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For Action by:
Chief Executives LHBs/NHS Trusts
Directors of Planning/Strategy
Communications Leads

Action required by: N/A

Sender: Dr Andrew Goodall and Dr Ruth Hussey OBE

DHSS Welsh Government Contact(s) :

Alex Hicks
Head of Health Strategy
Health Policy
02920826493

Enclosure(s): Making Prudent Healthcare Happen - Update

Making prudent healthcare happen – An Update

www.prudenthealthcare.org.uk

Welsh Health Circular –
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Purpose

In January 2014, the Minister for Health and Social Services asked the NHS in Wales to engage with the concept of prudent healthcare, contribute to further developing the principles, and take action to start organising around them. There have been a significant number of developments since. This circular provides an overview of these and sets out the resources, advice, and guidance that have been put in place to support the continuing evolution of Prudent Healthcare within your organisations.

The emerging principles

Prudent healthcare puts the delivery of clinical value centre stage and captures the important contribution that individuals have in creating and sustaining their own health and wellbeing.

Many aspects of prudent healthcare can already be found in every health board and trust. However, no organisation has yet put the value based approach encouraged by prudent healthcare across its entire system – to drive changes in practice and in culture.

Through placing greater value on the outcomes delivered rather than volume, the prudent healthcare movement aims to rebalance the supply-led systems that have developed around what healthcare professionals do, towards public-centred systems organised around the most appropriate treatments to achieve mutually agreed goals which capture better the contribution individuals can make to their own health and wellbeing.

The current prudent healthcare principles are that – any service or individual providing a service should:



Do no harm – eliminate treatments which provide no clinical benefit or do harm.



Carry out the minimum appropriate intervention the principle that treatment should begin with basic proven tests. The minimum possible treatment should be performed to achieve the desired results.



Organise staff by the 'only do what only you can do' principle, where all people working for the NHS in Wales should operate at the top of their clinical competence.



Work to the principle that it is the individual's clinical need that matters when it comes to deciding treatment by the NHS.



Create a new relationship between the public and NHS Wales, based on openness and sharing information.

Developments and resources

Since the announcement of prudent healthcare, progress has included:

1. The launch of the online resource – Making Prudent Healthcare Happen – at the Welsh Public Health Conference on 7 October. The resource has been well received with over 10,000 ‘page-views’ since launch. It provides a demonstration of what prudent healthcare means in different contexts along with examples of service areas that have already started to organise around the principles. The resource can be accessed at www.prudenthealthcare.org.uk, where you will find contributions from a variety of people, including the Minister for Health and Social Services. Please take the time to visit the resource and get involved in the discussion forum.
2. There has been a great vitality in the conversations around prudent healthcare, with individuals, organisations and professional groups grasping and integrating the idea of prudent healthcare, to deliver practice change and culture change.
3. The Minister has made two written statements on prudent healthcare, including outlining a working set of principles (noted above), and has tabled a Cabinet Paper (www.tinyurl.com/cabinetpaperPHC), which was discussed and supported by members on 16th June 2014. The Cabinet Paper helpfully provides a wider public service context for prudent healthcare. In addition, you will have no doubt noticed the several events that the Minister has spoken at in relation to prudent healthcare over the past 10 months. The Minister has also asked the recently refreshed Bevan Commission to provide ongoing advice around prudent healthcare.
4. The NHS Wales Planning Framework 2015 has recently been launched, with the prudent health featured very clearly as a central organising principle. This requires NHS organisations to refresh their Integrated Medium Term Plans (IMTPs) through a prudent healthcare lens. The framework can be found here – www.tinyurl.com/framework2015
5. A Primary Care plan, and associated programme, designed to support NHS organisations organise around the prudent healthcare principles, has been launched www.tinyurl.com/PCplan, alongside a structured programme of investment to place primary care centre stage. A prudent healthcare system, in which the avoidance of avoidable harm is our watchword, in which we pitch our interventions at the minimum necessary to address the problems which patients experience, will always have primary care at its heart.
6. The 1000 Lives Improvement service in Public Health Wales have facilitated four workshops to test the application of prudent healthcare in four clinical areas. The findings, conclusions and recommendations arising from the workshops can be found here: <http://www.1000livesplus.wales.nhs.uk/prudent-healthcare>.
7. The development of the Planned Care Programme, which has been designed, in part, to help services organise around the prudent healthcare principles and includes specific work streams on: clinical value prioritisation; integrated care; and outcomes based measurement. Further detail is contained within the refreshed NHS Wales Planning Framework which was published in October 2014 <http://wales.gov.uk/topics/health/publications/health/strategies/planning/?lang=en>.
8. Welsh Government has a clear focus making prudent healthcare happen, ensuring the principles are increasingly integrated in to its activity. The Together for Health disease specific Delivery Plans all have a clear prevention and ‘faster, effective treatment’ sections integrating many of the principles of prudent healthcare. Prudent healthcare also features overtly in the ongoing consultation on the proposed Health Standards Framework designed to help ensure safe and compassionate care to all those who use NHS service.

