

UK-Spain Bilateral Seminar



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18

Efficiencies in Health – “The UK Experience”

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Content

- Overview of the NHS
- Devolution in healthcare: Gt. Manchester case study
- Support for innovation and adoption in the NHS
- Examples of products / projects/programmes supporting efficiencies in NHS

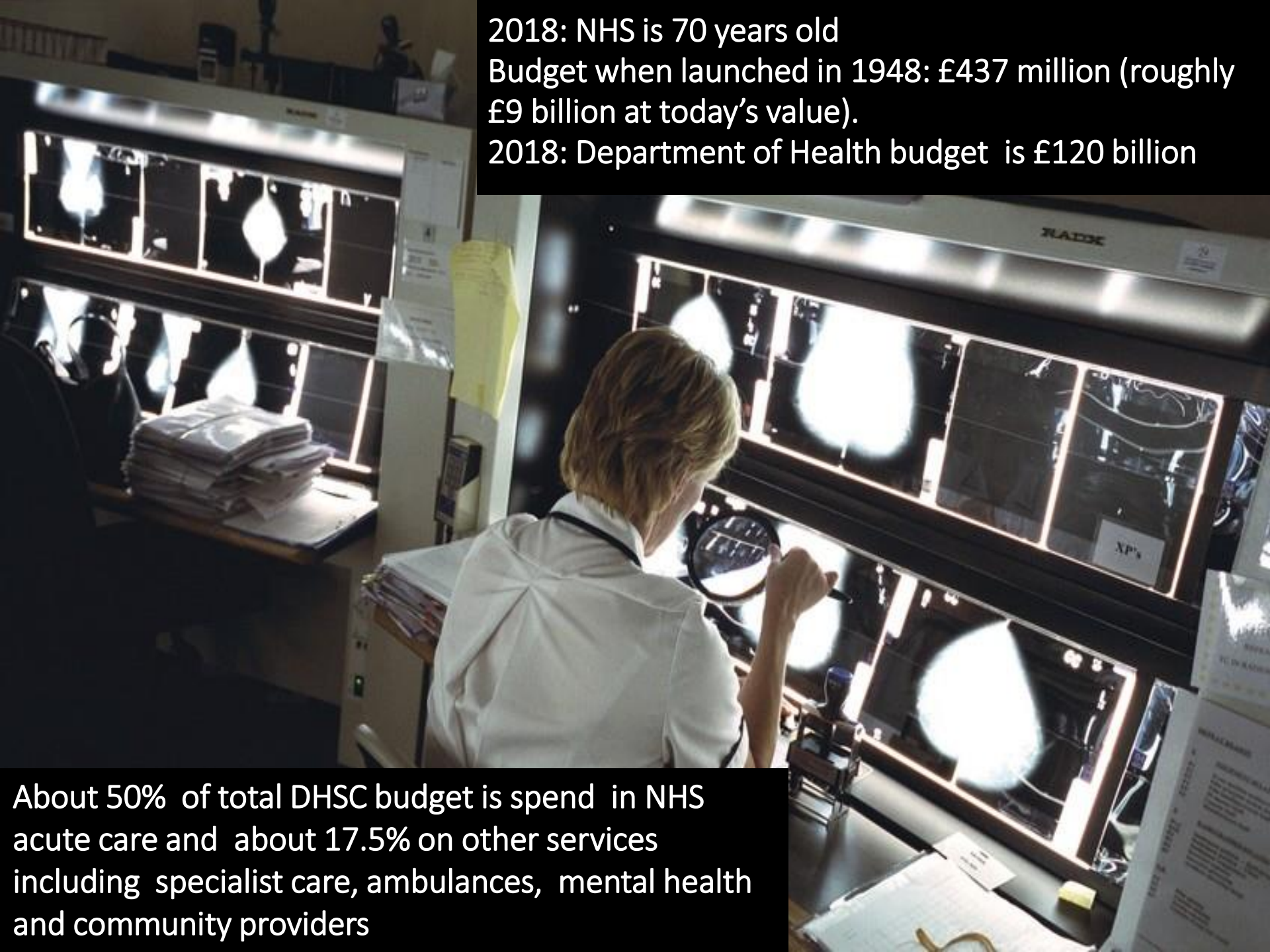


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Overview of
the NHS

2018: NHS is 70 years old
Budget when launched in 1948: £437 million (roughly
£9 billion at today's value).
2018: Department of Health budget is £120 billion



