Delivering Prudent Healthcare

Summary

1. Cabinet is asked to note the developing Prudent Healthcare agenda, which aims to put Wales at the forefront of a growing international movement to secure improved value in the way in which healthcare is delivered. Many aspects of Prudent Healthcare are not new. The Welsh NHS, in common with other health care systems, often prioritises on the basis of waiting time rather than need, and continues to offer treatments that offer limited or no value. Prudent Healthcare puts the delivery of clinical value centre stage and captures the important contribution that individuals have in creating and sustaining their own health and wellbeing. The provisional work programme that will be advanced by the Department for Health and Social Services, working closely with others, is also set out.

The Issues

2. In the age of austerity, every healthcare system around the world has to respond to rising costs, increasing demand, and the uneven distribution of high quality care despite the work of highly skilled clinicians and managers. The challenges faced by NHS Wales are well rehearsed at Cabinet, most recently in its discussion on the Nuffield Trust’s independent study of the demand and associated financial pressures facing healthcare over the next 10 years.

3. The study recognised the significant contributions made by productivity and efficiency improvements, chronic condition management, and medicines management in allowing high quality services to be delivered in austere times. However, it also pointed to the need to think differently about how the NHS in Wales, working alongside its partners and the public, can best position itself to meet the demand challenges ahead, with the shared goal of securing a healthier population.

4. Informed by the Bevan Commission’s review of how international healthcare systems are responding to austerity, the NHS in Wales has embarked on the rapid development of the concept of Prudent Healthcare. Prudent Healthcare puts the Welsh Government at the forefront of a growing international movement to secure greater value from healthcare systems.

5. Through placing greater value on the outcomes delivered rather than volume, the movement aims to rebalance the supply-led systems that have developed around what healthcare professionals do, towards public-centred systems organised around the most appropriate treatments to achieve mutually agreed goals which capture better the contribution individuals can make to their own health and wellbeing.

6. The need for Prudent Healthcare is clear, with some studies suggesting that one in five procedures performed in clinical environments add little value. As with all other UK health systems, the Welsh NHS has developed on the basis that the more it has, the better it must be – that volume is the touchstone of quality. Thus, in relation to primary care, for a population of 3.1 million in Wales, it is estimated there are approximately 19 million patient contacts each year and approximately 80 million tests requested. Dealing with such volumes has created an industry by itself, with

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1 http://www.bevancommission.org/links
2 patient contacts includes routine GP appointments, emergency GP consultations, GP home visits and GP telephone consultations
time all too often being used as a currency and marker of success rather than clinical need and outcomes delivered. Losing sight of value means there are many procedures that are still carried out in the Welsh NHS, at considerable cost, that offer limited or no clinical value despite them being clearly set out within ‘Interventions Not Normally Undertaken’ and NICE ‘Do Not Do’ Guidance.

7. Many aspects of Prudent Healthcare can already be found in every Health Board and Trust. However, no organisation has yet put the value based approach encouraged by Prudent Healthcare across its entire system. This paper sets the direction to advance such an approach across NHS Wales. The following sections will: define prudent healthcare; demonstrate its potential to secure greater public value; identify how delivery will depend on contributions from, but secure benefits for, all public services; and identify the steps that my Department and others will take to advance the agenda over the next 12 months.

Core Principles

8. Prudent Healthcare is built around a set of core and interrelated principles indicating that any service, or individual providing a service, should:

- do no harm. The principle that interventions which do harm or provide no clinical benefit are eliminated;
- carry out the minimum appropriate intervention. The principle that treatment should begin with the basic proven tests and interventions, calibrating intensity of testing and treatment consistent with the seriousness of the illness and the patient’s own goals;
- organise the workforce around the ‘only do what only you can do’ principle;
- promote equity. The principle that it is the individual’s clinical need that matters when it comes to deciding treatment by the National Health Service; and
- remodel the relationship between user and provider on the basis of co-production.

9. All principles are underlined by a commitment to rebalancing the healthcare system, with a strengthening of care delivered in primary and community settings, and a focus on changing the relationship between healthcare services and the public, which is characterised by a shared responsibility for securing improved health outcomes.

