Bevan Commission

...promoting health and health services improvement in Wales

Prudent Healthcare – The Provisional Principles

1. Introduction

The challenge to drive forward an excellent healthcare system for NHS Wales, within an era of severe financial restraint, continues to exercise Welsh Government, health boards and Trusts, not only in Wales, but in other health systems within the UK and internationally. The situation in Wales is particularly acute because of the progressive underfunding gap for NHS Wales. It therefore requires immediate and urgent actions to ensure that the resources we have at our disposal are being used to best effect, achieving the best outcomes for people at the least cost. This necessitates a comprehensive understanding of where resources are currently being invested and the impact and outcomes delivered, alongside a clear rationale for disinvestment and reinvestment decisions. It also requires a fundamental culture change to embed this not only across the health and social care systems but also with members of the public and the media.

2. Prudent Healthcare

The Bevan Commission outlined its approach and thinking to Prudent Healthcare in its discussion paper entitled *'Simply Prudent Healthcare – achieving better care and value for money in Wales'.*

Prudent Healthcare is defined as ***'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'***

Prudent healthcare is not about rationing. Instead it aims to deliver health care that fits the needs and circumstances of the patient and actively avoids ineffective care that is not to the patients' benefit. It requires healthcare professionals and government to use resources effectively and efficiently and where a wasteful allocation of scarce resources is generally regarded as being unacceptable and an injustice. Common sense principles and practices such as Programme Budgeting and Marginal Analysis (PBMA) will help to identify interventions and initiatives whose benefits are not large enough to meet the additional costs incurred. Interventions not normally used (INNU) http://www.england.nhs.uk/ourwork/d-com/policies/ssp/ , NICE evidence of ineffective treatments and new service models for improved delivery all contribute to a Prudent Healthcare approach.

The objectives for Prudent Healthcare in Wales must ensure that:

- Healthcare fits the need and circumstances of the citizen
- Actively avoids harm and waste
- Abandons treatment or care that brings little or no benefit and
- Maximises the limited financial resources which can be drawn upon
- Adopts evidence based medicine at scale and pace

3. The Provisional Principles

The potential benefits which would be brought to NHS Wales by the adoption of a prudent approach to healthcare, needs to be thoroughly explored and assessed. As a first step in that direction it is necessary to formulate a set of basic principles which will underpin prudent healthcare in a Welsh context and are predicated on the precepts articulated by Aneurin Bevan. However, principles alone will make little difference if not applied in practice and therefore we should all take responsibility, including the public, patients and professionals, for their adoption and application to the nature and manner of care or support received.

The following principles identify the high level levers for change, which need to be adopted to make sure we all take a responsible attitude to healthcare in Wales. These are based upon the fundamental needs of the individual, not the system or the professional. They will require both organisational and professional ownership and accountability, working in a co-productive way with people to best meet their needs.

For most, providing the Right Care in the Right Place at the Right Time and by the Right Person will not be new, however, we fail to achieve this. The Bevan Commission wishes to reinforce this aspiration as an overall aim implicit within Prudent Healthcare. This builds upon the Six Quality Domains and benefits they could bring to NHS Wales, identified by the Institute of Medicine and reinforced by 1000 Lives as follows;

- **Stop doing things where there's evidence they don't work**
- **Invest only in what gives tangible benefits**
- **Investigate areas where evidence is not clear**
- **Improve quality and clinical outcomes**

Domains	Benefits
Patient Centeredness	Improved engagement, improved personal care and less litigation and complaints
Patient Safety	Less adverse results
Efficiency	Removing unnecessary processes, streamlining the system of care
Effectiveness	Undertaking interventions based upon sound evidence
Timeliness	Reducing waiting times and queues, prioritisation based on need
Equity	Ensure similar outcomes for people with similar needs, different outcomes for people with different needs

Prudent Healthcare is predicated on the notion that the use of £1 or 1 hour of a person's time in one area inevitably means that they are not available for use in other areas. The benefits that would have been derived from their use in other areas would be lost or sacrificed. It is therefore essential that the limited time and funds available within healthcare are channelled into the activities and areas that will maximise the benefits, for patients or the public as a whole, generated from their use. Determining the activities and areas into which resources should be allocated can be complex, particularly when balancing individual benefits against population health gain.