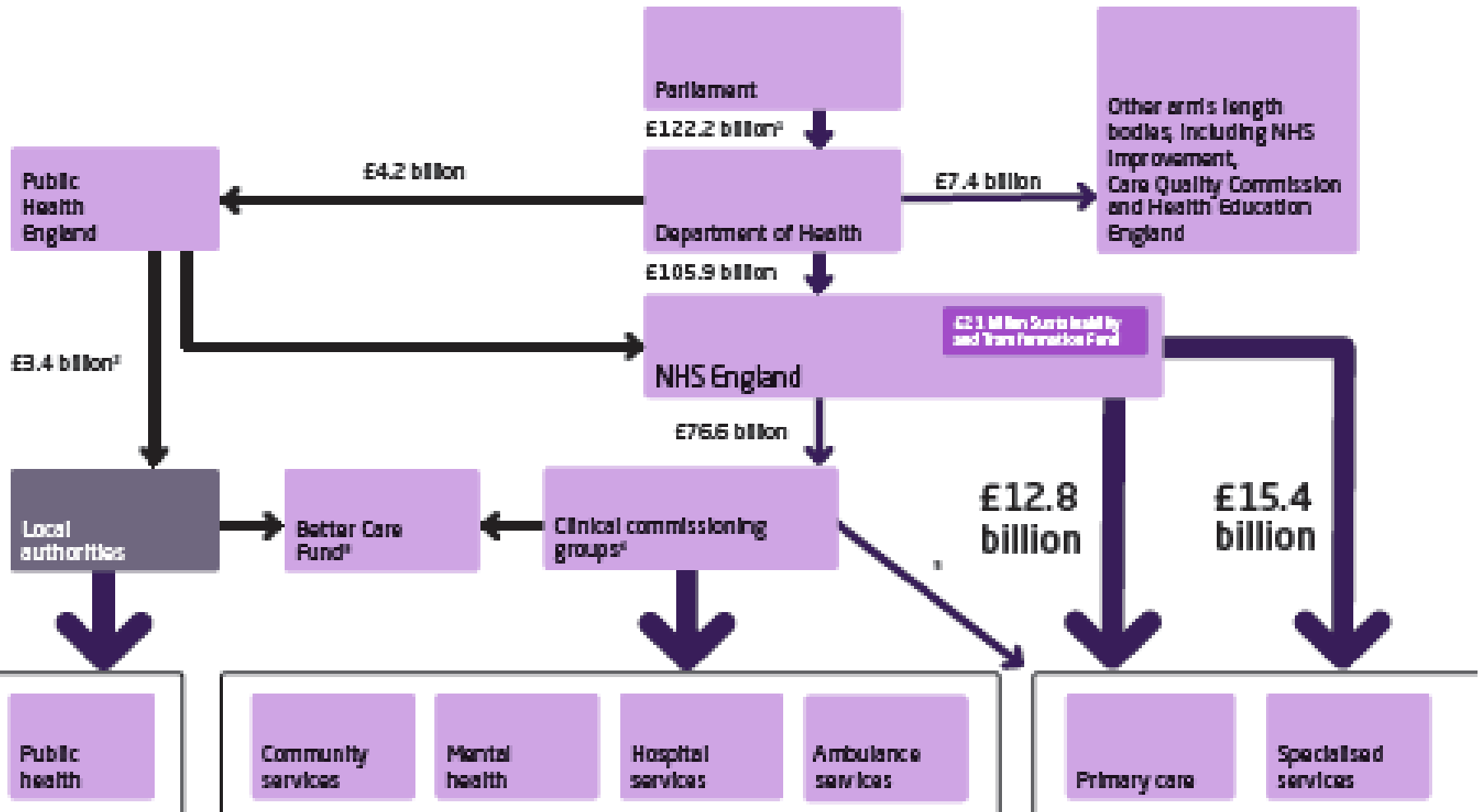
About 50% of total DHSC budget is spend in NHS
acute care and about 17.5% on other services
including specialist care, ambulances, mental health
and community providers

The NHS Constitution

“The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.”