10. The first half of this year has seen a period of engagement to gather the views of those governing, delivering, and using healthcare services on the appropriateness of the principles and the impact they could have if healthcare services were organised around them.

11. The engagement has included four focused pieces of analysis and workshops, involving clinicians and the public, on what the principles could mean for four service and treatment areas: Orthopaedics; Ears, Nose and Throat; Pain Management; and Prescribing. Many of the results arising from the engagement have been captured in a separate report by Public Health Wales entitled ‘Achieving Prudent Healthcare in Wales’.

3 http://www.1000livesplus.wales.nhs.uk/prudent-healthcare
Securing Greater Value

12. The concept of Prudent Healthcare, and its core organising principles, have been widely welcomed. In addition to finding imprudent practice across NHS Wales, the engagement exercise has found many examples of where organising services around the principles could deliver increased value.

Avoiding Harm

13. There remains significant potential to add value by avoiding incidents of harm. It is estimated that 1 in 10 people admitted to hospital in the developed world experience harm\(^4\) and around a third of that is avoidable. Healthcare Acquired Infections provide the most prominent example but harm is not confined to hospitals. There is evidence of similar problems in general practice. For example, the side effects from prescribed medicines are considered the most common cause of admission to hospital\(^5\). The prescribing workshop carried out in Cwm Taf Health Board found that many patients who had been prescribed Proton Pump Inhibitors to help avoid gastric and duodenal ulcers could have avoided such treatments that can cause harm through changing their diets and lifestyles.

14. Of course harm can sometimes be less visible. Harm can be caused by stripping people of their own abilities, removing their capacities and their ability and confidence to take care of themselves and others. Following the minimum intervention principle can contribute to reducing such harm.

Minimum Intervention

15. The early debate around Prudent Healthcare has illuminated significant variations in clinical practice between areas of Wales that cannot only be described by need and may be the result of services and individuals in some areas intervening more readily than others. Recent data (2012) from the Health Wales Observatory, for example, demonstrates that the rate of Tonsillectomy is over two times higher per 100,000 in Anglesey (193.7) than Wrexham (88.8) and the rate of drainage of the middle ear and grommet insertion is four times higher per 100,000 in Gwynedd (146.9) than Ceredigion (35).

16. The Minimum Intervention principle is about service and service users identifying how they can work together to address the difficulties and problems they are experiencing, with a focus on reinforcing peoples’ strengths and maximising their own abilities. The workshops revealed a number of professionals who are well practiced in applying this principle and are ready to play a significant role in their wider application. Occupational Therapists, for example, are already leading the way in supporting people to live in their existing homes and communities through adaptations and reablement programmes, improving their quality of life and reducing expensive homecare packages.

17. The engagement exercise has also demonstrated that following the minimum intervention principle can deliver healthcare that fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patients benefit. To draw on a good example of health and social care integration, the Llanelli Community Resource Team has adopted the prudent principle of empowering people to solve their own problems in an informed manner, reducing the staff hours and resource

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use of the service while delivering a service that the users prefer. The results are striking. Before the service redesign, the percentage of individuals returning into the system within 12 months was 46%. One year on, the figure was 10%. In November 2012 it took on average 30 days for an enquiry to be resolved.

**Only do what only you can do**

18. The principle that nobody should be routinely seen by someone below their level of clinical competence. All people working for the NHS in Wales should operate at the top of their clinical licence. Nobody should be seen by a consultant, for example, when that person’s needs could be clinically appropriately dealt with by an advanced nurse practitioner.

19. The application of the ‘only do what only you can do’ principle will inevitably have profound consequences for workforce planning and for patients, who instead of being accelerated up the professional hierarchy, will increasingly see a broader range of professionals best placed to meet their needs. We can be confident following this principle will bring benefits.

20. In cardiac care, for example, heart failure patients are already benefitting from faster access to advanced nurse practitioners who are able to deal with their needs appropriately in the community, with prompt access to all secondary care services and consultants as and when they require it. Alongside the unquestionable patient benefits, cardiac care consultants are also valuing their ability to spend a greater proportion of their time dealing with patients that stand to gain the most from their interventions.

