

# Transforming the delivery of health and social care: the case for fundamental change

Professor Chris Ham  
Chief Executive  
29 January 2014



# How good is the NHS?

TheKingsFund> Ideas that change  
health care

## >>Summary

### A high-performing NHS?

A review of progress 1997-2010

With a general election imminent, the NHS has once again emerged as a priority among voters in England, and political parties are competing to be seen as the best qualified to improve the service. Opposition parties paint a picture of an NHS with major deficiencies while the Labour government believes that the NHS is 'good' but needs further transformation to become 'great'. These calls for further reform follow an unprecedented increase in funding for the NHS since 2000.

This review assesses how far the investment and accompanying reforms since 1997 have transformed the NHS in England into a high-performing health system. The review focuses on England because health policy has now diverged from that in the devolved administrations of Scotland, Wales and Northern Ireland. It has drawn on official data, government and other official reports and academic research to assess how much progress the NHS has made in eight domains since 1997. The review asks whether the NHS is: accessible; safe; promoting health and managing chronic illness; clinically effective and delivering a positive patient experience; equitable; efficient and accountable.

#### Access

In 1997, there were long waiting times for hospital and other kinds of care. The NHS offered highly variable access to care in terms of the range of drugs and treatments on offer in different parts of the country.

Since 1997, there have been major and sustained reductions in waiting times for most hospital treatments. Now most patients are seen, given tests and treated within 18 weeks

---

The King's Fund  
11-13 Cavendish Square  
London W1G 0AN  
Tel 020 7307 2400  
Registered charity: 1126980  
www.kingsfund.org.uk

The King's Fund is a charity that seeks to understand how the health system in England can be improved. Using that insight, we help to shape policy, transform services and bring about behaviour change. Our work includes research, analysis, leadership development and service improvement. We also offer a wide range of resources to help everyone working in health to share knowledge, learning and ideas.

1 © The King's Fund 2010

# Commonwealth Fund International Ranking

Country Rankings	
	1.00–2.33
	2.34–4.66
	4.67–7.00

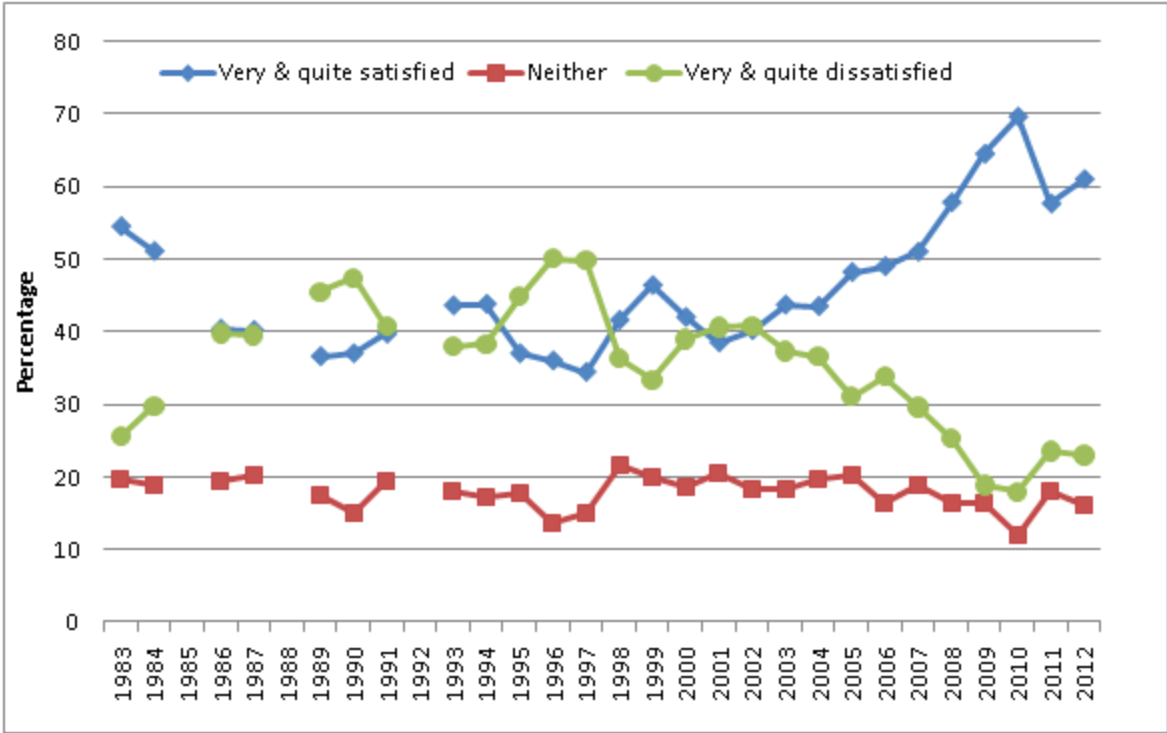


	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
<b>Patient-Centered Care</b>	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

Note: \* Estimate. Expenditures shown in \$US PPP (purchasing power parity).

Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, *OECD Health Data, 2009* (Paris: OECD, Nov. 2009).

# Trends in satisfaction with the NHS since 1983



NHS

Equity and excellence:

Liberating the  
NHS

 Department  
of Health

# The real issues – services not structures

- › Current models of care were not designed for health challenges of today and tomorrow
- › Ageing population, changing disease burden, and rising expectations demand fundamental change
- › Care outside hospitals needs to be strengthened
- › Care inside hospitals needs to be improved with 7 day working
- › The overriding priority must be to achieve closer integration of care

# Funding pressures

- › New models of care would be needed even if budgets were increasing
- › The decade of austerity we are in adds urgency to the case for fundamental change
- › The NHS and social care face unprecedented pressures and challenges
- › More NHS hospitals are struggling to balance their books and improve care
- › Russian roulette for NHS leaders: provide safe care or stay within budget

TheKingsFund>

Ideas that change  
health care

Authors  
Chris Ham  
Anna Dixon  
Beatrice Brooke

# Transforming the delivery of health and social care

The case for  
fundamental change



>Time to Think  Differently

**TheKingsFund>** Ideas that change  
health care



# The case for change



**The Telegraph**

Home News World Sport Finance Comment Blogs Culture Travel **Life** Women Fa  
Women | **Motoring** | **Health** | Property | Gardening | Food | History | Relationships | Expat | Puzzl  
Health News | Health Advice | Diet and Fitness | Wellbeing | Expat Health | Pets Health

HOME > HEALTH > HEALTH NEWS

## Earlier cancer diagnosis 'could save 10,000 lives a year'

More than 10,000 lives could be saved a year if Britain's "poor" cancer survival rates matched those of the best-performing European countries, according to an influential committee of MPs.

By **Stephen Adams**, Medical Correspondent  
6:30AM GMT 01 Mar 2011  
[Follow](#) 2,075 followers

**Comments**

Studies have consistently found that cancer patients are less likely to survive a year past diagnosis in Britain than in other countries.

Now the Public Accounts Committee, which scrutinises spending, has issued a damning report saying too many cancer patients are being diagnosed too late.



**theguardian**

News | Sport | Comment | Culture | Business | Money | Life & style | T

**News** > **Society** > **Cancer**

## NHS record on cancer survival rates criticised by MPs

Committee says death rate is too high because people do not seek help or doctors fail to diagnose the disease

14 December 2011 Last updated at 14:36



## 24,000 diabetes deaths a year 'could be avoided'

By Jane Hughes

Health correspondent, BBC News

**Up to 24,000 diabetes-related deaths could be avoided in England each year, if patients and doctors better managed the condition, a report concludes.**

The first-ever audit of patient deaths from the condition said basic health checks, a good diet and regular medication could prevent most of them.

Diabetes UK said it was vital the 2.3 million sufferers had top quality care.



Insulin injections can control the condition

# The Telegraph

[Home](#) [News](#) [World](#) [Sport](#) [Finance](#) [Comment](#) [Blogs](#) [Culture](#) [Travel](#) [Life](#) [Women](#)

[Women](#) | [Motoring](#) | [Health](#) | [Property](#) | [Gardening](#) | [Food](#) | [History](#) | [Relationships](#) | [Expat](#) | [Pu](#)

[Health News](#) | [Health Advice](#) | [Diet and Fitness](#) | [Wellbeing](#) | [Expat Health](#) | [Pets Health](#)

[HOME](#) » [HEALTH](#) » [HEALTH NEWS](#)

## NHS children's services 'failing 1,500 lives a year'

Up to 1,500 youngsters are dying every year because of faults with children's health services, which are approaching crisis point, the new president of the Royal College of Paediatrics and Child Health has said.

