



DELIVERING FOR HEALTH

**Institute of Healthcare Management
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Improvement Challenges for Healthcare Systems

1. Health
2. Quality
3. The effective use of resources
4. Integration of service delivery

Integration in Scotland

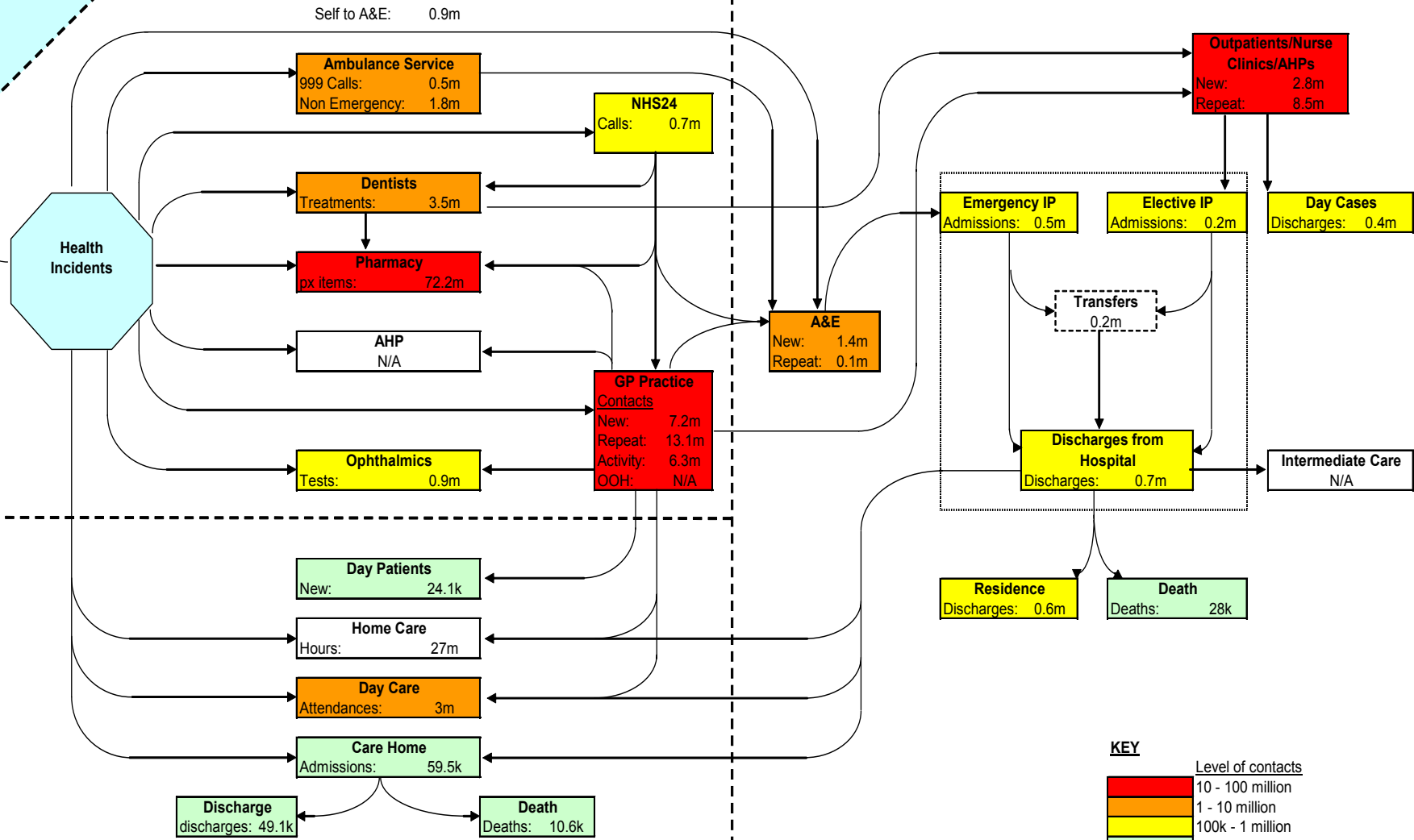
- CHPs
- Whole Systems
- Regional Planning
- National Services

