

Annual Conference 2015: Enabling Collaborative Innovation



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COLLABORATIVE
INNOVATION

ANNUAL CONFERENCE 2015

Keynote Address

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NHS England- our Priority Programmes

Context

1. Obesity
2. Population living longer with more long term conditions
3. Mental health –parity of esteem
3. Dementia
4. Financial challenge – 22 billion gap
5. Social care funding and Better Care fund



Potential solutions

Transactional

1. Vanguard programmes
2. Right Care – avoiding waste and ensuring all interventions are based on evidence

Transformational

1. Personalised medicine – 100,000 genome project
2. Better use of technology

Patient centred and co-designed

1. Focus on Prevention
2. Self care and personalised health budgets
3. Investment in mental health and integration of services
4. Strengthening community resilience and use of the voluntary sector



Transactional change – doing things better



The aggregation of marginal gains



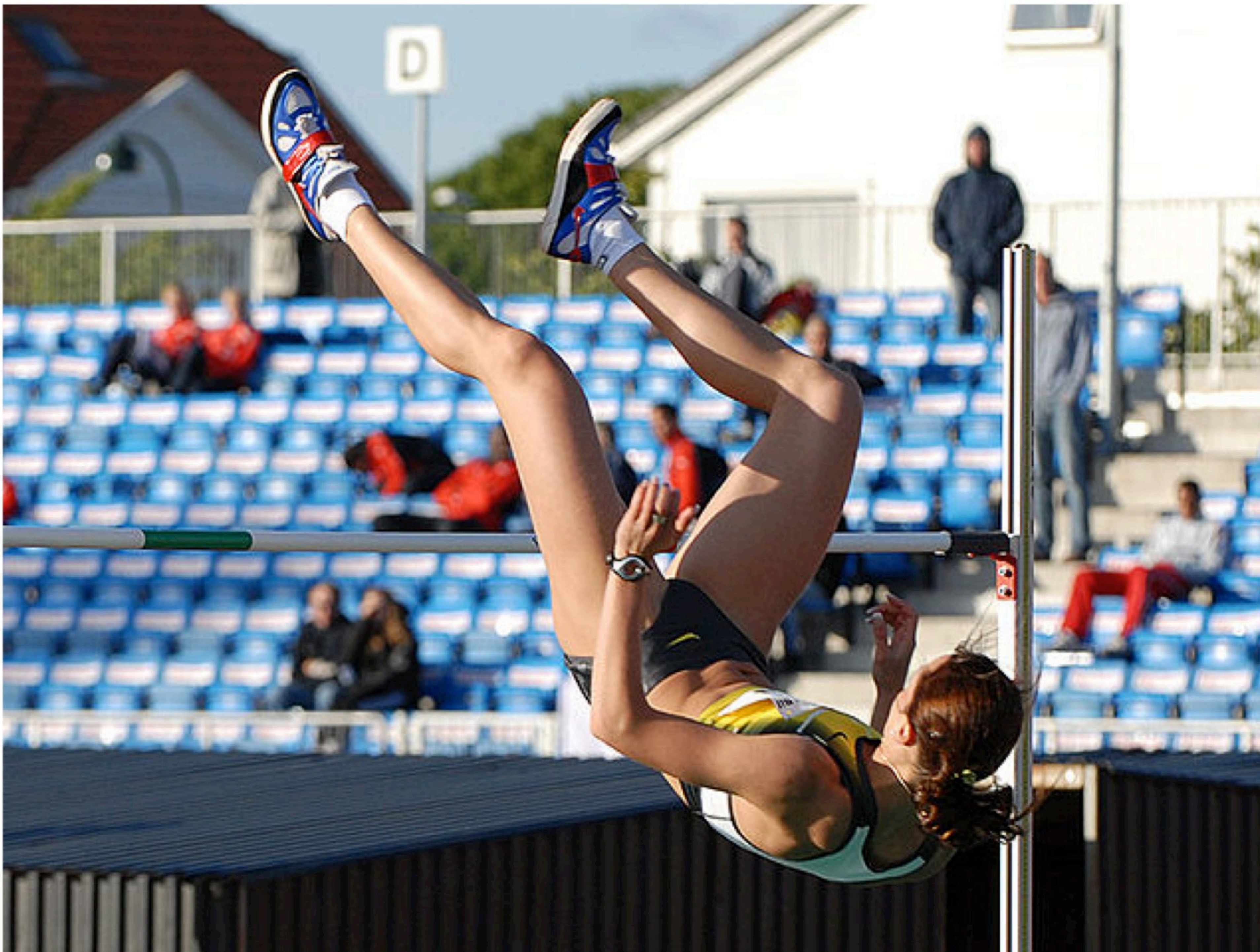
“If a mechanic sticks a tyre on, and someone comes along and says it could be done better, it’s not an insult – it’s because we are always striving for improvement, for those 1% gains, in absolutely every single thing we do.”

