

Value Based Health Care across KHP

- story so far and where we
are going

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EDITORIALS



State of health and care in England

Services are at full stretch and struggling to maintain standards

Chris Ham

King's Fund, London, UK

The annual assessment of health and social care by the Care Quality Commission (CQC) provides a veritable treasure trove of information about the state of services in England.¹ Based on inspections of 21 256 adult social care services, 152 NHS acute trusts, 197 independent acute hospitals, 18 NHS community health trusts, 54 NHS mental health trusts, 226 independent mental health locations, 10 NHS ambulance trusts, and 7028 primary care services over three years, the assessment offers grounds for concern and reassurance in equal measure.

The CQC's headline finding is that most services are good and many providers have improved the quality and safety of care since inspections. Behind this headline lies a much more nuanced assessment, with variations between and within services and evidence of growing pressures on staff and deterioration of quality in some services. Adult social care is identified as a particular concern, with a reduction in nursing home beds, providers of domiciliary care handing back contracts to dozens of local authorities, and an estimated 48% increase in the number of older people not receiving the help they need since 2010.

The CQC argues that health and care services are working at full stretch and that staff resilience is not inexhaustible. It is hard to escape the conclusion that standards in many services are likely to fall in future as a result of continuing financial

work to do to embed these characteristics in all NHS providers to ensure that patients receive the best possible care.

The challenge for the government is to find a sustainable solution for the future funding of adult social care, described by the CQC as "one of the greatest unresolved public policy issues of our time." The promised green paper on adult social care provides an opportunity to tackle this problem if the will exists within the government to examine all the options and to move beyond the sticking plaster solutions like the Better Care Fund that have so far failed to deliver.³ A good starting point is the report of the Barker Commission, which laid out the hard choices on tax and spending that need to be confronted in securing sustainable funding for the future.⁴

The challenge for CQC is to use the intelligence and understanding it has acquired to support improvements in care and not just to hold up a mirror to how services perform now. It also has more work to do to assess the performance of local systems of care as well as the organisations providing care. Its observation that high quality care is delivered when services are joined up around the needs of people reinforces the importance of work to integrate care through implementing the NHS five year forward and sustainability and transformation plans.⁵

Chris Ham, King's Fund
 State of health and care in England,
 Services are at full stretch and struggling
 to maintain standards
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“Securing the future of health and social care depends on doing things differently, not doing more of the same a bit better, and leaders at all levels have a responsibility to make sure this happens.”



Mean spending on health per capita, US \$

USA 9403

Canada 4641

Sweden 6808

Australia 4357

Swiss 6787

Japan 3727

Denmark 6463

France 3661

Holland 5202

UK 3377 (65% of Germany)

Germany 5182



Hospital based Physicians per 1000 population

Swiss 4.3

France 3.1

Sweden 4.2

USA 2.6

Germany 4.1

Canada 2.6

Denmark 3.6

Japan 2.4

Holland 3.5

UK 2.1

Australia 3.3



Nurses per 1000 population

Swiss 17.4

USA 11.1

Denmark 16.3

Japan 10.5

Germany 13.0

Canada 9.5

Holland 12.1

France 9.4

Australia 11.5

UK 8.2

Sweden 11.2



Commonwealth Fund Outcomes – July 2017

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health care Outcomes	1	9	5	8	6	7	3	2	4	10	11



Infant mortality, deaths per 1000 live births

USA 5.8

Germany 3.3

Canada 5.1

Australia 3.2

UK 3.9

Sweden 2.5

Swiss 3.9

Holland 2.3

France 3.8

Japan 2.1

Denmark 3.7



Life expectancy (excluding USA)

LE at birth

8th of 10

LE for women aged 40

9th of 10

LE for men aged 40

8th of 10



UK healthcare system

- Poor outcomes
- Inadequately funded
- Inadequately staffed
- Urgent need to;
 - Increase funding
 - Increase value

We, within the healthcare system, cannot increase funding, **but we can and must increase value – achieve best possible outcomes with money available**



What do we mean by value?



