Transformation: The only way!

Mr Mark Taylor

#SLTsdeliver

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“Time for Change”

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Transformation
Implementation Group
BREXIT NEW 50p
NHS A&E crisis: Planned surgeries cancelled across Northern Ireland in bid to cope with hospitals' emergency patient surge
“Burning Platform”

- Changing population needs
- Advances in treatments & therapies
- Workforce
- How we are organised
- Health inequalities
Northern Ireland

Population: 1.8 million

Integrated: 1973 (Green paper 1969)

Devolution 2007

RPA 2009
<table>
<thead>
<tr>
<th>Pre-2007</th>
<th>Post-2007</th>
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<tbody>
<tr>
<td><strong>Commissioning</strong></td>
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</tr>
<tr>
<td>Department of Health (DHSSPS)</td>
<td>Department of Health (DHSSPS)</td>
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<tr>
<td>4 health and social service boards</td>
<td>1 health and social care board</td>
</tr>
<tr>
<td></td>
<td>5 local commissioning groups</td>
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<tr>
<td><strong>Delivery</strong></td>
<td><strong>Delivery</strong></td>
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<tr>
<td>11 community health and social services trusts</td>
<td>5 health and social care trusts</td>
</tr>
<tr>
<td>7 hospital trusts</td>
<td>1 ambulance trust</td>
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<tr>
<td><strong>Public involvement</strong></td>
<td><strong>Public involvement</strong></td>
</tr>
<tr>
<td>10 specialist service bodies</td>
<td>8 special bodies</td>
</tr>
<tr>
<td>eg, Mental Health Commission</td>
<td>Public Health Agency</td>
</tr>
<tr>
<td>4 health and social service councils</td>
<td>1 patient and client council</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
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<tr>
<td>1973</td>
<td>The HPSS (NI) Order provided for the establishment of four Health and Social Services Boards, responsible for administering and arranging provision of services.</td>
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<tr>
<td>1989</td>
<td>A Government white paper introduced the concept of an internal market. In Northern Ireland, this led to the establishment of 19 Trusts.</td>
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<td>1998</td>
<td>Fit for the Future proposed the abolition of the internal market with commissioning decisions taken as close as possible to patients and clients and centred on primary care.</td>
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<tr>
<td>2001</td>
<td>The Acute Hospitals Review suggests the establishment of a single Strategic Health and Social Services Authority to replace the four Boards. It also recommends moving to a service wide framework.</td>
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<tr>
<td>2002</td>
<td>Developing Better Services supports this by reducing the number of HSC organisations, including seven Health and Social Care Trusts and regional authority. Further recommendations include: Health and Social Care Groups (LHSCGs) should be brought together.</td>
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<tr>
<td>2002</td>
<td>ORG RECOMMENDATION: Arrangements for LHSCGs, as committees of the VOs, are put in place to assess need and design services. The pilot is to be in place by 2005.</td>
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<tr>
<td>2005</td>
<td>The Appleby Review focuses on the need for rigorous performance management and greater incentivisation of strong performance.</td>
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<td>2007</td>
<td>The then Minister decides against a regional Health Authority. Instead, he confirms the creation of 5 new integrated Trusts, 7 Local Commissioning Groups, a smaller Health and Social Care Board focused on commissioning, financial and performance management, and a Public Health Agency.</td>
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<tr>
<td>2011</td>
<td>Transforming Your Care sets out a broad new model of care, moving away from hospitals and into primary, community and social care services. Recommends 5-7 hospital networks.</td>
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<td>2014</td>
<td>Sir Liam Donaldson endorses the policy behind TVC but recommends the appointment of an impartial panel of experts to deliver the right configuration of HSC services.</td>
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<td>2015</td>
<td>Following the Donaldson report and an internal review of commissioning, the then Minister launches a consultation on a review of the HSC administrative structures. The review recommends abolition of the HSCB.</td>
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<tr>
<td>2016</td>
<td>The appointment of an international expert panel to develop a clinically informed model for the future configuration of health and social care.</td>
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SYSTEMS, NOT STRUCTURES:
CHANGING HEALTH & SOCIAL CARE

Expert Panel Report
Expert Panel Remit and approach

• Lead the debate on optimal configuration of HSC in NI
• Clinically led process
• Following Donaldson Report
• Local, national and international expertise
• Political engagement
Costs to run unsustainable services will rise steeply. Waiting times will continue to rise. Inability to access services will impact on healthy life expectancy. This leads to higher admissions to hospital. Increased pressure on emergency care, elective care and primary care. Increasingly difficult to recruit and retain the permanent workforce. Stretched services will deteriorate to the point of collapse.