To help in this a 'common currency' is needed to enable the relative benefits arising from the range of activities to be compared. One such measure is that of the quality adjusted life year (QALY), which combines the additional life years derived from the healthcare intervention with a measure of the quality of those additional life years. This is the metric employed by NICE and the All Wales Medicines Strategy Group (AWMSG) in assessing the relative worth of medicines and other technologies, which allows comparisons to be made between interventions across all areas of health and social care to assess the extent to which they can be regarded as representing value for money.

Principle 1 – Equity based care, treating greatest need first

Definition

Prudent healthcare is that which is infused with a sense of equity. It provides us with a way of matching need and spending. This means that care will be focused on those with the most serious health needs first. They will be prioritised for care/ treatment or targeted interventions, irrespective of time or place.

Aims

The intention is to ensure that maximum resources should be allocated to where our needs are greatest, at both and individual and population level. It should allow us to go on preserving and promoting the fundamental Bevan principle, that it is your clinical need and nothing else that matters when it comes to deciding your treatment by the National Health Service in Wales. This aims to achieve greater equity on the basis of need, not on time or targets. This also recognises the requirement to provide the best care needed at the most appropriate facility and time, with a level of expertise to maximise the best outcomes for the patient.

Actions

To achieve this the NHS will need to develop an appropriate prioritisation process which recognises clinical need is paramount and where delay can result in serious deterioration in health status. There will be a pressing need to adjust the system of waiting times to more accurately represent clinical priorities, ensuring that diagnostics and assessment facilities are readily available to relevant health professionals to enable accurate and timely decisions relating to clinical priorities.

Examples

- Fast track in ambulances ensuring that those who are most in need are prioritised.
- Appropriate referrals to specialist care and treatment.
- Prioritise those in most need of treatment in primary and community care
- Targeting more vulnerable groups for lifestyle interventions etc. Some referral management systems have interfered with access on clinical need. They can help weed out referrals that may be more appropriate elsewhere

Principle 2 –Do no harm

Definition

This means that every clinician will need to be satisfied that due consideration is given to avoiding measures or interventions which may harm a person physically and/ or mentally, in the short or in the long term.

Aim

The aim is to ensure that the intervention, on the balance of probability, is likely to effect a tangible beneficial outcome that will retain optimum health compared with other possible interventions, based on dialogue and agreement between the clinician and patient. Where there are no interventions with sound evidence of efficacy appropriate for the patient and their circumstances, the clinician would provide support and conservative management relevant to the individual's case. Whatever intervention is agreed, it should always be based upon the minimum necessary to bring about the agreed change.

Actions

The principle of treatment should begin with the basic proven tests and interventions, calibrating intensity of testing and treatment consistent with the seriousness of the illness and the patient's own goals. It is not a question of doing all that we can when doing so may do more harm than good and raise hopes and expectations along the way. The volume of interventions or treatments should not be the touchstone by which we measure our success

Harm can also be done by stripping people of their own abilities, removing their capacities and their ability and confidence to take care of themselves and of others. Prudent healthcare provides an ethical underpinning for conversations with patients, to ensure that we engage with them and avoid putting patients through more treatment than is necessary to address their condition.

This will also require the need to focus on population health, targeting the promotion of health and prevention of ill health. The NHS often has to fix problems caused by harmful lifestyle behaviours and greater effort is needed to support, empower and motivate people to avoid harming their own health and well being.

The NHS will need to establish minimum standards for safety issues (e.g infection rates, pressure ulcers, cancelled operations, dispensing errors, prescribing errors) and establish measures to monitor its performance including patient engagement and achieving patient reported outcomes.

Examples

- Avoidable unnecessary admissions of elderly patients to hospital causes serious harm dependency and post discharge syndrome.
- Unchallenged poly pharmacy causes adverse events iatrogenic disease and hospital admissions.
- Zero tolerance with regard to pressure ulcers.
- An uncomplicated UTI in an elderly person living alone may require admission which can rapidly lead to confusion, falls and increased rather than decreased morbidity
- Use of hypnotics and anxiolytics both in hospital and in the community leading to falls and other avoidable harms.
- Early supported discharge following a stroke

Principle 3 - Do the minimum appropriate, to achieve the desired outcomes

Definition

This means that no intervention should be carried out unless it is agreed, between the clinician and the patient, that the intervention would be better than not adopting that intervention at all.

