

Future direction of the NHS

Dr Jennifer Dixon
Director of Policy
King's Fund

4 challenges

1. Improving performance : quality, responsiveness and cost (real and perceived)
2. Effective management of chronic conditions and care of older people
3. Wellness and Wanless
4. Funding

1. Improving performance of health services (England)

- Direction so far
 - Phase 1 – central control
 - Phase 2 – investment and support
 - Phase 3 – 'constructive discomfort' (aka market-style incentives)

- Levers

- Central : direction

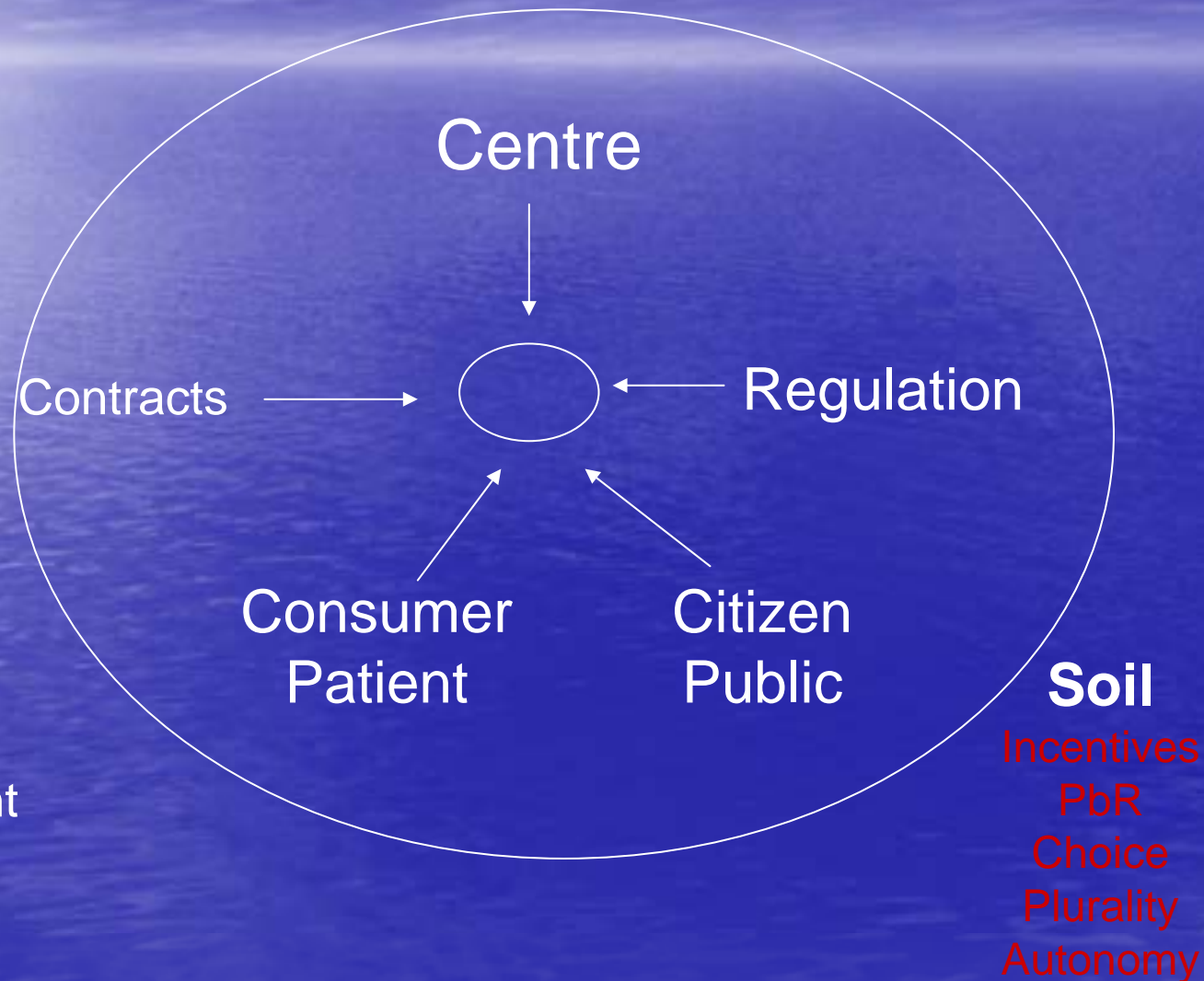
- Horizontal: regulation and contracts

