Research
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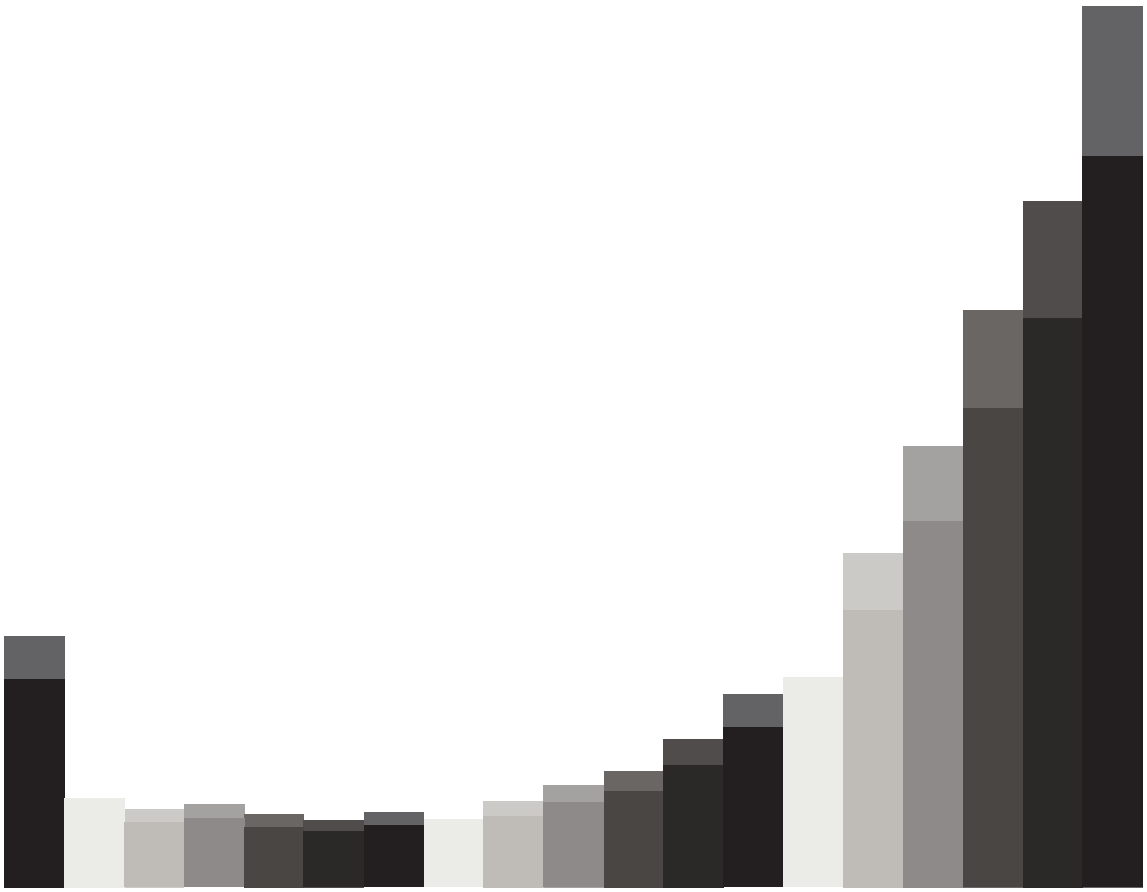
The path to sustainability
Appendix 2

Estimating the impact of prudent health care on key activity generating components of care in NHS Wales: Key messages

Welsh Institute for Health and Social Care, University of South Wales



The Health Foundation

About this appendix

This appendix is produced to supplement the Health Foundation report, *The path to sustainability: Funding projections for the NHS in Wales to 2019/20 and 2030/31*.

It provides a summary by the Welsh Institute for Health and Social Care of their research into the impact of prudent health care.

The path to sustainability is available to order or download from www.health.org.uk/publication/path-sustainability

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Estimating the impact of prudent healthcare on key activity generating components of care in NHS Wales: Key messages

Welsh Institute for Health and Social Care · University of South Wales

2016

BACKGROUND

Prudent Healthcare (PHC) was identified by The Health Foundation as a current policy initiative that may impact spending pressure on the NHS over the next 5+ years. To inform projections for how PHC might impact spending trends, The Welsh Institute of Health and Social Care (WIHSC), University of South Wales, undertook a qualitative study to explore the potential impact of PHC in four clinical areas and across eleven activity generating components of care[1] in the NHS in Wales over the next 5 years.