Aim

The aim here is to go beyond the 'do no harm' approach to one in which an intervention must do more measurable good from a patient perspective, than not introducing it. It is about providing an ethical approach to treating patients in which clinical needs and clinical prioritisation determines how services are provided. It aims to deliver healthcare that fits the needs and circumstances of patients and actively avoids ineffective and wasteful care that is not to the patients' benefit

Actions

Where an intervention is justified, it should always be the minimum and most timely necessary to achieve, the agreed change or outcome. The benefit of interventions should take full account of patients' own desired outcomes, and patients should be helped to think through what outcome they might desire and what is clinically realistic. For example, preventing or delaying further deterioration would be preferable to adopting a more invasive treatment, provided the outcomes met the patients' needs. The system should also ensure that patients are provided with enough support to take care of themselves appropriately.

All interventions should be considered in the light of the patient-reported outcome measures (PROMS) bearing in mind desired outcomes, as above. Such outcomes should be routinely gathered by Health Boards and form the basis of monitoring the quality of the care provided. We should help ensure that patients are fully informed of the options, evidence and likely outcomes as well as being actively engaged in the decision making process.

Examples

- GP/Consultant dialogue and, in particular, overcoming a delay when it is clinically indicated that the patient needs justify attendance at the next clinic. The potential further delay is likely to result in a deterioration in the patient's illness before they are assessed or treated
- Availability of rapid diagnostics, clinical management advice (GP/Consultants dialogue) and, for example, physiotherapy for rapid treatment of injury and proper rehabilitation after major surgery - especially joint surgery
- Evidence suggests that bowel screening programmes are identifying 'polyps' that would resolve in due course without intervention, but where unnecessary surgery has now become the norm
- Early identification and proactive management of heart failure using natriuretic peptide tests by GPs

Principle 4 - Choose the Most Prudent Care, openly together with the patient.

Definition

This means that people should be actively involved in making decisions about the treatment or care they wish to receive. The emphasis should at all times be on transparency, with patients and clinicians working in genuine partnership with an abiding focus on the mutually desired outcome.

Aim

This aims to ensure that people are given sufficient access to reliable information to help them make decisions, with time for reflection and the chance to explore what the evidence means for them and their own personal circumstances. They will need to fully understand the risks and what the alternatives may be, with the benefit of expert advice. Greater transparency and public engagement will be essential in ensuring this is done with people not to them. We must ensure openness and transparency in the clinical decisions we make so that the public can trust and value professional advice and expertise.

Actions

The most prudent decisions about what healthcare should be given are usually those made by the patient and their clinicians, working in partnership. Ultimately, patients are the only people capable of making the right decision about their own healthcare. However they usually need help to access, understand and apply the available evidence on outcomes, consequences and alternatives, and then to think through what would be best for them. The NHS has a responsibility to help in each of these aspects, in the way the patient wants. It can take time, great inter-personal skills, IT support, and above all, a willingness and ability to respond to the patient. It also requires good evidence on what actually are the longer-term outcomes, as experienced by patients. The NHS too often focuses upon the immediate impact, rather than upon whether the intervention actually improves the quality of life over time.

If the NHS gets this right, patients themselves will become the biggest drivers of prudent healthcare; get it wrong, and patients lose their beneficial influence on the care provided.

Examples

- Some surgery has very good outcome data as for example in elective surgery for aortic aneurysm. Other surgery has less successful outcomes, especially for the elderly who find appropriate rehabilitation difficult or when availability of this is limited
- Use of alternatives in removal of polyps rather than invasive surgery – e.g colonoscopy rather than surgery can produce similar outcomes without mortality risk and at lower cost
- Enhanced Recovery After Surgery Programmes (ERAS) where patients are actively engaged in their post operative rehabilitation, such as knee replacements

Principle 5 - Consistently apply evidence based medicine in practice

Definition

This means that where there is no sound evidence for the clinical efficacy and cost-effectiveness of an intervention or procedure, then it should not be undertaken.