NHS Scotland

Self Care
Non NHS care (e.g. private)
other UK NHS

PRIMARY

ACUTE



COMMUNITY

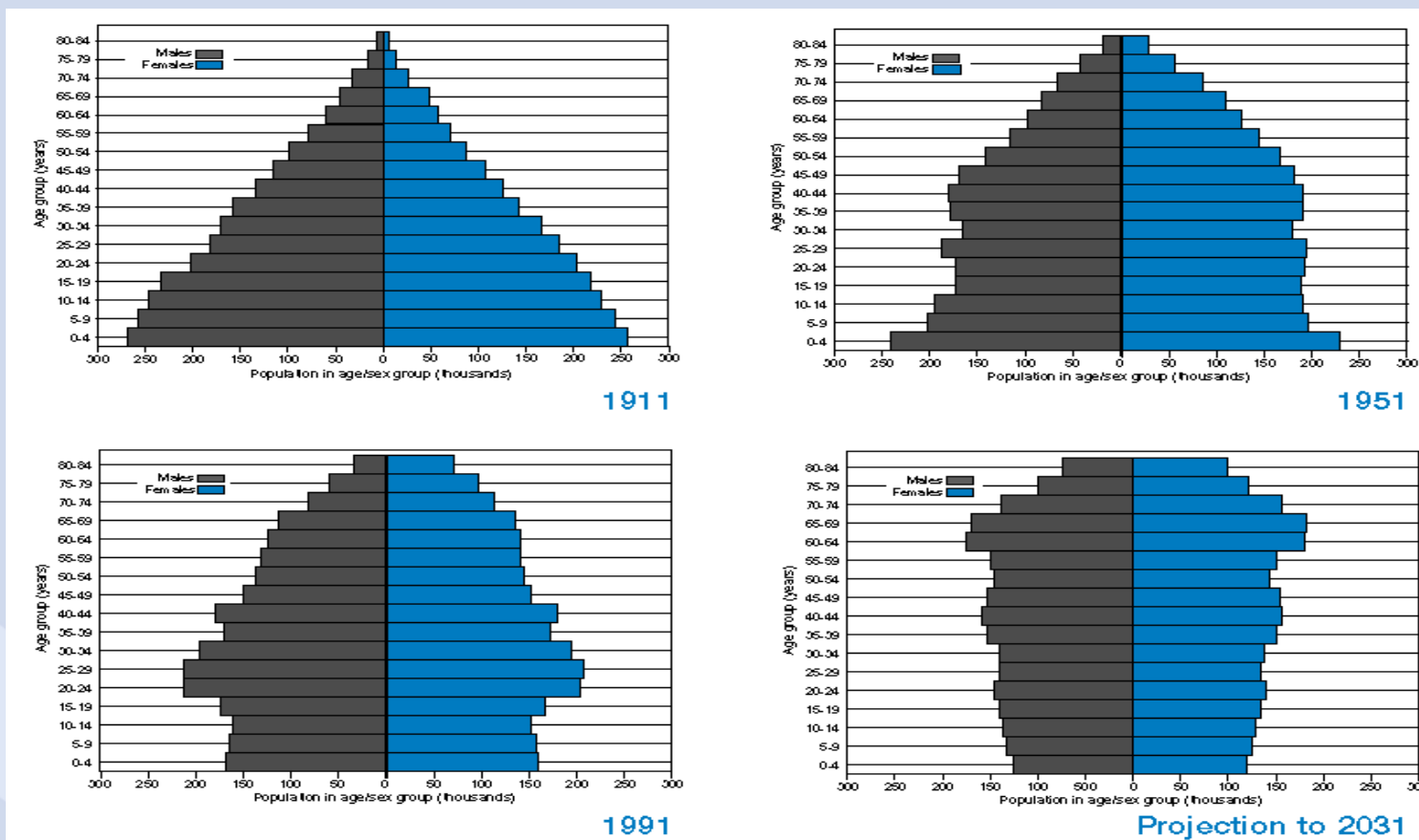
KEY

Color	Level of contacts
Red	10 - 100 million
Orange	1 - 10 million
Yellow	100k - 1 million
Light Green	0 - 100k
White	Unknown

