Supervisors Event
Friday 01 February 2019
COSLA, Edinburgh

1st February 2019

Moving on from the 2020 vision

Requirements:

Political desire for transformational change

Chief Executives need for sustainability

Must be evidence based

Must enhance quality & be clinically credible

What are the issues?

Demand Increasing:

Demographic change.
Chronic Conditions
Social & Health inequalities.
Failure Demand.
"Too much medicine"
Medical Response to social need?
Risk aversion
Complexity
Medical/technological advances
National Targets/Directives

Supply Constrained:

Workforce - most disciplines

May get worse (?Brexit)

Financial

Capital & Revenue

May get worse (?Brexit)

Political resistance to change?

Why prioritise primary care?

Failure demand (Google “Cost Conundrum”)

Incremental and personalised approach

Managing risk professionally

Generalist approach & co-ordination of care.

Primary & Community Care: Priority

Extended multidisciplinary **team** working

Self – Management (?) + "Community Assets"

Move away from QoF culture – biological

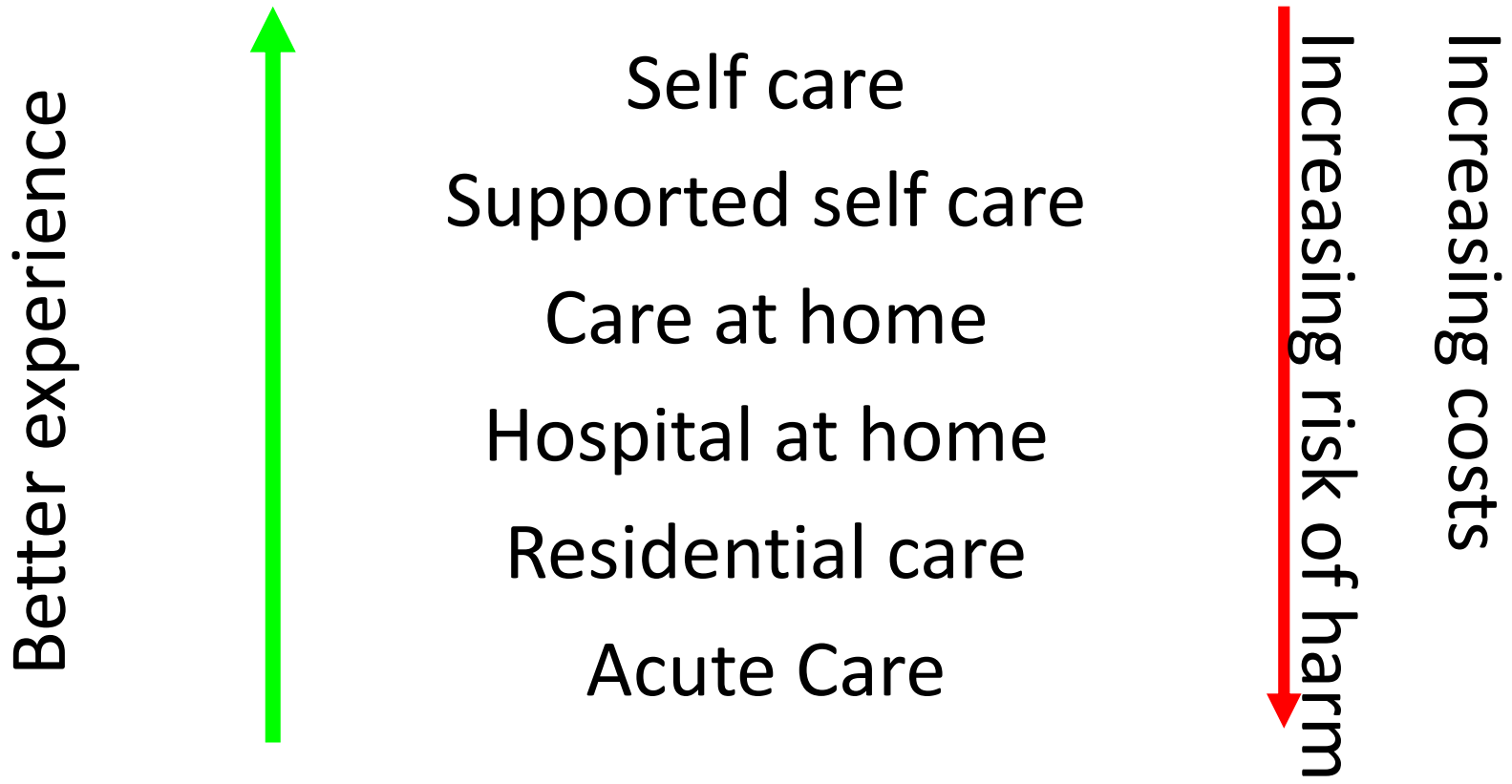
Assess health, not parameters,

Address polypharmacy

Social work integration – must address Delayed Discharge

Role must include keeping patients out of hospital

Cost and quality of experience



Discharge Delay:

- Accounts for xxxx bed days per quarter
- Equivalent to xxxx beds across Scotland

Must change – high cost/poor experience/harm

Discharge Delay:

- Accounts for 131,754 bed days per quarter
- Equivalent to 1,464 beds across Scotland

Must change – high cost/poor experience/harm

Secondary Care: Process & Structure

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Need to accelerate work on processes:

- Enhanced recovery after surgery
- Out-patients
- Day case surgery
- Unscheduled care
- Nurse discharge etc, etc

Secondary Care Structure:

Workforce and cost constraints suggest fewer in-patient sites.

Volume-Outcomes issues relevant in more complex presentations

eg: Radical Prostatectomy
Complex Cancers
Orthopaedics
Ophthalmology
Vascular Surgery
Stroke Services

Secondary Care Structure:

Suggests planning on local/regional/national basis.

Reduced number of in-patient units

Diagnostics/out-patients/day case available in most hospitals.

Must ignore health board boundaries and focus on benefits.

