The next 70 years of the NHS: sustainable healthcare now and in the future
Welcome

Nigel Edwards
Chief Executive Nuffield Trust
Cat Oyler
Global Head Strategy & Operations
Johnson & Johnson External Innovation
A WORLD WITHOUT DISEASE

CAT OYLER
DISEASE CURE
Completely eliminate presence of disease and reverse damage to restore full health

HEALTHY
PREVENTION
Disease-specific approaches to warding off onset of diseases

INCUBATION
INTERCEPTION
Arrest disease as it develops prior to clinical onset

DISEASE
CURE
Completely eliminate presence of disease and reverse damage to restore full health
THANK YOU!

A WORLD WITHOUT DISEASE

THANK YOU!

janssen
Richard Stubbs
CEO
Yorkshire & Humber AHSN
The next 70 years of the NHS: sustainable healthcare now and in the future

Richard Stubbs | Chief Executive | Yorkshire & Humber AHSN
@richarddstubbs
Introducing the AHSNs

The AHSN Network exists to encourage innovation in health and care and to stimulate growth in life sciences and industry.

We act as a bridge between healthcare providers, commissioners, academia and industry.

We believe in the power of new ideas to improve lives. Our ambition is to make life better for the people of England by improving their health and care and by creating a thriving economy for the benefit of all.
The AHSN Network in numbers

- Over **22 million** patients benefited from AHSN input
- Over **330 innovations** introduced through AHSN influence
- Over **11,000 locations** actively developing and using innovations supported by AHSNs
The scale of the challenge

Channel shift already happened in other sectors *
- 94% of us shop online
- 91% use online banking
- 85% think our online bank is secure in general
- 35% use a banking app on a mobile or tablet

But in the NHS we’re only just getting underway ⊕
- 11.8% of patients ordered a repeat prescription online via their GP surgery in the last 6 months
- 8.9% booked an appointment with a GP or nurse
- 1.6% accessed their medical records

* From ‘The State of Online Banking’ by Trustly, June 2017
⊕ From ‘GP Patient Survey’ by NHS England, July 2017
The future is already here – it’s just not very evenly distributed

– William Gibson
£1.4bn

- cost of **Chronic Kidney Disease**
- 1:10 people have it
- Dip.io - **smartphone digital urine testing**
- rolling out with first 50 renal patients at Salford Royal
- enables patients to test their urine at home at clinical grade accuracy
- **patients love it**: with >99.5% usability success (18-80), 98% say ‘easy to use’
40%

- improvement in **clinic attendance rates**
- waiting times shorten by **3 weeks**
- has saved **>7,000** years of patient waiting time
- saves average Trust **£2.2million** a year
- patients love it
27,000

- people using for self management of COPD
- 2nd most common cause of hospital admission
- delivers remote pulmonary rehab & 98% patients corrected inhaler technique
- 20,000 people have done online PR
- currently available free on the Innovation & Technology tariff to those with severe disease
6,000

- digital AF detection devices being provided across the NHS
- funded by NHS England, delivered by AHSNs
- one of them is AliveCor Kardia – ECG on a mobile
£3.5bn

- is spent annually on recruitment agencies in the NHS
- Lantum is a cloud-based tool that helps NHS Providers build virtual clinical staff banks and fill empty shifts in rotas
- £3m savings for the NHS in under 5 years
- Now adopted by 40 GP Federations across the UK
800,000

- Out of hours home visits in England each year
- Limited resources cause persistent delays and can allow patients symptoms to deteriorate
- DocAbode enables Healthcare professionals to set availability to undertake out of hours home visits
- Visit requests are matched with clinicians based on their availability, proximity and expertise
- Results in speedier home visits and treatment
Thank you

Contact us
Web: www.ahsnnetwork.com
Twitter: @AHSNNetwork
Atlas of Solutions: atlas.ahsnnetwork.com

The AHSN Network
Verena Stocker
Deputy Director
System Transformation Group, NHS England
System transformation: how do we get there?

Verena Stocker
System Transformation Group, NHSE
6 September 2018
The most advanced STPs have become ICSs, receiving support to go further faster

Integrated care systems were chosen because they had:

- Strong leadership
- Track record of delivery
- Strong financial management
- Coherent and defined population
- Compelling plans to integrate health and care

For 2018-19, integrated care systems will:

- Prepare a single system operating plan
- In some cases, adopt a system-based approach to the provider and commissioner sustainability funds

Wave 1 ICSs care for around nine million people
How are these systems integrating care?

1. Enhanced their **leadership teams and capability** to implement, as well as strengthened their collective decision-making processes.

2. **Spread primary care networks**, often achieving full coverage across the system albeit at different levels of maturity.