**Equity**

21. The principle that access to the services provided by the NHS in Wales should be based on need and not the length of time spent on a waiting list. This principle was particularly welcomed during the engagement exercise. Participants of the pain management workshop in particular concluded that more should be done to understand patient needs in a co-ordinated and multi-disciplinary manner before entering patients into a particular treatment pathway.

22. In relation to lower back pain for example, an initial multidisciplinary assessment could result in: fewer tests; reduced inconvenience; less time spent by patients attending appointments; and a faster access to the right treatment. The right treatment is often physiotherapy, which is far less invasive than some of the alternatives. The ENT workshop provided a similar example of where triage could ensure prompter access for patients to audiologists, allowing ENT consultants to focus their time where they add greatest value.

**Co production**

23. The aim of any service should be to minimise the need for its own continuation; but, usually from benign intentions, many services have operated in the opposite way, assuming responsibilities which are better discharged by patients acting individually or collectively, and creating dependence where independence had been possible. Often upon entering the NHS, however, patients are accelerated through the system to the highest level of clinical expertise/specialism, when their needs might be better met by themselves or practitioners operating outside of hospital settings. The co-production principle aims to change this, shifting the power and balance away from the people who traditionally run the system, the professionals and managers, toward citizens and service users.
24. One of the features of debates around service reconfiguration has been a concentration on how we respond to current and projected demand through specialist sites, rather than critically appraising whether the demand is appropriate in the first place. Prudent Healthcare re-sets the parameters of the debate. It seeks to strengthen the relationship between the NHS in Wales and the public, with a focus on greater mutuality, and in doing so offers patients a stronger voice in determining their care and treatment pathways. Informed patient choice becomes a more important determinant of demand than the availability (or supply) of service.

25. As an example, studies have shown that simply providing a ‘cool off’ period following an initial consultation for surgery has been demonstrated to influence patients’ decisions about whether to proceed, with an obvious impact on demand. Research by the Kings Fund demonstrates that, provided with the information necessary to make a decision, patients make realistic choices about future treatment.

26. The shared responsibility for improving health outcomes was a particular finding from the orthopaedics workshop. With reference to the Optimising Outcomes Policy in Cardiff, participants concluded the need for procedures could be reduced, or the effectiveness improved, if patients who smoke or have a BMI over 40 attend a smoking cessation or weight management course (as appropriate) prior to listing for surgery. The workshop also concluded that primary care should play a greater role in filtering and referring patients to the most appropriate treatment.

Taking a Public Service and Partnership Approach

27. One clear finding from the early engagement is that Prudent Healthcare will not be delivered by the actions of NHS Wales alone. Continuing to secure value from our investments in healthcare will require a move from treating diseases, to also the related conditions, complications, and circumstances that go alongside it. This will only be achieved by adopting a public service approach, with meaningful partnerships between all sectors and industry.

28. In many respects, the principles underpinning Prudent Healthcare can already be found in the reforms being advanced by other Welsh Government Departments. The team around the family approaches that have been driven forward by this Government are underpinned by a belief that prevention, through initiatives like Families First and Flying Start, and early (and often minimum) intervention can both improve the life chances of families and reduce the probability of more costly remedial support being required at a later date. Such initiatives will of course bring about considerable benefits through influencing the wider determinants of health.

29. The goals of the Wellbeing for Future Generations (Wales) Bill, including the securement of a healthier population and the specific duties it may place on Public Bodies around joint population needs assessments, wellbeing plans, and Public Services Boards, will also support the advancement of Prudent Healthcare. Organising around the principles will require strong joint working arrangements between local public services and the Bill provides a platform for this.

30. The recent Tredegar Deep Place Study and Caerphilly Cohort Study have both demonstrated the strong relationship between poverty, place and public health and, by implication, the importance of effective partnerships to delivering Prudent Healthcare. Both studies provide evidence to support one of the key conclusions from the Public Services Commission that public services must take action to ‘prevent the preventable’. The range of public health issues, including action to reduce the harms to health caused by smoking, alcohol misuse are covered in a set of proposals in the recent Public Health White Paper.
31. The Caerphilly Study in particular revealed substantial reductions in serious health conditions linked to five healthy lifestyle behaviours: non smoking; a low BMI; regular exercise; a plant based diet; and alcohol consumption within guidelines. By adhering to 4 or 5 of these healthy behaviours, there was a: 73% reduction in type 2 diabetes, 67% reduction in vascular disease, 18% reduction in cancer, and 64% reduction in dementia. These health benefits have undoubtedly been accompanied by a reduced financial burden on the NHS in Wales.