It is the largest public sector employer in UK by employees (1.4 million)



1 All figures are for 2016/17

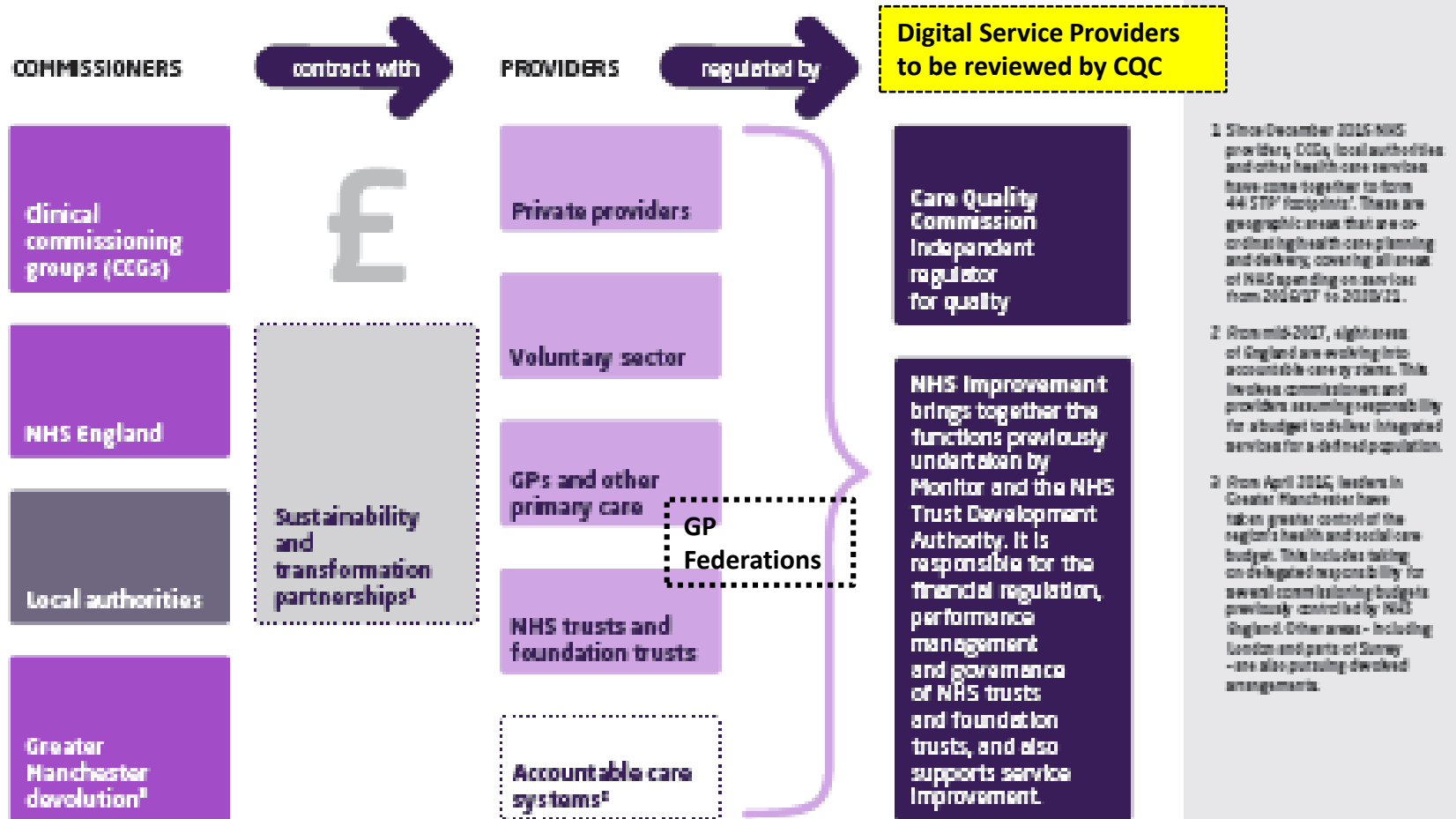
2 Public health grant

3 With the aim of integrating health and social care services, NHS commissioners and local authorities pool some of their annual budgets (around £6.8 billion in 2016/17) to create the Better Care Fund

4 From April 2017, all CCGs have assumed some responsibility for commissioning primary medical care services. To do this, they have taken on full delegated responsibility; they will have joint responsibility with NHS England

5 NHS England transfers money to those CCGs that have taken on full delegated commissioning of primary medical care services.

The NHS: How providers are regulated and commissioned



DH becomes DHSC (January 2018)



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Devolved Nations



GIG
CYMRU
NHS
WALES

What is the NHS really like?