The four clinical areas were Mental Health, Long Term Conditions, Frailty and End of Life Care, and Early Years and Prevention, chosen to represent a diverse range of healthcare activity, different challenges and different types of potential for greater prudence. The estimates of financial impact which emerged from this were used by the Health Foundation to model the impact that adopting PHC might have on projected funding pressures.

In addition to exploring the financial impact that PHC might have, the study also explored, in more detail, wider views about how PHC might impact each service area, including, which areas would be most impacted by PHC and what a prudent service would like for each clinical area (see Boxes 2, 3, 4 and 5 below). These will be explored in greater depth on the second part of the Health Foundation-supported work which WIHSC will carry out in the remainder of 2016.

This paper is a summary of work carried out to date by WIHSC as part of the Health Foundation's project. Fuller detail will be provided early in 2017 as part of WIHSC's final report on its work.

METHOD

Initially, 65 system leaders from across Wales were **surveyed on line**; participants were asked to estimate the likely impact on current activity trends, if PHC made good progress in the next 5 years.[2] Estimates of impact were expressed as percentage increases or decreases against current trends (Box 1). These estimates were given for each activity generating component of care – across the four clinical categories. Views on where the most impact would be seen were also sought and used to identify case studies in three local health board areas, for the next phase of the study.

In the second part of the study, **case studies** were explored in greater depth in a series of workshops in Hywel Dda, Cardiff and Vale, and Anuerin Bevan University Health Board areas for Mental Health, Long Term Conditions, Frailty and End of Life Care, respectively. Representatives from health, social care and the third and independent sectors participated – including frontline staff, managers, clinicians and policy makers. As described in Box 1 estimates of impact across the four clinical areas were also sought, which were based on activity trends provided to WIHSC by the Health Foundation.

[1] The 11 activity generating components of care: elective admissions, non- elective admissions, mental health and wellbeing, community contact, average length of stay (elective and non- elective), outpatient appointments, accident and emergency, GP appointments, prescriptions and social care.

[2] An approximate time horizon of five years was selected for pragmatic reasons, to allow people to think about future impact without become ensnared in too many imponderables.

These trends are reported in Table 1 below.[3]

Table 1 · Baseline activity trends across the four clinical domains

DOMAIN[4]	Trend in activity generating components of care[5] Represented as Compound Annual Growth Rate									
	Elective admissions	Non-elective admissions	Mental health and well-being	Community contact	A-LOS (elective)	A-LOS (non-elective)	O/P	A&E	GP	Prescriptions
Mental health	-3.7%	+0.1%	+2.9%	+1.3%	-1.2%	-3.5%	+1.1%	+1.3%	+2.6%	+3.0%
Long term care	+3.7%	+1.0%			-5.5%	-2.7%	+2.6%	+4.9%		
Frailty and end of life care	+2.1%	+0.7%			-6.4%	-2.4%	+1.9	+5.4%		
Early years and prevention	-0.9%	+1.7%			-1.2%	-2.7%	-0.7%	-0.8%		

In the final phase, experts from across Wales were brought together to triangulate data gathered to date. The focus of these **national consensus meetings** was to validate findings from local work, extend the discussion into clinical areas that had not been considered and to amend conclusions as necessary. Delegates were also asked to provide estimates for the impact of PHC in their respective areas.

A slightly different approach was adopted for Early Years and Prevention. After the initial on-line survey, a single national workshop was convened to explore the potential for a more prudent

[3] Please note that these trends do not line up with those that the Health Foundation used to model, as they do not take into account changes in population size and age.

[4] The four domains are defined as: early years and prevention (patients in their first year of life); frailty and end of life care (patients over the age of 80); long term conditions (patients diagnosed with one of the following conditions – diabetes, COPD, asthma, renal conditions, epilepsy, mental health issues, dementia, arthritis, stroke, cancer, coronary heart disease, heart failure); patients with mental health issues (patients treated for a mental health condition within a given year or who were diagnosed with dementia).

