Moving Towards World Class Commissioning: A Creative Approach to Integrated Care

A person centred fundamentalist's perspective

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Person centred service delivery: Treating patients and colleagues like valued customers

- "Mike is on a crusade to reform care. He is passionate about delighting his customers"
  - ***Sunday Times/Henley Leading Customer Experience judging panel, Nov 2007***

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NRAC's Practical Model of Patient Centred Care

- Sep 1999 "Major contribution to European Cardiology" ESC Scientific Committee
- July 2000 Overall National NHS *Nye Bevan* award for Innovation and Modernisation
- Sep 2002 Overall National NHS *Hospital Doctor* Innovation award
- Jan 2003 "Something from which the rest of the NHS could learn" CHI report
- Sep 2003 Highly commended *Unisys & Management Today* Service Excellence award
- Oct 2003 Highly commended National NHS *Hospital Service Journal* Safety award
- Oct 2003 "Excellent centre....Vital to modernising the NHS" Sir Nigel Crisp
- Jan 2004 Highly commended NW Regional Innovation award for telemedicine
- Jun 2004 Extraordinary achievement Northern NHS *Health & Social Care* awards
- Oct 2005 Finalist *Unisys & Management Today* Service Excellence award
- Nov 2007 Winner *Trust tech* Northwest NHS award for innovation
- Nov 2007 Winner *Henley/Sunday Times* Customer Experience leadership award
- Dec 2007 Finalist *Trust Tech* National NHS technology award for innovation

Public sector: general principles

- Large, multi-faceted and multi-layered
- Paternalistic
- Hierarchical
- Silo mentality
- Managed by people who can’t lead
- Rules bound
- Reactive
- Complacent

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Who decides what is a 'good' outcome?

- The providers
  - Consultants & GPs
    - 'Benign' paternalism

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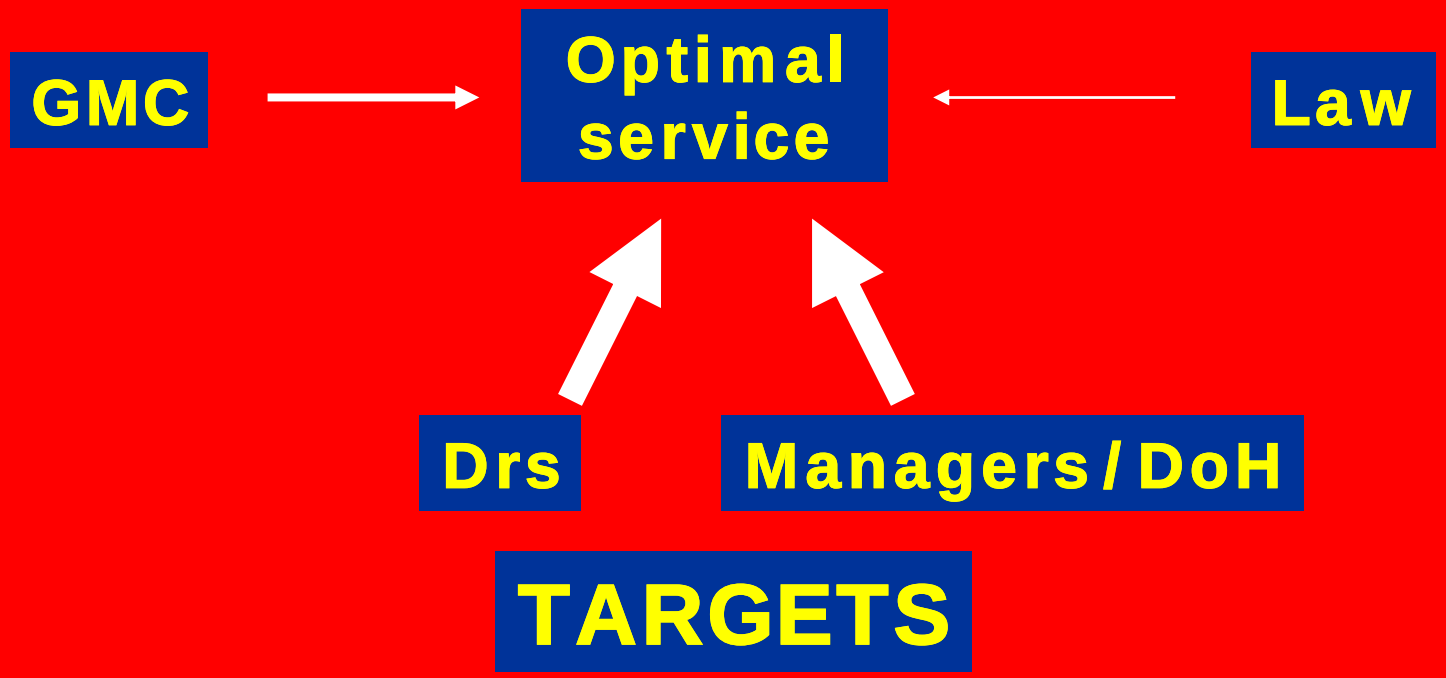
Patients