Key Issues for NHSScotland

- Ageing population
- Growth in chronic disease
- Growth in emergency hospital admissions
- Safe and Sustainable services throughout Scotland

1. An ageing population

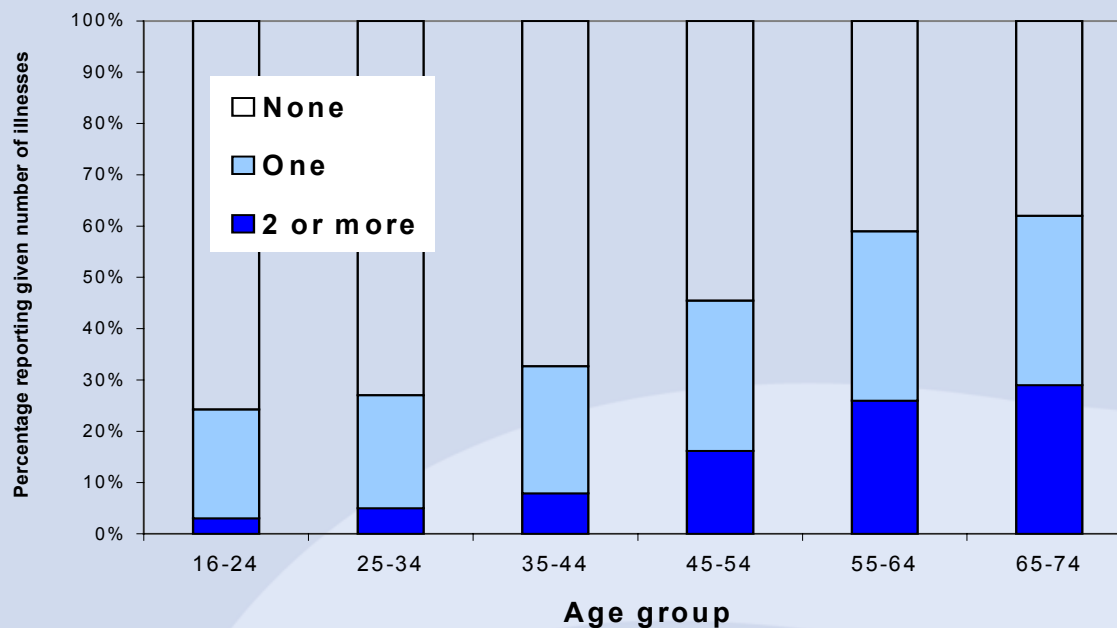


2. Growth in Chronic Disease

Chronic diseases are more common with age

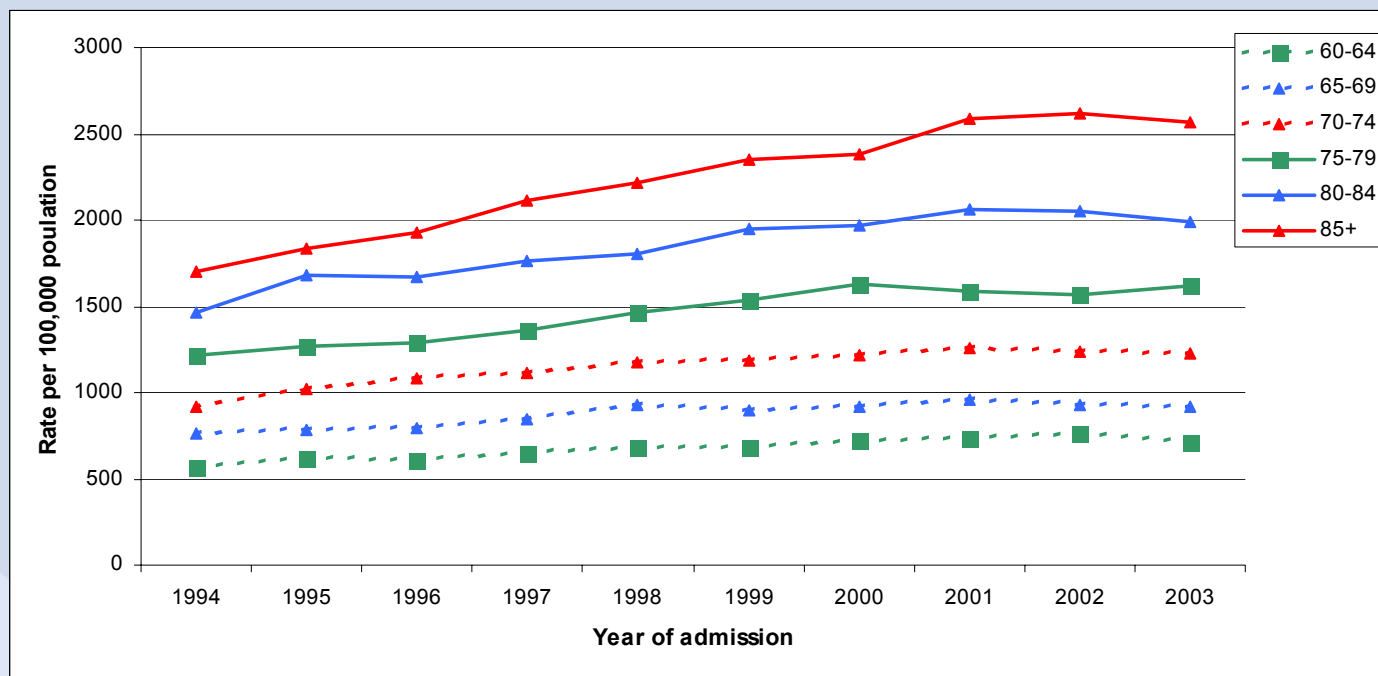
Figure C1