3. Taken steps to **manage other priorities as a system**, like UEC.

4. Begun developing **integrated teams and services** with the objective of keeping people out of hospital.

5. Built the infrastructure to **manage resources collectively**.
### What this means in practice…

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frimley</td>
<td>GPs working collaboratively to provide same-day access community services</td>
</tr>
<tr>
<td></td>
<td>aligned with GP practices</td>
</tr>
<tr>
<td>Bedfordshire, Luton, Milton Keynes</td>
<td>System-wide plan for PCNs and sharing services across acutes</td>
</tr>
<tr>
<td>Dorset</td>
<td>Managing resources collectively, including financial and workforce</td>
</tr>
<tr>
<td>South Yorkshire and Bassetlaw</td>
<td>Governance structures emphasising ‘place’ and ‘system’</td>
</tr>
</tbody>
</table>
What’s next for STPs and ICSs?

Our aim is for one fifth of the population to be covered by an ICS by 2019/20. Over the medium term, we expect to see:

- More systems and ICSs bringing together CCGs
- Further ‘horizontal’ integration between hospitals
- Greater flexibility and autonomy over resources in return for taking responsibility for delivering a balanced budget for the system as a whole
- Increased freedoms for ICSs and for them to lead on decision-making, in line with their maturity
- More system-based approaches from other organisations e.g., CQC are taking a system approach to how services work together
How we are supporting STPs and ICSs

We provide practical help to ICSs alongside regions:

▪ Neighbourhood and primary care network development
▪ Population health and care redesign
▪ Developing system leadership, governance and infrastructure
▪ Developing a ‘single source of truth’ for performance management

We are supporting the spread of innovation and developing STPs by:

▪ Peer-to-peer learning and sharing best practice amongst ICSs and STPs
▪ A tailored programme of intensive support for ‘aspiring’ ICSs
Juliet Bouverie
CEO Stroke Association
Richmond Group of Charities
Making the NHS fit for the future: Understanding its core user

Juliet Bouverie
CEO of Stroke Association
Member of the Richmond Group of Charities
“In other sectors of the economy, there are severe consequences for knowing so little about what people you serve want. It’s called bankruptcy. In healthcare it’s called unsustainability.”

Dr Al Mulley, MD for Global Health Care Delivery Science - the Dartmouth Institute – working with 6 of the MCPs in England under the vanguard programme.
A Taskforce on Multiple Conditions

We carried out half day ethnographic style in-home interviews with 10 individuals...

Anna, 24  Megan, 42  Wendy, 44  Paul, 47  Susan, 53

Matilda, 55  Vivienne, 55  Keith, 57  Godfrey, 71  Peter, 81
Introducing Megan, Anna, Keith and Vivienne:

To accompany the ethnographic research report, we have commissioned a series of short videos. In these, study participants were interviewed in their own homes:

Video link:

Multiple conditions and mental wellbeing
The experiences of people living with multiple conditions

A series of losses and a series of adaptations or coping strategies

Impacts on:
• Mental wellbeing
• Mobility
• Social Connectedness

Relationship with health and care professionals

“I’ve had to go through a grieving process for the loss of my career. I miss everything about it”
-Keith, 57

“I have to plan in advance more, I have to look at things we want to do and think can I do that – will it be okay for my conditions. We can’t just go to the sea side or the beach, we have to think ahead”
-Susan, 53

“I store up my problems and go to see my favourite GP once the list gets long enough…we talk about our favourite bands together”
-Keith, 57

“I still work because it means I can stay fit, feel useful and gives us the bit of money we need to run the car and remain independent. I’ve got my family: you can’t ask for much more than that”
-Peter, 81

“I had hundreds of friends in the past. But they’ve not been there over the years”
-Matilda, 55

“If the doctors took a more holistic approach and took an interest in my life then I’d be more inclined to go”
-Vivienne, 55

“Any change is a big risk for me. I don’t know when I’ll be having a bad leg day or a bad head day”.
-Wendy, 44
Looking to the future: solutions
Embedding holistic, coordinated and personalised care:
- Care and support planning
- Social prescribing
- Patient activation and self-care
- Encouraging mobility and movement
- Parity of esteem across physical and mental health
- Measuring wellbeing as an outcome
- Polypharmacy and deprescribing
- Training for health and social care professionals
- Building the evidence base
- Recognising co- and multi-morbidities in national guidance
- Ensuring flow of data across the system
Thank you

For more information on the Taskforce on Multiple Conditions, contact:

Eve Riley, Multiple Conditions Project Manager
ERiley@macmillan.org.uk
07458 056912

www.richmondgroupofcharities.org.uk  @richmondgroup14
Panel Discussion
Thank you