

**18th August 2005
ACHSE Breakfast Forum
Queensland**



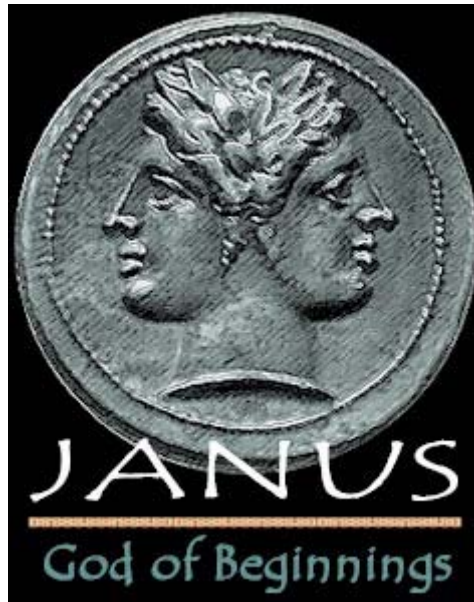
THE POSSIBILITIES ARE INFINITE

Janus was a Patient of Mine

Dr Lester Russell

Chief Medical Officer, Fujitsu

Success – Where is the shared agenda?



Janus - Roman god known as the *custodian of the universe*; the god of *beginnings* and the *guardian of gates and doors*.

Facets of Janus

Custodian

Beginnings

Looking in two directions

Towards a lingua franca

- Patient
- Citizen
- Health service executive
- Clinician
- Government
- Commerce
- Insurer – health / PI
- Regulatory body

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THE POSSIBILITIES ARE INFINITE

Why are we doing this?

What are we doing?

What next?

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THE POSSIBILITIES ARE INFINITE

Why are we doing this?

What are we doing?

What next?

\$3.3tn

£7bn

50%

850,000

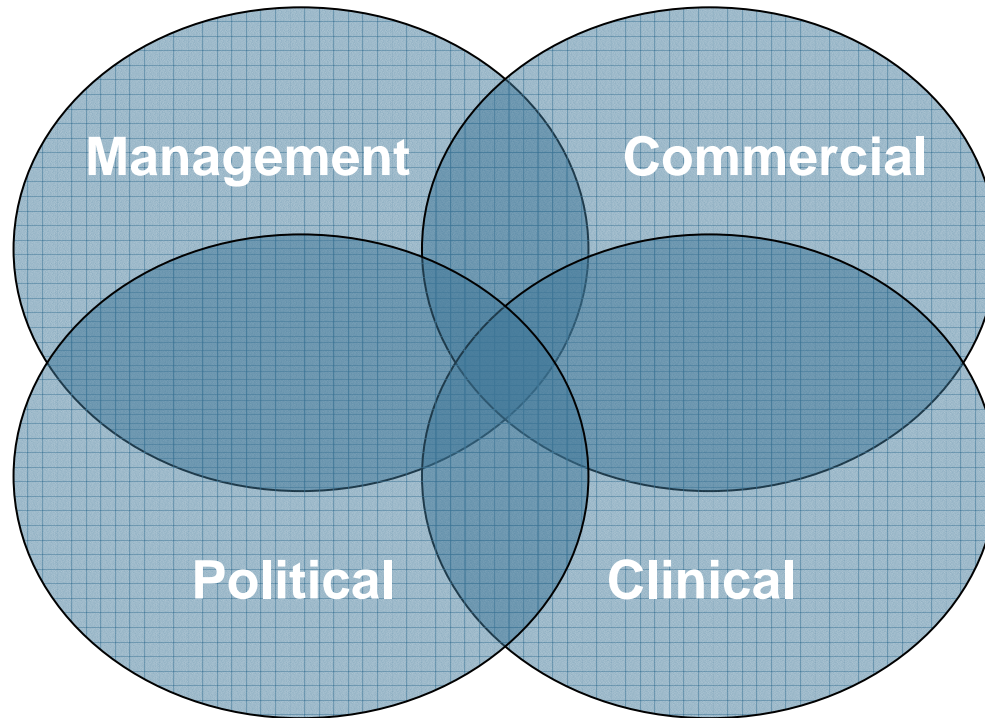
98%

2020

156

82

Success – Where is the shared agenda?



Sharing the agenda

Clinicians' priorities

- Leave me alone to keep up with the “real” work
- Make my life easier
- Stop me getting sued
- Help me treat my patients better

Sharing the agenda

CEOs' priorities

- How do I survive the crisis?
- How do I hit my targets?
- How do I reduce costs?

Sharing the agenda

Politicians' priorities

- How do I get a better service?
- Where are the popular choices and are they practical?
- How do I reduce costs?