PATERNALISM



Paternalism is unhelpful because it leads to:

- Disempowerment
- Fosters harmful misconceptions
- Unhealthy behaviours
- Costly treatment decisions

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Patients

GMC *2007*
Alliance
Partnership

Law *Human Rights & Prudent Patient Test*

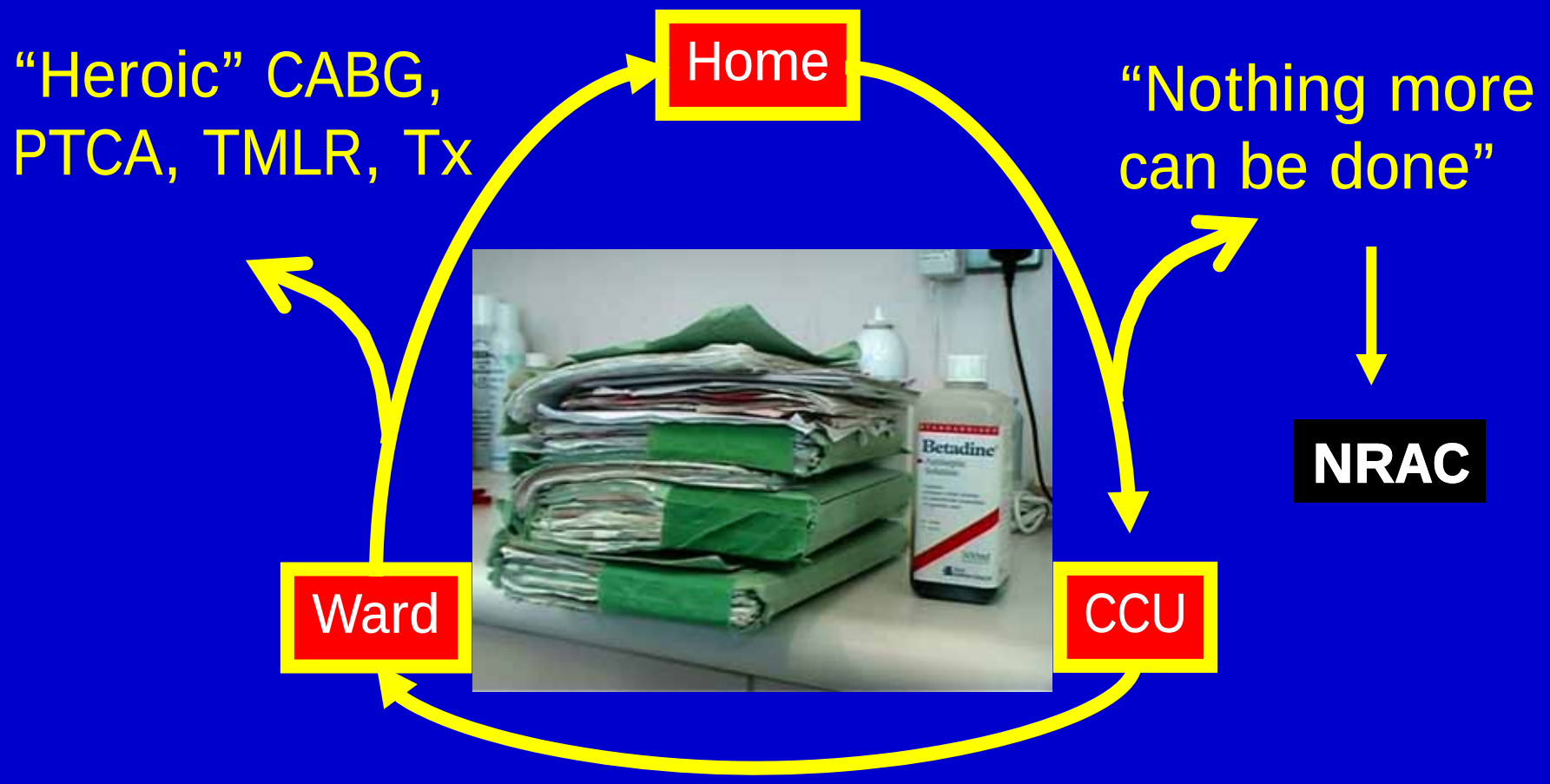
Optimal service

Drs

Managers / DoH

TARGETS

1996: One set of notes on a typical chronic refractory angina patient