## Healthcare Professionals Network

Insight, advice and best practice from the sector

### When it comes to specialist hospital services, fewer sites are more

Greater concentration of specialist work in fewer sites produces better results

Professor Terence Stephenson, Royal College of Paed  
Guardian Professional, Thursday 20 October 2011 09.0

 Jump to comments (0)

FOR HEALTHCARE LEADERS

**ALASTAIR MCLELLAN**  
[A test of mettle for the CQC's leaders](#)  
HSJJOBS.COM



**HSJ**  
HEALTH SERVICE JOURNAL

HOME | NEWS | HSJ LOCAL | LEADERSHIP | RESOURCE CENTRE | OPINION | EVENTS | AWARDS | JOBS | SUBS

COMMISSIONING | ACUTE CARE | MENTAL HEALTH | WORKFORCE | FINANCE | TECHNOLOGY | HSJ LIVE

[Home](#) | [News](#) | [Acute Care](#)

## Centralising stroke services improves care, says NHS London

20 JULY, 2010 | BY CLARE LOMAS

The centralisation of stroke services across London has more than tripled the number of patients receiving life-saving clot busting treatment in just five months, according to latest figures from NHS London.

theguardian

News | Sport | Comment | Culture | Business | Money | Life & style

News > Society > NHS

## Ageing population

Sponsored by

### Half of hospitals 'failing to feed elderly patients properly'

Staff forgetting to give food and water, while dignified care is lacking at 40% of hospitals, Care Quality Commission says

TheKing'sFund>

BBC

Sign in

News

Sport

Weather

iPlayer

TV

# NEWS HEALTH

Home | World | UK | England | N. Ireland | Scotland | Wales | Business | Politics | Health | Education | Sci/Env

15 February 2011 Last updated at 10:23

Share    

## NHS 'failing to treat elderly with care and respect'

By Nick Trigg  
Health reporter, BBC News

The NHS is failing to treat elderly patients in England with care, dignity and respect, an official report says.



# The Telegraph

Home | News | World | Sport | Finance | Comment | Blogs | Culture | Travel | Life | Women

Women | Motoring | Health | Property | Gardening | Food | History | Relationships | Expat | Pu

Health News | Health Advice | Diet and Fitness | Wellbeing | Expat Health | Pets Health

HOME > HEALTH > ELDER HEALTH

## Elderly suffer poor care in half of NHS hospitals

Elderly patients in half of NHS hospitals are not being properly fed or cared for because of a lack of "kindness and compassion", the health watchdog warns today.

## Closing one in three hospitals would improve patient care – leading doctor

Centralisation of NHS services would put more doctors in one place, says Professor Tim Evans of Royal College of Physicians

**Denis Campbell**, health correspondent  
The Guardian, Friday 21 September 2012 20.31 BST



Professor Tim Evans is the spokesman for the Future Hospital Commission inquiry.

Shutting a third of hospitals would improve quality of care and should be part of changes to the NHS that would let patients see their GP or have surgery at the weekend, a leading doctor has claimed.

A dramatic centralisation of services would benefit patients by putting larger numbers of doctors in fewer places, with the inconvenience for the sick and their loved ones of having to travel further outweighed by better treatment, according to Professor Tim Evans of the Royal College of Physicians (RCP).



Article history

### Society

NHS · GPs · Doctors · Health

### Politics

### UK news

### More news

### Related

**4 Feb 2011**  
What GPs say about the NHS shakeup

**27 Mar 2012**  
GPs' shares in private healthcare firms prompt conflict of interest fears

**25 Nov 2011**  
Three quarters of patients with cancer diagnosed by GP after one or two visits

**12 Jan 2012**  
Three-quarters of GPs want health and social care bill withdrawn, poll reveals

# NHS needs to close wards and hospitals to centralise care, says doctors' leader

Prof Terence Stephenson says it is wasteful to have hospitals a few miles apart providing exactly the same services

Full interview: 'Time for tough decisions to raise standards'

**Denis Campbell**, health correspondent  
The Guardian, Tuesday 24 July 2012 15.48 BST



Professor Terence Stephenson says centres of expertise should be looking after patients needing hi-tech care or risky treatment, not 'cottage' hospitals. Photograph: Graham Turner for the Guardian

Many hospital wards need to be closed and whole departments moved elsewhere so the NHS can improve care for the most seriously ill patients, the new leader of the UK's 200,000 doctors has warned.