Next Steps

32. The response to the initial engagement around Prudent Healthcare has been positive and provides an important contribution to shaping the agenda going forward. In particular, the finding that delivering benefits from Prudent Healthcare will rely on it being perceived as an engaging movement, involving a plurality of actors, rather than a NHS Wales plan, has resulted in two aspects to the Department’s approach going forward.

33. A publication will be issued in the autumn, which defines Prudent Healthcare by capturing the perspectives and actions of those working to secure better health outcomes for the population of Wales.

34. Alongside the development of the publication, a number of actions will be taken by the Department for Health and Social Services, NHS Wales, and key partners to start organising around the Prudent Healthcare principles, key aspects of which will include:

- building on the recent strengthening of the NHS Wales planning system, the planning requirements and outcomes framework are being refreshed to embody the Prudent Healthcare principles – the result will be Prudent Healthcare becoming embedded within all organisations;

- a national ‘Choosing Wisely Cymru’ campaign is being scoped. The Choose Wisely Campaign in the USA6 and Choosing Wisely Canada7 exists to promote conversations between providers and patients by helping patients choose care that is: supported by evidence; not duplicative of other tests already received; free from harm; and truly necessary;

- national guidelines around interventions not normally undertaken and NICE ‘Do Not Do’ Guidance are being refreshed, alongside the introduction of enhanced compliance at a Health Board and Trust level. This work will be complemented by the planned care work programme, which is developing the Prudent Surgical and Medical pathways;

- the refresh of the Bevan Commission to improve the evidence base and advice around and champion the developing Prudent Healthcare agenda, including work in partnership with the National Institute for Social Care and Health Research to model the impact of a healthcare system that exhibits the Prudent Healthcare principles; and

- continuing to work with the Department of Economy, Science and Transport on initiatives which will drive both healthcare improvement and economic development. This would develop a more systematic and approach to product and process innovation, including for example applied research to address clinical needs and challenges, co-ordinated adoption of new technology into

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6 http://www.choosingwisely.org/
7 http://www.choosingwiselycanada.org
practice, and more engagement with industry. The Welsh Wound Innovation Centre provides an example of how the NHS, academia, and industry can work together to provide a platform for research, teaching and knowledge transfer, which has the potential to create economic value as well as improving outcomes for patients.

35. The delivery of Prudent Healthcare will not happen overnight. It is not a one shot effort. We are at the start of a journey that we must embark on to ensure: public value is at the heart of our healthcare system; there is always a culture of putting people first; and there is an expectation of constant measurable delivery. I intend on issuing a written statement in July, which confirms the developing Prudent Healthcare principles and key supporting actions described above.

Finance Requirements and Governance Implications

36. There are no financial implications arising from the early development of Prudent Healthcare at this time. At the heart of Prudent Healthcare is an approach to transform the way services are delivered within the existing resource envelope to deliver a more prudent and ultimately sustainable NHS in Wales. DHSS Finance have seen and noted the content of this submission (EM/2014/4518).

37. No novel or contentious issues or issues of regularity or propriety arise from this paper. The Corporate Governance Unit has been consulted.

38. The contents of this cabinet paper have been cleared by DHSS Finance (EM/2014/4518) and Strategic Budgeting Division (SB4692).

Research and/or Statistics

39. The contents of this cabinet paper have been cleared by Knowledge and Analytical Services (KAS 32/14).

Communications

40. The Prudent Healthcare agenda is likely to attract media interest in a period where there is an existing high level of media scrutiny on the NHS in Wales.

41. An engagement strategy is planned to undertake the scoping of the Choosing Wisely Cymru campaign.

Recommendations

42. Cabinet is recommended to note the developing Prudent Healthcare movement and consider how the work of their Departments can contribute to its delivery.

Joined Up Working

This early cabinet paper marks the beginning of the process of involving other Ministers and their respective departments.

Officials have consulted with the following:
LGC - Future Generations/Children Young People and Families divisions.

Mark Drakeford AM
Minister for Health & Social Services
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