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Devolution
in
healthcare



GM Devolution – Background

2011: GM first Combined Authority in England (GMCA)

2013: GM's 12 CCGs form a single association

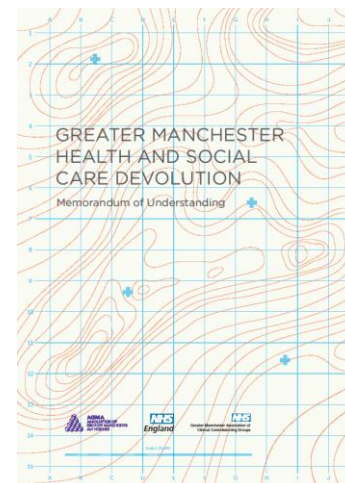
Nov 2014: GM Devolution Agreement settled with Government Powers over transport, planning and housing & a new elected mayor with ambition for £22 billion to be handed to GM

Feb 2015: MOU Health and Social Care devolution signed by NHS England plus the 10 GM councils (GMCA), 12 Clinical Commissioning Groups and supported by 15 NHS and Foundation Trusts

April 1 2016: Devolution hands power and responsibility over to 37 organisations – **GM Health and Social Care Partnership** with control of budget of £6 billion per year

GMCA GREATER
MANCHESTER
COMBINED
AUTHORITY

NHS
in Greater Manchester



Strategic Plan

A fundamental change in the way people and communities take charge of, and responsibility for, their own health and wellbeing

Working towards:

- Local care organisations
- Hospitals across GM working together
- Consistent and high quality standards across GM
- Saving money, for example, sharing some functions across lots of organisations, sharing and consolidating public sector buildings,
- Investing in new technology, research and innovation



What changes?

What stays the same?

Greater Manchester still part of the NHS and social care system

The NHS still responsible for keeping people safe and delivering the NHS Mandate and Constitution to all residents

CCGs still hold individual budgets

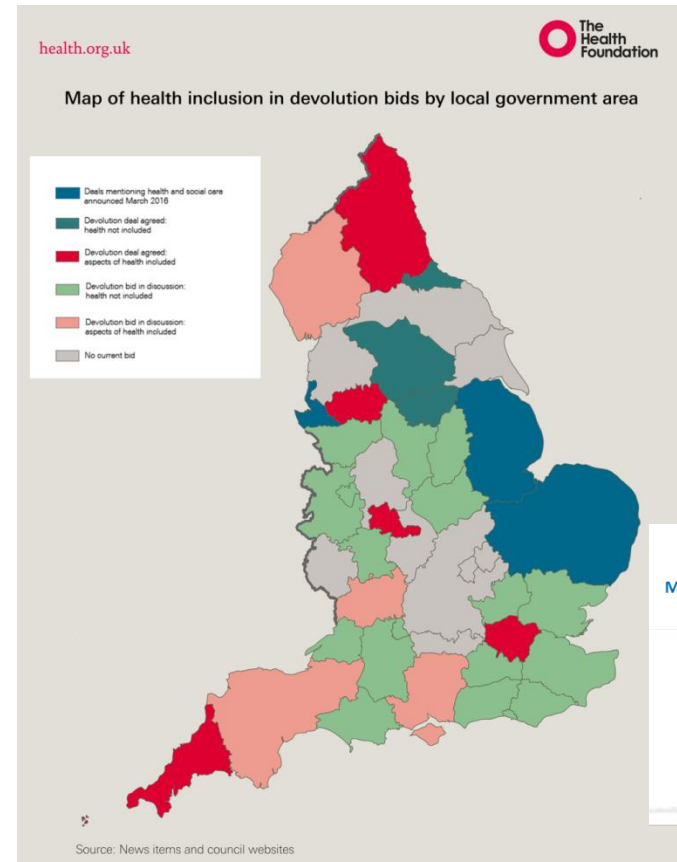
What's new?

Specialised Services: half delegated to GM Chief Officer (CO) (an NHS employee reporting to NHSE CFO & National Director for Devolution))

Primary Care Medical Services (incl. GPs): budgets delegated to CCGs in co-commissioning arrangement with NHSE as many areas of country)

Public Health: budgets held by NHSE delegated to GM CO

Dental Care, Pharmacy Services & Primary Optical Services: delegated to GM CO





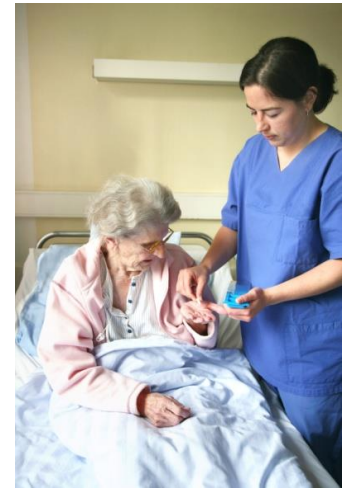
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Support for
innovation
and
adoption