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First NRAC referral 1996

1975-1995

- CABG x 3
- PCI x 5
- Laser x 1
- many admissions

≈£500,000

=£25,000 year^{-1}

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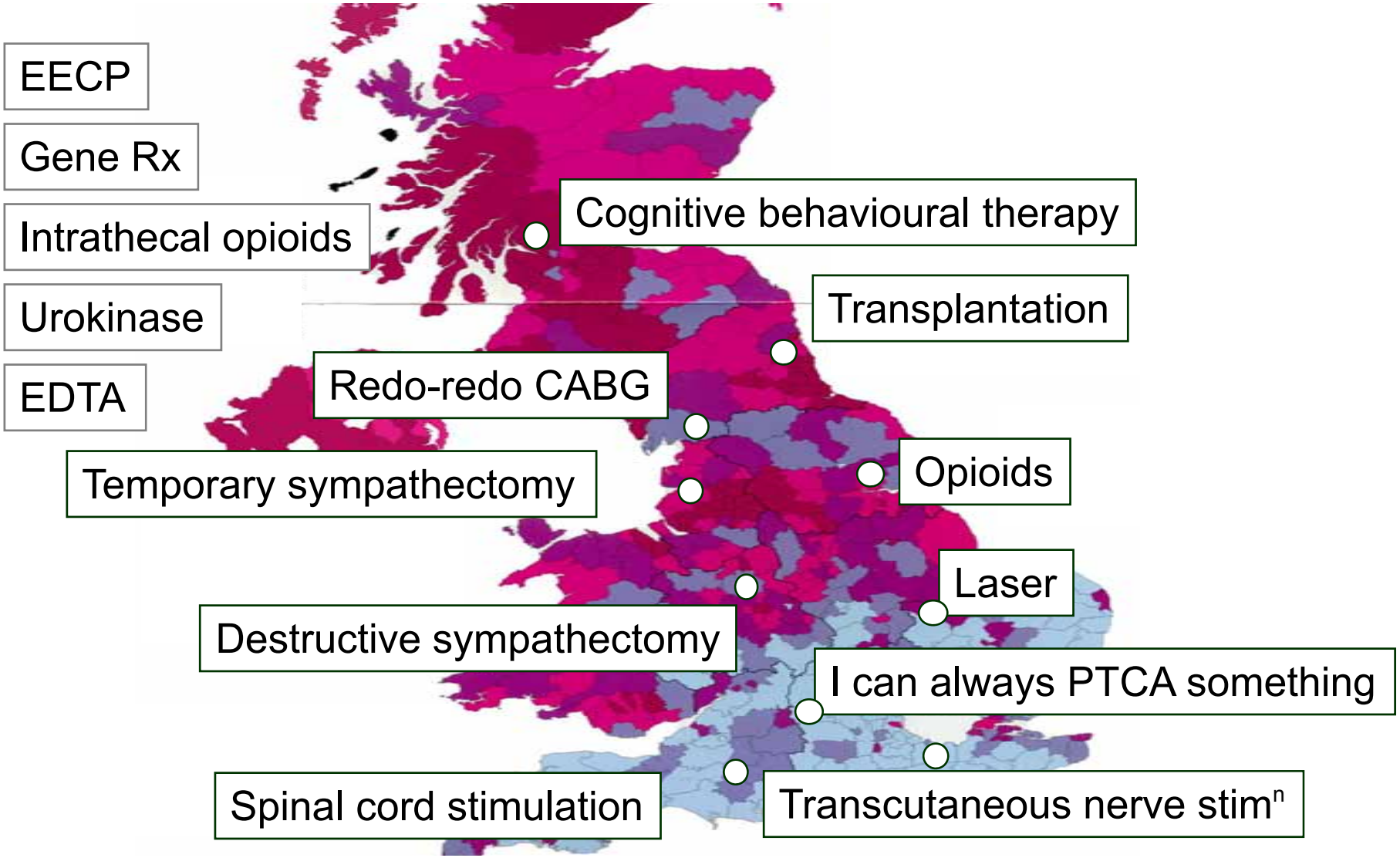
Suggestions for patient X with 2 prior CABGs, 3 PTCAs & Refractory angina at major UK centres 1996/7



Ask patients what they want

"Making consent patient centred"