[5] Some of these categories were calculated using patient level data, whereas other were not and are therefore the same for each category, i.e. they represent the whole of Wales, not a subset of the patients. The activities are defined as follows: elective admissions (the number of elective admissions into hospital); non-elective admissions (the number of non-elective admissions into hospital including any re-admissions to hospital whether the re-admission related to an initial elective admission or not); mental health and wellbeing (the amount of mental health service activity, examples of which include mental illness, psychiatry and psychiatric intensive care); community contact (the amount of community health care activity, excluding primary care services as these are counted under 'GP appointments' separately, examples of which include district nursing, health visiting, occupational therapy, paediatric medical services, community dental services and direct access services); average length of stay, or A-LOS, both elective and non-elective (the average length of an inpatient visit to hospital whether elective or non-elective); outpatient appointments (the number of outpatient hospital appointments); accident and emergency (the number visits to accident and emergency); GP appointments (the number of GP appointments (including GP practice nurse appointments) per patient per year; and Prescriptions (the number of items prescribed in primary care per patient per year). Social care was not included in these trends as reference costs were not available across time in Wales.

approach, asking similar questions as for the other three clinical areas, but focusing in particular on the issues associated with provision for the first 1000 days of life, and for reducing Adverse Childhood Experiences (an acknowledged key factor in shaping long-term needs for health and other support).

Box 1 · Estimating impact of PHC in activity generating components of care

There were three ways in which people could be involved in making estimates – either as survey respondents, people who took part in case studies or those who contributed in the national consensus meetings. Each of these discussions built on the previous so that they were iterative.

Participants were briefed on current trends in each of the 11 activity generating components[1] of care, in their respective speciality (see Table 1 above). The all-Wales trends were provided by Health Foundation, based on their analysis of published and publically available data in Wales. In certain circumstances, local health board partners were able to provide a comparable set of trends for their area.

They were then required to make an assessment as to the likely impact of Prudent Healthcare on these activity generating components over the next five years. This was undertaken after thinking through the way in which services could be reconfigured if they were to become more compliant with the Prudent principles. They also had to consider the likelihood of this happening in the next five years, and what would need to happen in order for this change to come about.

At the end of these discussions and deliberations, participants were asked to specify the impact of Prudent Healthcare in numerical terms. These estimates of impact were expressed as percentage increases or decreases against the trends that had been provided. Where participants thought a percentage increase or decrease was likely but were unable to be specific about the magnitude of change – this was recorded as a plus or minus. Where participants felt no change was likely this was expressed as a zero. Participants were not obliged to complete every category if they felt they were unable to make a judgment.

In taking these estimates into the modelling process, colleagues from Health Foundation took unweighted averages of all responses, but prioritised the use of the data from the national consensus meetings for two reasons. Firstly that initial survey results and previous discussions had been reviewed and iterated before further conclusions were reached. Secondly that the modelling occurs at a national level and in these meetings a national focus had been taken in the projected impacts of PHC on the specified activity generating components of care.

KEY MESSAGES

The following emerged as key messages from the local and national workshops taken as a whole.

Push towards prevention

- Prudent Healthcare will require the NHS in Wales to evolve to meet the needs of an ageing population, often with long-term health conditions and degenerative diseases. This will require a change in focus and different inputs.
- More resource needs to be invested early to enable a shift towards primary and community care.
- Move to a preventative agenda to change the culture of late intervention.
- Focus on well-being and prevention rather than disease and cure.
- Prudence means simple pathways and flexible, responsive services.
- Reach people before they become patients: health education is key.

- Doing more earlier will save money and create better outcomes for people.
- Resources will be needed to shift focus away from secondary care towards primary care, the community and third sector.
- Current health systems are not yet prudent. Significant organisational and behaviour change needs to happen first.
- NHS Wales leadership must embrace and endorse prudence, and start on a significant process of change.

Share responsibility

- Prudent Healthcare means everyone taking responsibility for their part in maintaining health.
- Put health literacy on the school curriculum.
- Grow people's resilience to reduce their reliance on health services.
- Move to assets based approach. Empower people to do more for themselves.
- Encourage people to take back ownership of their own health so they can drive change. - Co-production means staff and service users becoming agents of change.
- Unpaid carers must not bear the burden of delivering the shortfall in services.

Tell the story

- A public health campaign is needed to encourage people to take responsibility for their own health.
- Prudent Healthcare messaging must not be seen to be about cost or rationing. We need to put patients first, while making them aware of finite resources.
- Dementia and mental health awareness for all to encourage a more compassionate society.