Sharing the agenda

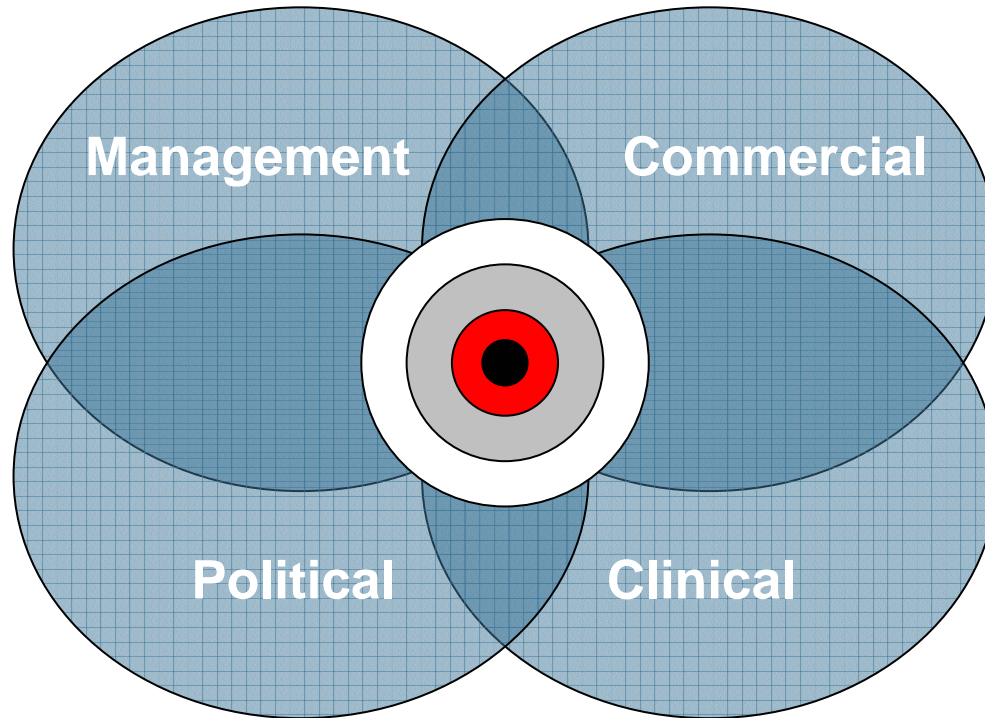
Commercial priorities

- Where is the business growing?
- Who should I talk to?
- How do I avoid probity issues?

Key point #1 – The shared agenda rules – OK?

**If its not on the shared agenda, it
won't work.**

Success – Where is the shared agenda?



Mission

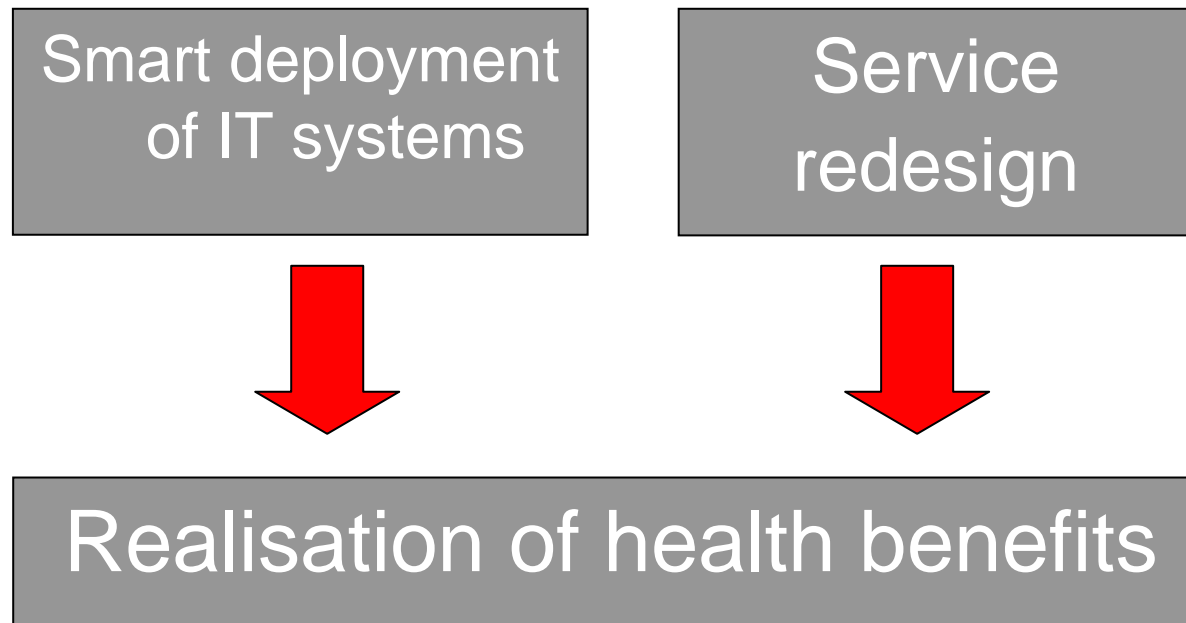
The role of Fujitsu as a Local Service Provider (LSP) is to enable healthcare organisations to improve and maintain health.

