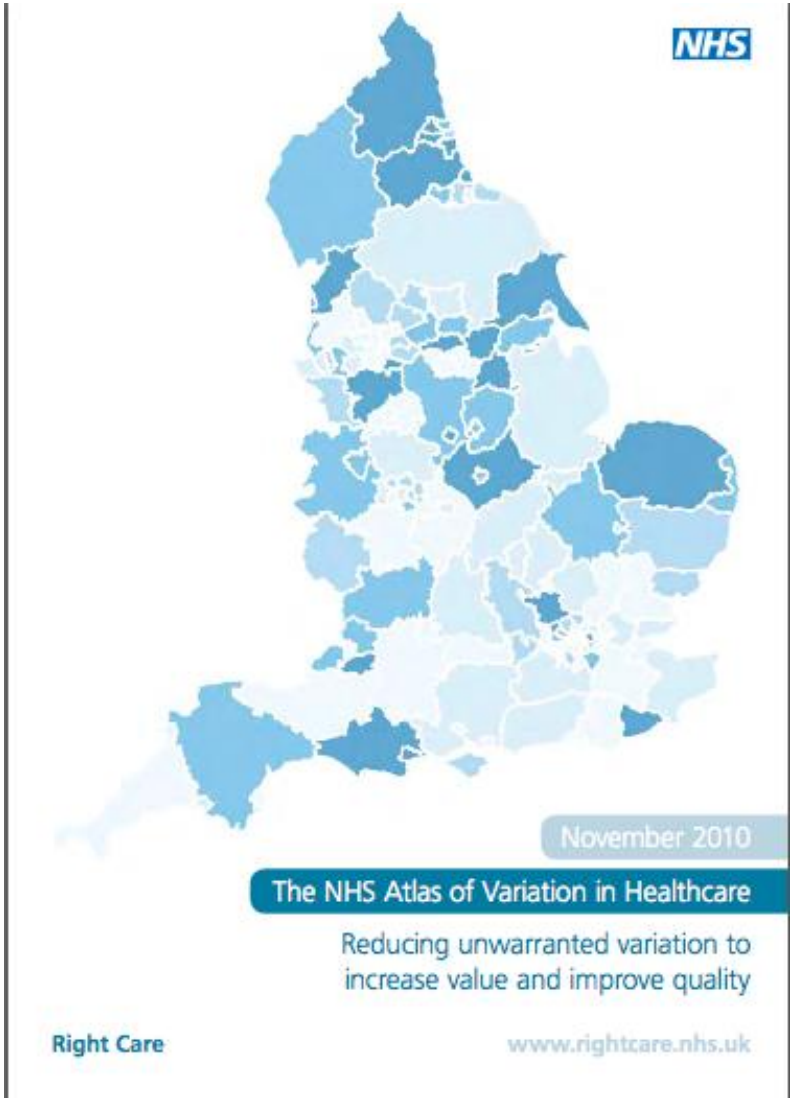
The last forty years in musculoskeletal care have been terrific but

All health services, everywhere, still face 5 major problems: the first of which is unwarranted variation which is *“Variation in utilization of health care services that cannot be explained by variation in patient illness or patient preferences.”* Jack Wennberg

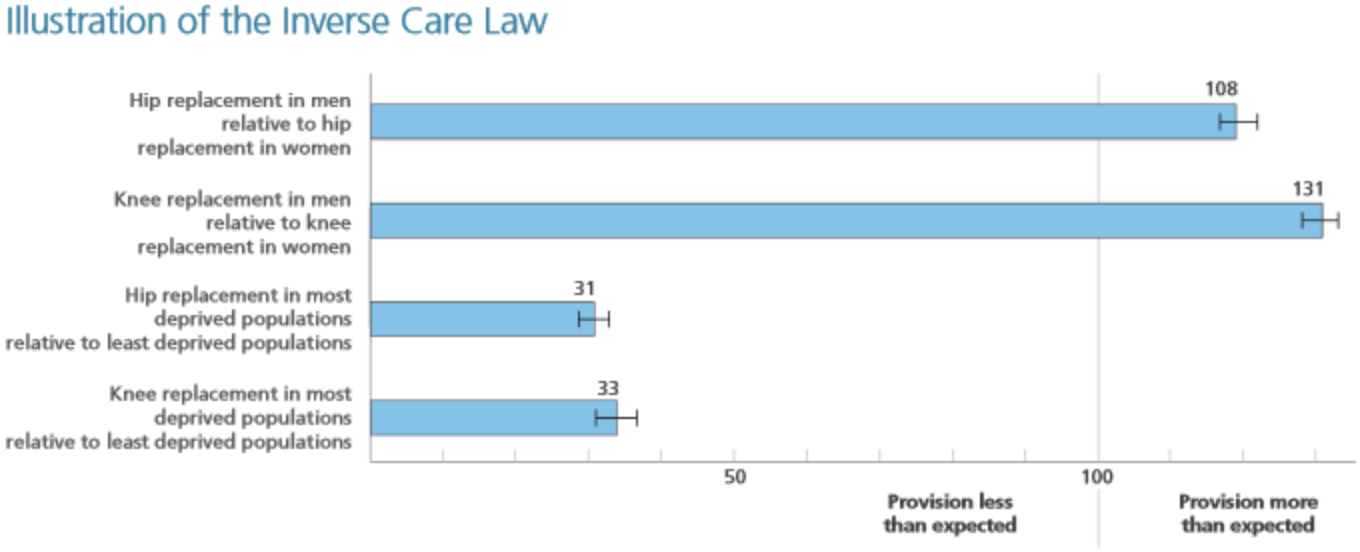


Analysis of unwarranted variation reveals four other causes of low value healthcare

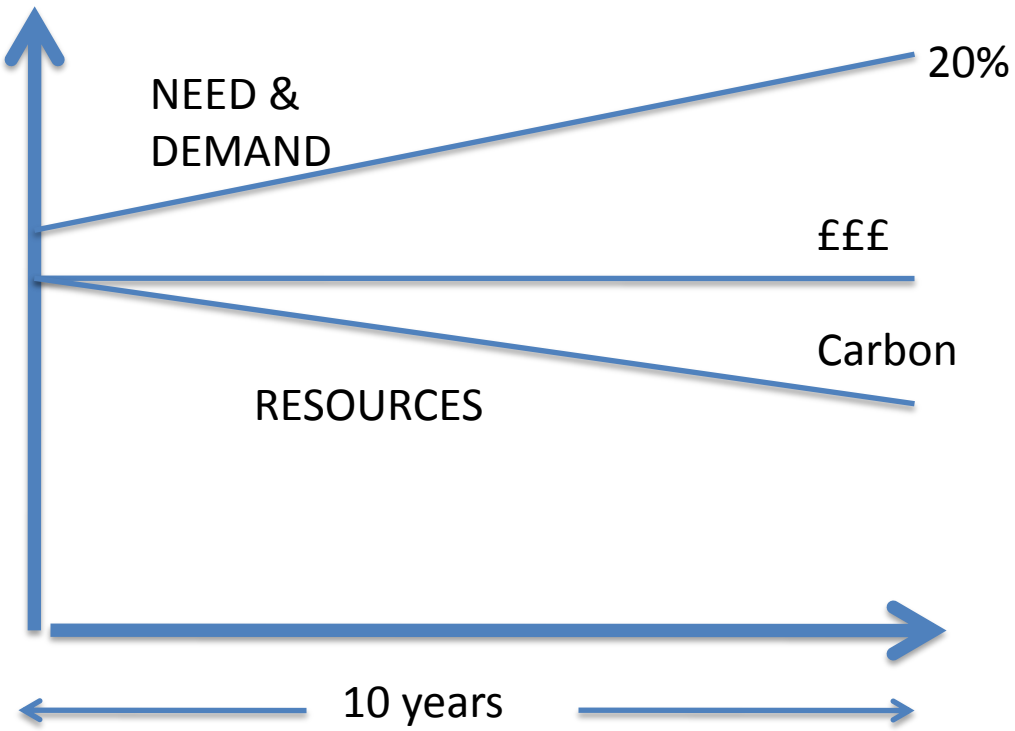
- HARM, from overuse even when quality is high
- INEQUITY, from underuse by groups in high need
- WASTE OF RESOURCES through low value activity & failure to adopt high value innovation
- FAILURE TO PREVENT DISEASE &DISABILITY

And new challenges are developing:

- RISING EXPECTATIONS
- INCREASING NEED
- FINANCIAL CONSTRAINTS
- CARBON CONSTRAINTS DUE TO CLIMATE CHANGE



Judge A, Welton NJ, Sandhu J, Ben-Shlomo Y (2010) Equity in access to total joint replacement of the hip and knee in England: cross-sectional study. BMJ 2010:341:c4092. doi: 10.1136/bmj.c4092

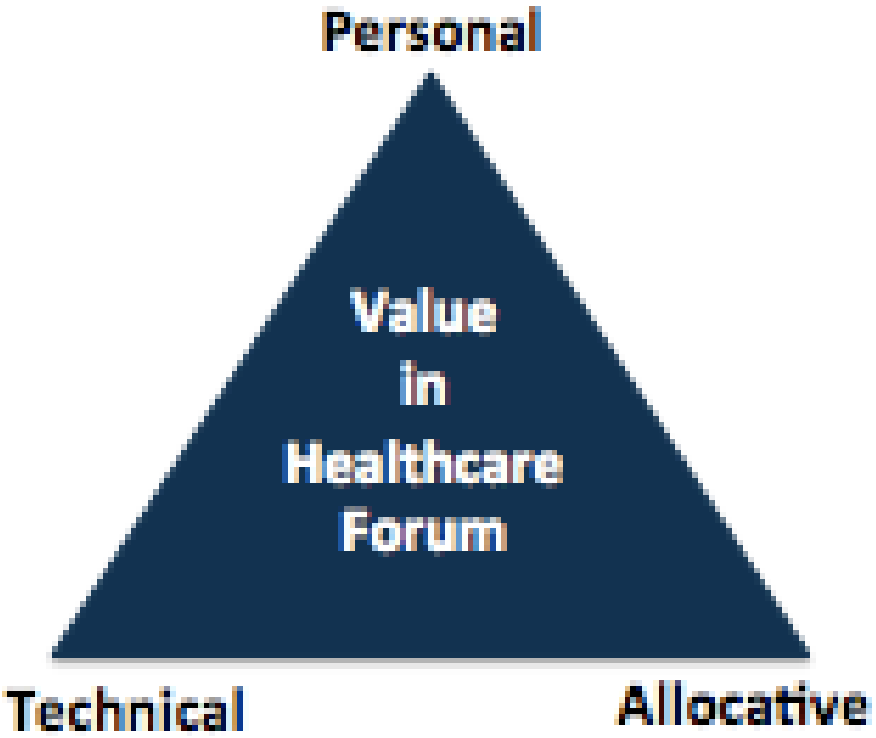


We need 20% more value every decade

New Paradigm

Bureaucracy Based Paradigm	**Population & Personalised Paradigm**
The Aim is on effectiveness, quality and safety outcomes	The Aim is better **value** (outcomes/costs, both financial and carbon) and **equity** outcomes
Good service with known patients	**Personalised** service for all the people affected in the **population**
Improvement competition	Improvement through collaborative **systems and networks** with patients & carers as equal partners
Transformation attempted by reorganisation & more money	Service transformation by **culture change** & more knowledge
Clinicians act as the users of their institution's resources	Clinicians feel they are the **stewards** of the population's resources