John Bridson, Clare Hammond, Austin Leach & Michael R Chester

BMJ 2003;327;1159-1161
doi:10.1136/bmj.327.7424.1159

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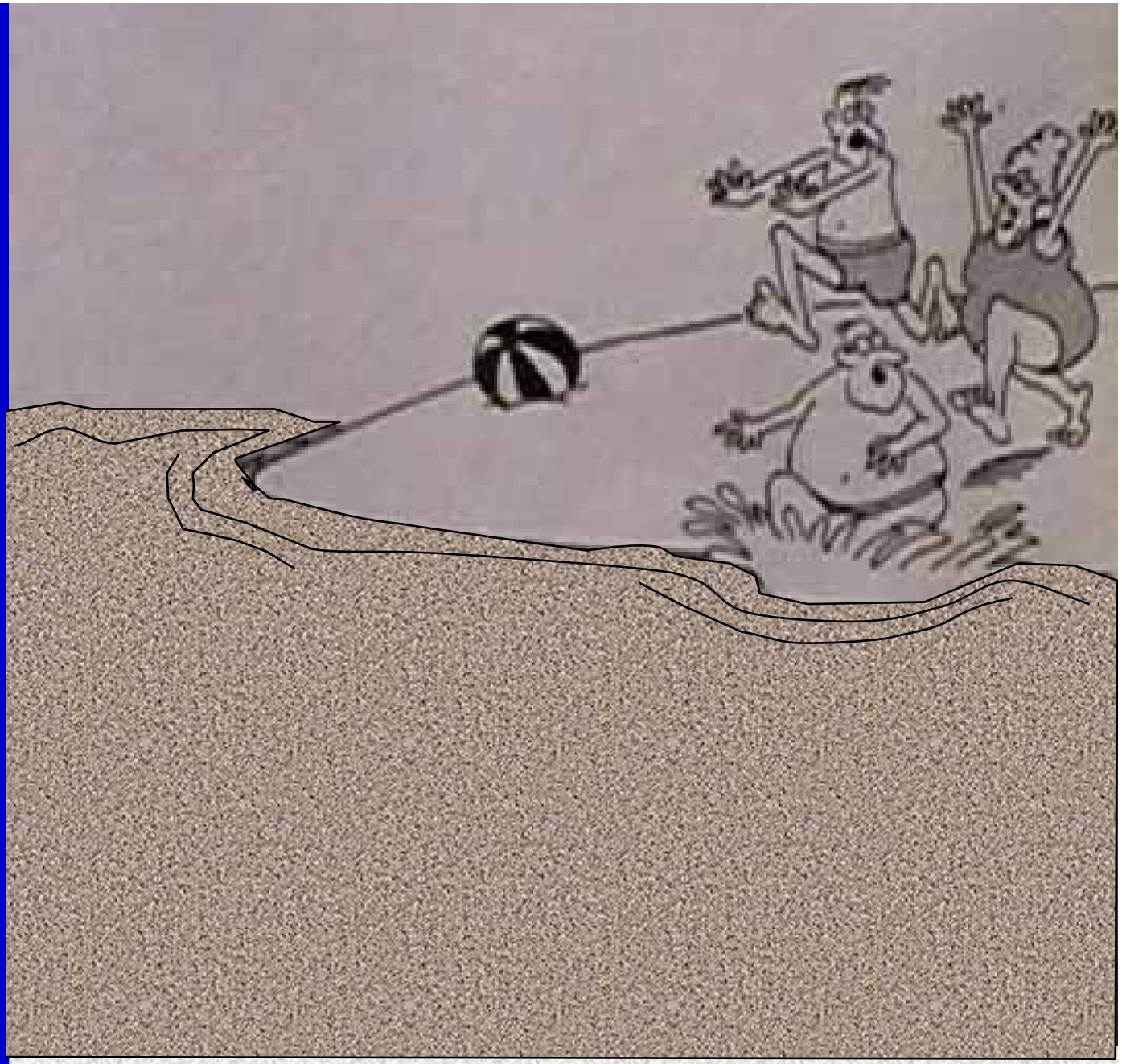
The poorly informed make bad choices



“Bear! Bear!”

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Commissioners' approach to funding

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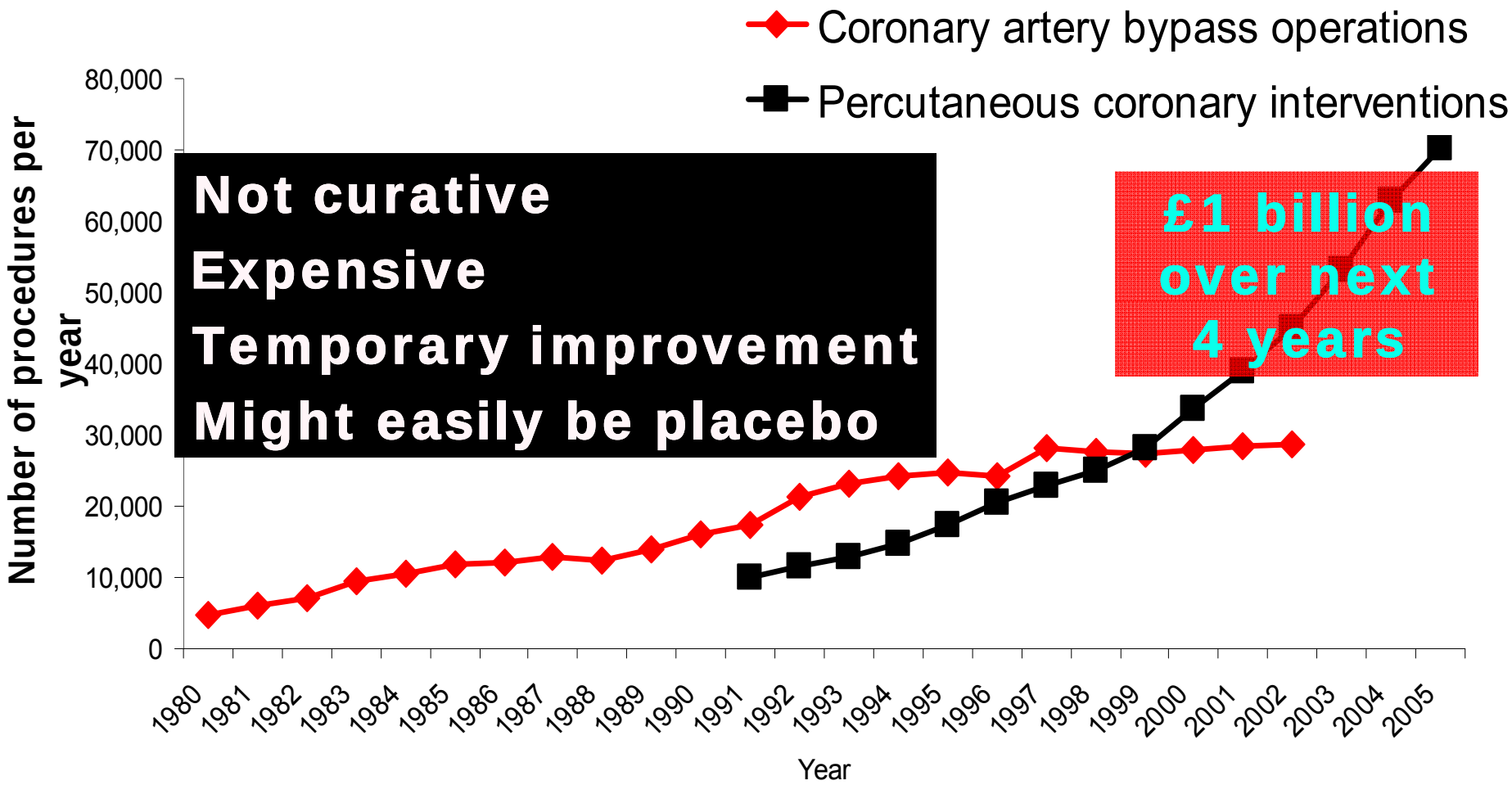
Number of coronary artery bypass operations and percutaneous coronary interventions per year, 1980 to 2005, United Kingdom