Healthcare Market Drivers

- Aging population
- Increase in chronic conditions and co-morbidities including development in younger people
- Patient empowerment and expectation
- Rising costs

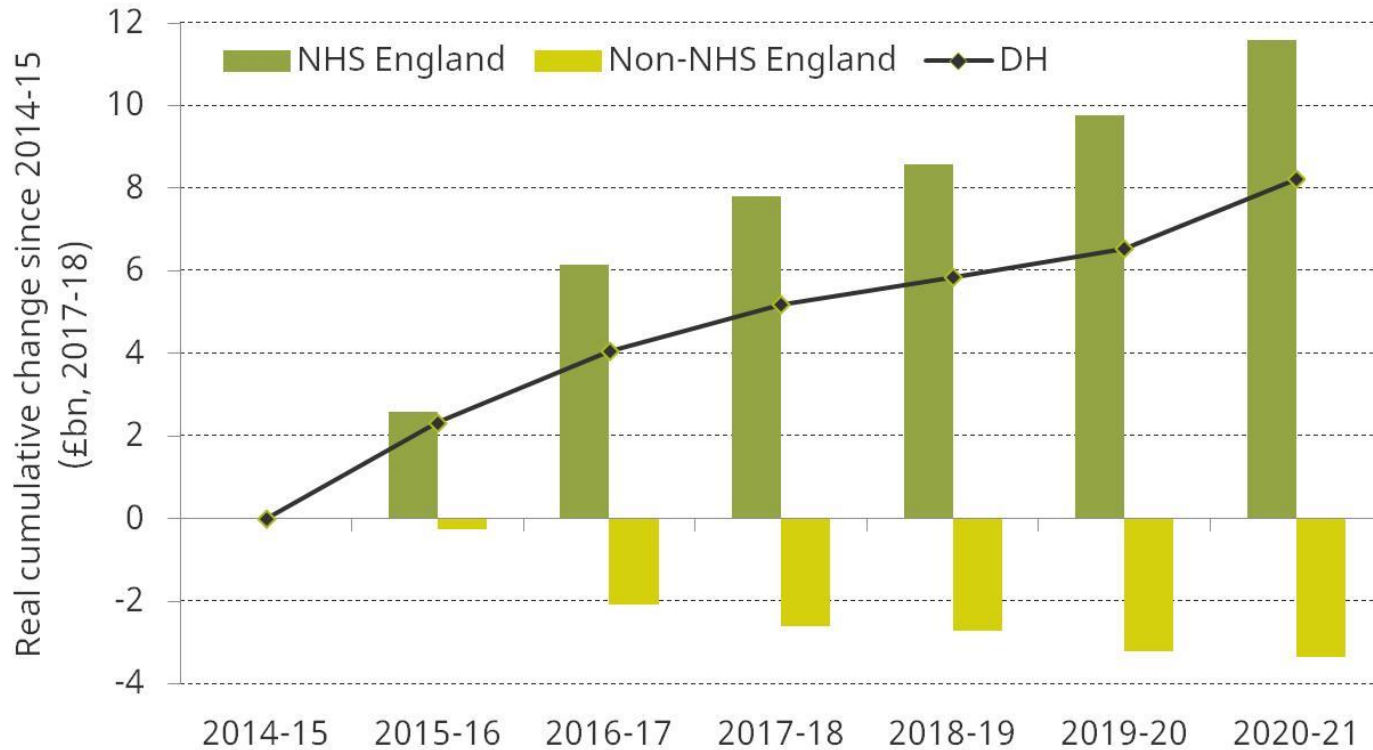


NHS priorities

- Maintaining, ideally improving, quality of care and reducing inequalities
- Improving efficiency (doing more for the same/less) but ***cash releasing*** is the bottom line
- Keeping people out of hospital; best hospital care for those that need it but moving more care to local and home setting (recognition of social care dependency)
- Giving mental health the same importance as physical health (recognition the two are intertwined)
- Prevention, early diagnosis and improved management of long term conditions
- Improving the patient experience through the care pathway including end of life

Cost of Care

Figure 4. Cumulative real changes to Department of Health spending set out by the 2015 Spending Review, 2014–15 to 2020–21, £ billion (2017–18 prices) (Institute of Fiscal Studies May 2017)