A 'central organising approach'

The prudent healthcare principles have underpinned, and featured overtly in, recently issued headline NHS guidance and the **CMO Annual Report 2013/14**. The following illustrates how Welsh Government is approaching prudent healthcare as a central organising principle:

Principle: Eliminate treatments which provide no clinical benefit or do harm.

This principle can be interpreted at the population and healthcare provider level. The work supporting the development of the Public Health Bill is promoting improved population health through, for example, preventing the harms associated with alcohol and tobacco use.

Integration in recent guidance/reports:

'The Planning Framework advocates a systematic approach to evaluating current practice and products, addressing unmet needs and discarding approaches that do harm or offer poor value.' **(page 61, NHS Wales Planning Framework 2015/16).**

'In support of the zero tolerance of healthcare associated infections – The Code of Practice for the prevention and control of Healthcare Associated Infections was launched in June 2014'
<http://wales.gov.uk/topics/health/cmo/publications>
(ref page 56, Chief Medical Officers Report 2013/4).

'The Integrated Medium Term Plan[s] must demonstrate [...] the purposeful steps to adhere to extant guidelines on Interventions Not Normally Undertaken, Clinical Thresholds, and NICE Do Not Do guidance, in line with the Planned Care Programme.' **(page 39, NHS Wales Planning Framework 2015/16).**

'The My Local Health Service website increases transparency, aiming to contribute to an increasingly engaged and empowered public – flowing from the work of the Transparency and Mortality Taskforce.'
(page 54, Chief Medical Officers Report 2013/4).



Principle:

Carry out the minimum appropriate intervention – beginning any treatment with basic proven tests.

All of the national delivery plans have been developed to ensure this principle is at their heart, with a clear account of what people can expect from their local primary care services, avoiding the need to be escalated into secondary care.

Integration in recent guidance/reports:

'Organisations [...] will demonstrate how [...] they have reduced overtreatment and eliminated interventions which [...] provide no clinical benefit.' **(page 38, NHS Wales Planning Framework 2015/16).**

'The hugely increased capability of modern medicine [...] may have created a situation where more is done than need be or should be... clinicians [could be] more focussed on balancing the best evidence and the patient's assessment in helping to agree the best goal for the course of treatment.' **(page 59, Chief Medical Officers Report 2013/4).**

'The outcome of a good primary care service, includes when a patient can say "I receive care that is personalised to me but informed by evidence of effectiveness.' **(page 8, Plan for a Primary Care Service for Wales, Nov 2014).**

'A prudent healthcare system [...] in which we pitch our interventions at the minimum necessary to address the problems which patients experience, will always have primary care at its heart.' **(page 2, Plan for a Primary Care Service for Wales, Nov 2014).**



Principle:

Organise staff by the 'only do what only you can do' principle – where all people working for the NHS in Wales should operate at the top of their clinical competence.



Steps are being taken to ensure the right workforce is in place to ensure this principle can be lived out. Independent evidence such as the Mid Wales Healthcare Study, the Shape of Training Review, and the Health Professional Education Investment Review are being used to inform a national primary care workforce plan. This will support health boards in planning, developing and providing the primary care workforce required to meet people's needs.

Integration in recent guidance/reports:

'[...]heart failure patients are [...] benefitting from faster access to advanced nurse practitioners who are able to deal with their needs appropriately in the community, with prompt access to all secondary care services and consultants as and when they require it.' **(Cabinet Paper – www.tinyurl.com/cabinetpaperPHC).**

'...everyone working for NHS Wales should operate at the top of their clinical competence with, for example, nobody being seen routinely by a consultant when his or her needs could be appropriately dealt with by say an advanced nurse practitioner.' **(page 59, Chief Medical Officers Report 2013/4).**

'An organisation that undertakes effective workforce planning and organisational development is one that has a long term approach, that is responsive to national priorities such as prudent healthcare, prevention, tackling health inequalities and the shift to primary and community care.' **(page 55, NHS Wales Planning Framework 2015/16).**

'In the future, [GP's] role will increasingly be to provide overarching leadership of multi-professional teams made up of advanced practice nurses, community and district nurses, midwives, health visitors, healthcare support workers, pharmacists, physiotherapists, occupational therapists, podiatrists, dentists, optometrists, social services staff and staff working in care homes and third sector services.' **(page 20, Plan for a Primary Care Service for Wales, Nov 2014).**

Principle:

Work to the principle that it is the individual's clinical need that matters when it comes to deciding treatment by the NHS.

There is a commitment to reducing barriers and promoting equal access to healthcare with a view to reducing health inequalities.