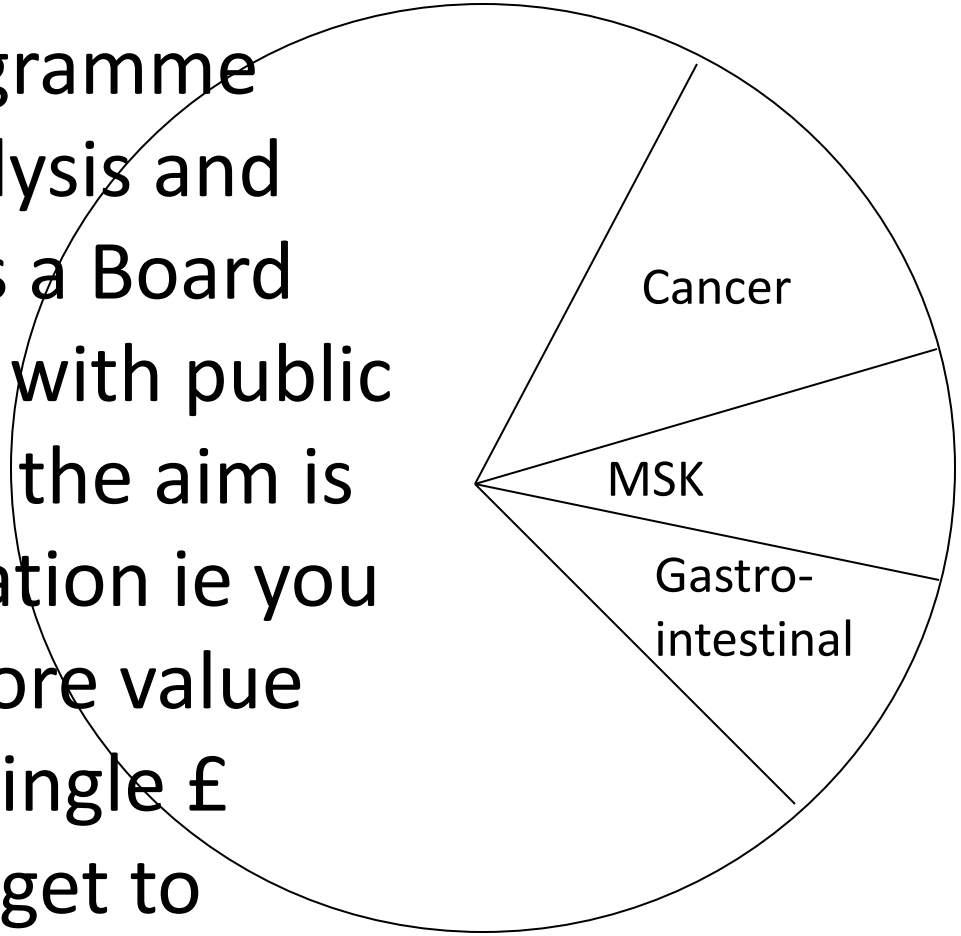
Triple Value Agenda



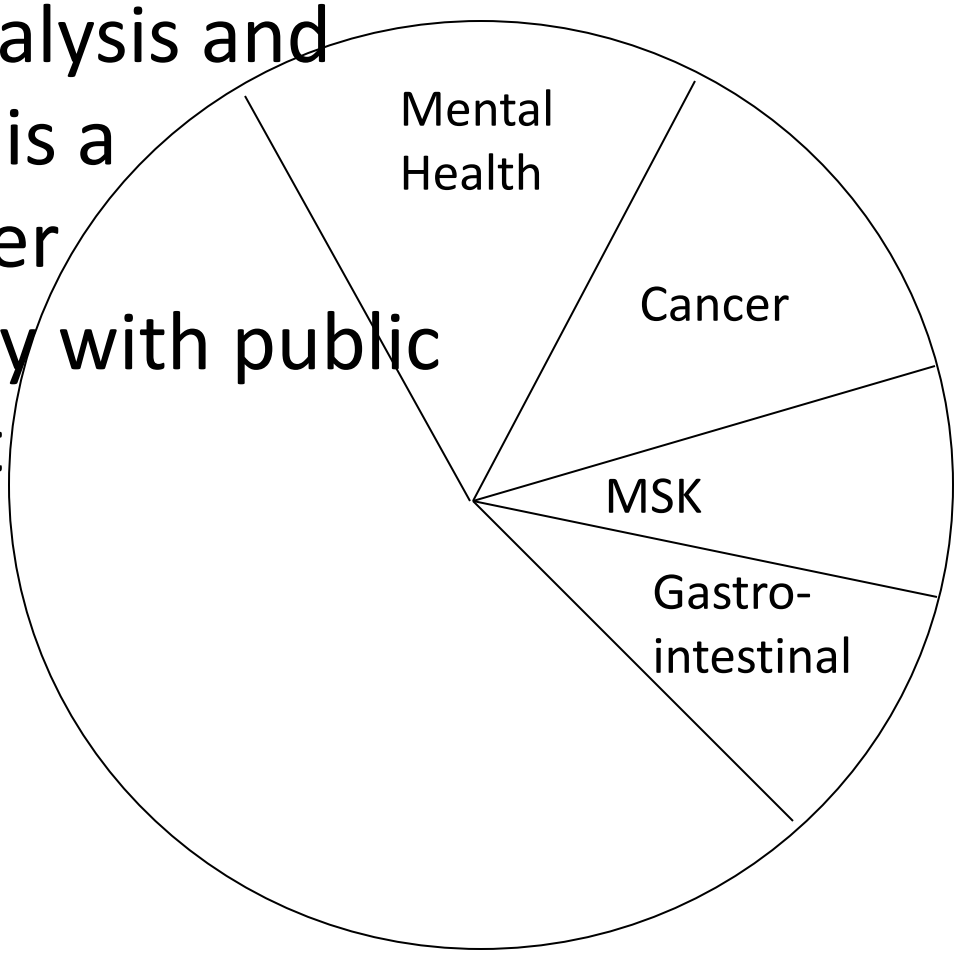
Shaping 21st Century Healthcare

Allocative value

Between Programme Marginal Analysis and reallocation is a Board responsibility with public involvement ; the aim is optimal allocation ie you cannot get more value by shifting a single £ form one budget to another

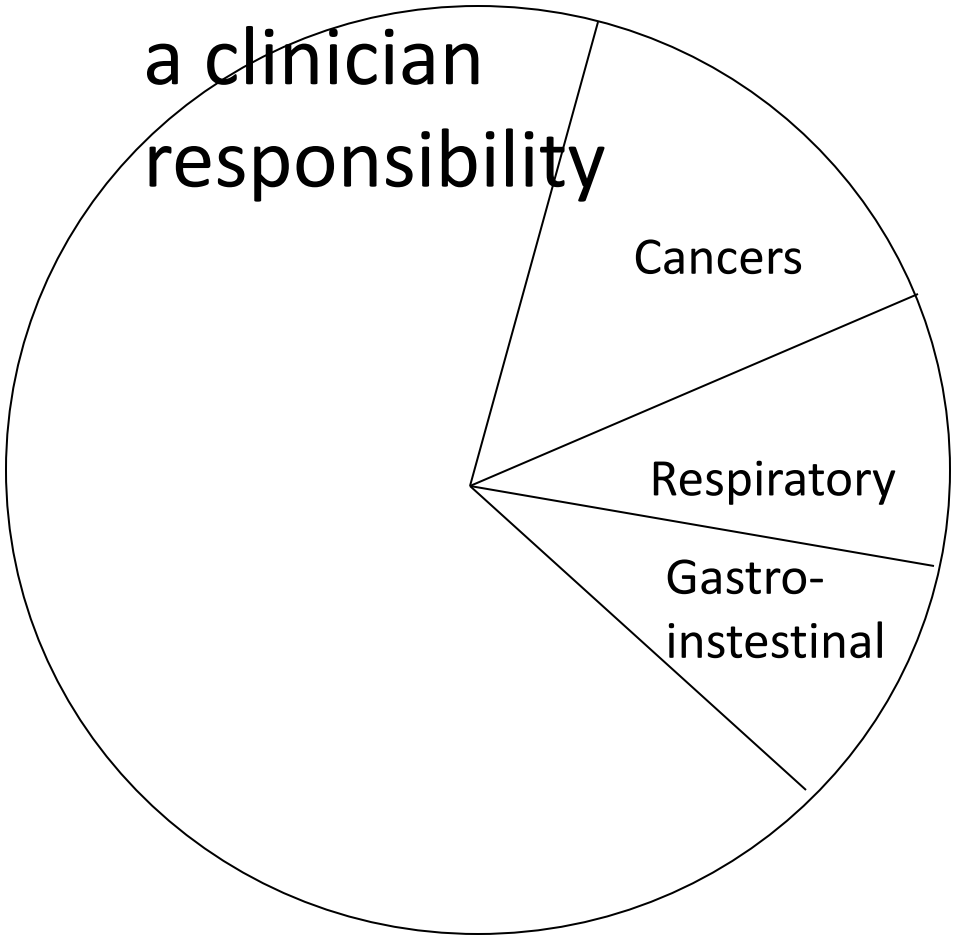


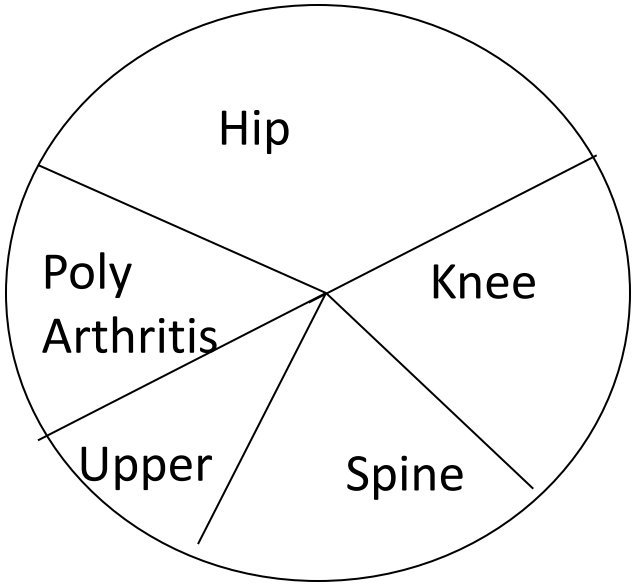
Between Programme Marginal Analysis and reallocation is a commissioner responsibility with public involvement