Sir David Brailsford; Coach British Cycling Team



Transformational change – doing better things





"Yelena Slesarenko jumping 2007" by I, Bjarth. Licensed under CC BY 2.5 via Wikimedia Commons - http://commons.wikimedia.org/wiki/File:Yelena_Slesarenko_jumping_2007.jpg#/media/

File:Yelena_Slesarenko_jumping_2007.jpg



High quality health and care now and for future generations

Improve health

- 1 Improving the quality of care and access to cancer treatment
- 2 Upgrading the quality of care and access to mental health and dementia services
- 3 Transforming care for people with learning disabilities
- 4 Tackling obesity and preventing diabetes

Redesign care

- 5 Redesigning urgent and emergency care services
- 6 Strengthening primary care services
- 7 Timely access to high quality elective care
- 8 Ensuring high quality and affordable specialised care

9 Whole system change for future clinical and financial sustainability

Enabling whole system change

Delivering value and financial sustainability through a step-change in efficiency

10 Foundations for improvement

Harnessing the information revolution

Developing capability and infrastructure for transformational change

Developing leading edge science and innovation

Supporting patient and public participation

We know what we need for good health

- Health and wellbeing are the work of a lifetime
- They do not happen by chance
- Health must be promoted all through life

The building blocks of good health

Good
education

Safe
Environment

Sense of
Purpose

Individual
behaviours

Strong
community

Decent
housing

Meaningful
work

Adequate
income

...and these align with the immediate causes of ill health...



