Curing the NHS: the implications for antimicrobial therapies arising from the NHS reforms?

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Plan
• Could I be a management consultant?
• Nan’s story
• PEST
• The Diagnosis
• The Cure
• What about you?
Could I be a management consultant?

- Grey suit ✓
- Grey hair ✓
- “I don’t know the answers but I am here to help you find the answers you already know” ✓
Nan’s Story

• A factional account

• 85 year old, nursing home resident with dementia,

• Admitted on Monday to the RGH with suspected urinary tract infection
  – Given iv Paracetamol

• Medication history taken by 3 people
  – 1 got it right
Nan’s Story

- Monday > A&E > AMU – stay overnight

- Tuesday > Urology

- Wednesday > Care of the Elderly

- Thursday- bouncing between Care of the Elderly & Urology

- Friday – “Nan, we’re going home”
P.E.S.T.

- Not a S.W.O.T.
  - internal perspective

- Political, Economic, Social & Technological factors
  - External, “macro- environmental factors”

- Add “Legal” and rearrange to make SLEPT
P.E.S.T.

• Political
  – Change at the top:
    • First Minister & General Elections
  – Influence of Assembly Members, MPs & the Public
P.E.S.T.

- Economic
  - Scale of spend and scale of the problem
  - Any posts funded by Invest 2 Save Schemes?
  - Cost reductions schemes
    - HIV and VAT
    - Outpatient/Home Care Schemes for iv anti-microbials
Fitted Line Plot

Cost Per 1000 Astro Pus = 17403 + 19759 Average Townsend

Project: ASTRO PU REGRESSION.MPJ; Worksheet: Worksheet 4; 25/09/2009 10:11:37; NT
P.E.S.T.

- Social
  - Re-organisations
    - Trust with Trust & New Trusts and old LHBs
  - Population
    - Growth rate and age distribution
    - Attitudes to health
  - You
    - Career attitudes and Development
    - Advisers to Prescribers
  - Emphasis on safety.
P.E.S.T.

- Technology
  - Mapping software -2010
  - Electronic discharge information -2010
  - Electronic formulary – 2010
  - Telehealth?
  - Near patient testing?
• “The scenario of taking a drop of blood, urine, or saliva and within an hour knowing whether a pathogen is present and its antimicrobial resistance potential is no longer science fiction but will soon be reality. These developments, particularly with regard to near patient testing, have important implications for the delivery of health care. They will affect primary care, prescribing practice, organisation of pathology laboratories, counselling services, surveillance and epidemiology, and medicolegal practice.”

• *BMJ* 1999;319:298-301 (31 July)
Where are we now? The diagnosis
Push – Push Model

- Hospital Discharge
  - Site of inter-sectorial conflict
  - Patients deemed fit for discharge so beds can be freed are met with social services unable to offer suitable packages of care or other support measures
  - Q: Definition of discharge?
    - A: Create space
Where are we now? The diagnosis

Push – Push Model

- **Budgets**
  - Aligned to targets without consideration of knock-on effect
  - Silos

- **Fragmented Primary Care**
  - OOH and primary care are disjointed
  - Has NHS Direct worked?
Current System of Care “Push System full of Black Holes”

PUSH

Local government

FRAGMENTED AND DISORGANISED COMMUNITY BASED CARE

HOSPITAL BASED CARE

INCREASING COMPLEXITY

DECREASING FUNCTIONALITY

INCREASING DEPENDENCY

PARA MED

PUSH

NHSD

Patient journey
Relationship between CCM Model and Community Services requirements

Chronic Conditions Management Model

Need for Community Services

INDEPENDENT

FRAIL

1

2

3

4
Primary & Community Service
Strategic Development
“Creating the Vision”
Key Themes

• Transforming primary and community services is fundamental to the improvement agenda

  – This requires wholesale change in health and social care organisational structures & service delivery models

  – Key message: strengthen primary and community services and reduce the burden on acute hospitals

  – Shifting focus to active management of high risk groups in the community
• Needs to be a whole-system approach to service design and delivery rebalancing hospital and community-based services
Key Themes

• The Chronic Conditions Management Framework
  – Shifting focus to active management of high risk groups

• The Annual Operating Framework
  – Targets on delayed transfers of care
  – Aligning primary and secondary care needs into an holistic model of service delivery
  – Stimulate development of new roles in the community
Introducing the Treatment Plan

- Generalism versus Specialism
- Care versus condition
- Partnerships versus protectionism
- Organised versus fragmented
- Sharing versus shifting
- Risk management versus risk aversion
- Facilitative versus prescriptive
- Outcomes versus process targets
Key Components Of The Model

• COMMUNICATIONS HUB
  – Specialist skills in the community supporting Primary Care

• COMMUNITY RESOURCE TEAM
  – Decision and ownership at Locality Level

• LOCALITY NETWORK
  – Seamless transfer between hospital and community care

• HOSPITAL INTERFACE
Future System of Care “Seamless Pull System with Integrated Access to Information”

ORGANISED SYSTEM OF INTEGRATED COMMUNITY SERVICES

HOSPITAL BASED CARE

PULL

ASSESS

COMS HUB

DIRECT

SHARED INFORMATION BASED ON GP RECORD

Resource team

Primary Care Support Unit

Primary Care

OOH

LOC

C

COMMUNITY

NURSE

T

M

Patient journey
What do we want?

- Holistic provision is supported by:
  - CARE which is managed
  - RECORDS which are integrated and accessible
  - GOVERNANCE which is unified
  - CAPACITY which is managed
  - EXPERTISE which is specified and developing
Vision for Out of Hospital Care

- Provide more services outside of hospitals when appropriate to do so;
- Support people in taking responsibility for their own health;
- Reduce the number of avoidable emergency admission to hospital; and
- Continue to improve the discharge from hospital
Community Network Model

• **Tier 1** - Health promotion and prevention

• **Tier 2** - Patients with one or more chronic condition who are able to self manage their condition - low level support to enable older adults to maintain their health, wellbeing and independence

• **Tier 3** - High Risk Management / More serious problems

• **Tier 4** - Case managed services/Complex needs
PROPOSED LOCALITY MODEL - MERTHYR

Population – 55,000

- Community Acute Response Team (Intermediate Care Step-up)
- Dedicated Resp Nurse
- District Nursing Service
- Intermediate Care Step-down services
- Dedicated Diabetes Nurse
- 12 GP Practices
- Dedicated Pharmacy
- Access to Cardiac/Pulmo Rehab
- Access to Respiratory Specialist Nurse
- Access to Diabetes Specialist Nurses
- Cardiac Specialist Nurses
- Access to Stroke Care Nurse/TIA clinic
- Access to therapies
- Access to Voluntary Sector support
- Local Authority eg housing
- Voluntary Sector support

Locality Manager
What about you?
• How does your role fit into the new model?
• Where do you concentrate your efforts?
• What tools do you have and need?
• How do you measure performance?
• How do you get away from the “widgets culture”?
• What you need to do is....
What you need to do is...

• Recognise, acknowledge and respond to Someone has Moved the Cheese

• Devise a Collaborative Strategy that
  – identifies the drivers in the new world
  – identifies the match and mismatch between what is needed and what you’ve got – the deficit
  – identifies what is needed and takes action
  – And......
And......

• If you should happen to need a management consultant........