Oxford

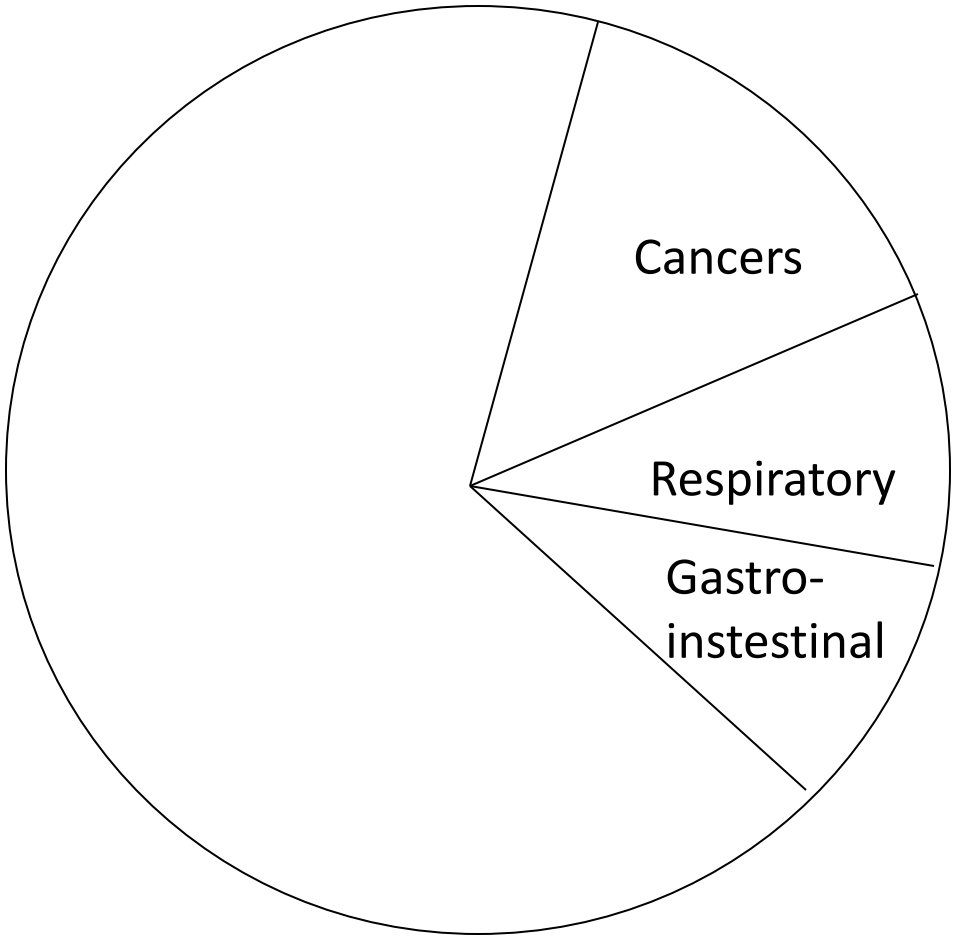
Within Programme,
Between System
Marginal analysis is
a clinician
responsibility

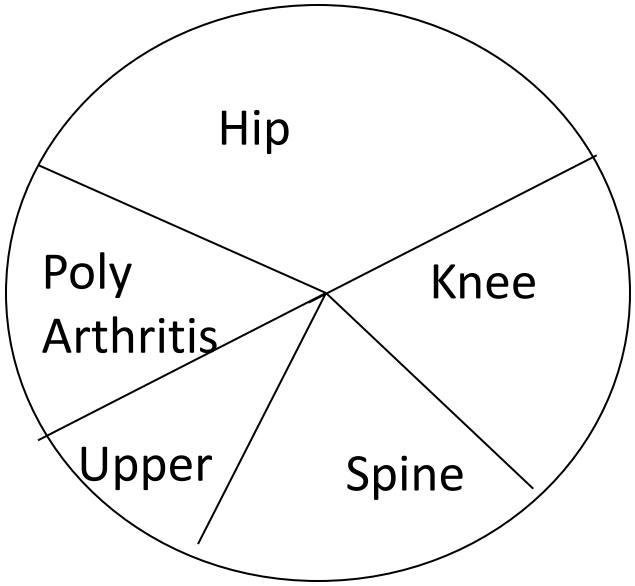


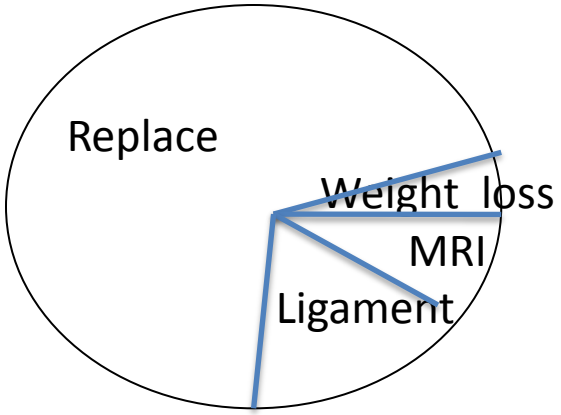


2. Optimise resource allocation

Within System Marginal Analysis is a clinician responsibility with patient involvement

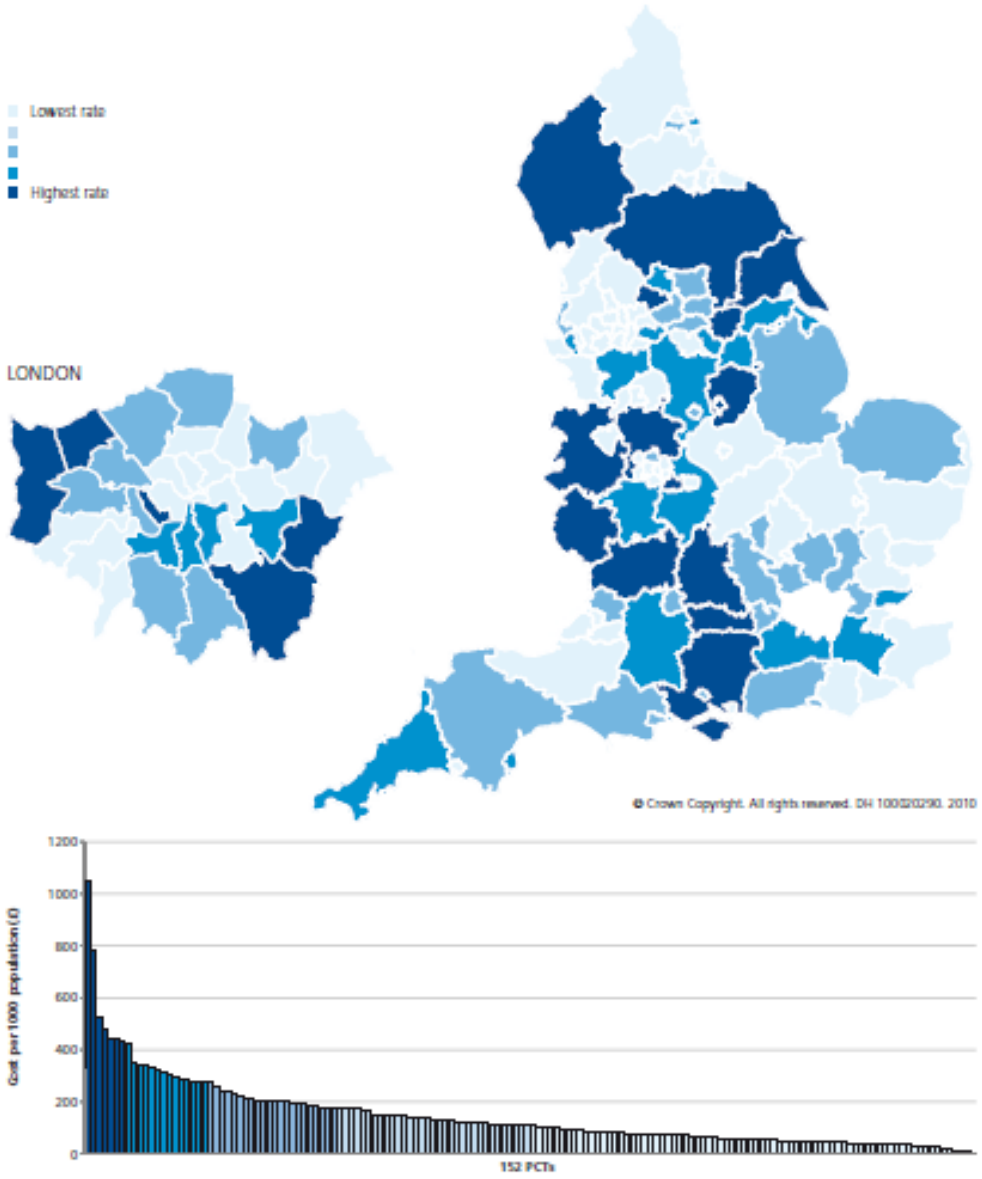




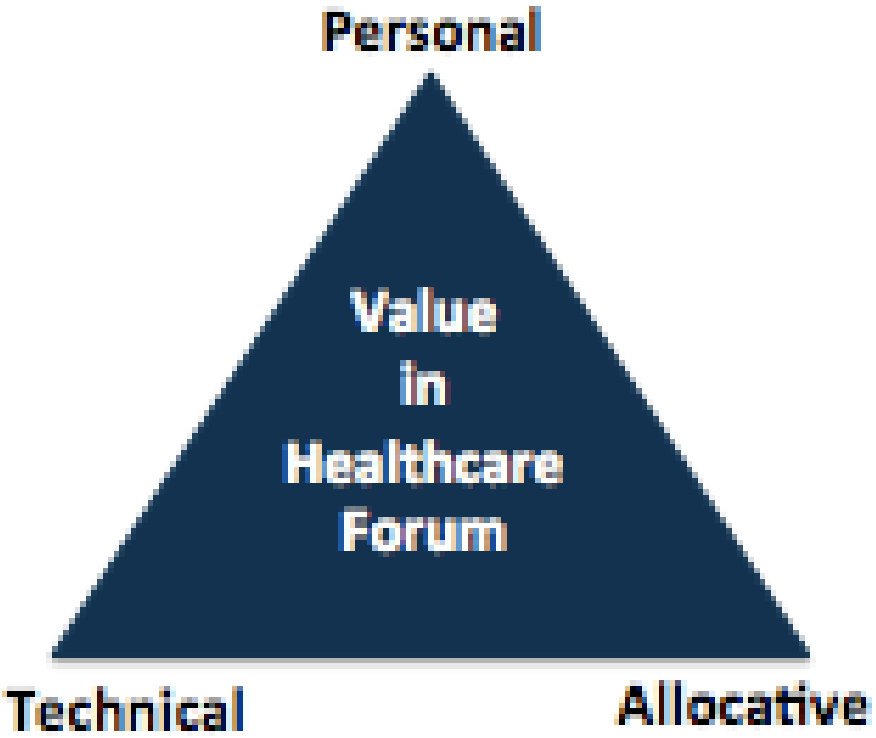


Rate of anterior cruciate ligament reconstruction expenditure per 1000 population by PCT Weighted by age, sex, and need; 2008/09

The variation among PCTs in the rate of expenditure for anterior cruciate ligament reconstruction per 1000 population is 50-fold.