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Jan 2003

Cardiology Registrar on why he didn't disclose the truth about angioplasty

- Dr X
  - "If we told them they wouldn't sign the consent form"
- Us
  - "Du hu"
- Dr X
  - "How would we hit our targets?"

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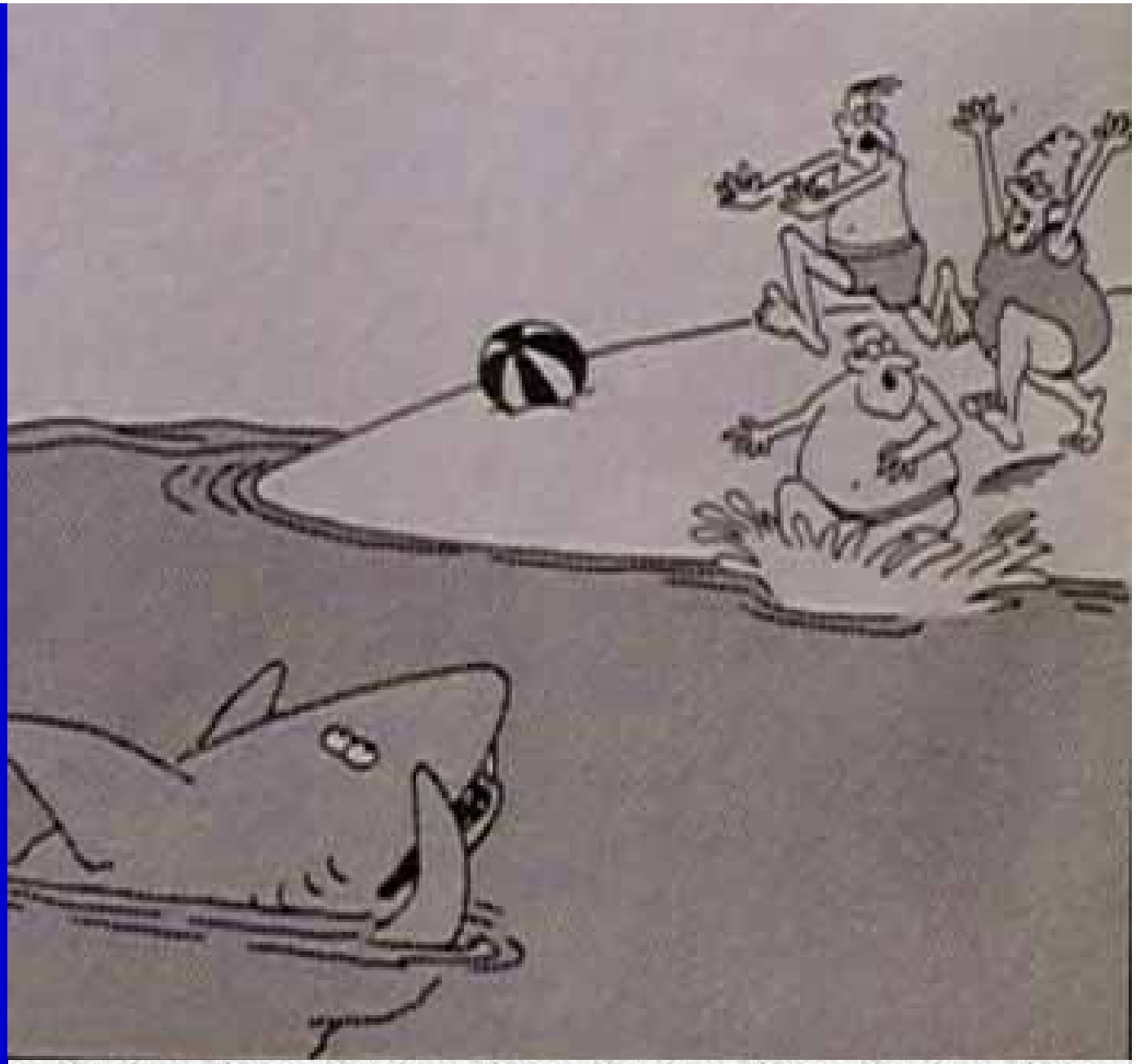
The well informed make better healthcare choices