Will have significant HR implications.

Overwhelming need for Realistic Medicine

Why a new paradigm?

30 years of evidence based medicine
-but realisation of limits/commercial influences?
-treatment of risk?

Variation not explained by need

Wasteful interventions of doubtful value

Need for professionalism/patient engagement

Need focus on patient function not biochemical markers

The Academy of Royal Colleges believes:

- There is evidence of a considerable volume of inappropriate clinical interventions

- The reasons for this are complex and various but form part of a culture of over-medicalisation

- The result is sub-optimal care for patients which, at best, adds little or no value and, at worst, may cause harm

- This is, therefore an issue for clinicians about the quality and appropriateness of care

PATIENTS' PREFERENCES MATTER

Stop the silent misdiagnosis

Al Mulley, Chris Trimble, Glyn Elwyn

{Doctors generally chose less treatment for themselves than they suggest for patients.}

{Patients who are fully informed choose less treatment and have less regret}

The Kings Fund

The Dartmouth Center for Health Care Delivery Science

King's Fund:

"Well-informed patients consume less medicine – and not just a little bit less, but much less.

When doctors accurately diagnose

patient preferences, an enormous source of waste – the delivery of unwanted services – is eliminated.

Doctors as potential patients:

2 scenarios: both for patients with colon cancer.

Operation A : 80% cured
16% die within 2 years
1% risk colostomy,diarrhoea

Operation B: 80% cured
no risk of complications
20% die within 2 years

Ubel et Al: Archives of Internal Medicine: vol 171 no 7 630-44

Doctors as potential patients:

- 250 physicians questioned (2 groups)
- 38% chose option B for themselves
- 25% chose option B for patients

Conclusion is that doctors tend to under-estimate side effects in patients? Or driven by "survival protection"?

Ubel et Al: " Physicians recommend different treatments for themselves": Archives of Internal Medicine: Vol 171: p1760; 2011.

Summary:

Change is inevitable and urgent

Summary:

- Plan primary care round communities
- Plan acute care around larger populations
- Promote realistic medicine
- Enhanced technology
- Multi-disciplinary approach

Questions / Comments?