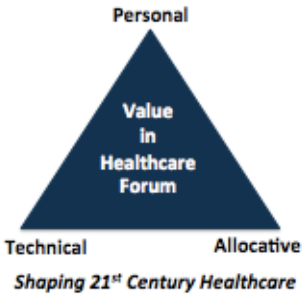


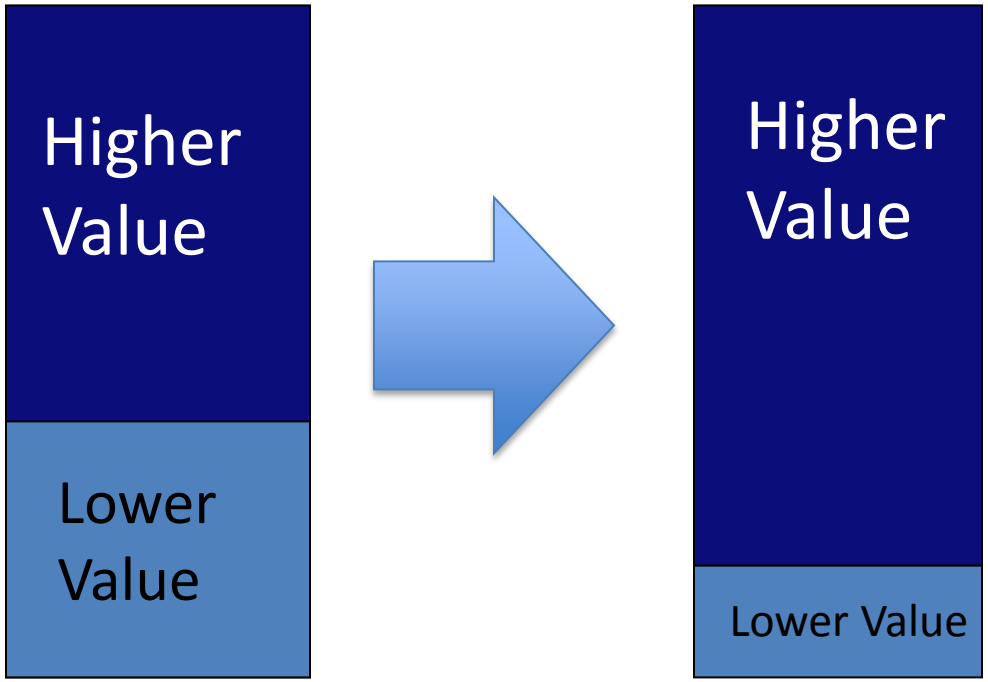
Triple Value Agenda



Shaping 21st Century Healthcare

Hellish Decisions in Healthcare





Added value from doing things right (quality & cost improvement)

THE INSTITUTIONAL APPROACH

Public Health England

RightCare

NHS England

Leicestershire and Lincolnshire Area Team

Commissioning for Value Pack

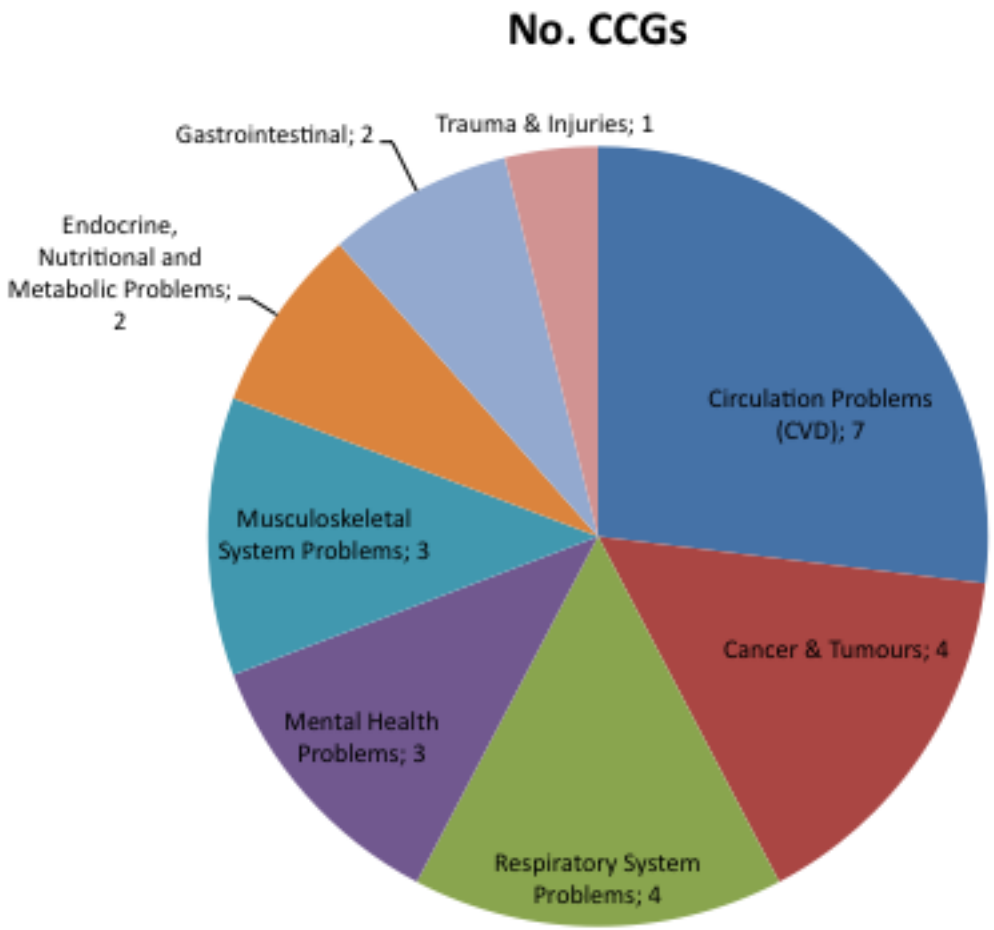
February 2014

THE NHS CONSTITUTION
the NHS belongs to us all

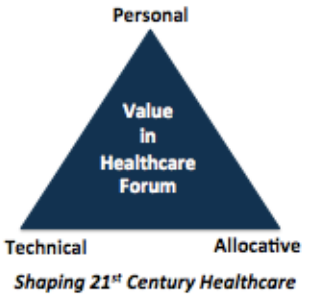
NHS England Gateway ref: 00525

Improvement opportunities – Disease category analysis

This chart shows how many CCGs in your Area Team have areas of opportunity in each programme.



Hellish Decisions in Healthcare



We have three distinct approaches to increasing technical efficiency, in addition to improving quality & safety and reducing cost:

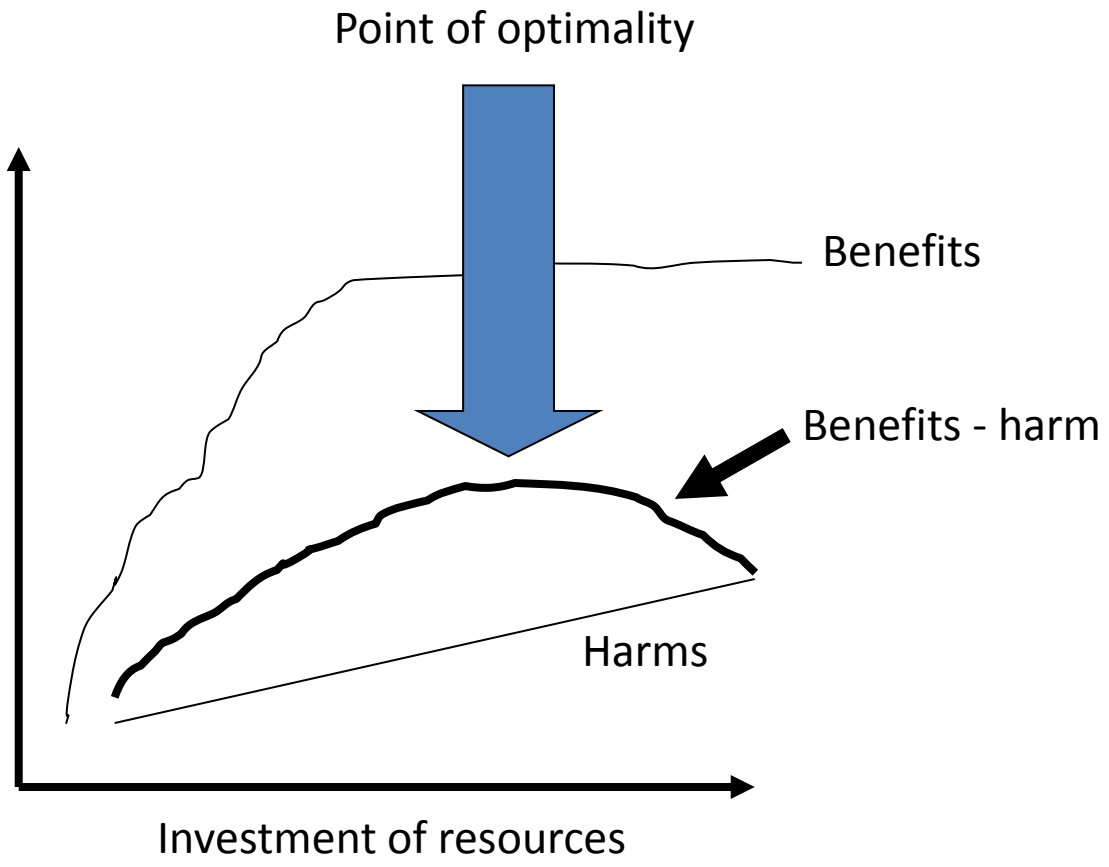
1. Reduce lower or negative value activities
2. See the right patients
3. Manage innovation effectively

Hellish Decisions in Healthcare

Personal
Value in Healthcare Forum
Technical
Allocative
Shaping 21st Century Healthcare