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Patients

PATERNALISM

GMC → Optimal service ← Law

Drs → Optimal service ← Managers / DoH

TARGETS → Customer defined

Total User Involvement in Service Design and Evolution: Beyond the Therapeutic Alliance

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What makes a good doctor?

- "Always finds time to:
  "listen and explain"

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Patient education

"Because the presentation of ischaemic heart disease is often dramatic and because of impressive recent technological advances, healthcare providers tend to focus on diagnostic and therapeutic interventions, often overlooking critically important aspects of high-quality care.

Chief among these neglected areas is the education of patients."

ACC/AHA 2002 Guideline Update for the Management of Patients With Chronic Stable Angina

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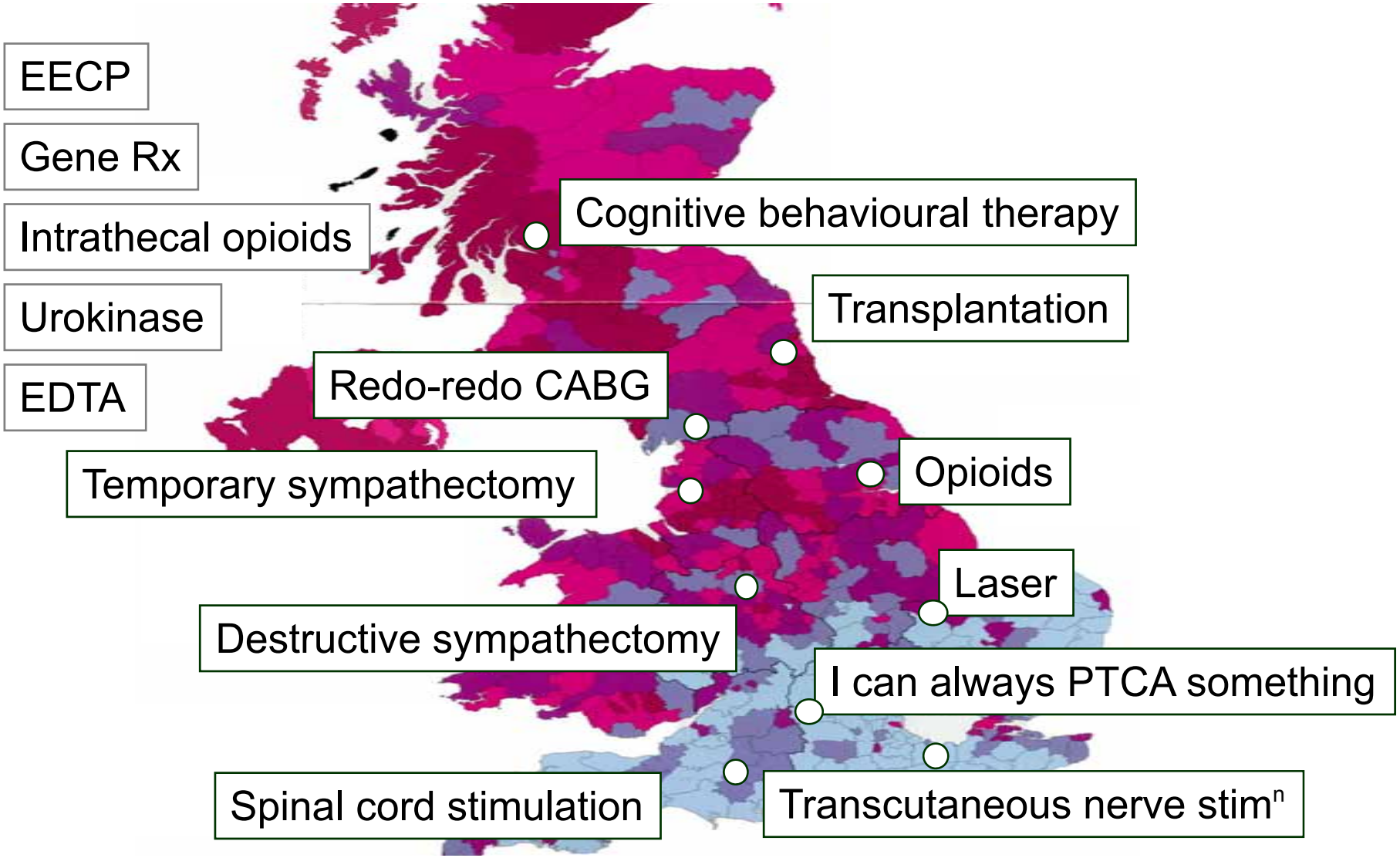
Suggestions for patient X with 2 prior CABGs, 3 PTCAs & Refractory angina at major UK centres 1996/7