Protect don't penalise

- Identify and mitigate childhood adverse experiences (ACEs) to realise the biggest system wide cost savings and well-being gains.

Measure what matters

- New outcomes metrics are needed, and a body of evidence based on people's experiences about what helps them stay well.
- Social, economic and environmental factors are fundamental determinants of human health. The well-being of people in Wales will depend on more than just access to health and social care.
- Enable healthy risk taking, so only the worst cases end up in secondary care.
- Community, compassion and co-production are at the heart of prudent palliative care. Let's open up the conversation around death and dying and make our wishes known.

Work together

- Prudent Healthcare will have a significant impact on the third sector. It's vital that they have sustainable income.
- More working together between social and health care.
- Collaborative approach needed if co-production agenda to happen.

- Local authorities, health services, the third sector and communities must work together to deliver prudence.
- Co-production is key to prudence and it won't happen without it. The Social Services and Well-being Act needs to change the way we work with partners.
- Prudent Healthcare is relational, and staff and patients need time to train so they can co-produce properly.

Change the script

- Give GPs confidence and training to provide more than just medicine.
- Social prescribing can boost well-being and help build greater capacity for health7.
- Prudence means identifying barriers and helping individuals and communities develop skills and connect with resources.
- Put the patient at the centre, and help them to achieve goals they have identified for themselves.

Get connected

- Design services fit for the 21st Century.
- Smart technology and digital health solutions will be central to a Prudent Healthcare system.
- Digital health can improve efficiency for staff, patients and service users and its adoption is long overdue.

Be patient

- Change won't happen overnight. In order to embed prudent principles, we need to adjust the training curriculums from a medical model to a bio psychosocial strengths and relationship based approach.

WHAT DOES A PRUDENT APPROACH MEAN WITHIN CLINICAL CONTEXTS?

The following summaries are taken from local and national workshops where examples from clinical areas identified as most likely to be impacted by PHC were explored.

Mental health

The following key messages emerged from local workshops in the Hywel Dda University Health Board area, exploring mental health case studies relating to Case studies relating to Tier/1 primary care and secondary care in the community were explored at local workshops in the Hywel Dda health board area. Child and Adolescent Mental Health Services (CAMHS), adult inpatients and co-occurring problems were explored in the national event.

Box 2 · What does a prudent approach mean in mental health? Summary of findings

Prudence means...

… moving beyond a medical model and from services focused on acute crisis to ones focused on prevention, recovery and co-production;

… keeping people in Tier One services and encouraging them to seek help in the communities where they live. Acute care only be for the most complex cases;

… helping kids grow resilience from an early age by teaching mental health literacy in primary

schools;

… new ways of working across a wide range of agencies, including peer mentors. New community organisations are needed to take forward the co-production agenda;

… ending the silo mentality and creating a unified vision. Co-production is key, but staff must be given time out to train;

… encouraging positive risk taking and a culture of shared responsibility. Give GPs the confidence to refer to community organisations and the Third Sector;

… giving people more than just medicine. Grow social prescribing and ask people what works for them;

… normalising mental illness with powerful health promotion campaigns to make looking after our mental health an essential part of healthy living;

… not over pathologising the human condition. See people's strengths and help them to develop tools to cope with life, rather than focusing on "deficits" and illness;

… giving people the tools to manage their own lives and re-imagine their own futures, rather than being passive recipients of "care";

… seeing the whole person and getting care and treatment plans right from the start; and

… investing in the workforce and making sure all staff are trained in how to co-produce effectively.

Long term conditions

Case studies relating to circulatory conditions and musculoskeletal conditions were explored at local workshops in the Cardiff and Vale University Health Board area. Type II diabetes, chronic obstructive pulmonary disease (COPD) and asthma case studies were explored at a national work shop. A summary of findings is given in Box 3.

Box 3 · What does a prudent approach mean in long term conditions? Summary of findings

Prudence means...