Key point #2 – It's not about IT

It's about improving the ***efficiency of care*** through a ***structured programme of change, enabled by IT***

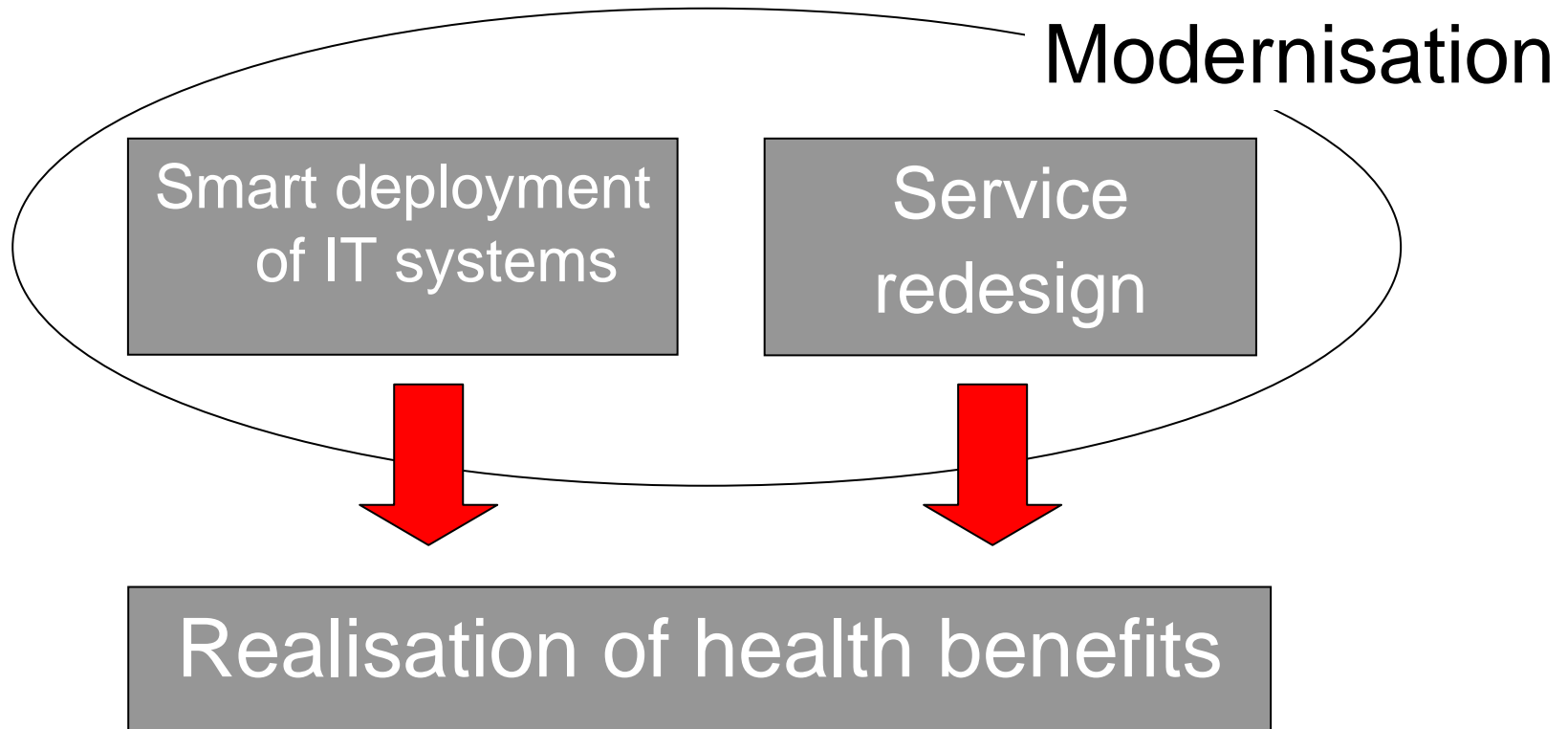
Enabling change

- achieving health benefits



Enabling change

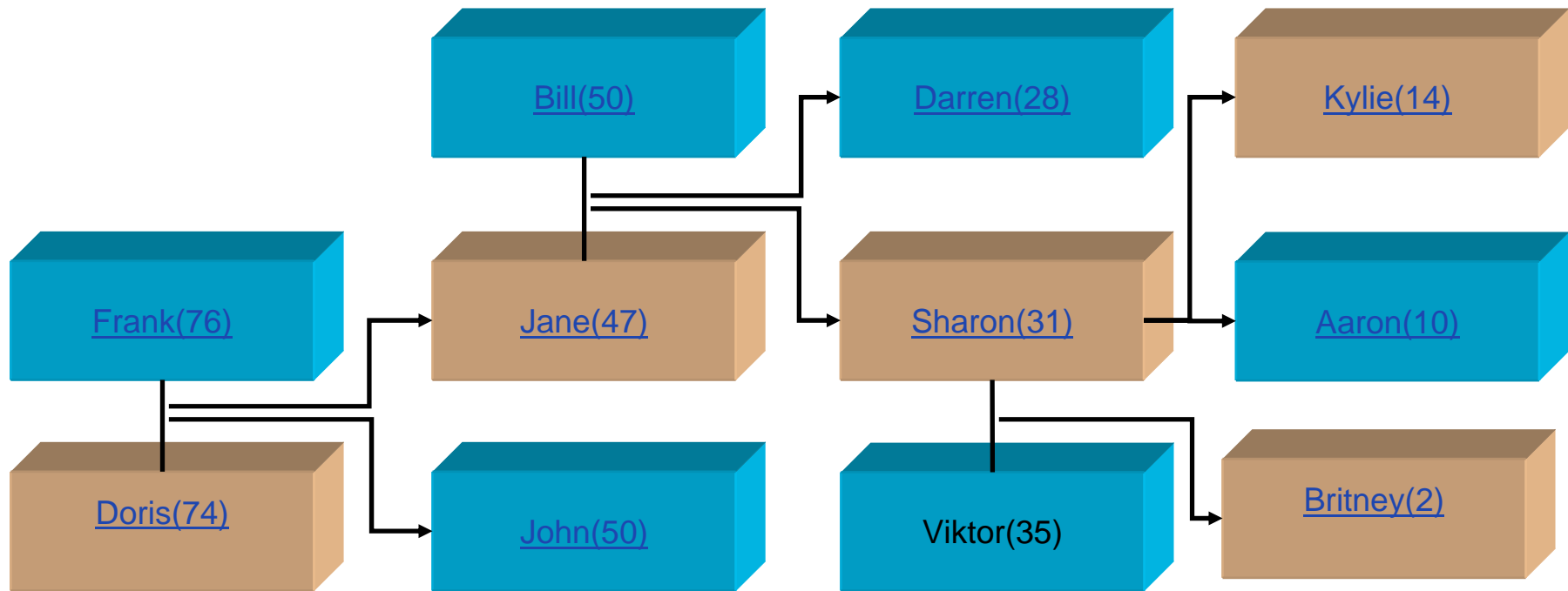
- achieving health benefits



**“Experiences are as
distinct from services as
services are from goods.”**

Joseph Pine & James Gilmore, *The Experience Economy: Work Is Theatre & Every Business a Stage*

The Soap Family



Profile: *Doris*



- 74 year old female
- Diabetes
- Cataracts
- OA hips and needs hip replacement

Doris is a 74 year old woman who has been married to [Frank](#) for 53 years. She is overweight, has diabetes and cataracts. Doris also has osteoarthritis and is on a waiting list for a hip replacement