Aim

Health professionals and organisations will need to ensure that where a treatment or intervention has been initiated for which there is limited evidence for its continuation; there will be a need to discuss and agree with the patient how its removal may be managed. The NHS must be transparent and engage the public in prudent healthcare. The principles themselves provide sound efficacy for future practice and greater clarity on what services can be provided and what cannot be provided. Fertility treatment or the latest expensive anti cancer drug may well fall into this later category.

Actions

NICE has a catalogue of 'don't do it ' clinical interventions that do not generate benefit (Appendix/ link). They include 867 things that NICE say are no longer clinically worth doing.

Where evidence is questionable there needs to be a cascade or graduation of the treatment in relation to the strength of evidence and reflecting the consensus of medical judgement and opinion. Even for those areas where the evidence is strong, in some individuals there may still be limited benefit or tangible outcomes. In such circumstances discussion should take place with the patient as to whether this should be continued and whether there are any other appropriate interventions of benefit or not.

The use of techniques for determining priorities must become the norm in informing decisions relating to the provision and delivery of interventions and treatments.

Examples

- Grommets, tonsils , back surgery, knee surgery and shoulder surgery - all controversial in some instances and without proper physiotherapy and after surgery care the outcomes are poor
- Inappropriate therapeutic management of chronic pain which has seen a dramatic increase in the prescription of medications for which the evidence of success in the context of an individual patient is wanting.

- Greater utilisation of ‘stopping rules’ to cease treatments that have no or minimal effect at individual patient level – examples of expensive medications being continually prescribed without regular monitoring of impact on patient
- Quality and safety agenda has to be given greater priority
- Excessive/inappropriate use of CT/MRI scans
- Do we need to ask for non urgent tests at night?
- Are we using the most cost effective prosthesis for joint replacements?
- Are we doing too many unnecessary follow ups in the clinics?

Principle 6 – Co create health with the public, patients and partners

Definition

This means that where medical and therapeutic solutions are not the best to resolve the patient's health problems and needs, then alternative approaches should be actively sought.

Aim

The aim here is to encourage and motivate the public, patients and other partners who should all take responsibility to address these in the most appropriate way.

Actions

Individuals should be partners in their own care and should be motivated and encouraged to share responsibility to address their problems. In a prudent healthcare world we need to change the way we think about public and population health. We have to move from education to motivation and from individual to environmental changes, to turn the good intentions into actions.

Communities should be engaged in co creating healthy communities in which they live. Other partners such as local government and the third sector should also work together using their skills, knowledge and networks to enable citizens to live 'Happy Healthy Lives' in the places where they live, work and play. We should all recognise and address the underlying determinants of health, and use local assets to help co produce health in the most appropriate way, to achieve the best outcomes for all. Prudent healthcare is not just about how many tests or interventions we can do. It is about the more we can do at a citizen level, population level and primary care level to ensure a better service can be provided.

Prudent healthcare provides the ethical framework for co producing health with people. Having the right conversations around 'what can we do together to address the problems you have?' Rather than 'what can I do for you?' reinforcing people's own strength and maximising their own abilities. Too often, the NHS seeks to apply clinical remedies to problems which are not amenable to such an approach. This 'medicalisation' of social and other issues is often the result of a simple lack of availability of better alternatives; it can also be because people are not assisted to adapt and cope with problems that can never be entirely removed (supported 'self care').

The NHS needs to work much better with its partners in social care, housing, education, and others, especially those in the third sector, to make sure that appropriate alternatives are available and skills and resources are combined to help people live with those aspects of their lives for which there is no other remedy. Resources may be relatives, friends, neighbours & friendly & professional societies which could all be of benefit to a person's health.

The NHS will need to ensure it places appropriate emphasis on addressing the underlying causes of ill health, motivating and supporting people to help themselves and live healthy lives in partnership with all concerned.

Examples

- Community volunteering – wide range of support given across communities particularly to those who are most vulnerable and in greatest need
- Time banking – encourages people to give their time to support community interests which can be exchanged for other services and support
- WRVS – 'Red Robin' Scheme – provides volunteer support to patients in hospitals and on discharge home
- Experience based service co-design – planning and designing services with the people using them (e.g mental health services)
- Education for Patients Programme – structured education programme to help patients self manage their conditions
- Simple measures within the home can both prevent accidents, (e.g, hand rails on stairs) and assist infirmity and morbidity (e.g, easily accessible bathing facilities such as a shower rather than a bath)