- Bottom-up: consumer/engaged citizen/local authority

- Environment: market incentives

- Support: infrastructure and development

Levers

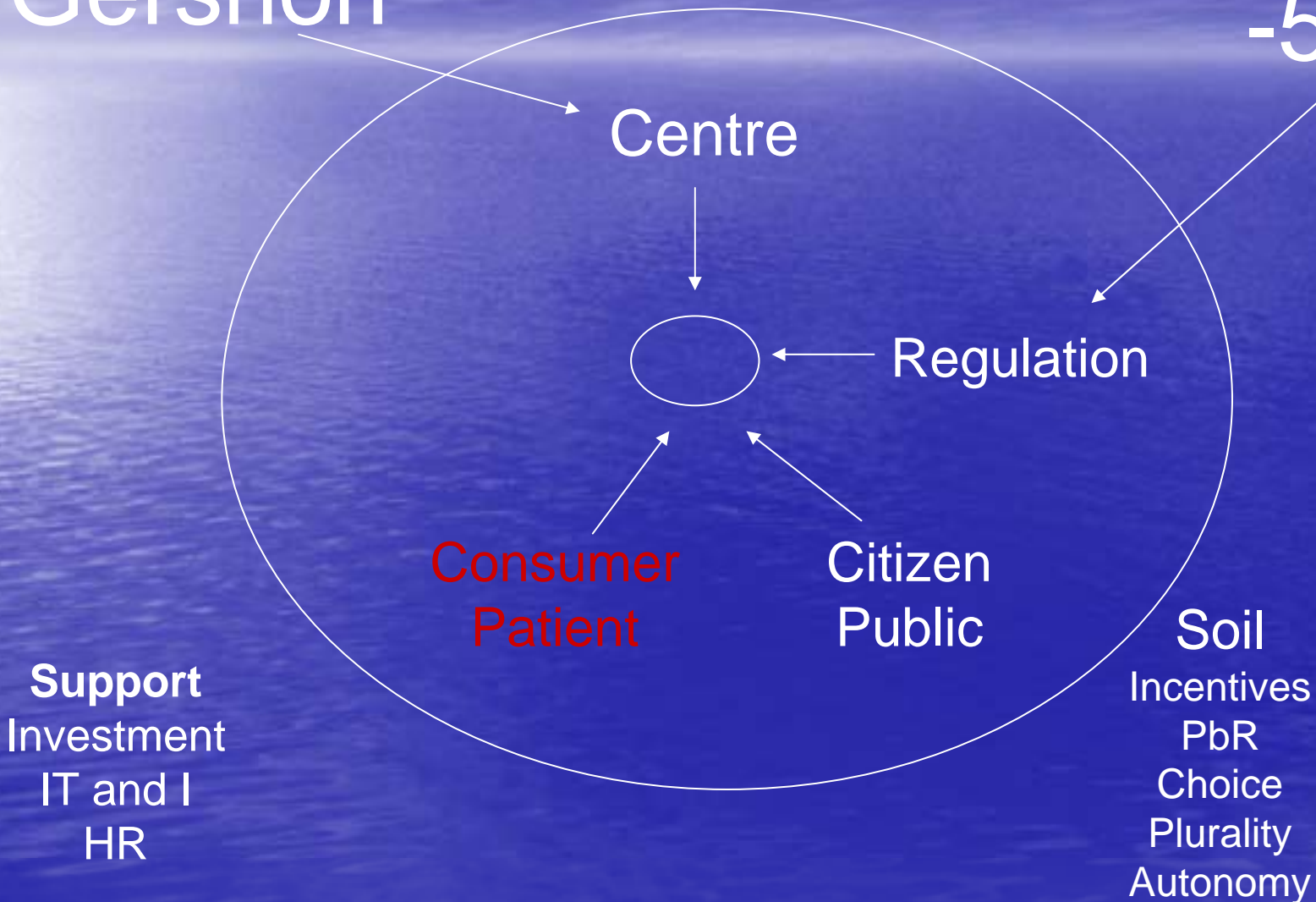


Conclusion

- Blend is different according to different NHS organisation
- Blend largely designed with elective agenda in mind
- Given huge challenge of chronic conditions and political conditions – blend may need to change
- Market incentives here to stay and may be applied to more providers and commissioners
- Physiology more important than anatomy - market incentives will change the shape of service models (size, integration, ownership) and commissioning models