She has two children, [John](#) and [Jane](#), two grandchildren and three great grandchildren

Profile: *Frank*



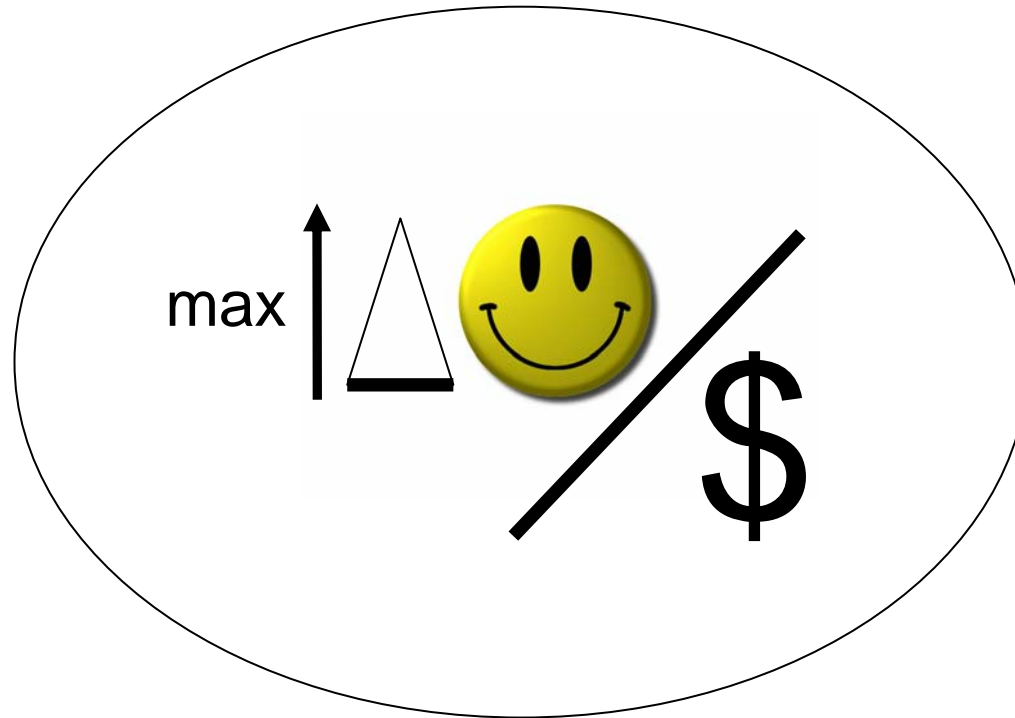
- 76 year old male
- Early Alzheimer's
- Colorectal cancer

Frank is a 76 year old man who has been married to Doris(74) for 53 years. He was diagnosed with early signs of Alzheimer's 4 years ago and has now been diagnosed with colorectal cancer.

He has two children, [John](#) & [Jane](#), two grandchildren and three great grand children



Health productivity – the critical quotient



Enabling change with IT

“In five years’ time, you will
be your data.”