Outcomes that matter to patients,
service users and carers

Value =



Costs of achieving those outcomes
Over the complete pathway of care



Value Based Health Care

“The most powerful way to drive costs down is to improve outcomes (early and correct diagnosis and treatment, fewer complications, faster and sustained recovery”)

“It is nice to compare yourself with others; **the really important thing is to show how you are doing year on year**”

Michael Porter, Harvard

“Although it is important to share outcomes with patients and the public, the main benefit is that it **holds up a mirror** to the organisation and tells the Clinic and the Institutes how well they are doing and **whether or not they are improving**”

Toby Cosgrove, Cleveland Clinic

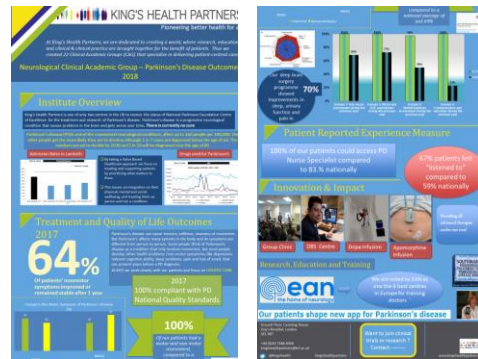


KHP - Value Based Health Care

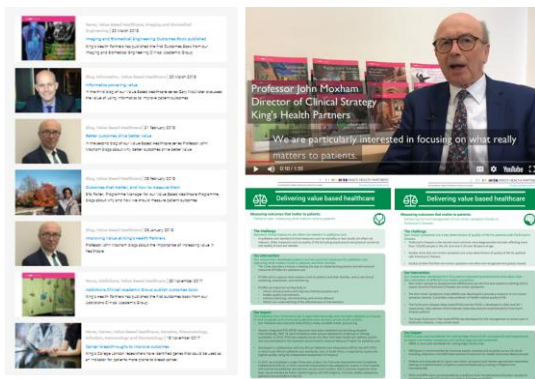
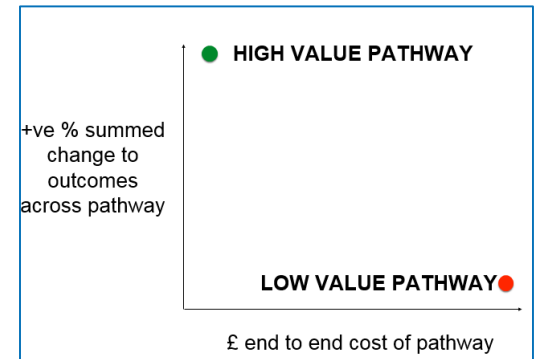
Outcomes Books



Outcomes Scorecards



Calculating Value



Communications



Sharing learning

Vital 5

“Standardised and routine recording & clinical management of these 5 key scores for all our patients

- Blood pressure
- Obesity
- Mental health score
- Alcohol intake
- Smoking habits

is a vital component to delivering consistent high quality care to all our patients.”