1. Reduce lower or negative value activities

After a certain level of investment, health gain may start to decline



Hellish Decisions in Healthcare

Personal
Value in Healthcare Forum
Technical
Allocative
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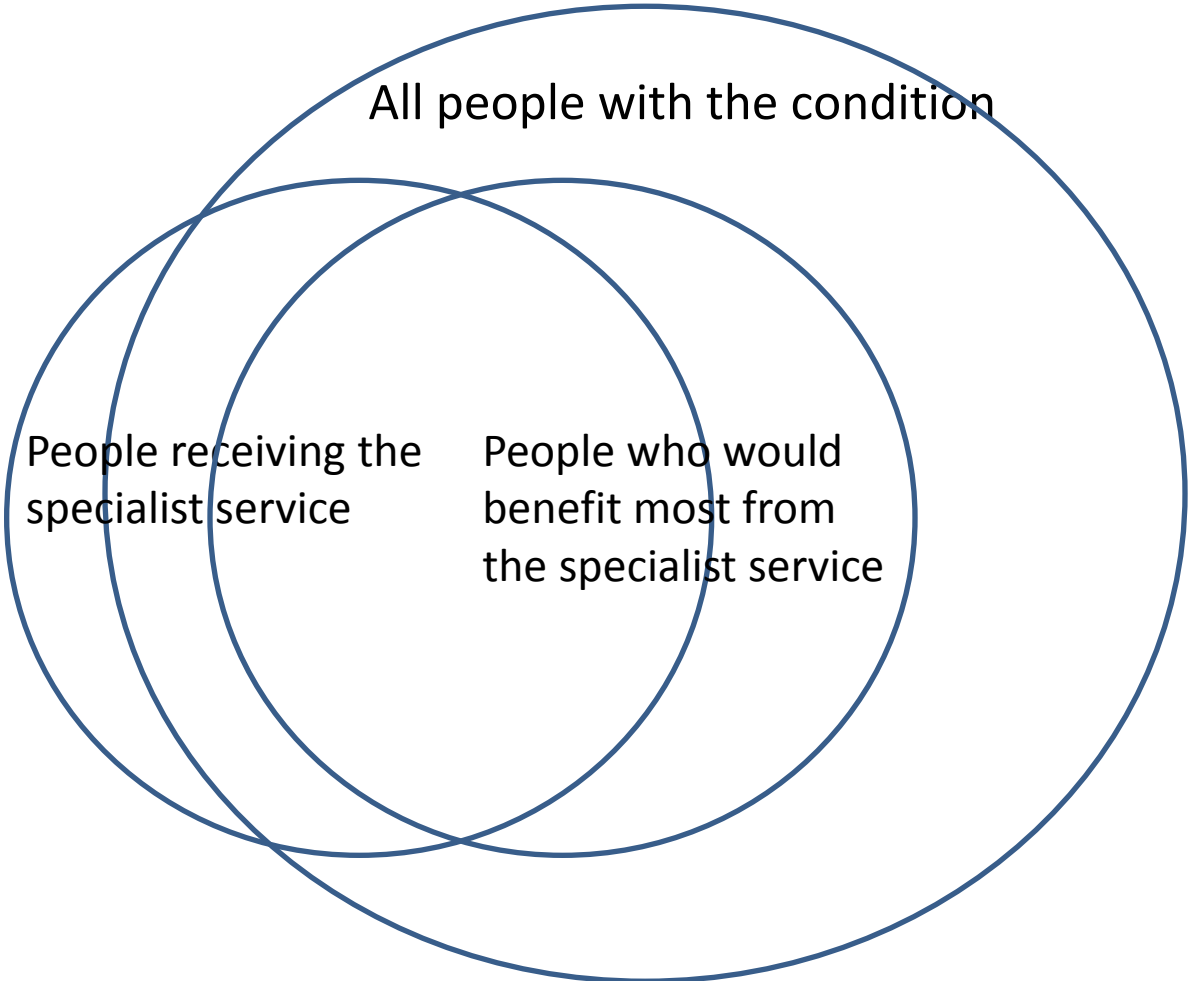
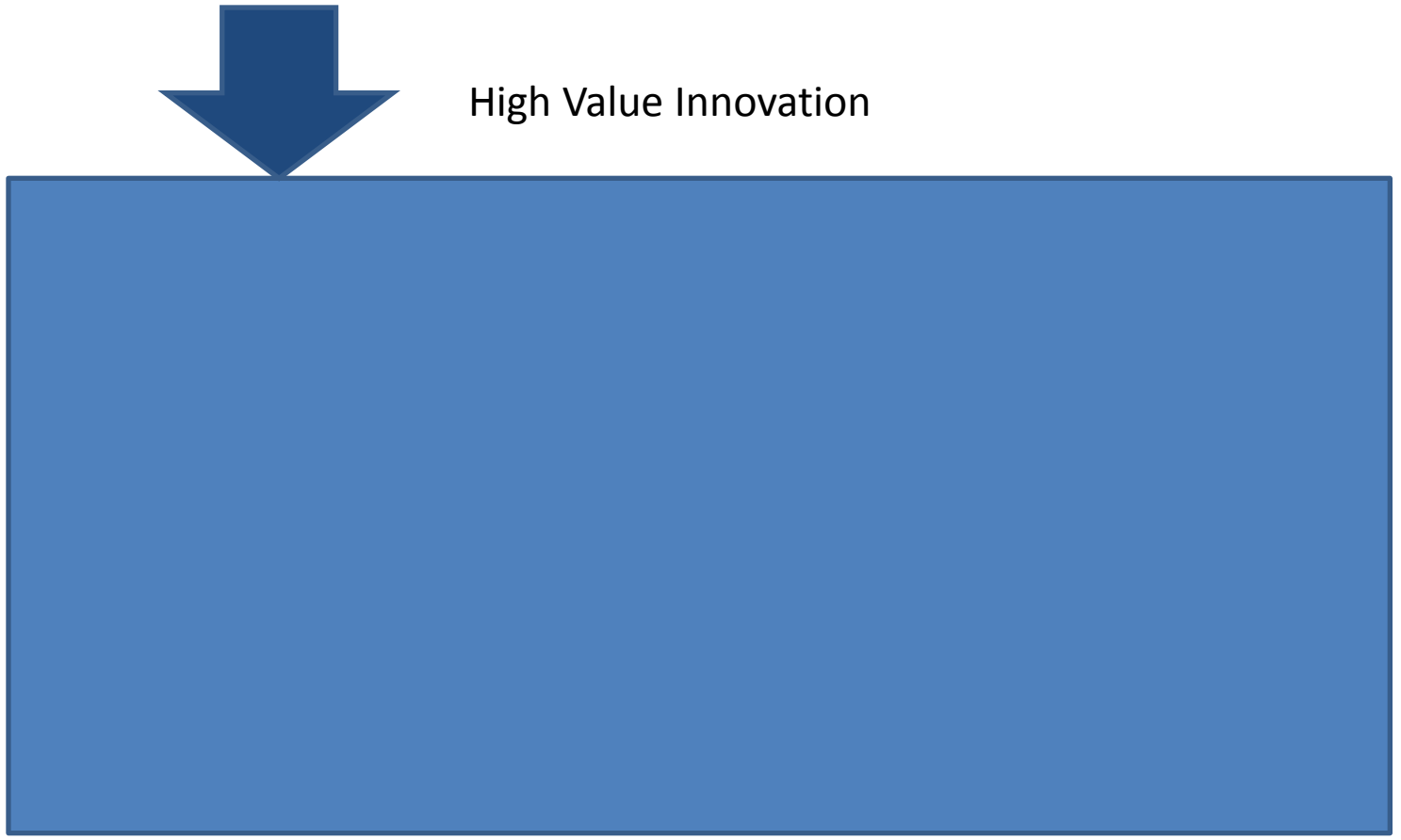
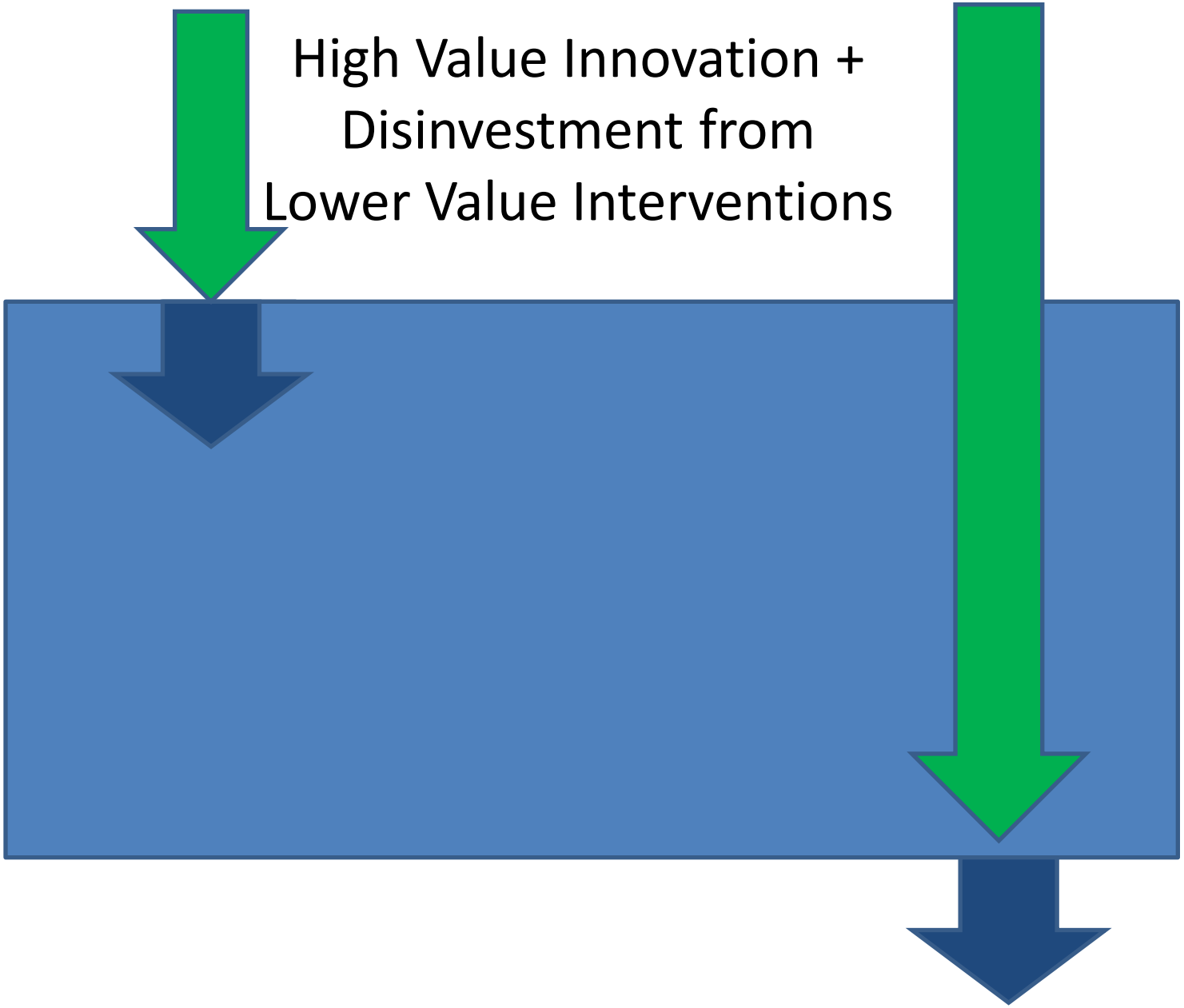
3. See the right patients