*Prof. Martin Severs – Chairman,
Information Standards Board*

Key point #3 – Health productivity is King

Failure to measure outcomes and relate them to cost, will be negligent.

Outcome measures - caution

Autism in California

(California Dept of Developmental Services)

1970 – 4 per 10,000 births

vs.

1997 – 30 per 10,000 births

1986 – 2,778 cases

vs.

2002 – 20,377 cases

Enabling change with IT

Paving the cow paths
Vs.
A step change

Enabling change with IT

1. Patient seen in Outpatient Department
2. Analogue voice recording by clinician
3. Conversion to Word document by medical secretary – digital form

Enabling change with IT

1. Patient seen in Outpatient Department
2. Analogue voice recording by clinician
3. Conversion to Word document by medical secretary – digital form
4. Printed letter
5. Royal Mail
6. Received in practice – date stamped
7. Scanned
8. Optical Character Recognition (OCR) process
9. Checked for accuracy & corrected – digital form
10. Integrated into patient record

Enabling change with IT

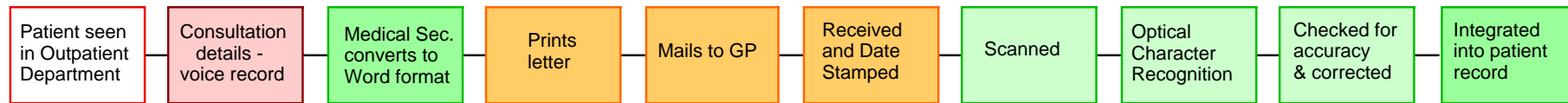
1. Patient examined by ultrasonographer
2. Ultrasound scan result recorded as Word document by ultrasonographer
3. Multiple results saved on 3.5" floppy disc
4. Disc handed to practice secretary
5. Result integrated into patient record

Enabling change with IT

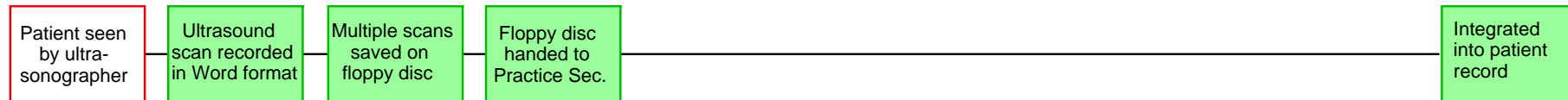
1. Patient seen in Outpatient Department
2. Consultation details are recorded directly into the digital patient record

Enabling change with IT

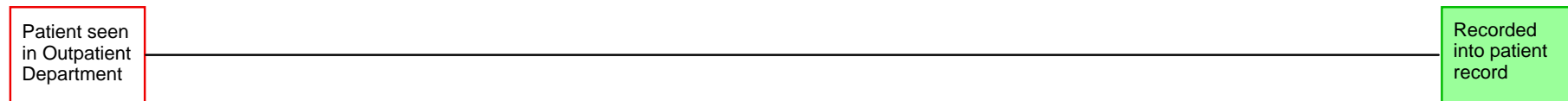
CONVENTIONAL



EVOLUTIONARY



TRANSFORMATION



Key point # 4 – Change is not enough

It's not change.....

... it's abandonment

Tom Peters

“Incrementalism is
innovation’s *worst*
enemy.”

Nicholas Negroponte, *Wiesner Professor of Media Technology at the Massachusetts Institute of Technology*

“What is clear is that incremental reform is no longer the pathway to a sustainable financial vision for Western Australia.”

Prof Michael Reid, *A Healthy Future for Western Australians*

“The greatest danger
for most of us
is not that our aim is too high
and we miss it,
but that it is
too low
and we reach it.”
Michelangelo

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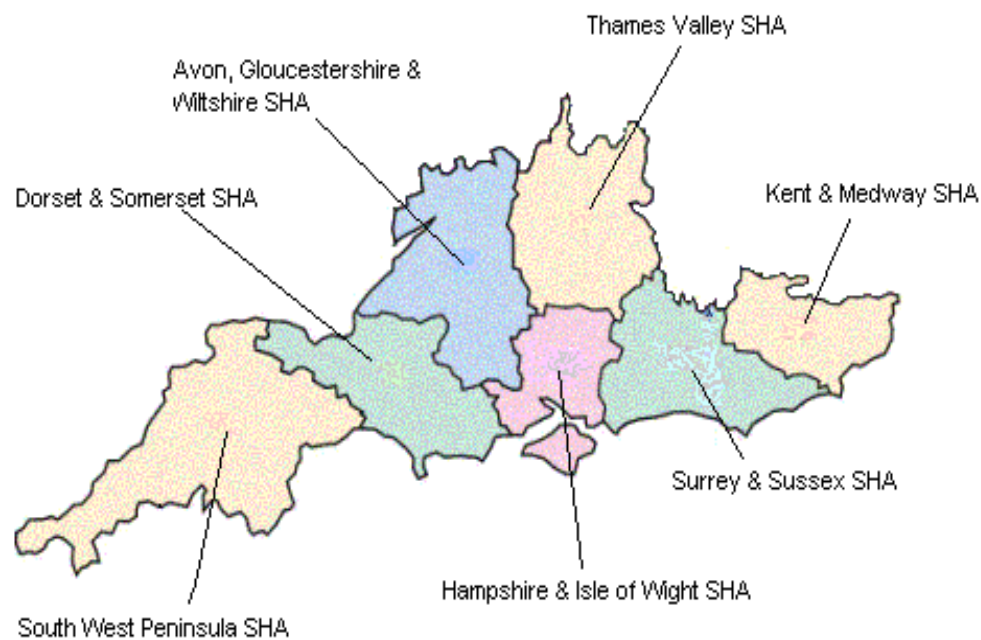
Southern Cluster – Strategic Health Authorities & Trusts