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Vital 5

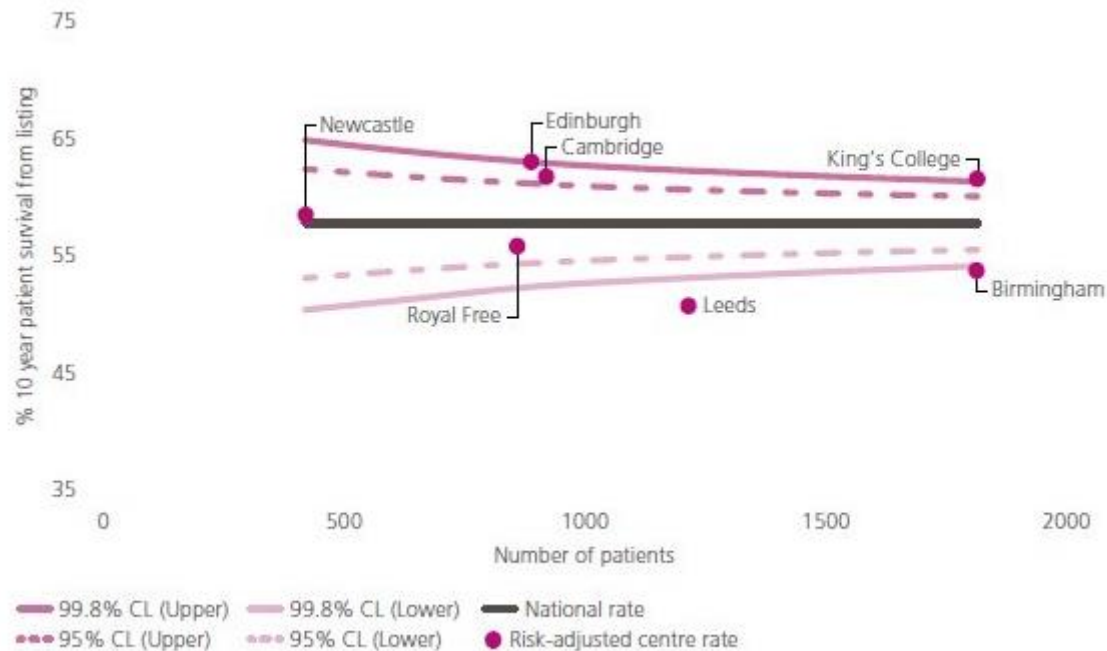


Outcomes – Liver, Renal, Urology, Transplant, Gastroenterology and Gastrointestinal Surgery

Liver transplantation-

King's College Hospital has excellent ten year survival.

Figure 17 | Risk-adjusted 10 year patient survival rate from the time of listing for adult elective first liver registrations 1 January 2004–31 December 2015



In this analysis, adult patients are defined as 18 years old and older.



Outcomes – Liver, Renal, Urology, Transplant, Gastroenterology and Gastrointestinal Surgery

King's College Hospital colorectal cancer outcomes

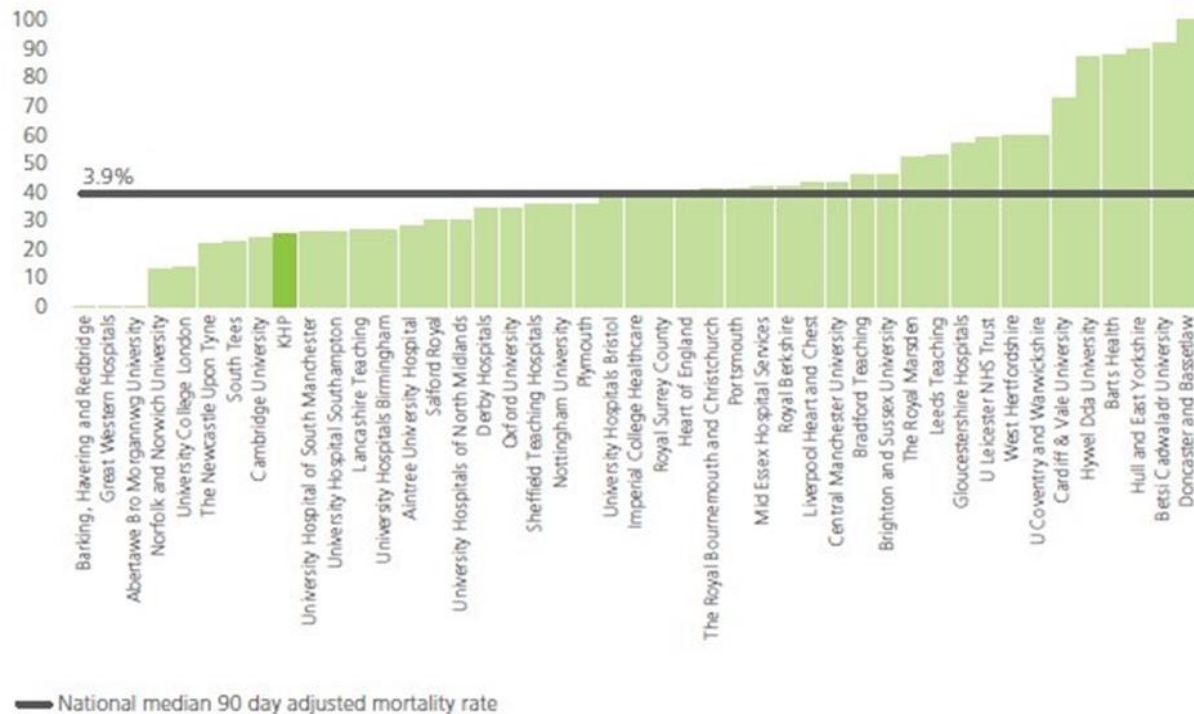
- Adjusted 90 day mortality – King's = 1.6%
(national average is 4.5%)
- Adjusted 30 day mortality – King's = 0%
(national average is 2.9%)
- Adjusted 2 year mortality – King's = 14.1%
(national average is 25.5%)