51  
 94  
 2

**Society**  
NHS · Health · Public services policy · Doctors

**Politics**  
Health policy · Liberal-Conservative coalition · Conservatives · Liberal Democrats · Andrew Lansley

**More news**

**More on this story**



The doctors' leader who says it's time to make tough decisions on the NHS  
Terence Stephenson says that as cuts and

## guardianjobs

Find the latest jobs in your sector:

- |                 |                  |
|-----------------|------------------|
| Arts & heritage | Health           |
| Charities       | Marketing & PR   |
| Education       | Media            |
| Environment     | Sales            |
| Government      | Senior executive |
| Graduate        | Social care      |

[Browse all jobs](#)



**Senior HMI (Her Majesty's Inspector), Social Care**  
UK | £80,000 salary package + performance related pay and benefits  
OFSTED

# Fixing the broken delivery system

- › Fundamental and rapid change is needed
- › More consistent standards of primary care with teams working at scale through networks
- › Integrated out of hospital care working 24/7
- › Acute hospitals working in collaboration and with reduced role over time
- › The home as the hub of care with range of supported housing options
- › Much greater priority for prevention



TheKing'sFund>

Ideas that change  
health care

Authors  
Natasha Curry  
Chris Ham

# Clinical and service integration

The route to improved  
outcomes



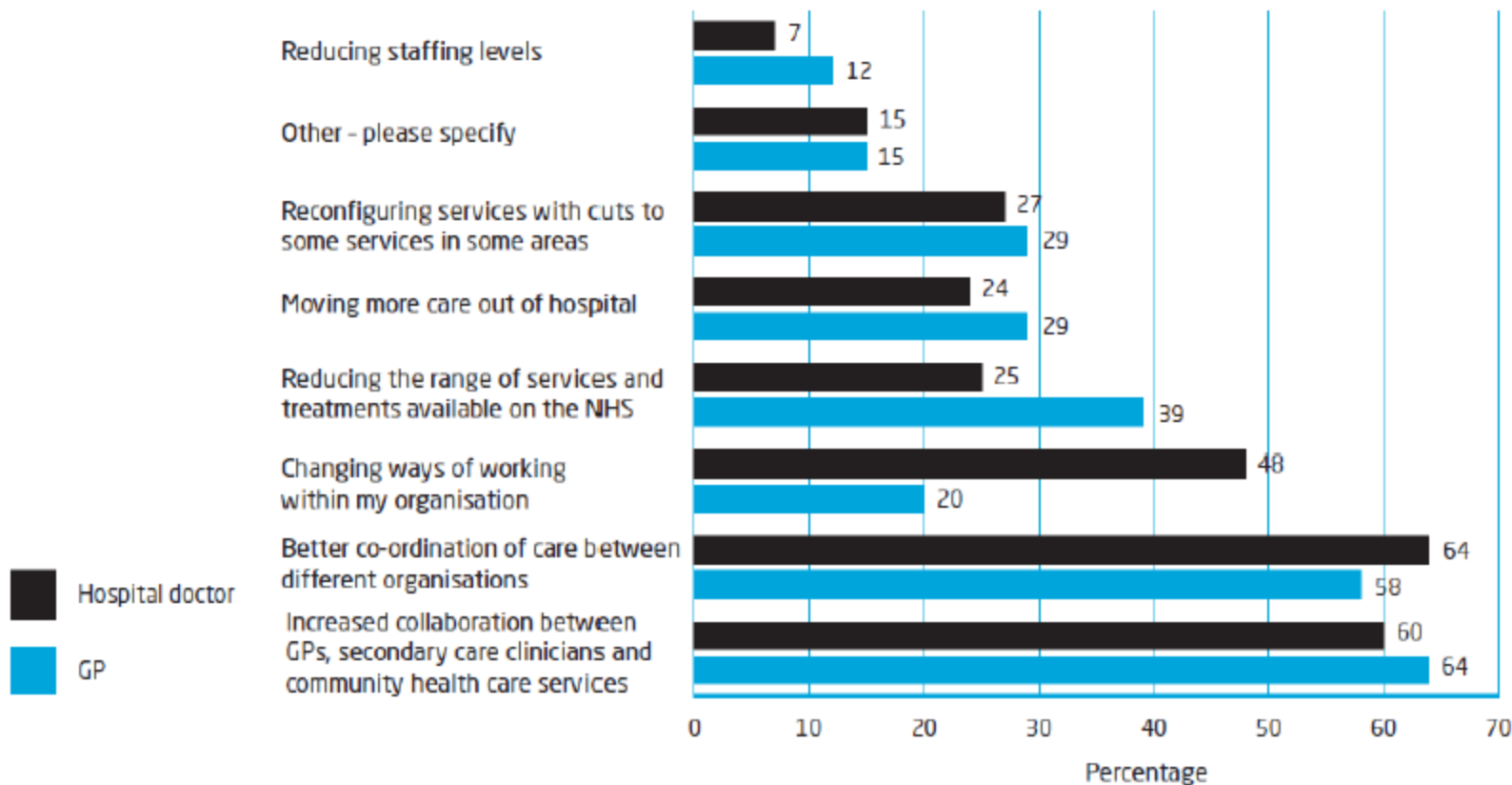
TheKing'sFund>

Ideas that change  
health care

# What is meant by integration?

- › Vertical integration between hospitals, community services and social care
- › Horizontal integration between hospitals, or between GP practices in networks
- › Real integration : mergers
- › Virtual integration : networks and alliances

Figure 8 Best ways for NHS to achieve efficiency savings



Note: Respondents could select up to three methods.

# An English example

- › Torbay Care Trust as a leading example
- › Health and social care integration centred on older people
- › Commissioner integration (pooled budgets) between the NHS and local government
- › Provider integration in the community with good links to acute hospital