81 Primary Care Trusts

63 Hospital Trusts

35 Social Services

Organization Type	Cluster Total
Acute Teaching Trusts	5
Large Acute Trusts	12
Medium Acute Trusts	17
Small Acute Trusts	7
Acute Specialist Trusts	3
Mental Health & Community	19
Primary Care Trusts	81
Ambulance Trusts	12
Total	156



Overcoming the Paper Problem

- **NHS Care Records Service**

Each patient's medical record will be held electronically and will be available online to healthcare professionals and patients.

- **Choose and Book**

GPs and other primary care staff will be able to book initial hospital appointments electronically, at a convenient date, time and place for patients.

- **Electronic Transmission of Prescriptions**

A new service making it easier and more convenient for GPs to issue prescriptions and for patients to collect medicines.

Overcoming the Paper Problem

- **New National Network**

National network (N3) with sufficient connectivity and broadband capacity to meet current and future NHS needs.

- **Contact**

Centrally managed email and directory service provided free of charge to NHS organisations in England.

- **QMAS - supporting GP practices**

QMAS gives GPs feedback on the quality of care measured against national achievement targets detailed in the GMS contract.

Overcoming the Paper Problem

- **Picture Archiving and Communications Systems (PACS)**

Systems to capture, store, distribute and display static or moving digital medical images, supporting improvements to the patient's passage through the NHS.

- **Secondary Uses Service (SUS)**

A service protecting the confidentiality of patients to provide patient-based data and information for purposes other than direct clinical care.

The Heart of Change – Kotter & Cohen

“People change what they do less because they are given ***analysis*** that shifts their ***thinking*** than because they are ***shown*** a truth that influences their ***feelings.***”

www.theheartofchange.com

Key point #5 – Go to the heart of the matter

Showcase early quick wins to gather support.

Clinical engagement

Clinical advisory groups (CAGs)

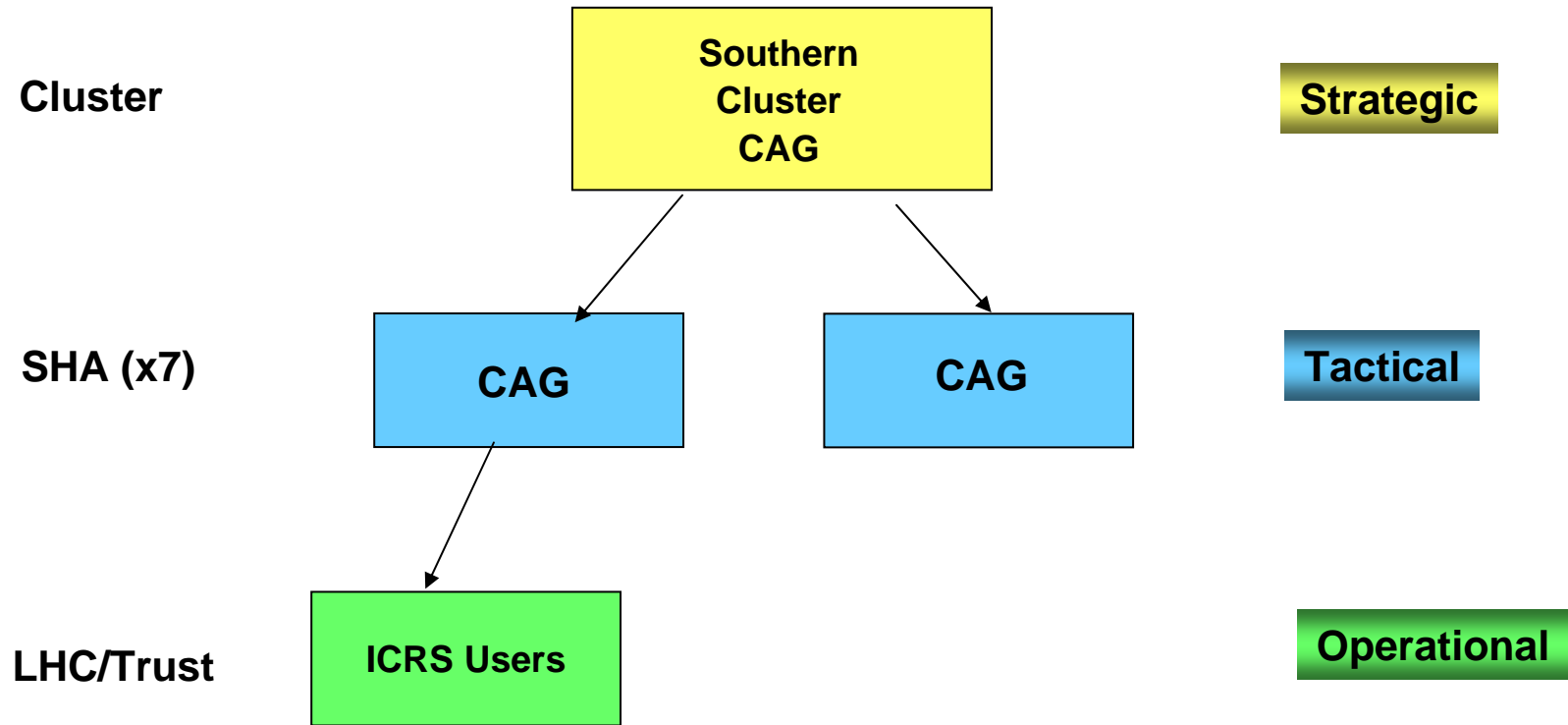
- One per Strategic Health Authority
- Comprised of enthusiastic clinician volunteers
- Members are invited to participate