Outcomes – Liver, Renal, Urology, Transplant, Gastroenterology and Gastrointestinal Surgery

King's Health Partners oesophago-gastic cancer outcomes

Figure 64 | Percentage of patients that die within 90 days of operation 2012/2015 (adjusted mortality)

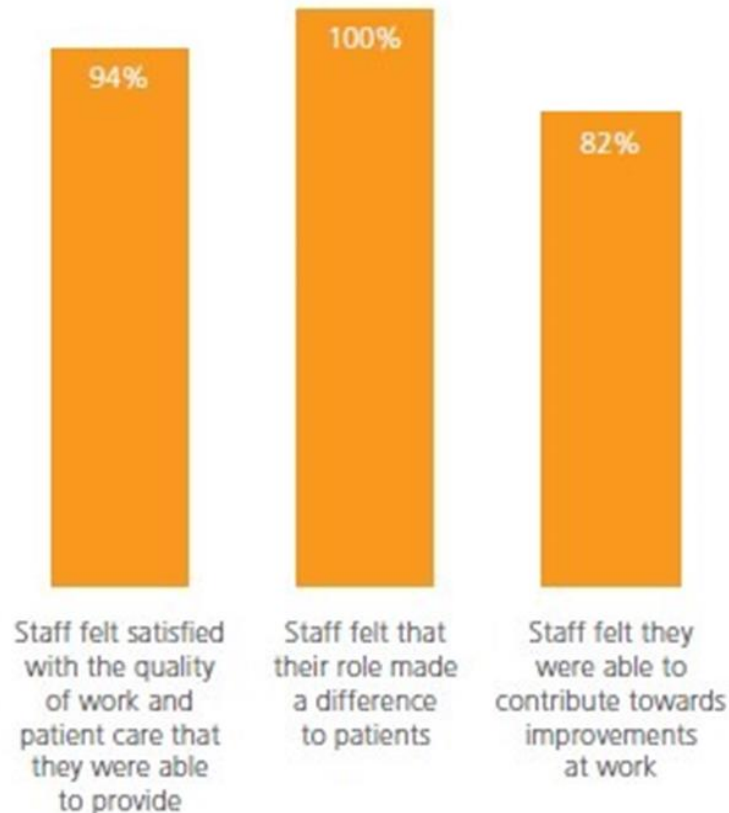


King's Health Partners showing lower than the national median in 2012/2015.



Outcomes – Liver, Renal, Urology, Transplant, Gastroenterology and Gastrointestinal Surgery

King's College Hospital Renal Unit – 94% of staff satisfied with the quality of work and patient care they were able to provide



Staff satisfaction 2013/14



Cardiovascular Institute and Network

Good practice case study –

Aortovascular surgery - Guy's and St Thomas' Hospital and King's College Hospital

Since Guy's and King's merged their aortovascular on-call service, they have seen one-year survival rates for AAD rise from 51.8% to 74.6%.

Specialist aortic surgeons are now on a 24-hour on-call rota.

Key improvements

A comparison of 141 cases pre-dating the start of the rota with 125 since it has been in place found the following improvements:

- In-hospital mortality fell from 25% to 14%
- Length of stay fell from 18 days to 12 days
- Increased comprehensiveness of aortic repair
- Blood product transfusion decreased
- Reduced complications




Feedback to and Performance of Staff

- Feedback of outcomes data to staff is critically important to driving improvement.
- Without feeding back to staff, the cultural change necessary for VBHC will not take place.
- KHP believes that staff have a right to see the outcomes of their work presented to them.
- It is also crucial to feedback outcomes data to patients and carers.



Parkinson's Disease Outcomes Scorecard


KING'S HEALTH PARTNERS

Pioneering better health for all

At King's Health Partners, we are dedicated to creating a world, where research, education and clinical & clinical practice are brought together for the benefit of patients. Thus we created 22 Clinical Academic Groups (CAG) that specialise in delivering patient-centred care.

