Patients Not Pathways

A Collaborative Change Platform For Long Term Conditions

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The challenge. The NHS is wrestling with the challenges of increasing patient demand, the adoption of new technology, resource constraints and the delivery of efficiencies. These are particularly acute in the management of Long Term Conditions, which consume the majority of the NHS budget and a large portion of Local Authority resources, particularly for older people.

Success will ultimately lead to better health outcomes at lower cost but it requires nothing less than the transformation of health and social care as we know it. Planning must focus on patient groups – improving healthy years, slowing disease progression and providing the best, most cost-effective care. It will require the reconfiguration of hospital services, effective working between community health and social care, greater prevention and a ramp up of telehealth & technology. However, service redesign is always a complex process. Many stakeholders are involved, each with their own ideas for meeting the changing demands and addressing the pressures.

Pre requisites for successful change across health and social care

- A **framework** to plan and deliver joined-up **service improvements** across all sectors.
- **Clarity** on end-to-end **care pathways** and a common view of the system for all **stakeholders**.
- A **robust** way to assess a new care package's impact on **patients**, **resources** and **costs**.
- **Consensus** on the changes needed, resulting in faster adoption & a higher chance of **success**.

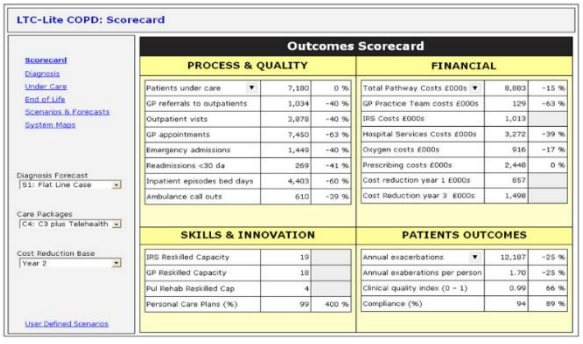
A collaborative change platform. A new approach has been pioneered for use by partners across Health and social care. At its centre is a collaborative service redesign process supported by cloud-based apps. This approach captures how care for a specific condition (eg. Diabetes, Chronic Heart Disease, COPD) operates in a commissioning area, typically a city or region. Patient cohort, care package and cost data are assessed in the context of disease progression, enabling all stakeholders to gain a common understanding of clinical needs and the 'whole system' response. Alternative options for redesign are identified and compared on a like-for like basis, their impacts presented online. This results in a transparent assessment and quicker agreement, reducing the risk of change. So how does it work?

Agreeing the current state. First of all a group of stakeholders is established, representing clinicians, commissioners, service providers (hospitals, community services, care homes, etc), suppliers (pharmaceuticals, equipment, telehealth), patient groups etc. During a series of workshops, they agree the relevant local data, which is captured online. This includes prevalence, disease progression/severity, patient volumes, care packages, total costs, staffing levels etc. The data is profiled as cohorts over time to show the current projection for outcomes, costs and resources.

The outputs are presented as graphs to make it easy to see trends and pressures. A Balanced Scorecard summarises the clinical information (interventions and resources), finances (costs and productivity), the adoption of best practice (prevention, new technology) and patient outcomes (disease progression, urgent care episodes and morbidity rates).

This gives an end-to-end view of how care works in practice and why the costs and outcomes are as they are. This openness and transparency means that clinicians, managers and patient groups gain a common view - often for the first time. This is the starting point for effective service redesign.

Example: Balanced Scorecard (COPD app)



Designing the future state. The stakeholders then consider alternative service options, for instance the rollout of cardio rehab for a defined cohort with chronic heart disease or a community-based exacerbation service for COPD patients. Once details of the proposed care packages have been agreed and then entered online, users can immediately see the impact; costs and benefits versus patient outcomes, all profiled over time.

Based on this output, the most promising redesigns are discussed, refined and re-run (all done in real-time within a workshop). Once the best option has been identified, there is already a service blueprint, the data for a business case and much of the stakeholder alignment has already been achieved.

These informed choices are a solid foundation for implementation planning and approval. The process reduces the time to initiate change and provides an agreed way to measure the real impact.