Number of longstanding illnesses by age.
Both sexes. Scottish Health Survey 1998



3. Emergency Admissions

Patients with three or more emergency admissions within 1 year by age group, rates per 100,000 population: Scotland 1994-2003



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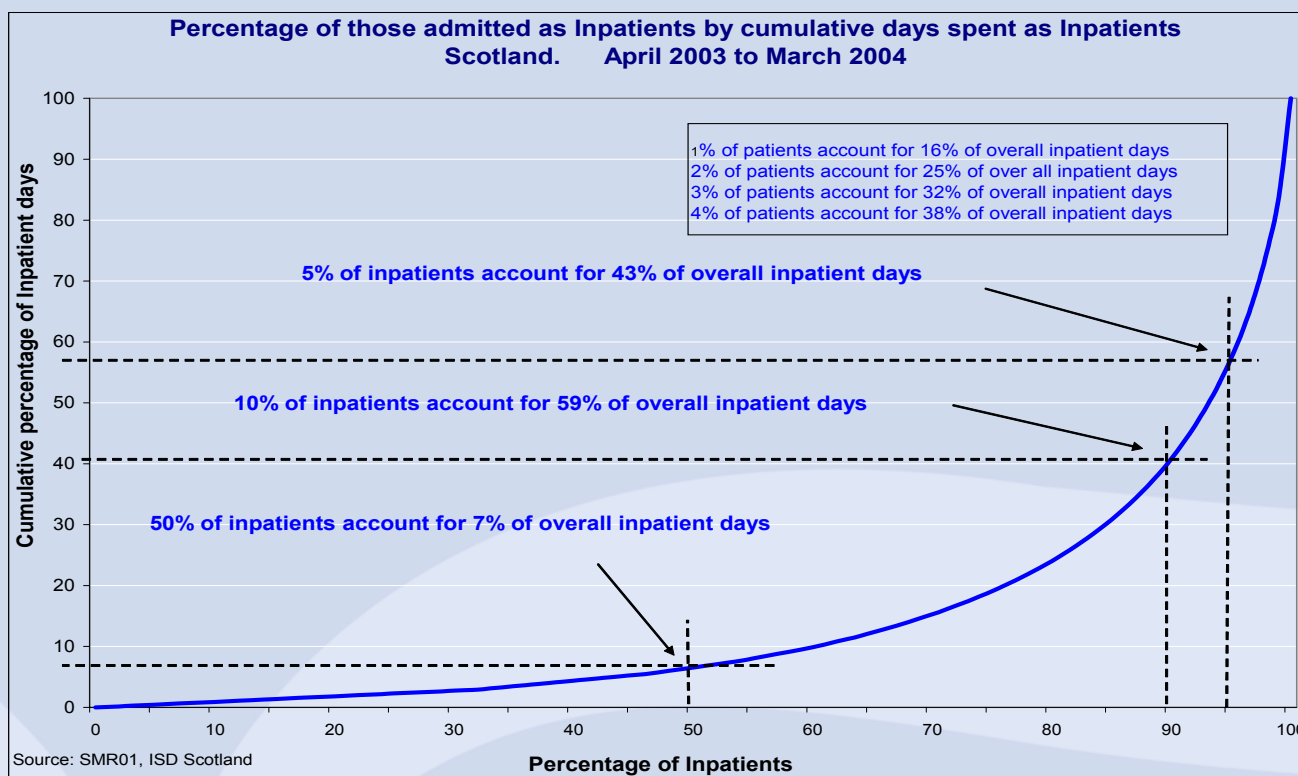
The future model of health care – shifting the balance