Policy and Strategies: Rising to the challenges

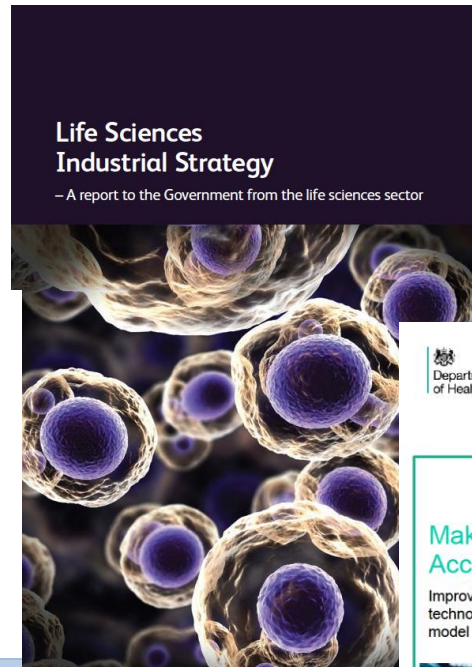


Accelerated Access
Review of innovative medicines and medical technologies supported by Wellcome Trust

Accelerated Access Review: Final Report

Review of innovative medicines and medical technologies
An independently chaired report, supported by the Wellcome Trust

October 2016



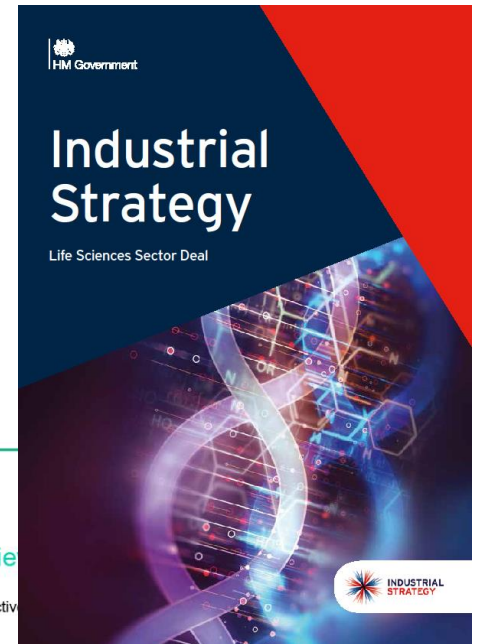
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Making a reality of the Accelerated Access Review

Improving patient access to breakthrough technologies and treatments in a cost-effective model



November 2017



NHS Developments: Organisations and Programmes

Overcoming silo budgeting and lack of care coordination:

- Establishment of Sustainability & Transformation Partnerships (STPs), Accountable Care Systems and devolution deals (eg Manchester) to provide

Moving beyond traditional hospital based 'caring for the sick' model (individual episodes of care) to wellbeing, prevention and early diagnosis (health & social care systems)

- STPs, ACSs and Devolution Deals (as above)
- New models of care: the 'Vanguards'
- NHSE Test Beds

Poor uptake of beneficial and proven innovative products and services at pace and scale:

- The Accelerated Access Pathway & AHSN national network
- Innovation Technology Tariff
- National Innovation Accelerator
- NHSE Test Beds

Major recognition of value of NHS marketplace, expertise and infrastructure as a driver for economic growth as well as patient benefit