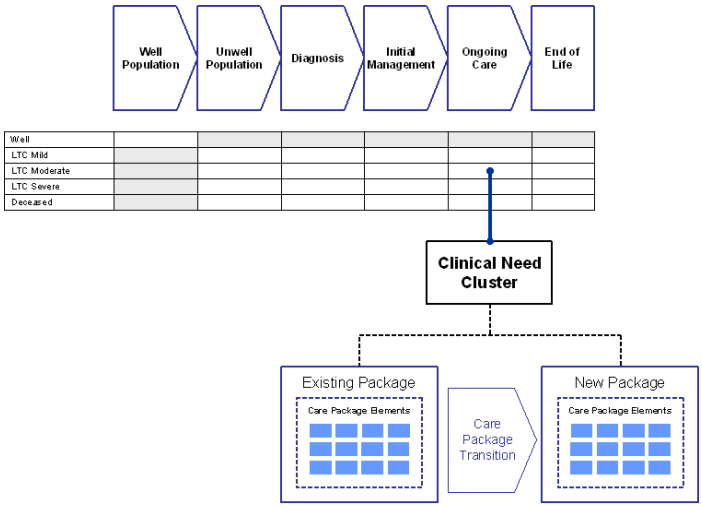
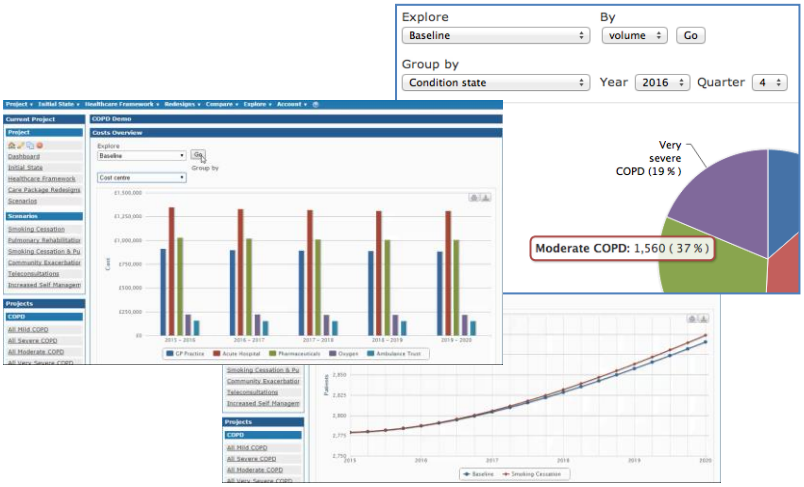


Illustration: Redesign of care packages

Cloud enabled. A centre piece of this approach is the suite of LTC applications, each focusing on a specific Long Term Condition. The initial research and development has been undertaken and the first three Long Term Condition prototypes are available for development. These focus on COPD, Diabetes and Chronic Heart Disease - three of the biggest areas of NHS expenditure.



The applications calculate the net improvements over time based on the best clinical evidence and the agreed local assumptions of the stakeholders. Changes to the assumptions or redesigns can easily be incorporated. One commissioning group found this reduced the engagement and planning process from almost two years to about two months.

Touchpoint Change Ltd. licenses the software and is working with the **Ethos Partnership**, a range of public and private sector organisations to collaborate on the transformation of services for people with Long Term Conditions. The process and apps are a central part of this initiative and are available for development projects in 2018. Several pilots have been run, initially funded by an NHS innovation pot. They paid back in planning terms alone but the bigger benefit is that they identified ongoing savings of 15-39% in specific budgets, worth millions of pounds per year. The architecture is designed to extend to all Long Term Conditions and other disease groups as required, supporting Ethos partners' agreed priorities.

From cloud to community. Healthcare modelling has been employed for many years but these apps take the concept to the next level. They incorporate the extensive knowledge bank of established clinical evidence into a rigorous but easy-to-use product. Healthcare challenges across the world have similarities and the clinical research evidence in the applications is both sourced nationally and internationally, moderated by partner Universities. In addition, they introduce an Activity Based Costing feature so that financial outcomes can be measured alongside clinical outcomes. The apps bring the options for service redesign into the heart of the community and enable local staff and families to be involved in the development of their services.

The challenges of service redesign as partners develop and improve their services

- **Health and Wellbeing Boards**. Bringing together diverse partners to work in a more efficient joined-up way for the population.
- **Clinical Commissioning Groups**. Enabling clinically-based pathway commissioning with greater transparency of outcomes and costs.
- **Integrated Care Programmes**. Helping multi-agency teams to redesign services, shift capacity to the community and re-balance health and social care provision.
- **Technology Providers**. Allowing IT, telehealth and communications companies to develop enhanced propositions underpinned by clinical evidence and real NHS data.
- **Pharmaceutical and Medical Device Companies**. Promoting better prescription, based on agreed evidence and well targeted use.
- **Private Healthcare Partners**. Designing new outsourced delivery models around specific healthcare outcomes and target costs.
- **Change Agents**. Providing an effective way of mobilising cross-functional teams, re-designing services, achieving consensus and getting change projects off to the right start.

The current drive for integrated care, better outcomes, higher efficiency, more community care and faster technology adoption requires the kind of joined-up planning that this approach offers. The collaborative process and supporting applications are available through Touchpoint Change Ltd. Short videos have been produced for Ethos to introduce the apps and are available online.

LTC Redesign Case Study Overview and LTC app simulation demo.

Please contact us for more information.

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