Current view	Evolving model of care
<p>Geared towards acute conditions</p> <p>Hospital centred</p> <p>Doctor dependent</p> <p>Episodic care</p> <p>Disjointed care</p> <p>Reactive care</p> <p>Patient as passive recipient</p> <p>Self care infrequent</p> <p>Carers undervalued</p> <p>Low tech</p>	<p>Geared towards long-term conditions</p> <p>Embedded in communities</p> <p>Team based</p> <p>Continuous care</p> <p>Integrated care</p> <p>Preventive care</p> <p>Patient as partner</p> <p>Self care encouraged and facilitated</p> <p>Carers supported as partners</p> <p>High tech</p>

Reducing health inequalities / Prevention 2010

- Targeted resources to reach people in disadvantaged areas
- Primary care teams to identify those 'at risk' and offer anticipatory care
- Health checks, screening, health advice or referral to community services or treatment

Care for the most vulnerable



Long term conditions

2006:

- Develop a Scottish “risk prediction” tool
- Introduce a “tool kit” to enable CHPs to benchmark the development of local services for those with long term conditions
- Establish a Scottish Long term Conditions Alliance to support self management

2007:

- Introduce Intensive case management for the vulnerable across Scotland.

Shifting the balance of care

Clear agenda for CHPs around shifting the balance of care:

- Supporting patients at home
- Preventing avoidable hospital admission
- Identifying opportunities for more local diagnosis and treatment
- Enabling appropriate discharge and rehabilitation

“Hospital” services

Regional Planning Groups will develop plans for:

- Regional “planned care centres”, separated from unscheduled care.
- The stratified unscheduled care system recommended by the Kerr Report.
- Rural General Hospital
- And some services will be organised on a national basis

Remote and rural framework

- Recognition that service models designed for urban areas may not be suitable in a rural context.
- NoSPG leading on development of a remote and rural framework, including definition of “core” service provided in Rural General Hospitals.

Why Management Matters

Effective Delivery

- Clear actions
- Clear responsibilities
- Objective measures of performance
- Effective support for improvement

Why Management Matters

Supporting improvement

“As different countries have gone different [reform] routes, a hard reality has emerged:

Health care improvement starts from the ground up. It requires tenacious work to understand what does and does not work in real life and the engagement of countless providers and patients, institutions and communities.”

Source: David Naylor et al, OECD Conference, Ottawa, 5 November 2001

Why Management Matters



Working together

“To improve health care we require not better professions, but better systems of work. A “system” in this sense is a set of elements interacting to achieve a shared aim. Here is the trick: to improve the performance of the system you need to attend more to the inter-actions than to the elements. Great health professionals inter-acting well with all of the other elements of the healthcare system make great health care. Professional associations that wish to lead socially responsive improvements in technical care, service outcomes and costs have no real choice but to invest in improving inter-dependency among individuals, professions and organisations.”

Don Berwick, “Medical Associations: Guilds or Leaders?”,
BMJ, Vol 314, 564-1565