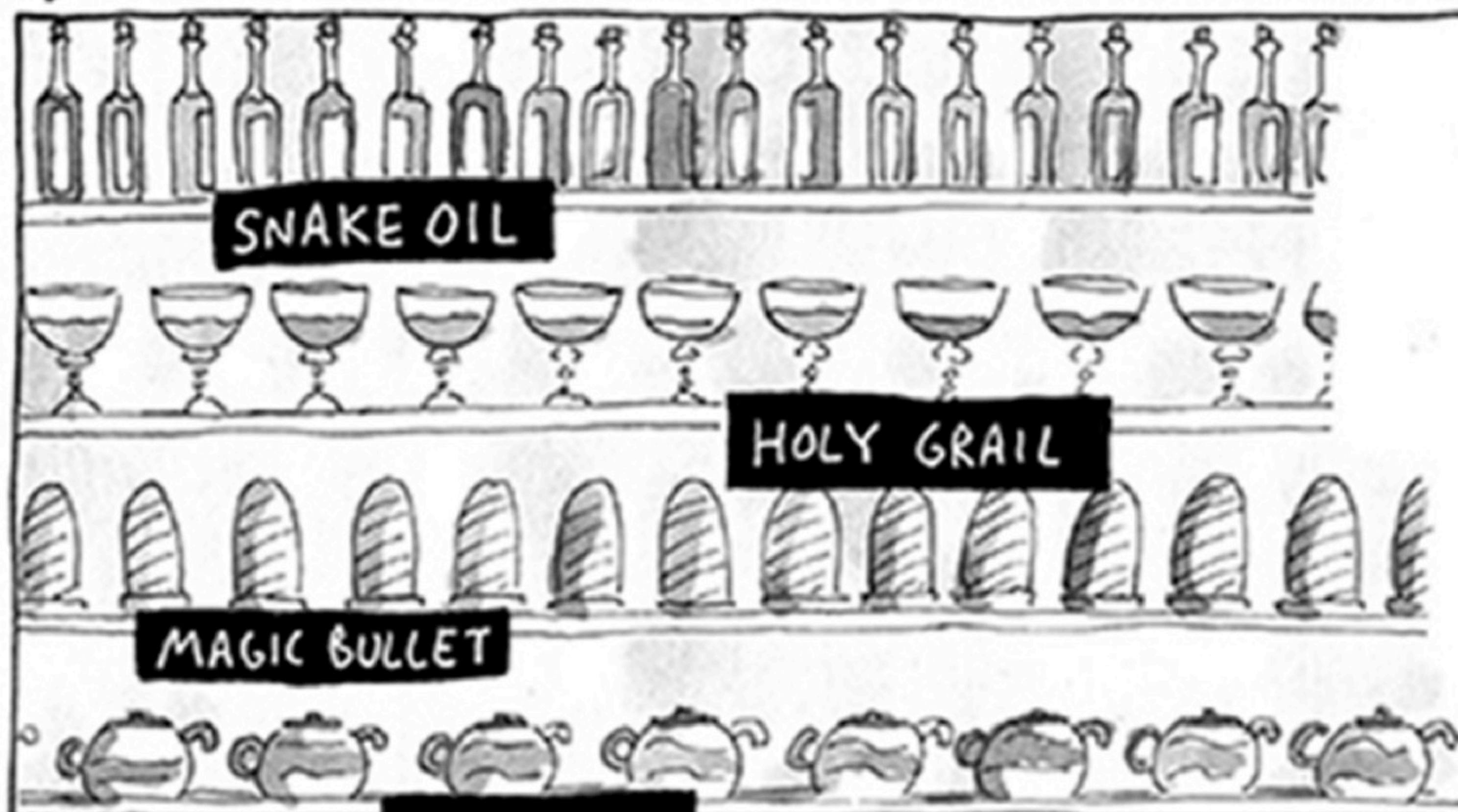
Top 10 contributors to years of life lived with disability

Obesogenic lives?



BRAND CAMP

by Tom Fishburne



SNAKE OIL

HOLY GRAIL

MAGIC BULLET

GENIE IN
A BOTTLE

THIS ONE JUST
DOESN'T SELL
AS WELL

AND THE MARGINS
ARE TERRIBLE



MOVE MORE

Physical activity the underrated 'wonder drug'

“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.”