# Introducing Mrs Smith.....



**Social  
Worker**

**Domiciliary  
Care**

**O.T.**

**Family &  
Friends**

**The King's Fund**



**Ideas that change  
health care**

**Practice  
Nurse**

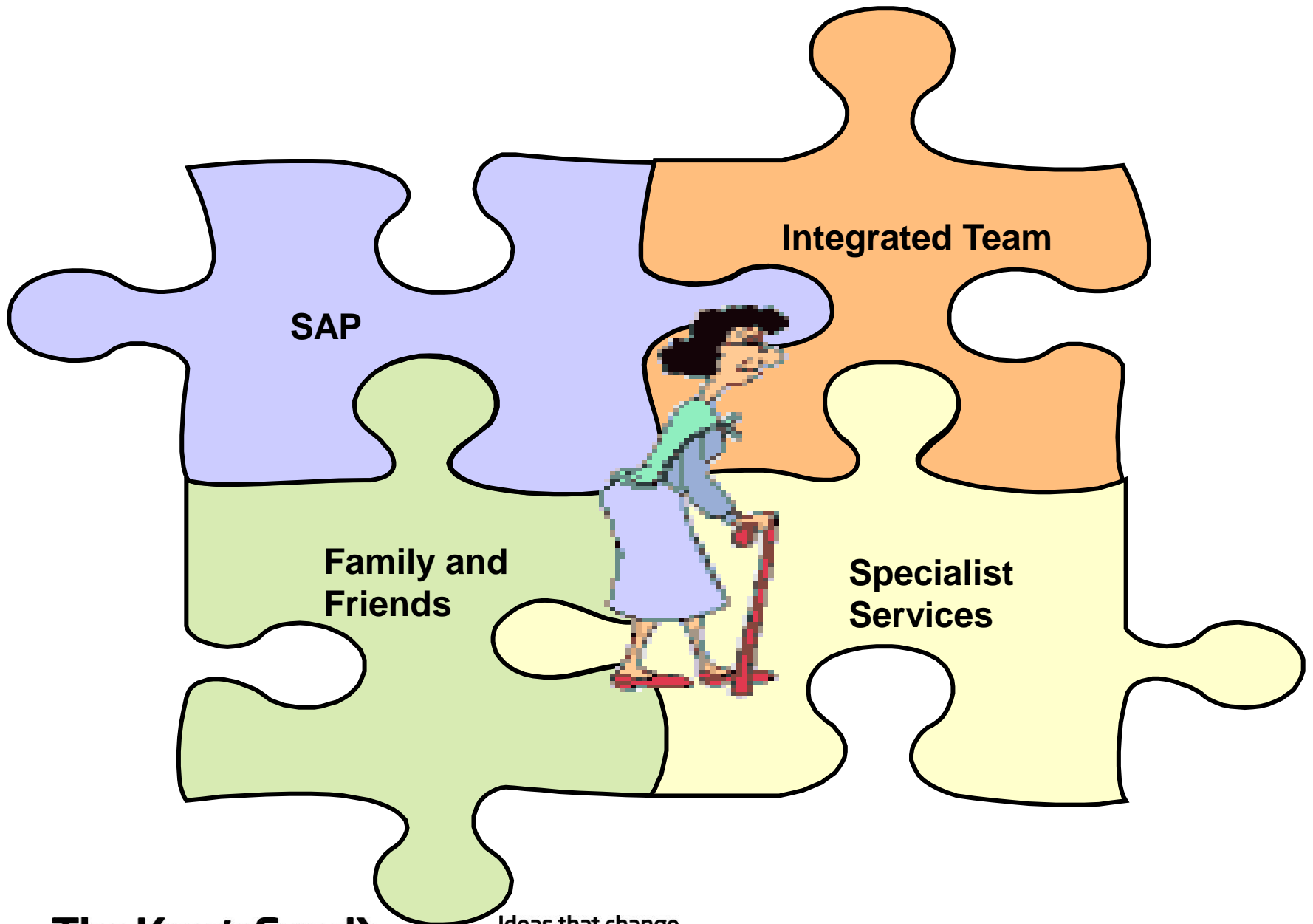
**G.P.**

**District  
Nurse**

**O.T.**

**Diabetologist**

**Cardiologist**



# Key characteristics

- › The starting point was Mrs Smith
- › Health and social care teams were created aligned with general practices
- › Teams used pooled budgets flexibly to strengthen intermediate care
- › Care coordinators were a simple but critical innovation
- › Organisational integration was a consequence and not a cause



# Torbay's results

- › The daily average number of occupied beds fell from 750 in 1998/99 to 502 in 2009/10
- › Emergency bed day use in the population aged 65 and over is the lowest in the region at 1920 per 1000 population
- › Emergency bed day use for people aged 75 and over fell by 24 per cent between 2003 and 2008 and by 32 per cent for people aged 85 and over
- › Delayed transfers of care from hospital have been reduced to a negligible number

# Torbay's results (2)

- › Since 2007/08, Torbay Care Trust has been financially responsible for 144 fewer people aged over 65 in residential and nursing homes
- › There has been a corresponding increase in the use of home-care services, some of which are now being targeted on preventive low-level support
- › The use of Direct Payments is one of the best in the region
- › In 2010, the Care Quality Commission judged Torbay to be 'performing well'

Author  
Peter Thistlethwaite

March 2011

# Integrating health and social care in Torbay

## Improving care for Mrs Smith



### Key messages

- This paper tells the story of health and social care integration for older people in Torbay, and how the known barriers to this were overcome. It shows how integration evolved from small-scale beginnings to system-wide change. Central to the work done in Torbay was how care could be improved for 'Mrs Smith', a fictitious user of health and social care services.
- The establishment of integrated health and social care teams and the pooling of budgets helped to facilitate the development of a wider range of intermediate care services. Teams worked closely with general practices to provide care to older people in need and to help them live independently in the community. The appointment of health and social care co-ordinators was an important innovation in harnessing the contribution of all team members in improving care.