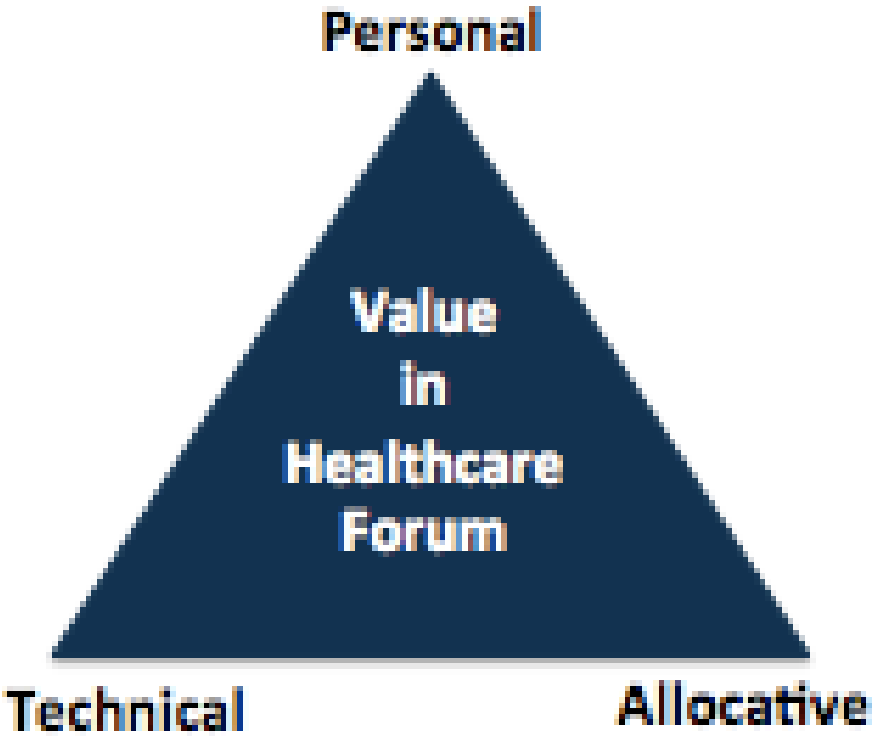


4. Encourage High value innovation

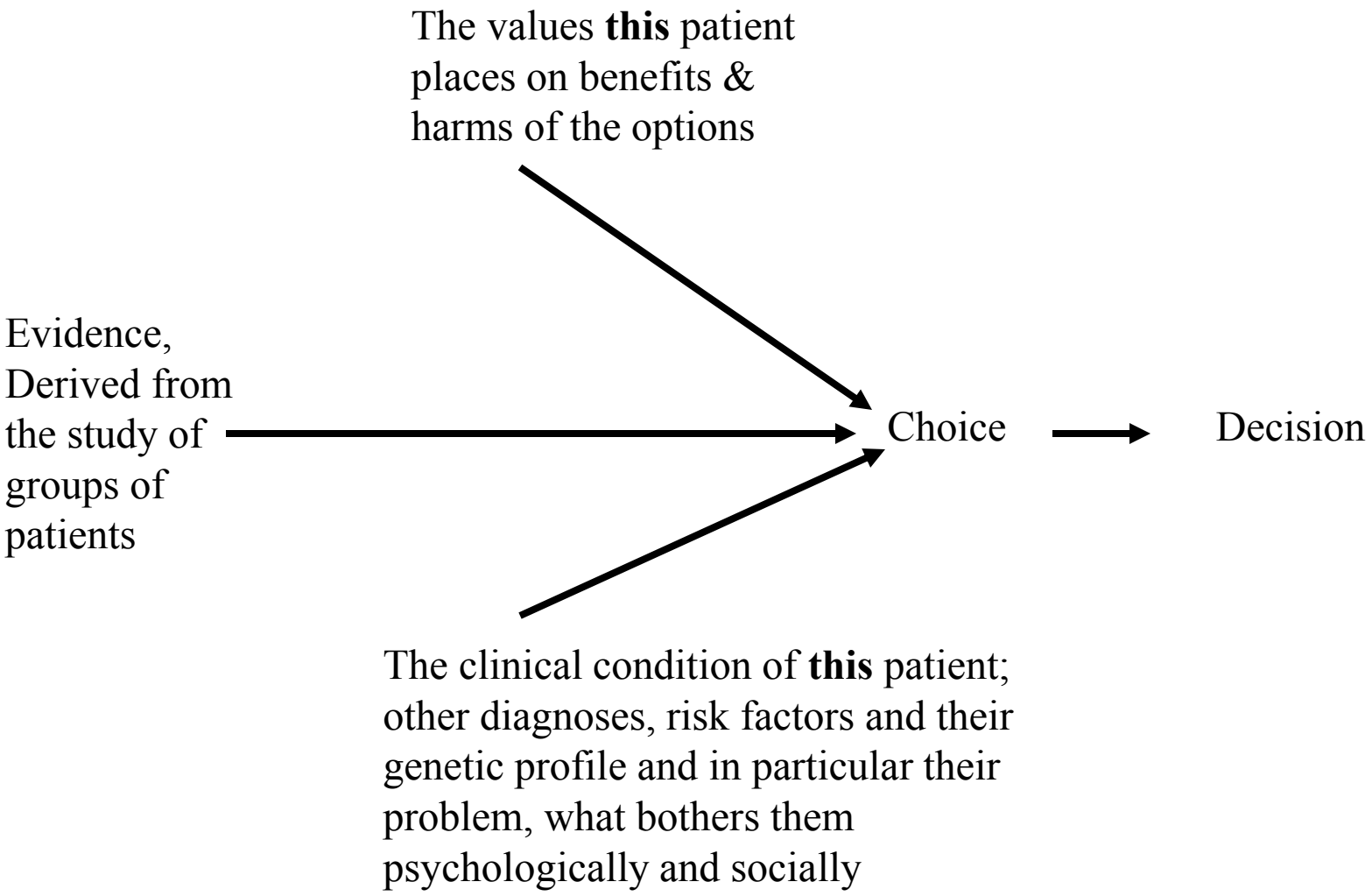



High Value Innovation +
Disinvestment from
Lower Value Interventions

Triple Value Agenda



Shaping 21st Century Healthcare



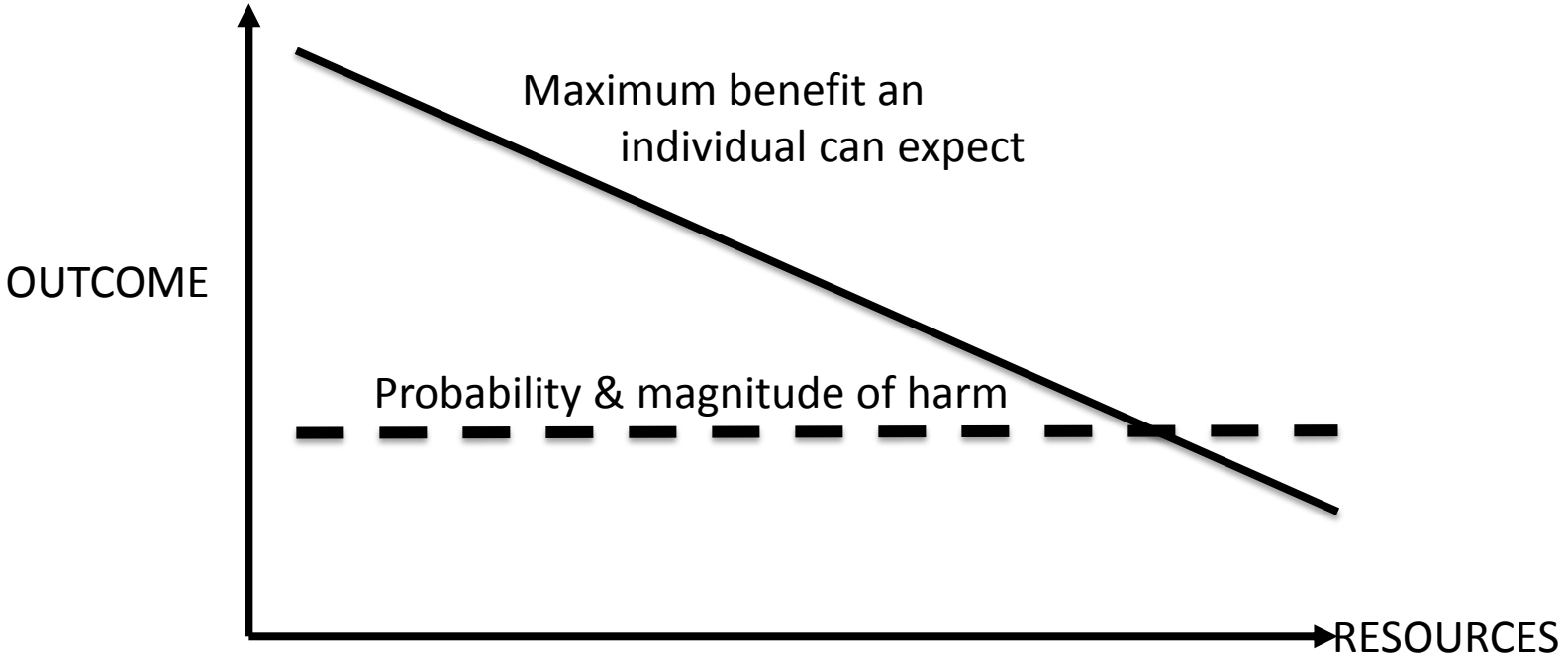
Personalised and Stratified Medicine

Hellish Decisions in Healthcare

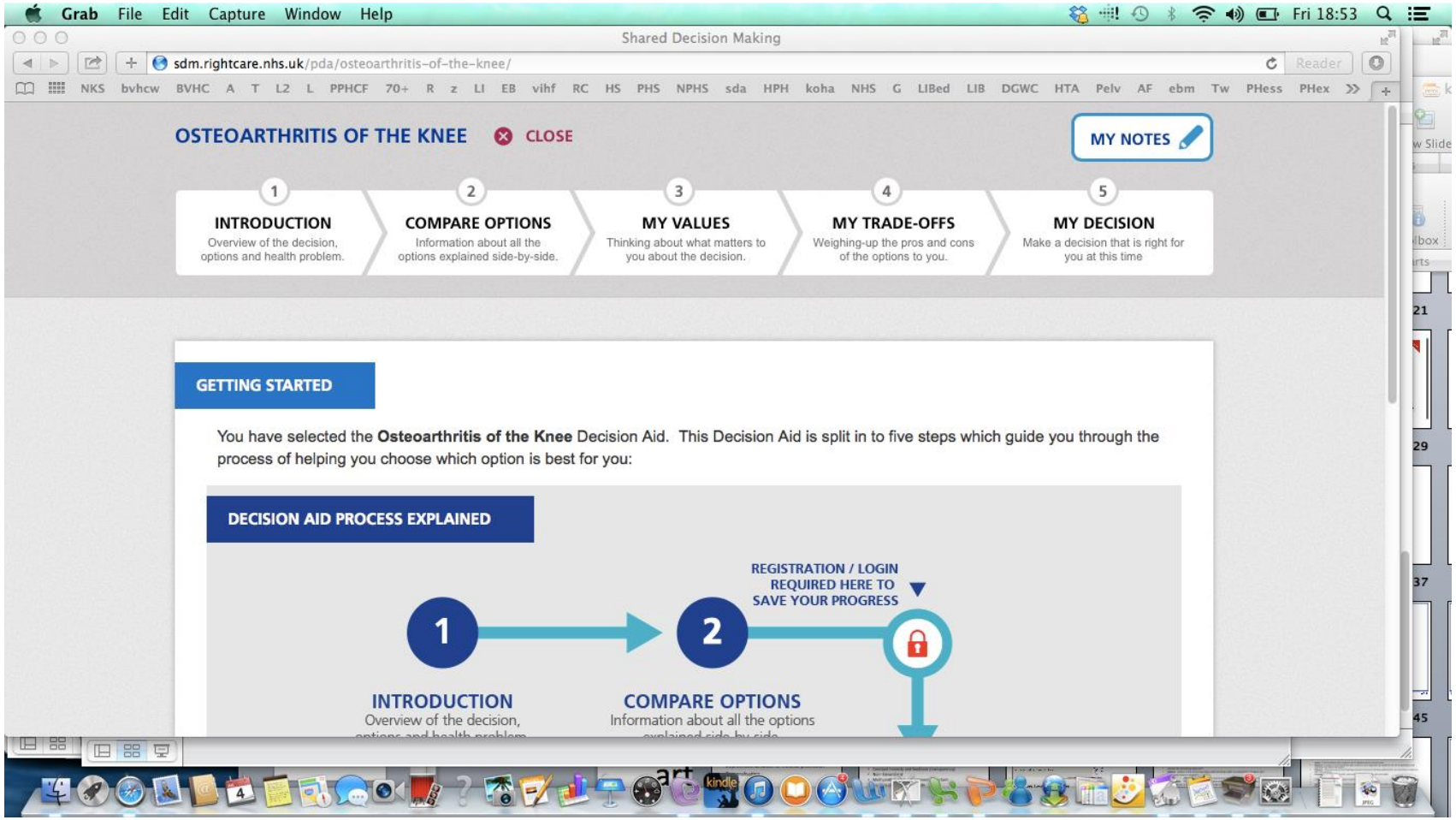
Personal
Value in Healthcare Forum
Technical
Allocative
Shaping 21st Century Healthcare

