

# Opportunities

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# Opportunities

- › Changing relationships with patients and the population
- › Changing the design and operation of services
- › Changing mental models

# Patients and the population

Expert patients  
Self care and self service  
Health literacy  
Using community resources and groups

Possible results:  
Increased self care  
Improved perceived health  
More appropriate use of services

Enablers:  
Technology,  
Telephone & on line support  
Patient and carer education and communications

Evidence: moderate  
Difficulty: hard  
Timescale: medium

# Create scale in primary care

Specialist support and disease management  
Registers and population health approaches  
Diagnostics and investigation  
Specialist nurses and social care support

Possible results:  
Improved disease management  
Improved access  
Reduced admission

Enablers:  
Technology  
Telephone & on line support  
New contracts and roles

Evidence: good  
Difficulty: medium  
Timescale: medium

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# Unpack hospitals

Move some specialists into primary care  
Hospitals not used for most rehabilitation,  
end of life care, social admissions  
New models of emergency care

Possible results:  
Improved disease management  
Improved access  
Reduced lengths of stay, admission and  
outpatients

Enablers:  
Technology  
Telephone & on line support  
New contracts and roles

Evidence: good  
Difficulty: medium  
Timescale: medium

# Other opportunities

- › Anticipatory care and care co-ordination
- › Nursing homes
- › Ambulances
- › Out of hours
- › The reduction of complexity

# Rules about how patients use the system

- › Treat each episode as a single (surprising event)
- › **Anticipate need and manage years of care**
- › Treat patients as though their time is free
- › **Eliminate wasted time and travel**
- › Move patients
- › **Move staff and information**
- › Batch and queue
- › **Patients flow through the system**

# Patients (cont.)

- › Give your details & history many times
- › Provide information once
- › Patients turn up at the 'wrong place'
- › Systems are designed to be able to provide appropriate responses
- › Patients time is free
- › Patients time costs them money



# Rules about how staff work

- › Escalate up from junior to senior
- › See someone senior and delegate
- › See a doctor
- › See the most appropriate professional
- › Skill down – dilute the skills on wards
- › Make sure the right skills are present
- › Staff develop work-arounds for problems
- › Staff participate in finding the root cause

# Rules about how staff work

- › Most things stop at the weekend
- › Senior presence and diagnostics available 7 days
- › Specialists manage patients
- › Specialists provide advice to generalists
- › Specialists work in the same hospital for 30 years
- › Specialists work in networks

# Rules about the system

- › Beds are a symbol of prestige and a way of generating income
- › **Beds are a cost and a liability**
- › Competition undermines collaboration and care is fragmented between providers
- › **Integrated care**
- › Muddling through
- › **Systematic and organised**