Political considerations Gershon

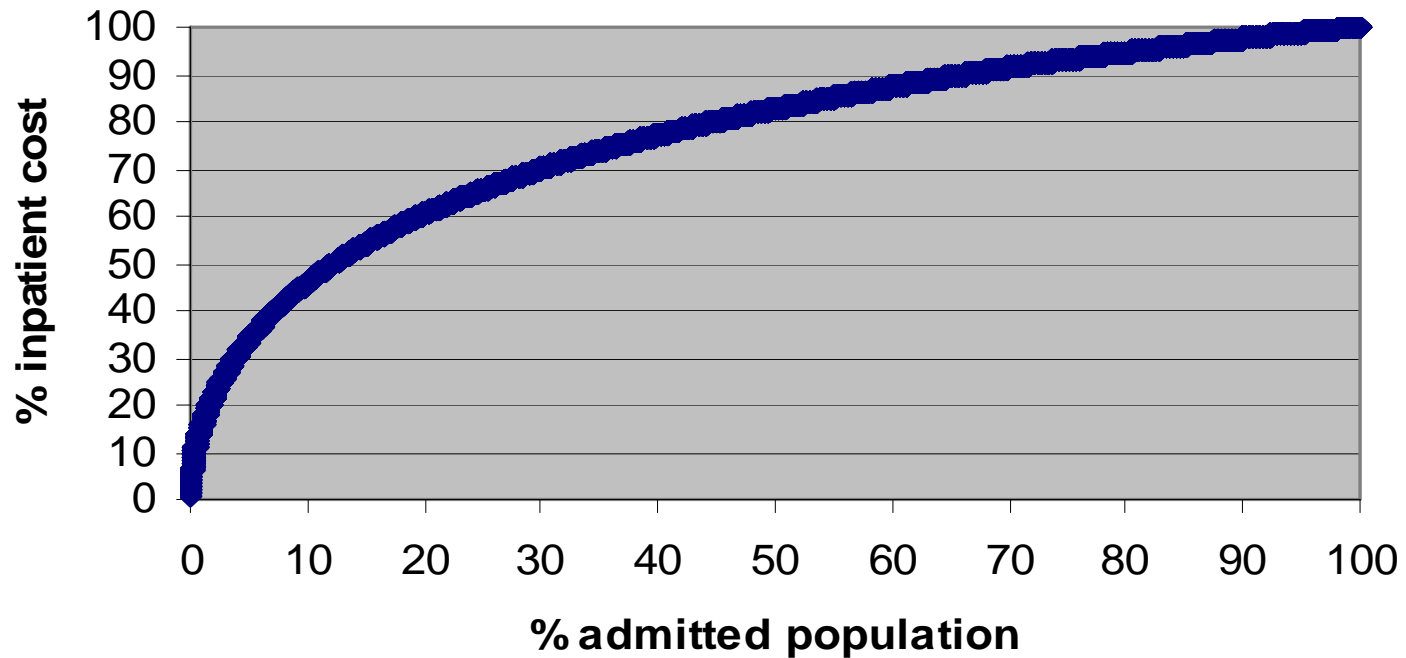
-50%



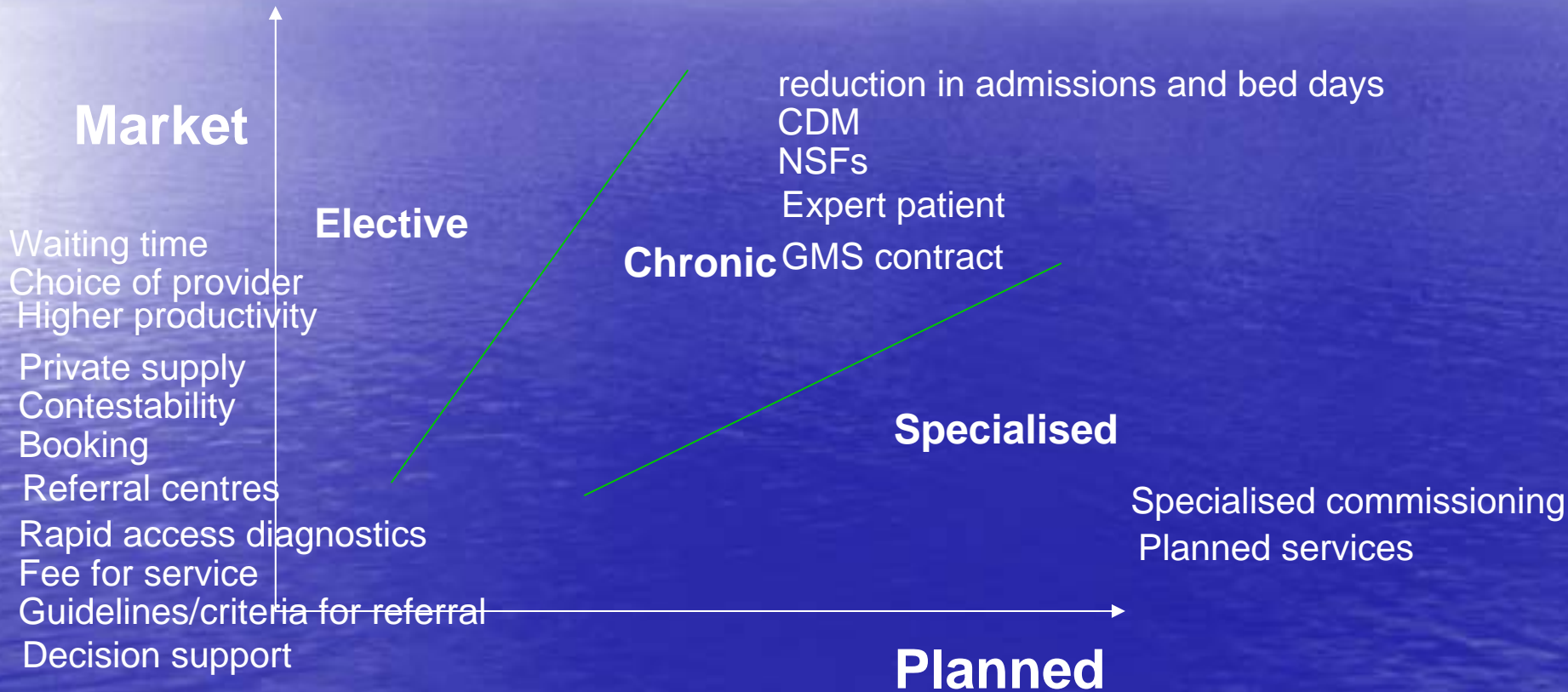
Chronic conditions

- 17.5 million people
- Significant costs to patients carers, employers and health services
- Top 10 costliest conditions (inpatients)
- 10% admitted population use 40% of costs
- Evidence of suboptimal care