Clinical engagement

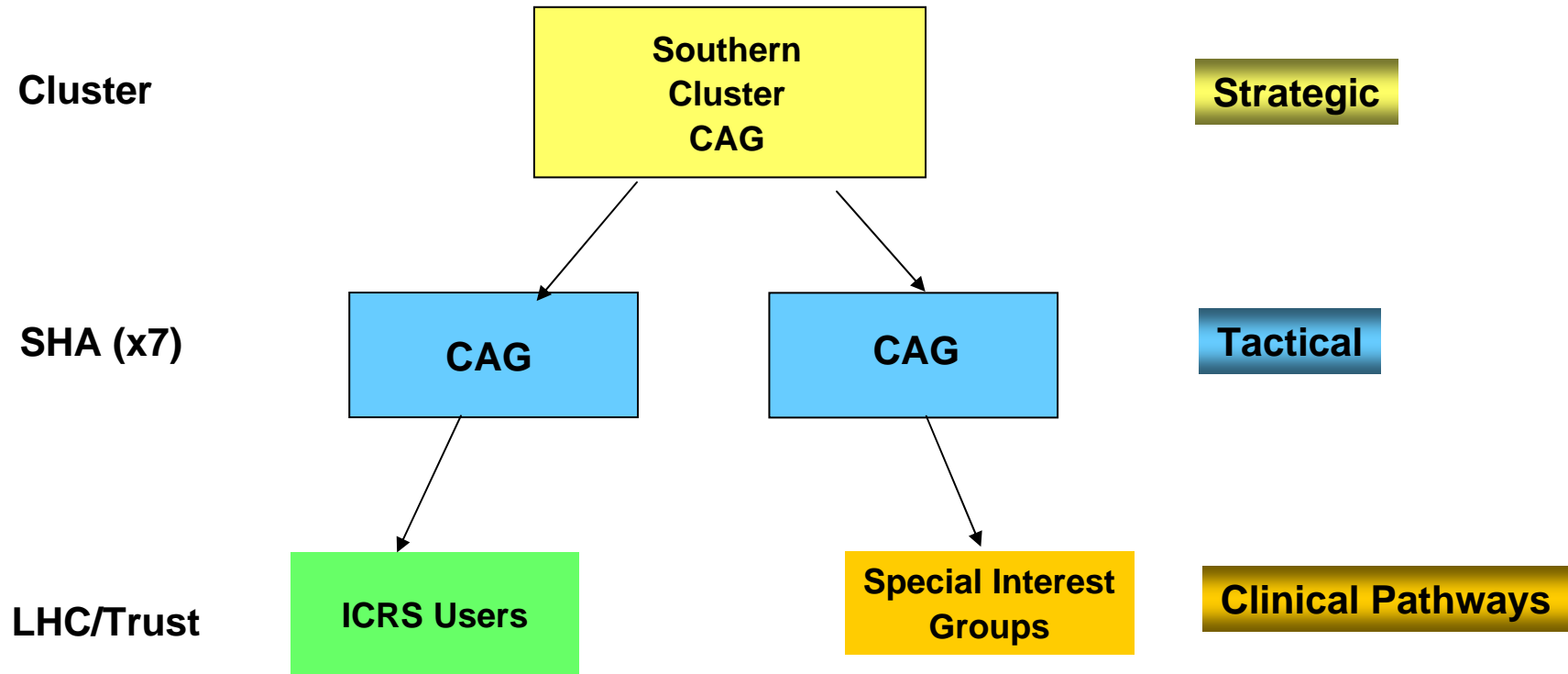
Southern Cluster CAG (SCCAG)

- Comprised of the CAG Chairs
- Draws together input from the CAGs
- Feedback channel to the CAGs

Approach to Clinical Engagement



Approach to Clinical Engagement



Clinical engagement

Extending the success

- Clinical champions - pyramid of influence
- Recruit for talent – and personality
- Coach clinicians in looking for problems & ***solutions*** – rather than just problems

Ideal clinicians

Key attributes

- Influential
- Positive towards the programme of change
- Network of contacts
- Portfolio career

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Interconnection vs. Fragmentation

Interconnection

- Home-care, primary, secondary and tertiary
- Scheduled and unscheduled
- Social, education and health

Fragmentation of providers

- Purchaser/provider split
- Paid-for but not necessarily provided by NHS
- NHS as commissioner
- Increased competition

“If you don't like change,
you're going to like
irrelevance even less.”