Patient centred model of service development

Method

- → Unstructured interviews with sufferers (n=12)
- → Focus groups (n=13)
- → Semi-structured interviews (n=9)
- → Questionnaires (n=20)

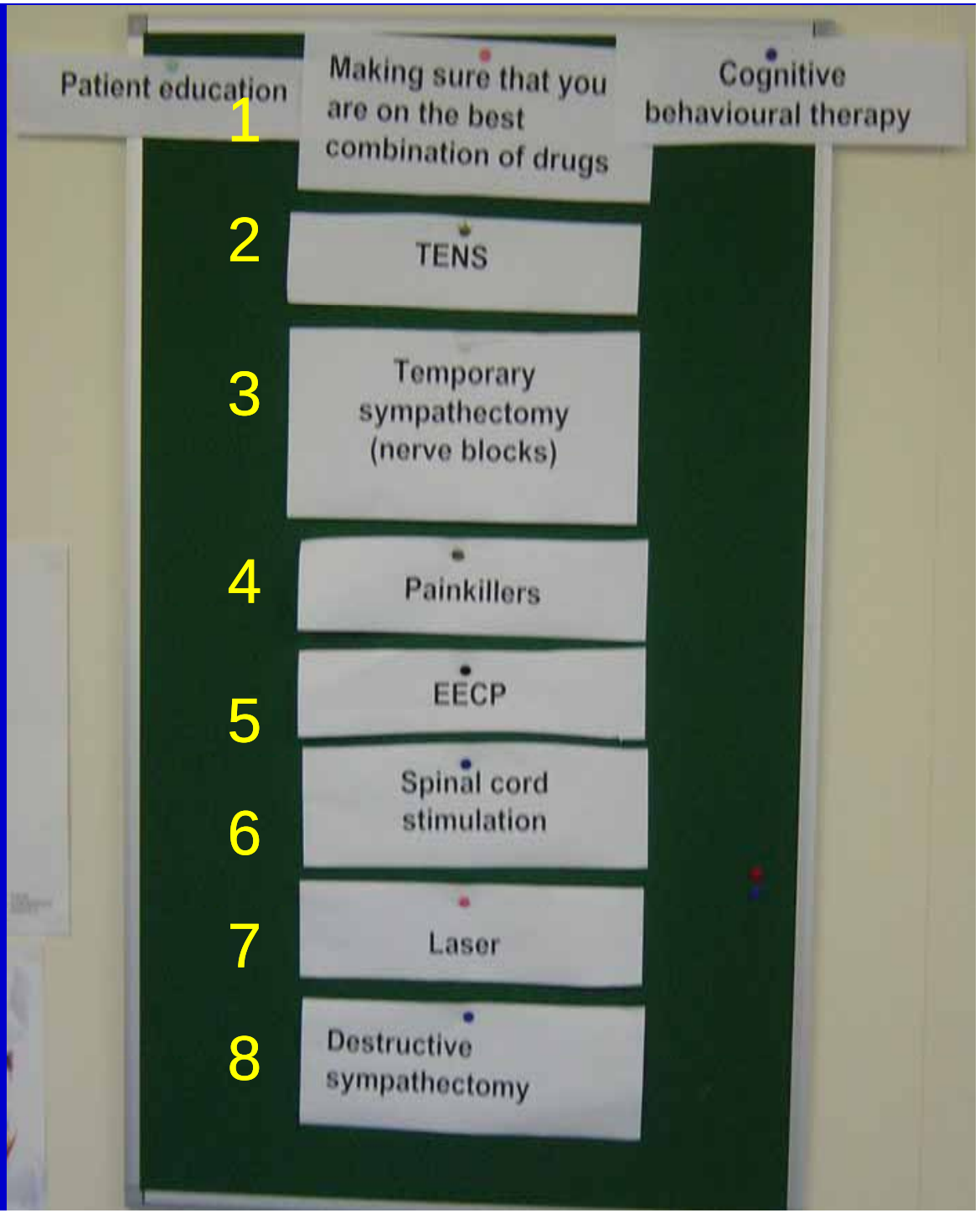
Outcomes

- Patients want 'empowerment' = education	19/20
- Better quality of life for themselves and their carers	18/20
- Low risk/simple treatments first	17/20
- Reversible before irreversible treatments	20/20