What will happen if we don’t change?
The HSC model proposed by the Expert Panel
The system should adopt a population health and well-being model [Proactive]

TYC 2011
The system should be collaborative, not competitive.
Patients should be active participants in their own care, not passive recipients.

Co-Production

Patient Engagement & The Primary Care Physician
The Quest for the Holy Grail

A Patient-Centered Strategy for Engaging Patients

Written by Stephen Wilkins, MPH
President and Founder
Smart Health Messaging

April 2012
Only people who are acutely unwell need to be in a hospital.
The location and composition of resources should be based on meeting patients’ needs and achieving the best outcomes.
Technology should be adopted where it can support and enable transformation

**Information for direct patient care**

**Reduction in paper-based records**

Patients using tech to improve their own health – internet, social media, wearables, telemedicine, etc.

**Analytics for better outcomes – individual & population**

**Transformation of processes of healthcare delivery**

**Interoperability – driving innovation & quality, reducing duplication & data silos: an ecosystem of developers**
Encompass

CERNER

CHIPSOFT

EPIC

MEDITECH
Delivering Together: The Ambition

- Improving the health of our people
- Supporting and empowering staff
- Improving the quality and experience of care
- Ensuring sustainability of our services

Quadruple Aim

- Improved Population Health
- Satisfied Patients
- Satisfied Providers
- Reduced Care Cost
Management of Symptoms in Palliative Care

The Role of Specialist Palliative Care Allied Health Professionals

March 2018
What does good look like?

Build capacity in community and prevention

Enhancing support in primary care

Reforming community & hospital services

Organising ourselves to deliver
How we will deliver?
Multi-disciplinary Teams in Primary Care

Community Development Approaches

Regional Improvement System

HSC Collective Leadership Strategy

HSC Workforce Strategy

PPI and Co-production Approaches

Elective Care Centres

Stroke Services

Diabetes Service

Innovative transformation & improvement initiatives happening across HSC system every day, improving outcomes for people

Governance and system leadership in place
Delivering Together: Vision, Priorities and Progress

- Build capacity in community and prevention
- Enhancing support in primary care
- Reforming community & hospital services
- Organising ourselves to deliver

- New Community Development Framework
  - Coproduced with community and third sector groups
  - Ongoing process of refinement
  - Published
Delivering Together: Vision, Priorities and Progress

- Build capacity in community and prevention
- Enhancing support in primary care
- Reforming community & hospital services
- Organising ourselves to deliver

- Multi-disciplinary working in primary care - new model agreed Pilots Derry/Down

- Development of new roles
  - Practice Based Pharmacists
  - **Speech and Language Therapists**
  - Physician Associates
  - Advanced Nurse Practitioners
• Elective Care Plan / Waiting Lists
• Elective Care Centres Varicose veins/cataracts
• Review of urgent and emergency care
• Range of Service Reviews / reconfigurations underway
• Reform of Adult Social Care
Delivering Together: Vision, Priorities and Progress

- Build capacity in community and prevention
- Enhancing support in primary care
- Reforming community & hospital services
- Organising ourselves to deliver

- Operating model post-closure of HSCB agreed
- BSO as the Host Organisation for most staff
- Setting up governance and project structures
- Staff and representative involvement
Challenges & Enablers

Money
Engagement
Politics
Culture
Creating the conditions for change

- **Empowering** staff to own the changes
- More streamlined and **responsive** decision making
- **Learning** and continuous improvement – not ‘blame’
- Talking about what’s **positive** about HSC
- Building on existing and creating new **partnerships**
- **Delivering Together** - shared challenges need shared solutions
Think outside the box...

Please note that at all future hospital meetings and social functions there will be only one drink per person. Please bring your own cup.

The Trust Management
What you leave behind is not what is engraved in stone monuments, but what is woven into the lives of others.

(Pericles)
“Northern Ireland can lead the rest of Europe on health and social care transformation”

Rafael Bengoa