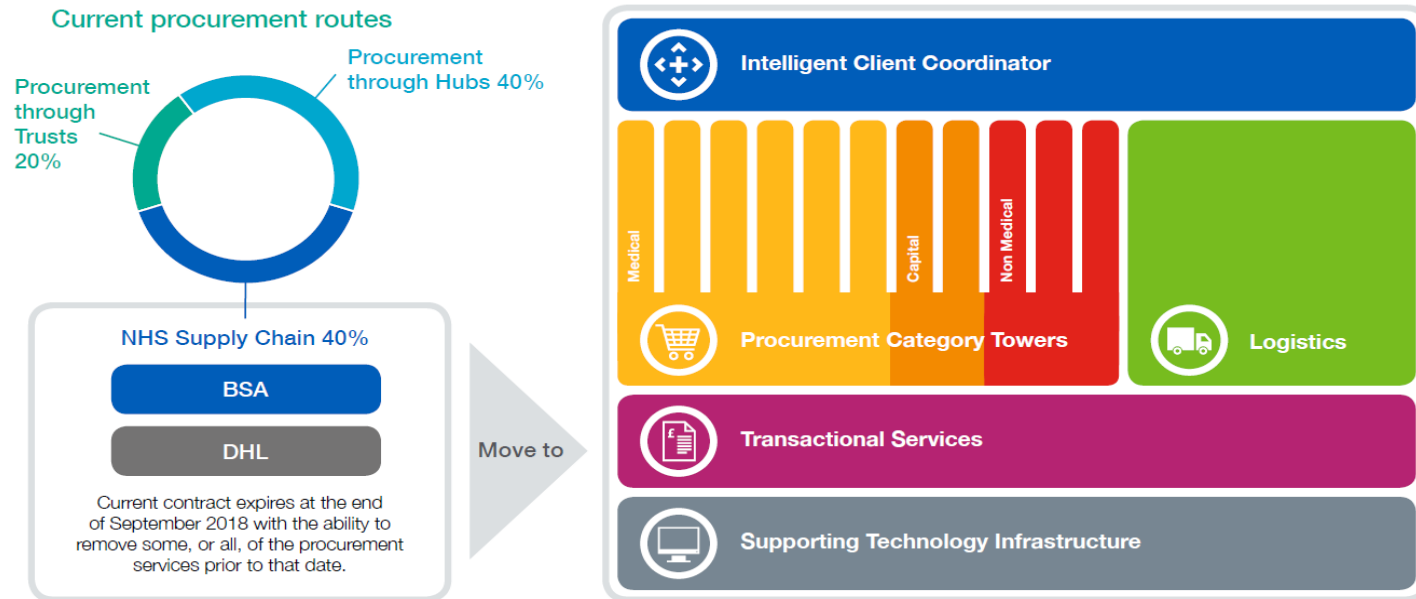
NHS: Procurement

FOM Basics

Put simply, the FOM is the design of a new NHS SC service that will deliver improved procurement support to the NHS.

Working as part of the NHS, the FOM will deliver clinically safe, high quality products at the best possible price and support current procurement activity across the NHS.

The Future Operating Model structure



Sector Deal: NHS linkage

The National Health Service (NHS) will be a key partner in delivering this deal which:

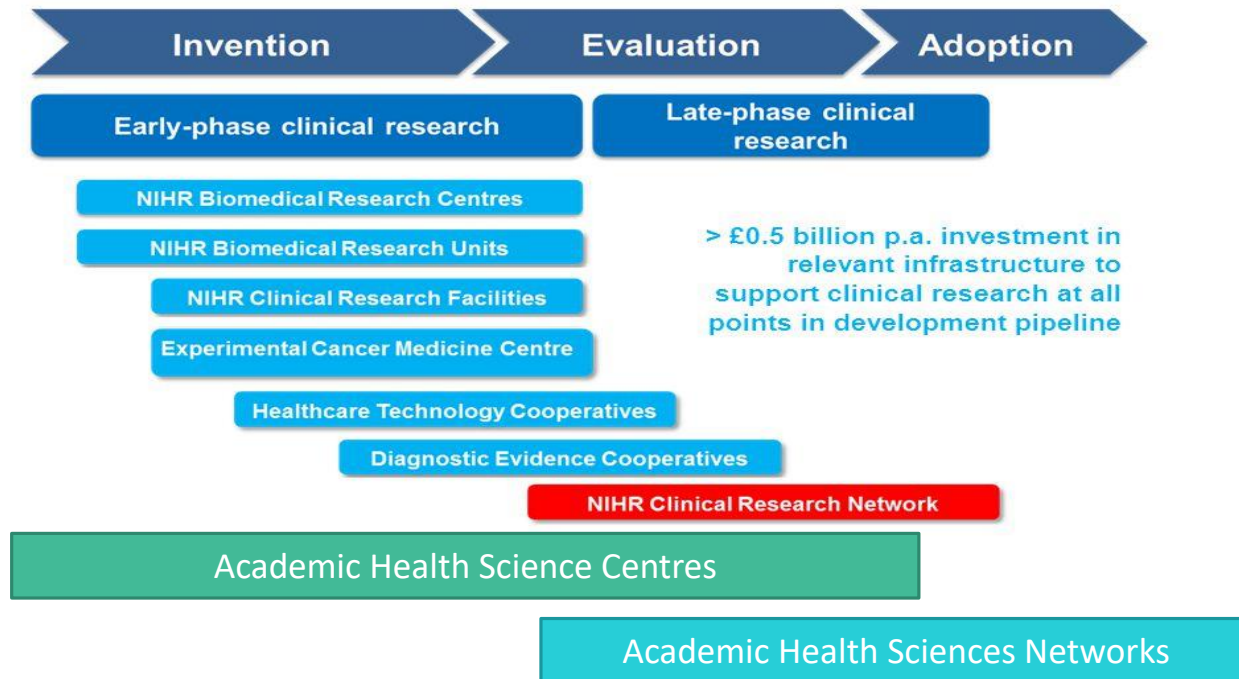
- Builds on the recent Accelerated Access Review (AAR) announcement of £86m to streamline systems and provide evidence to improve access to innovative technologies for patients.
- Restates the commitment by the government, the NHS and industry to collaborate closely – an invaluable feature of the UK life sciences landscape.
- Highlights examples of this collaboration in practice and the significant benefits it can bring to NHS patients.
- Supports the development of measures to improve the UK's health data infrastructure working with NHS England, NHS Digital and Health Data Research.