- The results of integration include reduced use of hospital beds, low rates of emergency hospital admissions for those aged over 65, and minimal delayed transfers of care. Use of residential and nursing homes has fallen and at the same time there has been an increase in the use of home care services. There has been increasing uptake of direct payments in social care and favourable ratings from the Care Quality Commission.
- Torbay's story underlines the time needed to make changes in the NHS and the role of local leaders in this process, including those in local government who will have an important role in the future of health care. It also demonstrates the importance of organisational stability and continuity of leadership. The power of keeping patients and service users like Mrs Smith at the centre of the vision for improvement is another key message, and one whose importance is difficult to overestimate.

Integration around the needs of patients, users and carers

<http://www.kingsfund.org.uk/audio-video/joined-care-sams-story>

# Will it happen?

- › Norman Lamb and Jeremy Hunt both appear to be supporters of integrated care
- › But many current government policies were designed to support competition and choice
- › There are tensions in making a reality of integrated care in practice eg the role of the competition regulators
- › The new Better Care Fund of £3.8bn is helpful but brings its own challenges

# Where next?

- › There is no credible alternative to system working
- › But beware the wrong kind of integration
- › Much now depends on local leaders – managers and clinicians – showing the way
- › Evidence and experience lend support to integrated care, but it takes time and persistence

# In summary

- › The NHS is performing better than ever but is under increasing strain
- › The priority now is to improve services, not to change structures
- › New models of care that are closer to home and integrated are needed
- › Ageing populations, changing disease burden and rising expectations make this urgent
- › The \$64,000 question is: can it be done?