Personalise care to ensure high value for each individual

As the rate of intervention in the population increases, the balance of benefit and harm also changes for the individual patient



CLINICAL LANGUAGE	Necessary	appropriate	inappropriate	futile
POPULATION LANGUAGE	High value	Low value		Negative Value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Fri 18:53
Shared Decision Making
sdm.rightcare.nhs.uk/pda/osteoarthritis-of-the-knee/
OSTEOARTHRITIS OF THE KNEE
CLOSE
MY NOTES
1 INTRODUCTION
Overview of the decision, options and health problem.
2 COMPARE OPTIONS
Information about all the options explained side-by-side.
3 MY VALUES
Thinking about what matters to you about the decision.
4 MY TRADE-OFFS
Weighing-up the pros and cons of the options to you.
5 MY DECISION
Make a decision that is right for you at this time
GETTING STARTED
You have selected the Osteoarthritis of the Knee Decision Aid. This Decision Aid is split in to five steps which guide you through the process of helping you choose which option is best for you:
DECISION AID PROCESS EXPLAINED
REGISTRATION / LOGIN REQUIRED HERE TO SAVE YOUR PROGRESS
1
2
INTRODUCTION
Overview of the decision,
COMPARE OPTIONS
Information about all the options

- *How many population based systems of care for People with Musculo-Skeletal Disease should there be for London?*
- *How many population based systems of care for People with Musculo-Skeletal Disease should there be for England?*
- *Is the care for people with People with Musculo-Skeletal Disease better in Somerset or Surrey?*
- *Who is responsible for the care of People with Musculo-Skeletal Disease in Newcastle and Northumberland?*
- *Is the care for people with People with Musculo-Skeletal Disease improving in West Yorkshire?*
- *Is the number of systems for people with Inflammatory Arthritis different from the number of people with Osteo Arthritis?*

The Healthcare Archipelago

GENERAL PRACTICE

MENTAL HEALTH

COMMUNITY SERVICES

HOSPITAL SERVICES

Population healthcare focuses primarily on populations defined by a common need which may be a symptom such as breathlessness, a condition such as arthritis or a common characteristic such as frailty in old age, not on institutions , or specialties or technologies. Its aim is to maximise value for those populations and the individuals within them

To diagnose rheumatoid arthritis quickly and accurately

To slow the process of the disease by effective and safe treatment

To help the individual afflicted adapt to the challenges

To control symptoms

To minimise the effects of disabilities

To diagnose rheumatoid arthritis quickly and accurately

To slow the process of the disease by effective and safe treatment

To help the individual afflicted adapt to the challenges

To control symptoms

To minimise the effects of disabilities

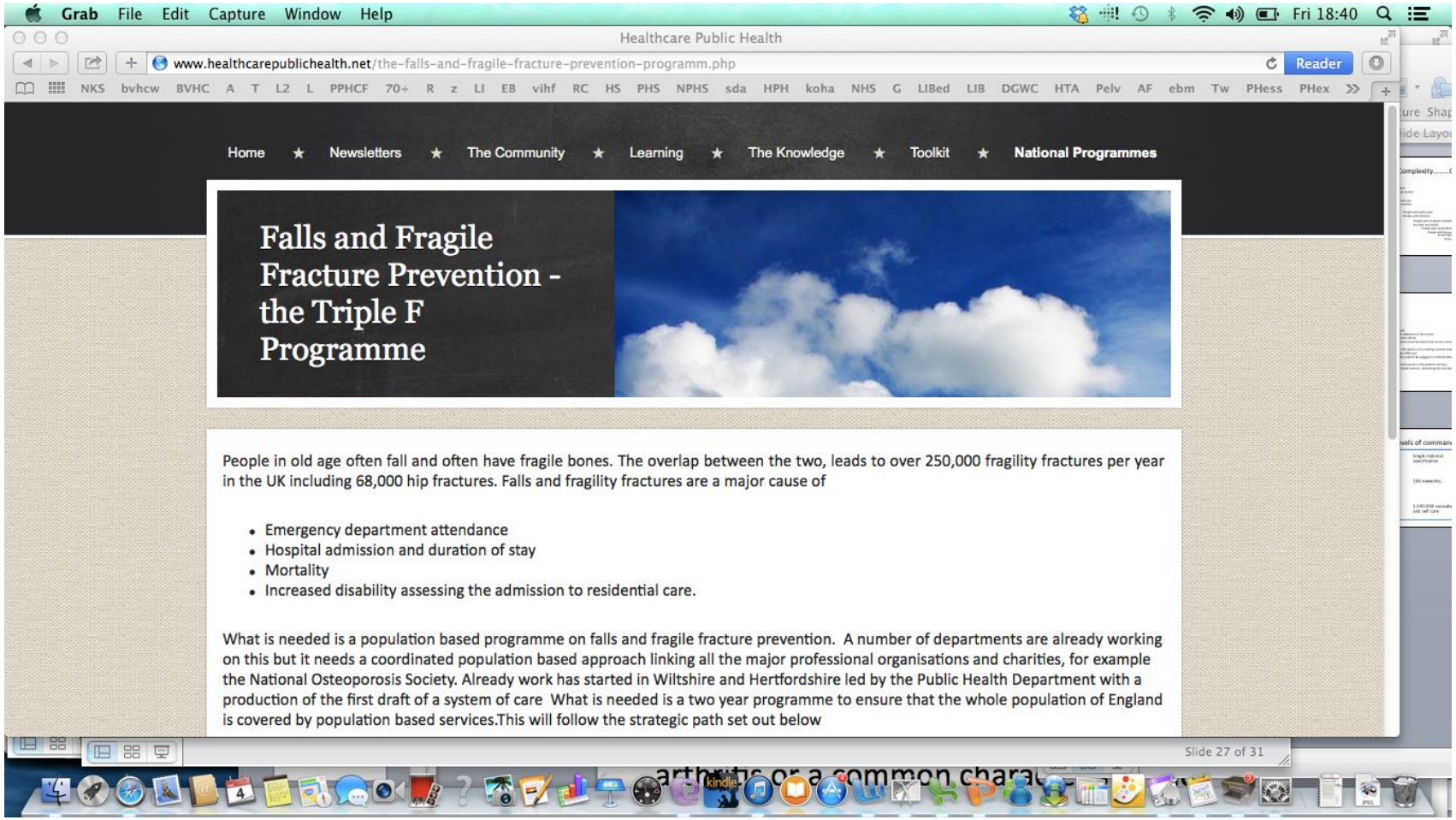
To involve patients, both individually and collectively, in their care