Liam Donaldson, Annual report of the Chief Medical Officer, 2009



The dementia challenge

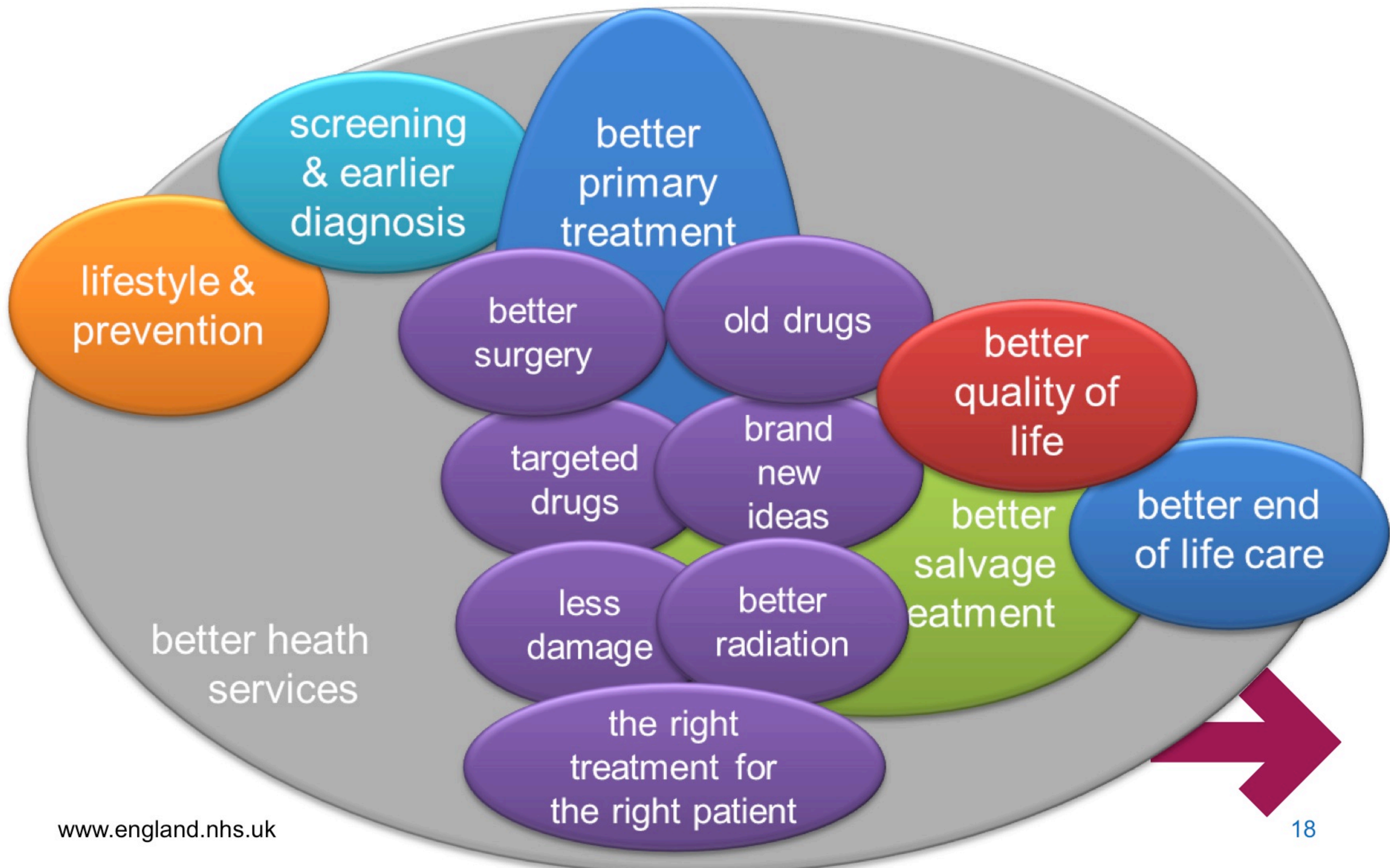
- An estimated 674000 people in England have dementia –likely to grow
- 1 in 3 people will care for someone with dementia in their lifetime
- Annual cost is £23bn – set to triple by 2040
- Ambition is to make Britain the best place in world to receive dementia care by 2020 and the best for research