Translational Pathway: Sources of support and expertise



National Institute for Health Research:
integrated health-research system

NHS
National Institute for
Health Research
Clinical Research Network



Accessing the NHS market: how it works and what you need to know

- Commissioning - new systems and partnerships
- Procurement - complex landscape and new structures
- Tariffs - the money NHS providers get paid to deliver service per unit
- Role of NICE - evaluating technologies
- Accelerated Access Collaborative & AHSNs – supporting adoption of well evidenced, beneficial innovation
- Routes and regulations - Drugs, Devices, Diagnostics, Digital



Medicines &
Healthcare products
Regulatory Agency

NICE National Institute for
Health and Care Excellence

Innovator checklist

- ✓ Does your product/service meet:
 - ✓ regulatory requirements?
 - ✓ technical/data governance requirements eg with digital products?
- ✓ Do you know your product /service fits into the care pathway?
- ✓ Have you got clinical support (the viewpoint may differ depending on where the clinician sits in the care pathway)?
- ✓ Do patients like your product?
- ✓ Do you have a strong (relevant) evidence base for efficacy and effectiveness?
- ✓ Do you have a good business case (cost/benefit for your product/service) and understand who pays and who benefits?

*The NHS wants products and services that are **innovative, beneficial, well evidenced and save money** and it can also help to you to develop, test and evaluate your product/service*



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Beneficial
innovations:
some
examples



Collaboration between industry & the NHS

A major Johnson & Johnson Medical Devices collaboration has begun in east London around **orthopaedic services**.

- The agreement focuses on improving performance, by delivering 12 per cent more theatre utilisation and reducing patient stay in the hospital by 25 per cent, over the period of the contract;

Smith & Nephew is developing a new model **for wound care in community trusts**.

- Designing a digital tool that will support frontline community nurses with point-of-care decision-making support and drive better standardisation of care.
- Company estimates that the programme will drive significant improvements in patient outcomes, resulting in shorter treatment duration and more wounds healed, and release significant nurse resources (around 9 nurse FTEs per Clinical Commissioning Group)

Atrial Fibrillation Data Landscape Tool,

- By December 2016 adopted by six out of the 15 AHSNs across England
- Part of a Manchester-wide AF improvement programme, in collaboration with Public Health England (PHE) initiative to improve AF management and reduce the number of avoidable AF-related strokes.

Aims to prevent
365
avoidable strokes
a year



My COPD

- MyCOPD is being used in over 43 CCG areas
- myCOPD reduces acute admissions,
- An independent economic analysis shows that, taking into account the cost the myCOPD unit, running costs, and training, the average CCG with 5,000 patients with COPD, and 700 COPD admissions per year, would save £217,200 per year
- myCOPD corrects 98% of inhaler errors without any other clinical intervention, resulting in better quality of life.

MyCOPD
can save an average CCG
£217,000
per year

71%
reduction in
the value of
medicines
wastage

Using robotics to reduce medicines waste and improve patient safety

- 25% reduction in the consumption (and costs) of medicines
- 55% reduction in the number of items held in the ward stock cupboards
- 71% reduction in the value of medicines wastage
- reduction in missed doses due to medicine not available on wards from 10% to 1.2%

For more examples see: AHSN Innovation Atlas at <http://atlas.ahsnnetwork.com/>

Muchas gracias por su atención, ¿alguna pregunta?

Para obtener más información, póngase en contacto con: Shona.Brown@fco.gov.uk