To make the best use of resources

To promote and support research

To support the development of staff

To report annually to the population served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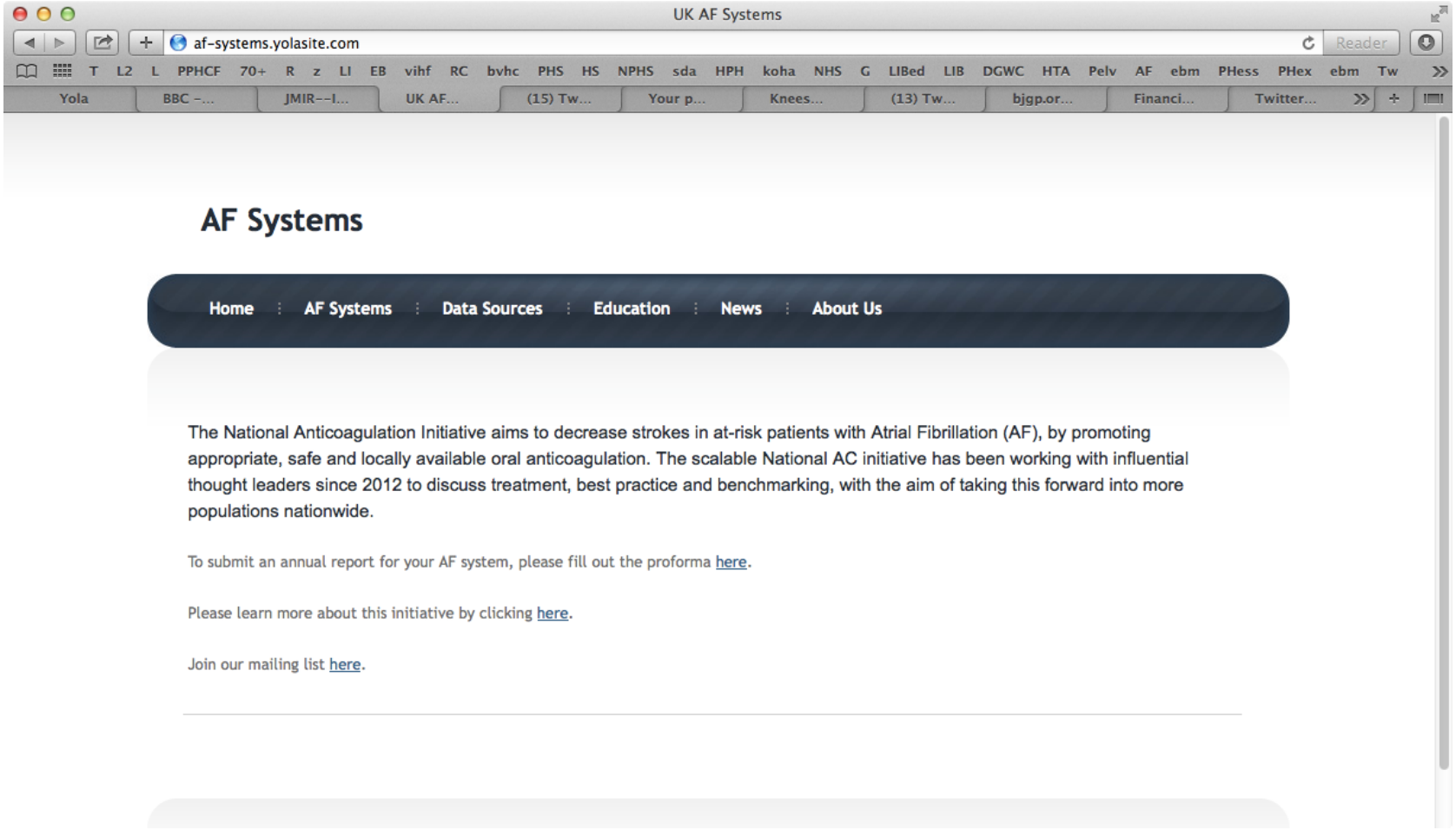
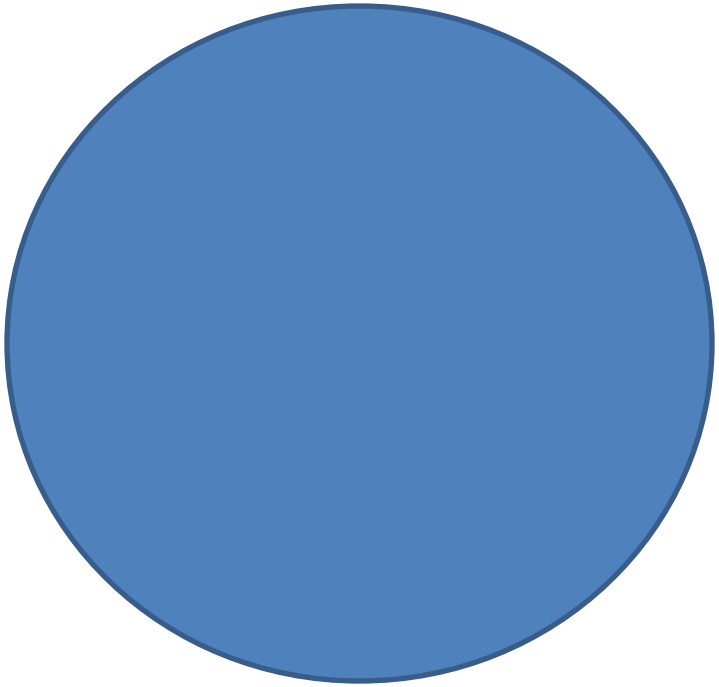
Healthcare Public Health
www.healthcarepublichealth.net/the-falls-and-fragile-fracture-prevention-programm.php
Reader
Home ★ Newsletters ★ The Community ★ Learning ★ The Knowledge ★ Toolkit ★ National Programmes
Falls and Fragile Fracture Prevention - the Triple F Programme
People in old age often fall and often have fragile bones. The overlap between the two, leads to over 250,000 fragility fractures per year in the UK including 68,000 hip fractures. Falls and fragility fractures are a major cause of
Emergency department attendance
Hospital admission and duration of stay
Mortality
Increased disability assessing the admission to residential care.
What is needed is a population based programme on falls and fragile fracture prevention. A number of departments are already working on this but it needs a coordinated population based approach linking all the major professional organisations and charities, for example the National Osteoporosis Society. Already work has started in Wiltshire and Hertfordshire led by the Public Health Department with a production of the first draft of a system of care What is needed is a two year programme to ensure that the whole population of England is covered by population based services.This will follow the strategic path set out below
Slide 27 of 31

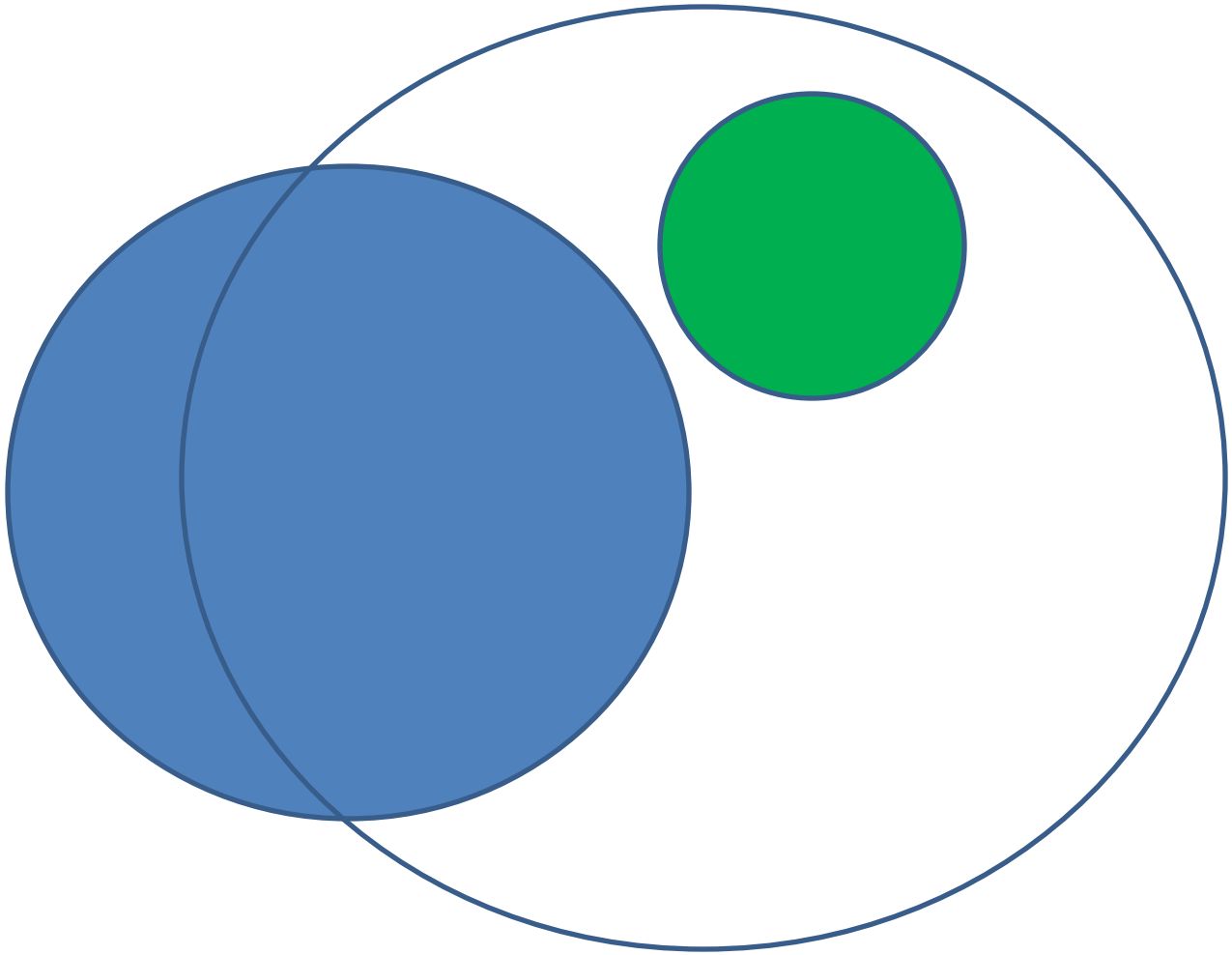

UK AF Systems
af-systems.yolasite.com
Reader
Yola
BBC -...
JMIR--I...
UK AF...
(15) Tw...
Your p...
Knees...
(13) Tw...
bjgp.or...
Financi...
Twitter...
AF Systems
Home
AF Systems
Data Sources
Education
News
About Us
The National Anticoagulation Initiative aims to decrease strokes in at-risk patients with Atrial Fibrillation (AF), by promoting appropriate, safe and locally available oral anticoagulation. The scalable National AC initiative has been working with influential thought leaders since 2012 to discuss treatment, best practice and benchmarking, with the aim of taking this forward into more populations nationwide.
To submit an annual report for your AF system, please fill out the proforma here.
Please learn more about this initiative by clicking here.
Join our mailing list here.

Population Name	Brentwood
Population Size	76,511
Report for 12 months ending	September 2013
Number of practices in the population	9
Participating practices - number (%)	9
Total number of patients from participating practices	76,511
Patients diagnosed with AF in participating practices – number and % of total patients	1480
% of patients risk assessed using CHADS2	100% (via GRASP-AF)
Number and % of patients with:	CHADS2 score of 0: 221 (15%) CHADS2 score of 1: 346 (23%) CHADS2 score of >1: 911 (61.5%)
% of patients with C2 score of >2 on an Oral Anticoagulant (OAC)	58%
% of patients with C2 scores of >2 on Aspirin	32%

Dr Jones is a respiratory physician in the Derby Hospital Trust and last year she saw 346 people with COPD and provided
evidence based, patient centred care, and to improve effectiveness, productivity and safety



Dr Jones estimated that there are 1000 people with COPD in South Derbyshire and a population based audit showed that there were 100 people who were not referred who would benefit from the knowledge of her team



Dr Jones is given 1 day a week for Population Respiratory Health and the co-ordinator of the South Derbyshire COPD Network and Service has responsibility, authority and resources for

Working with Public Health to reduce smoking

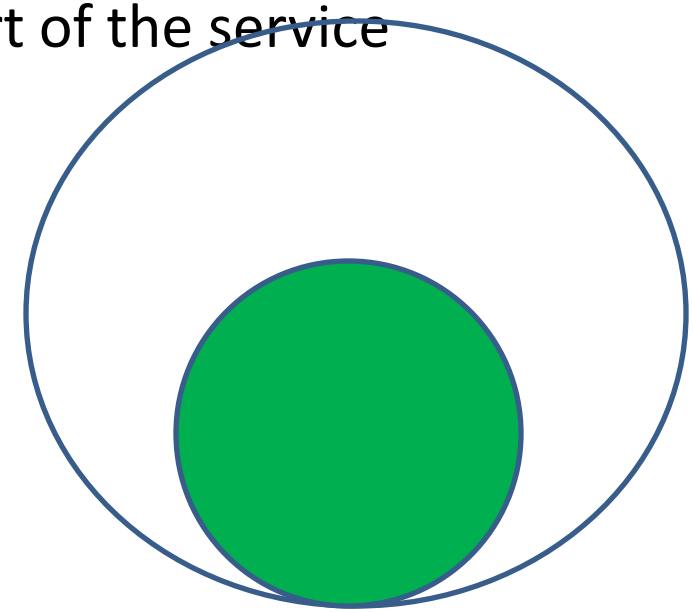
Network development

Quality of patient information

Professional development of generalists, and pharmacists

Production of the Annual Report of the service

She is keen to improve her performance from being 27th out of the 106 COPD services, and of greater importance, 6th out of the 23 services in the prosperous counties



Work like an ant colony; Neither markets nor bureaucracies can solve the challenges of complexity