Chester et al., NICE conference Harrogate 1999

Guideline update Patients' jury: November 2002

9 patients with expert witnesses over 2 days
consensus 98%
variance 11



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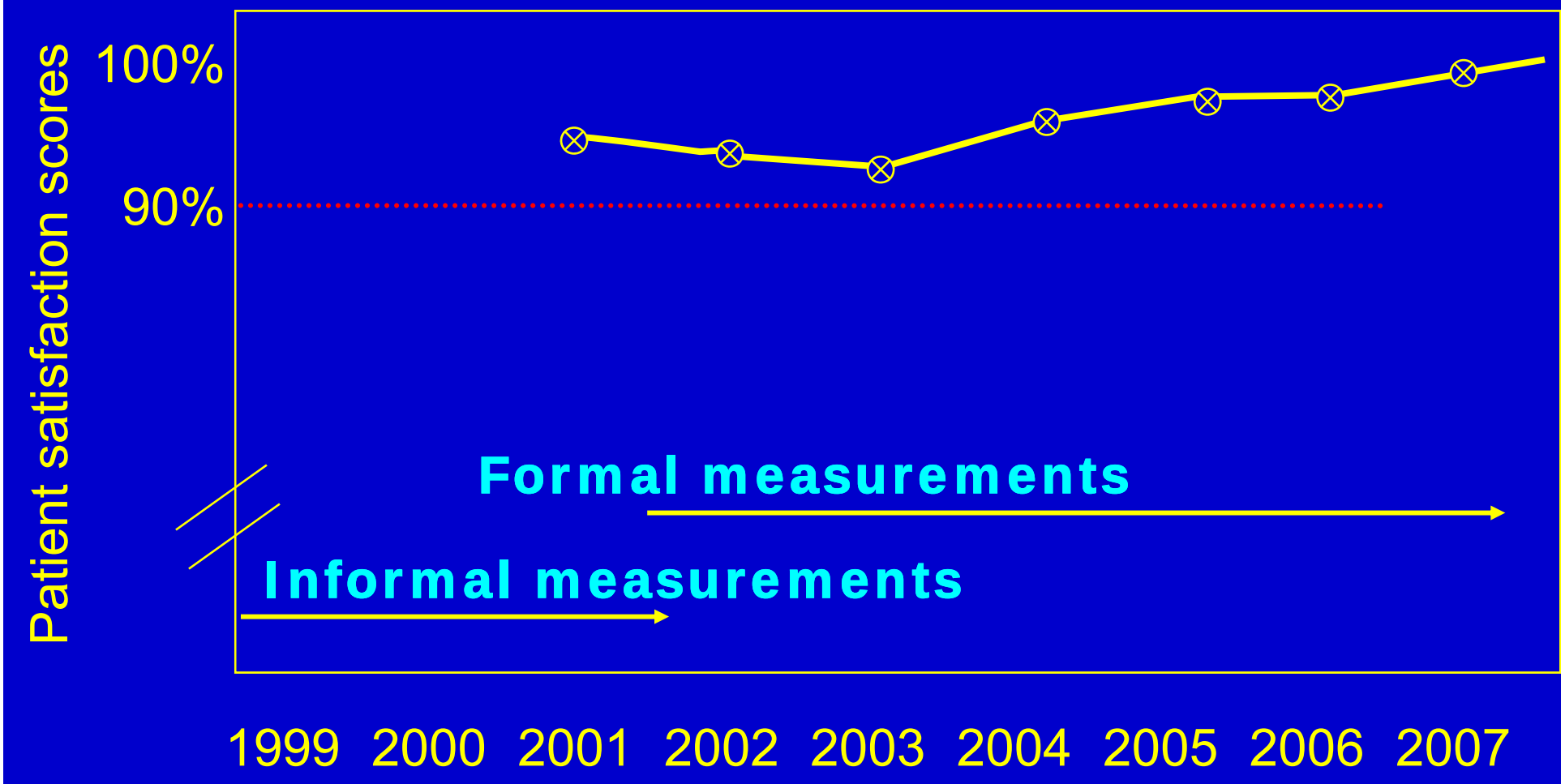
NRAC's continuous "satisfaction" survey



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Person centred service delivery

- "NRAC's involvement of patients and carers at every stage of the development of their care is something from which the rest of the NHS could learn"
  - ***Jan 2003 CHI report***

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Care models compared

	Person centred	Disease centred
Model	Values based	Rules based
Satisfaction	User defined	Specialist defined
Quality target	100% satisfaction	>Lowest benchmark
Decision-making	Favours patient	Paternalistic
Knowledge-base	Shared	Asymmetrical
Power	Shared	Asymmetrical
Approach	Holistic	Disease centred
Appropriateness	Chronic disease	Life threatening Dx
Location	Primary care	Secondary care

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Ann Keen Undersecretary of state for Health Westminster Hall debate, 15 Oct 2008

- *"The ongoing development of the NRAC as a national and international centre of excellence for the treatment and management of refractory angina, … means that we have not only the best possible service to which people in this country can be referred for that condition, but a blueprint for the development of other such services elsewhere."*
- *"We must all do what we can to ensure that the lessons learned from that collaborative approach are used to develop not just other refractory angina services, but patient-centred chronic disease management generally."*

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Enabling patients to judge and influence service design and evolution

"Is not a luxury. It is essential to successful service redesign"

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