# The King's Fund's role

- › To ask the big and difficult questions politicians may avoid
- › To revisit the post-war settlement that gave rise to the division between NHS and Social Care
- › To examine options and alternatives that are sustainable and affordable for future generations
- › To point out that the emperor sometimes has no clothes

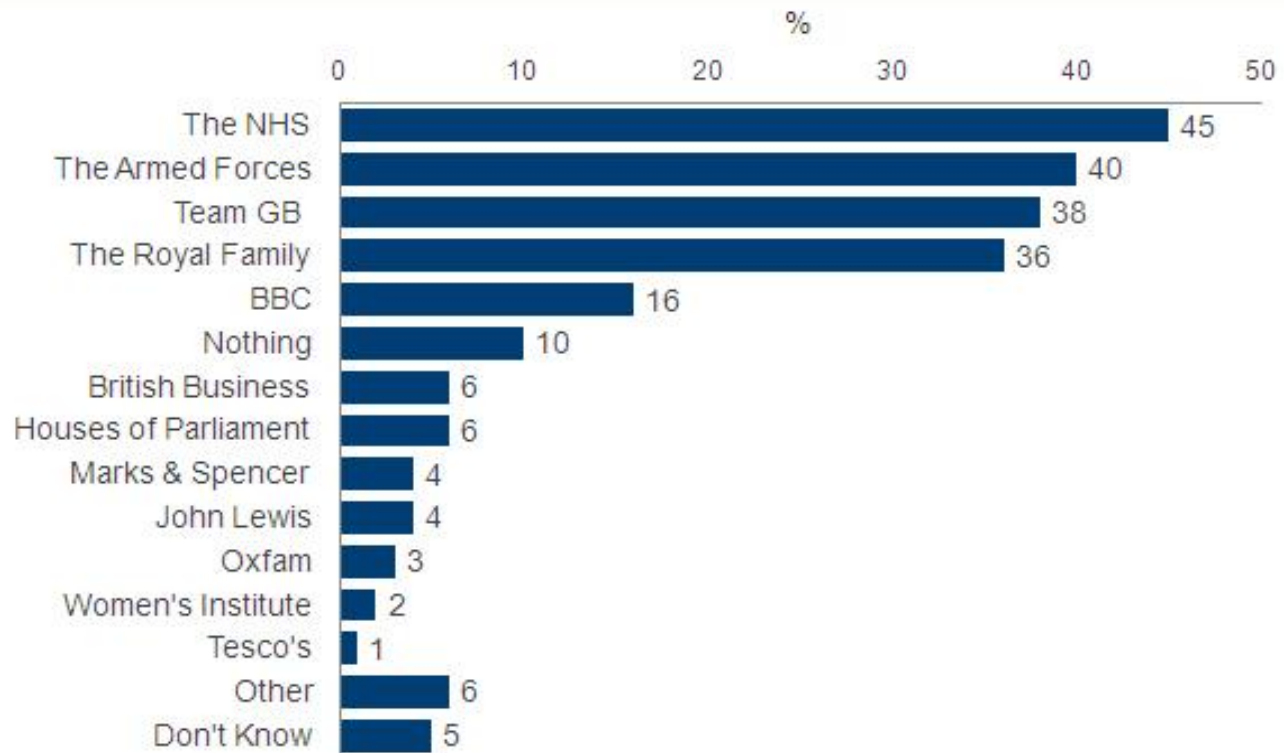


# Is this the end of the NHS?

- › Claims of privatisation are overstated
- › Claims of marketisation have greater credibility
- › The NHS has been remarkably resilient in the face of interminable reorganisations
- › It absorbs most things governments throw at it, and still keep going
- › Above all it is highly valued by the public

## In the “marrow of our bones”

*Which two or three of the following, if any, would you say makes you most proud to be British?*



Base: 2515 British Adults 16-75, Online Fieldwork conducted between 23<sup>rd</sup>-27<sup>th</sup> November 2012

Source: British Future Polling – State of the Nation 2012/3, Ipsos MORI

Ipsos MORI  
Social Research Institute  
© Ipsos MORI



**The King's Fund**

**Ideas that change  
health care**