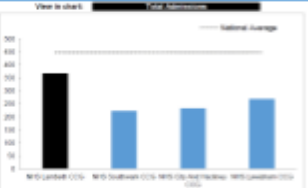
Neurological Clinical Academic Group – Parkinson's Disease Outcomes 2018

Institute Overview

King's Health Partners is one of only two centres in the UK to receive the status of National Parkinson Foundation Centre of Excellence for the treatment and research of Parkinson's disease. Parkinson's disease is a progressive neurological condition that causes problems in the brain and gets worse over time. There is currently no cure


Parkinson's disease (PD) is one of the commonest neurological conditions, affect up to 160 people per 100,000. The older people get the more likely they are to develop although 1 in 7 cases are diagnosed below the age of 60. The numbers are set to double by 2030 and 1 in 50 will be diagnosed over the age of 80

Admission Rates in Lambeth



Category	Admission Rate
MB-Lambeth CAG	~450
MB-Southwest CAG	~200
MB-Clinical Academic	~200
MB-Lambeth CAG (National Average)	~250

Drugs used for Parkinson's

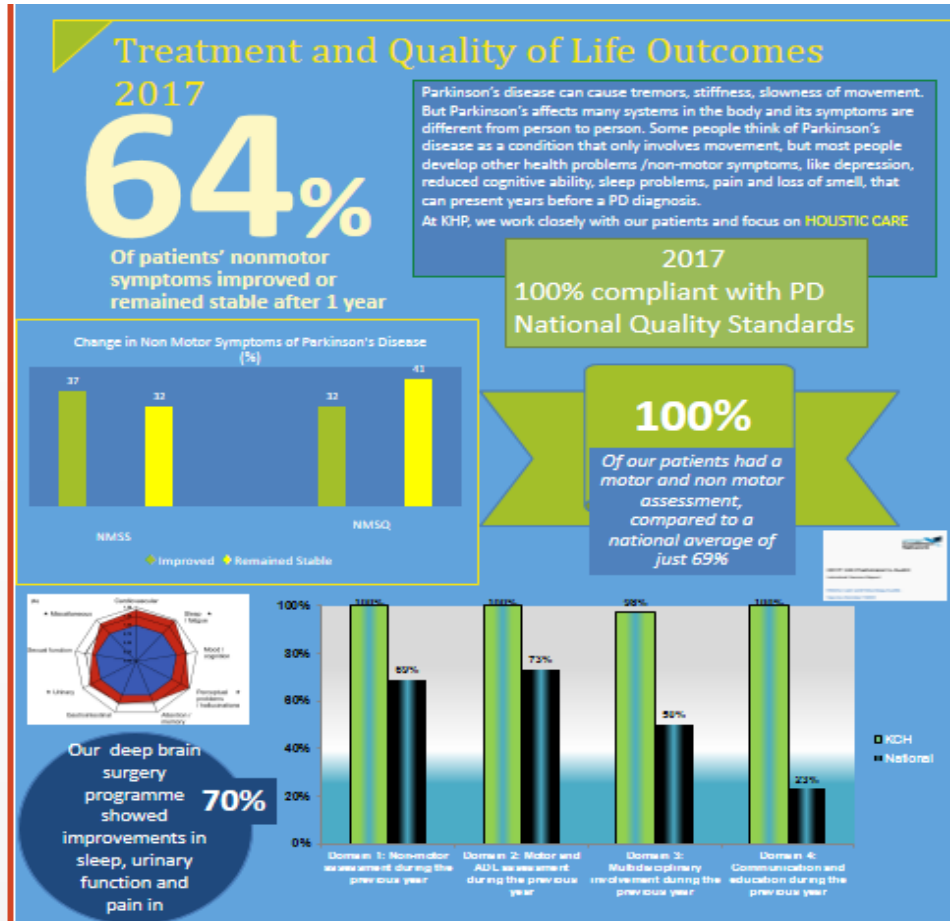


Legend: Levodopa, Pramipexole, Ropinirole, Entacapone, Amantadine, Mirtazapine, Clozapine, Haloperidol, Risperidone, Aripiprazole, Quetiapine, Methylphenidate, Methylphenidate ER, Methylphenidate ER (extended release), Methylphenidate ER (extended release), Methylphenidate ER (extended release)

- By taking a Value Based Healthcare approach we focus on treating and supporting patients by prioritising what matters to them.
- This means an integration on their physical, mental and social wellbeing, and treating them as person and not a condition.