… doing more sooner. Prevention can save lives and improve outcomes for patients with chronic disease;

… more generalist posts on multidisciplinary teams to look after the whole person and any co-occurring conditions;

… talking about the tough stuff. Don't wait until someone is morbidly obese and chronically ill to mention their weight;

… reaching people before they are patients, and giving them the tools to manage their own health;

… giving people access to non-medical activities, like exercise and creative activities. Keeping fit can improve conditions like breathlessness and help people stay well for longer;

… simplifying the patient journey and helping people see surgery as a last resort;

… using digital health apps to help people manage their own health and live well with long-term conditions;

… compassionate care. Give staff the tools to cope with people in crisis;

… reducing variation by having agreed outcomes and standards;

… a whole systems approach and an end to working in silos;

… simple changes, like making foot checks as regular as blood pressure checks for diabetics;

… creating timely access for people when they need it, where they need it;

… partnership working across health, social care, the Third Sector and education;

… investing in innovative IT: responsive systems can help reduce harm and promote collaboration;

… de-medicalising back pain and giving people opportunities to manage their own health;

… changing the "Fix Me, I will Fix you" model to a co-productive approach; and

… investing in health campaigns in the community. Get advice about back pain into chemists, supermarkets and leisure centres, not just at the GPs.

Frailty and end of life care

Case studies relating to anticipatory care and dementia were explored at workshops in the Aneurin Bevan University Health Board. Medicines management, falls prevention and palliative care and pain management were explored in a national event. A summary of findings is given in Box 4.

Box 4 · What does a prudent approach mean in frailty and end of life care? Summary of findings

Prudence means...

… understanding that many older people do not define themselves as frail, and can live well with frailty;

… advancing the co-production agenda and helping people collaborate in managing their health;

… doing more in the community, and keeping people living with frailty out of acute care where possible;

… seeing and understanding what matters to a person to help them achieve quality of life;

… taking positive risks to enable a person to be at home, for as long as home is where a person wants to be;

… empowering people living with frailty to do as much as possible for themselves;

… managing health not illness;

… reducing waste and inefficiency by not duplicating tests or pushing people into hospital;

… making dementia everyone's business. Take advantage of free training like Alzheimer's Society Dementia Friends;

… making all communities dementia friendly. It's never too soon to raise awareness of dementia. Have dementia awareness sessions in primary schools;

… talking about death and dying while people are still well and can make their wishes know;

… listening to people with dementia to find out what gives their life meaning;

… making dementia a priority. Have social prescribing teams in communities so people can be given access to social and creative activities to help them stay well;

… encouraging people to engage in low cost activities like choirs and dementia cafes to boost wellbeing and help combat loneliness and social isolation;

… supporting unpaid carers and not expecting them to fill gaps in services;

… flexible, responsive services and promoting mechanisms that enable choice, like direct payments; and

… locating services in communities and supporting people to stay in places where they feel safe.

Early years and prevention

Recent research on the prevalence of ACEs (adverse childhood experiences) in the Welsh adult population and their impact on health and wellbeing across the lifecourse,[6] has generated much interest at a practice and policy level across Wales - and was the topic of discussion for the national workshop on early years and prevention. A summary of findings from this workshop is given in Box 5.

Box 5 · What does a prudent approach mean in early years and prevention? Summary of findings

Prudence means...

… mitigating the risks of ACEs by helping people grow resilience early on;

… changing a system focused on picking up the pieces to one geared towards prevention;

… turning around the culture of late intervention and predicting and preventing problems in the first 1,000 days;

… training midwifes to ask women about ACEs, and to do more than just deliver a healthy baby;

… identifying those children and adults who have been exposed to adverse, and enabling them to build resilience and move towards recovery;

… raising awareness of how ACEs can be a barrier to health;

… helping adults who have been exposed to ACEs make better decisions for their own children;

… moving away from a punitive approach to promote safe and supportive public services for children;

… making early years and poverty grants more flexible;

… recruiting people with the right values to work in children's services; and

… Prudence means pump-priming – investing money to save later on.

CONCLUSION

This paper is a summary of the first phase of WIHSC's report, and provides an account of the issues that were raised when people were asked to discuss the impact of a more prudent approach to healthcare in Wales for practitioners, managers and policy makers. The estimates that people made which accompanied the discussion represented above were supplied to the Health Foundation for inclusion in their modelling. A more extensive and fine-grained discussion will follow completion of the second phase, early in 2017. The second phase of the study will seek to identify the key criteria and conditions required to catalyse the impact of Prudent Healthcare.

[6] http://www.cph.org.uk/wp-content/uploads/2016/01/ACE-Report-FINAL-E.pdf

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The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

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