General Eric Shinseki, Chief of Staff, U. S. Army

Modernisation agenda - 1

- *The NHS Plan (2000)* – Demand for services driven by Primary Care Groups
- *Building the Information Core: Implementing the NHS Plan (2001)* – IT systems for patient centred care and services
- *Shifting the Balance of Power (2002)*
 - *Primary Care Trusts commission services from hospitals and other providers of care - ISTCs*
- *Delivering the NHS Plan (2002)*
- ***The Wanless Report (2002)***
- *Delivering 21st Century IT Support for the NHS (2002)*
- *The NHS Improvement Plan (2004)*

Modernisation agenda - 2

The Wanless Report (2002)

- Major advance required in the effective use of ICT
- Necessary for a high quality service
- A major priority, with a crucial impact on NHS

Key themes in health policy

- A focus on the patient's needs and the patient experience
 - specifically on *health benefits*
- Intention to use ICT to improve the patient's experience
- Plurality, diversity and choice

Key themes in health policy

Plurality, diversity and choice

- Plurality – more than one provider option
- Diversity – different ways of providing care
- Choice – patients can choose where, when and how to access their care

Personalisation vs. Commoditisation

Quality comparisons

- Value-for-money approach to commissioning
- Personal health choices driven by quality
- Robust measures of quality
- Accent on safety, business efficiency, agility and continuity

Comparative clinical outcomes analysis

- Away from block contracts
- Towards Payment by Results (PBR) - really payment by activity
- Through Practice Based Commissioning (PBC)
- To payment by outcome

Personalised care

- Away from secondary care organisations' menu-driven approach
- Towards primary care organisations, as a proxy for patient-driven care
- To patient choices and care out of hospital

Personalised care

- Genomic, proteomic & metabonomic profiles
- Pre-emptive care - screening
- Population risk

Therapeutic accuracy

Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT)* - 33,357 patients		
	<i>Black</i>	<i>Non-black</i>
<i>1st line</i>	Thiazide diuretic <i>Rationale</i> = or > efficacy in lowering BP, in tolerability, and in preventing the major clinical complications of hypertension	
<i>2nd line</i>	Calcium Channel Blocker (CCB) <i>Rationale</i> greater risk for stroke, combined CHD, combined CVD, and angioedema seen with ACE inhibitors, overriding the greater risk for HF with a CCB	Angiotensin Converting Enzyme (ACE) inhibitor <i>Rationale</i> higher risk of HF with CCB than with the ACE inhibitor when compared with the diuretic
<i>3rd line</i>	ACE inh	CCB
*JAMA 2005; 293: 1595-1608		

Therapeutic accuracy

Ethnicity can act as an indicator for a variation in drug activity

- Efficacy and risk of side-effects varies with genetic heritage, e.g. across ethnic groups

Key themes in the future

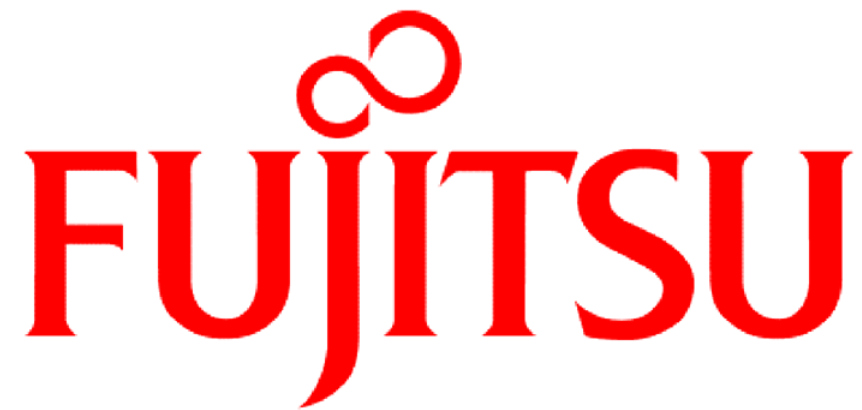
Personalisation

Quality-driven

Mobility

Key point summary

1. **The shared agenda rules** - If its not on the shared agenda, it won't work.
2. **Its not about IT** – It is about improving the *efficiency of care* through a *structured programme of change, enabled by IT*
3. **Health productivity is King** - Failure to measure outcomes and relate them to cost, will be negligent.
4. **Change is not enough** - It's not change - it's abandonment
5. **Go to the heart of the matter** - Showcase early quick wins to gather support.



FUJITSU

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