We prioritise what matters to patients.

Integrate physical, mental and social wellbeing – provide holistic care.



100% of patients had motor and non-motor assessment (national average 69%).

Non-motor symptoms (depression, sleep problems, pain, etc) are common.

Deep brain surgery programme – 70% improvement in sleep, urinary function and pain.



Patient Reported Experience Measure

100% of our patients could access PD Nurse Specialist compared to 83% nationally

67% patients felt "listened to" compared to 59% nationally

Innovation & Impact

Group Clinic | DBS Centre | Dopa Infusion | Apomorphine Infusion

Providing all advanced therapies under one roof

Research, Education and Training

ean the home of neurology

We are voted by EAN as one the 6 best centres in Europe for training doctors

Our patients shape new app for Parkinson's disease

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Guy's Hospital, London
SE1 9RT

+44 (0)20 7188 4058
kinghealthpartners@kcl.ac.uk

@kinghealth | kinghealthpartners

Want to join clinical trials or research?
Contact: -----

www.kingshealthpartners.org

100% of patients had access to PD Nurse Specialist (93% nationally)

Patients have shaped a new app for Parkinson's Disease

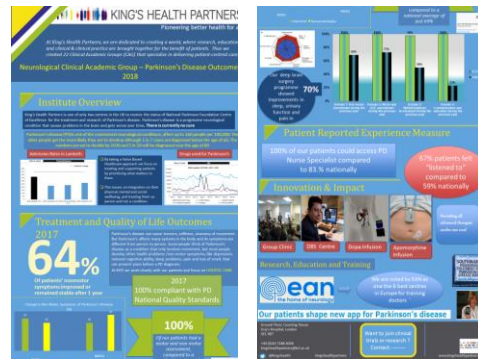


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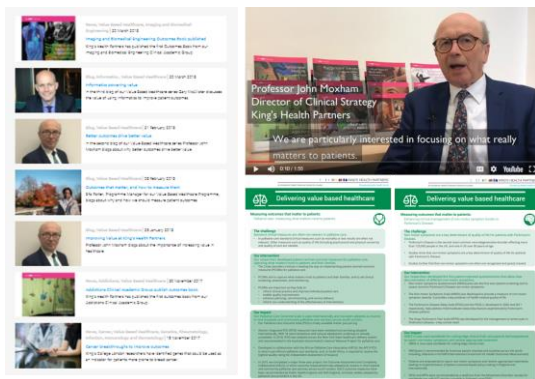
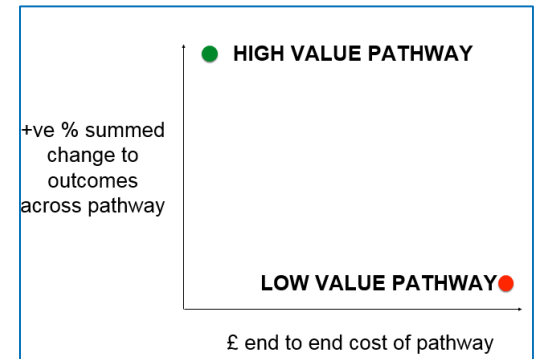
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Vital 5

- Health improvement CQUIN to implement the recording of Vital 5 (BP, BMI, Smoking, Alcohol, Mental Health score) across KCH and GSTT
- Display of Vital 5 on electronic dashboard, shared with General Practice and with patients
- Vital 5 data used to inform appropriate conversations, information exchange, brief advice and referral of patients
- Ongoing monitoring of Vital 5 data to support patients and population health strategies



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The Strategy that will fix Healthcare

“It’s time for a fundamentally new strategy.
At its core is maximising value for patients; that is,
achieving the best outcomes at the lowest cost.
Failure to improve value, means well, failure”.

*Michael Porter and Thomas Lee
Harvard Business Review October 2013*

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