Welsh Government and health boards are taking action under the Tackling Poverty Action Plan to close the gap in birth weight and health life expectancy between the most and least deprived communities by 2020. Two inverse care law pioneering projects are also underway in Cwm Taf and Aneurin Bevan University Health Boards focusing on cardio vascular disease.

Integration in recent guidance/reports:

'To help improve population health, we want health boards to develop local mechanisms to assess the health and wellbeing needs of individuals, families and local communities. This very locally sensitive assessment of need will then be used to shape and inform community level plans...' **(page 9, Plan for a Primary Care Service for Wales, Nov 2014).**

'Integrated Medium Term Plan[s] must [...] show evidence of a deliberate shift to applying the principle of proportionate universalism.' **(action that is universal, but proportionate to the level of disadvantage) (page 40, NHS Wales Planning Framework 2015/16).**

'Local planning through primary care clusters offers a real opportunity to grasp and tackle inequalities in health at the community level.' **(page 19, Plan for a Primary Care Service for Wales, Nov 2014).**

'Delivery Framework domain – People in Wales have timely access to services based on clinical need and are actively involved in decisions about their care.' **(page 68 and 71, NHS Wales Planning Framework 2015/16).**



Principle:

Create a new relationship between the public and NHS Wales, based on openness and sharing information.

The Welsh Government is developing systems to rebalance the relationship between healthcare providers and patients, allowing the latter to have greater voice, control, and responsibility for securing their own health outcomes. This includes the ongoing development of the My Health Online Service, including the Add to Your Life online health check service.

Integration in recent guidance/reports:

'There is increasing recognition of the value of the knowledge and skills that patients bring to help co-produce solutions. Patients with long-term conditions in particular can become very expert in their own care.' **(page 28, Chief Medical Officer's Report 2013/4).**

'[...] the focus on 'coproduction' is well suited to primary care, as primary care relationships play a significant role as people use their local services. Patients often refer to 'my GP', 'my dentist', 'my nurse' or 'my practice'.' **(page 22, Chief Medical Officer's Report 2013/4).**

'At the centre of this [Primary Care] plan is the notion of co-production – the recognition that health outcomes are maximised when the contribution of patients as well as practitioners is captured and put to work.' **(page 3, Plan for a Primary Care Service for Wales, Nov 2014).**

'Effective mechanisms for continuous engagement with local communities are critical [...] recognising that the public are best placed to understand local issues... This should be complemented by an effort to identify the local strengths, assets and opportunities that can be built on [to] protect and promote health and independence.' **(page 14, NHS Wales Planning Framework 2015/16).**



These tables illustrate the centrality and integration of the principles. Our collective challenge now is to apply the principles and deliver transformational change. Services should not be 're-described' as prudent but re-focussed or transformed using the prudent healthcare principles.

There is more to come...

The Minister for Health and Social Services was clear when introducing the concept of prudent healthcare that it would only happen if it became a movement, embraced by all those with a role in creating a healthier Wales, including members of the public. To facilitate the movement, working in partnership the Welsh Government and NHS Wales will:

1. Expand further its engagement activities to maintain and develop the breadth of those actively contributing to a healthier Wales, including through:
 - a. Working with 1000 Lives Improvement in Public Health Wales to develop a rolling programme of conversations with citizens/patients.
 - b. Undertaking an engagement exercise with innovation leads in LHBs/Trusts.
 - c. Providing NICE workshop(s) with LHBs.
 - d. Further testing a prudent healthcare approach in four specialisms/ geographical areas.
 - e. Providing the focus for the 1000 Lives Improvement National Learning Event in June 2015.
 - f. Contributing to the Welsh NHS Confederation Conference in January 2015.
2. Work with Public Health Wales and partners to publish a further tranche of contributions and case studies to be added to the Making Prudent Healthcare Happen online resource, with a particular focus on putting primary care centre stage and further defining co-production. The next phase will be launched on 28 January 2015.
3. Advance the early priorities of the planned care, unscheduled care and primary care programmes, which includes work to refresh guidelines on Clinical Value Prioritisation.
4. Use the recently refreshed planning framework to track the progress for making prudent healthcare happen in LHBs/Trusts.
5. Better co-ordinate respective health policy research programmes in Wales, to contribute to a prudent healthcare system, including a research call by NISCHR in the new-year to test/model the impact of prudent healthcare.
6. Continue to draw learning from the international movement that is developing in many countries and grows out of recent assessments of how health services have changed in recent years and their future prospects.
7. Continue to ensure prudent health care features as a golden thread in the evolution of the Healthcare Standards Framework.

In addition the newly formed Bevan Commission will reflect on the debate so far and help further define the principles, publishing a report 'one year on' from the introduction of prudent healthcare at the Welsh NHS Confederation conference in January 2015.

Please take the time to visit, utilise and contribute to
www.prudenthealthcare.org.uk
to help deliver a healthier Wales.