Dementia villages



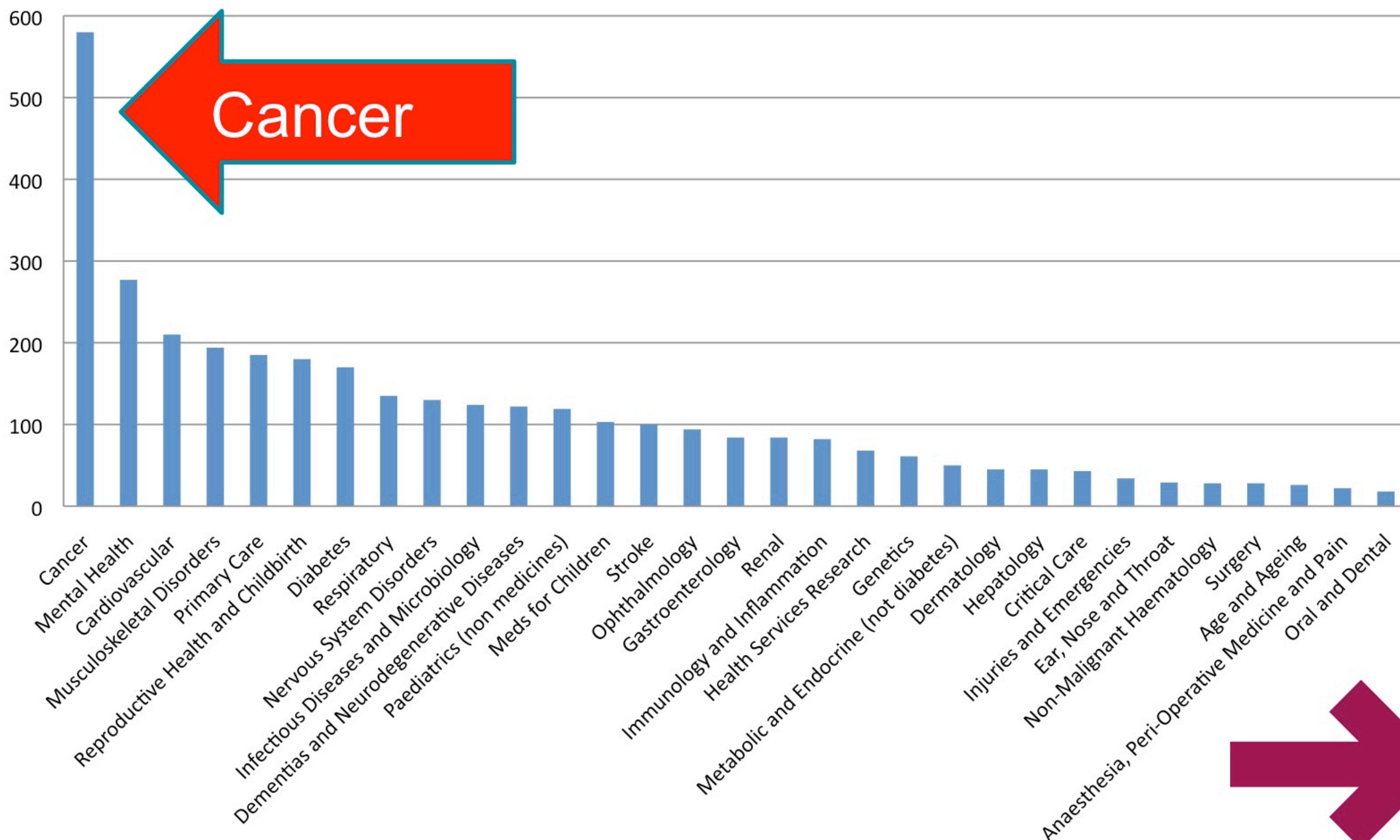
What are the big research questions?



The Three Faces of Performance Measurement

Aspect	Improvement	Accountability	Research
<u>Aim</u>	Improvement of care (efficiency & effectiveness)	Comparison, choice, reassurance, motivation for change	New knowledge (efficacy)
<u>Methods:</u> • Test Observability	Test observable	No test, evaluate current performance	Test blinded or controlled
• Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
• Sample Size	“Just enough” data, small sequential samples	Obtain 100% of available, relevant data	“Just in case” data
• Flexibility of Hypothesis	Flexible hypotheses, changes as learning takes place	No hypothesis	Fixed hypothesis (null hypothesis)
• Testing Strategy	Sequential tests	No tests	One large test
• Determining if a change is an improvement	Run charts or Shewhart control charts (statistical process control)	No change focus (maybe compute a percent change or rank order the results)	Hypothesis, statistical tests (t-test, F-test, chi square), p-values
• Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects' identities protected

Open Studies by main specialty



- Patients treated at research-intensive hospitals do better, even after correcting for selection factors
- Seen for interventional trials but not observational studies
- Benefit only seen in hospitals with high research activity for at least 3 of the 8 yrs studied
- Effect seen even for low levels of activity (3%), with 'step up' at 7% and again at 16% incidence



What does the future hold?

- Molecular stratification – personalised medicine
- Alliances with industry and SMEs
- Boost research into non-drug interventions
- More research for rare conditions
- Flexibility of patient pathways and place of treatment



Thank you for listening

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End of Morning Session



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