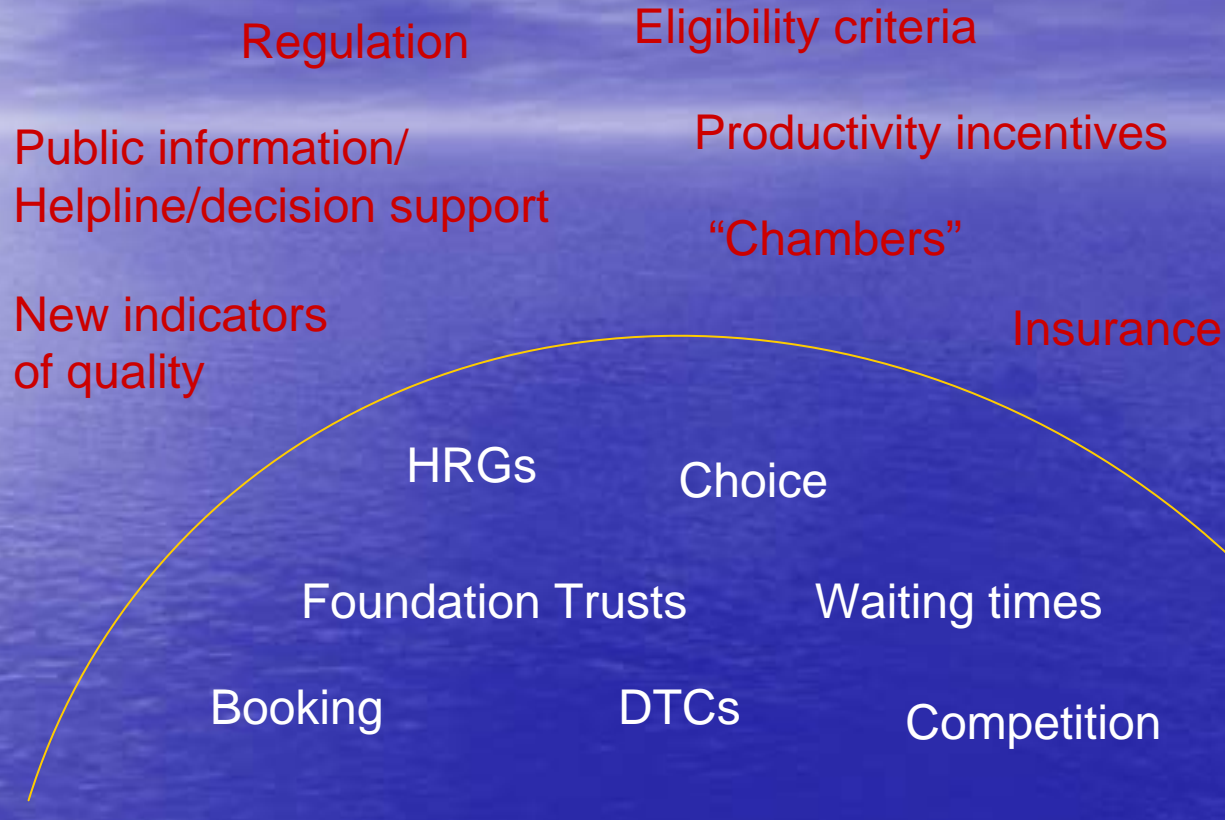
Percentage of the admitted population causing percentage of estimated inpatient cost, C&H PCT, 2002/03



Chronic conditions: the design challenge (soil)



Elective care



Chronic care

Shrinkage of acute sector

Utilisation reduction

New incentives (PCT, practice, nursing home, Hospital, social care)

Public information/
Helpline/decision support

Risk stratification

Case management

Managed clinical networks

Disease management

Generic model of CDM

Self management

3rd party disease management

Radical redesign of
Community nursing

Conglomerates of PCT
commissioning

Capitated payment

NSFs

GMS contract

(HRGs)

Case management

Chronic care: the design challenge (local)

- Risk stratification (big issue)
- Case management of highest risks (1%)
 - Clinical support (face, telephone, internet)
 - Social support
 - Carer support
 - Community support
- Disease management of high risk
 - Personalised plan
 - Health education
 - Telephonic support
 - Peer and social support
 - Prompts
- At risk
 - Screening
 - Wellness promotion and advice

ALL PERSONALISED AND BASED ON SELF MANAGEMENT

**Top 10 diagnoses for frequent flyers (emergency admissions)
65+, 2002/03**

C&H PCT

ICD-10	description	number
J44	Other chronic obstructive pulmonary disease	109
I50	Heart failure	89
I20	Angina pectoris	77
N39	Other disorders of urinary system	75
R07	Pain in throat and chest	62
J18	Pneumoniaorganism unspecified	56
J22	Unspecified acute lower respiratory infection	53
R55	Syncope and collapse	47
R06	Abnormalities of breathing	35
R10	Abdominal and pelvic pain	34
S72	Fracture of femur	32
I64	Stroke not specified as haemorrhage or infarct	31
I21	Acute myocardial infarction	30
R26	Abnormalities of gait and mobility	29
I48	Atrial fibrillation and flutter	28
C34	Malignant neoplasm of bronchus and lung	28
I63	Cerebral infarction	28
L03	Cellulitis	27
K52	Other noninfective gastroenteritis and colitis	26
R33	Retention of urine	22

Chronic conditions: better management

- Evidence of huge scope for
- Fewer hospital admissions is a goal (PbR, FTs)
- Integration/co-ordination of care important (current significant barriers)
- Responsiveness to what motivates individuals (examples not in evidence)

Plurality of providers likely, but ? integration...

Wellness and Wanless

- National: Public Health White Paper
- Local NHS: activity dependent upon cost effectiveness

Funding

- Tax funded (until 2008)
- Social insurance with differential coverage and conditions

Future directions

Phase 4 - ?getting the blend right? And coping with plurality

Phase 5 – Commissioning

Phase 6 - Funding