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Health and Social Care: Disability and Wellbeing

Theme 2: Paradigms in Health & Social Care
Part 2: Prudent Healthcare, Lean Thinking and Digital Healthcare

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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PRUDENT HEALTHCARE

A WELSH HEALTH PARADIGM

What is Prudent Healthcare?

- Prudent healthcare is a concept primarily developed and implemented in Wales.
- It focuses on delivering healthcare in a way that is cautious, wise, and efficient, ensuring that resources are used effectively to achieve the best possible outcomes for patients.

(Welsh Government 2019)

Origins of Prudent Healthcare

(The Bevan
Commission, 2020)

The Minister for Health and Social Care asked the Bevan Commission to consider how Wales can make the most effective use of available resources to ensure high quality and consistent care across Wales.

The [Bevan Commission](#) provides independent, authoritative advice on health and care to the Welsh Government and leaders in NHS Wales, the UK and beyond

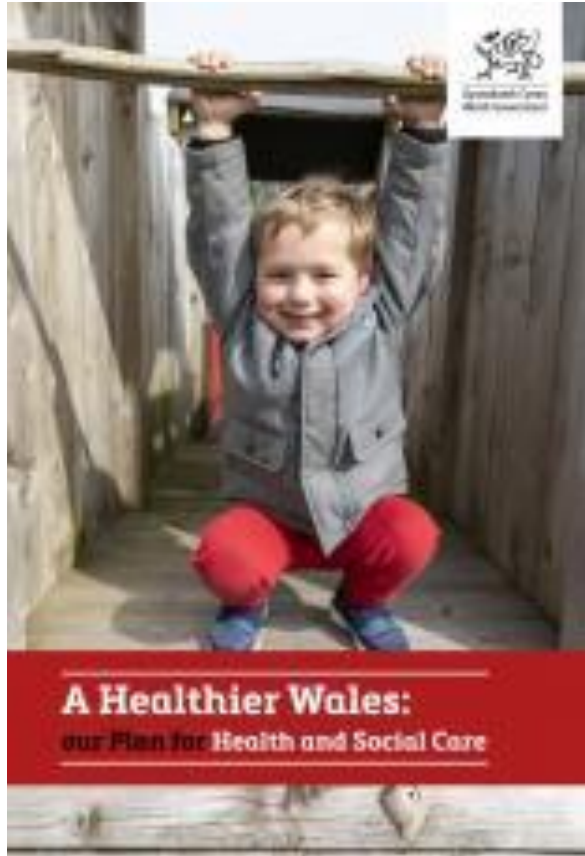
In 2013, the Bevan Commission introduced the concept of Prudent Healthcare with the publication of 'Simply Prudent Healthcare'

The Commission launched the finalised Prudent Principles in January 2015.

These were endorsed by the Minister for Health and Social Services at the Welsh NHS Confederation Conference

A Healthier Wales

(Welsh Government, 2021)



- Prudent Healthcare is at the heart of "[A Healthier Wales](#)", the Welsh Government's long-term plan for health and care
- This informs much of [today's health and care policy and discussion in Wales](#)
- The goal is to bring health and social care services together, so that:
 - They become designed and delivered around the needs and preferences of individuals
 - There is greater emphasis on keeping people healthy and well

A Healthier Wales

(Welsh Government, 2021, p. 3)

Greater emphasis on preventing illness

Supporting people to manage their own health and wellbeing

Enabling people to live independently for as long as they can

This will be supported by new technologies and by integrated health and social care services

These will be delivered closer to home

NHS Wales core values

(Welsh Government, 2021, p. 4)

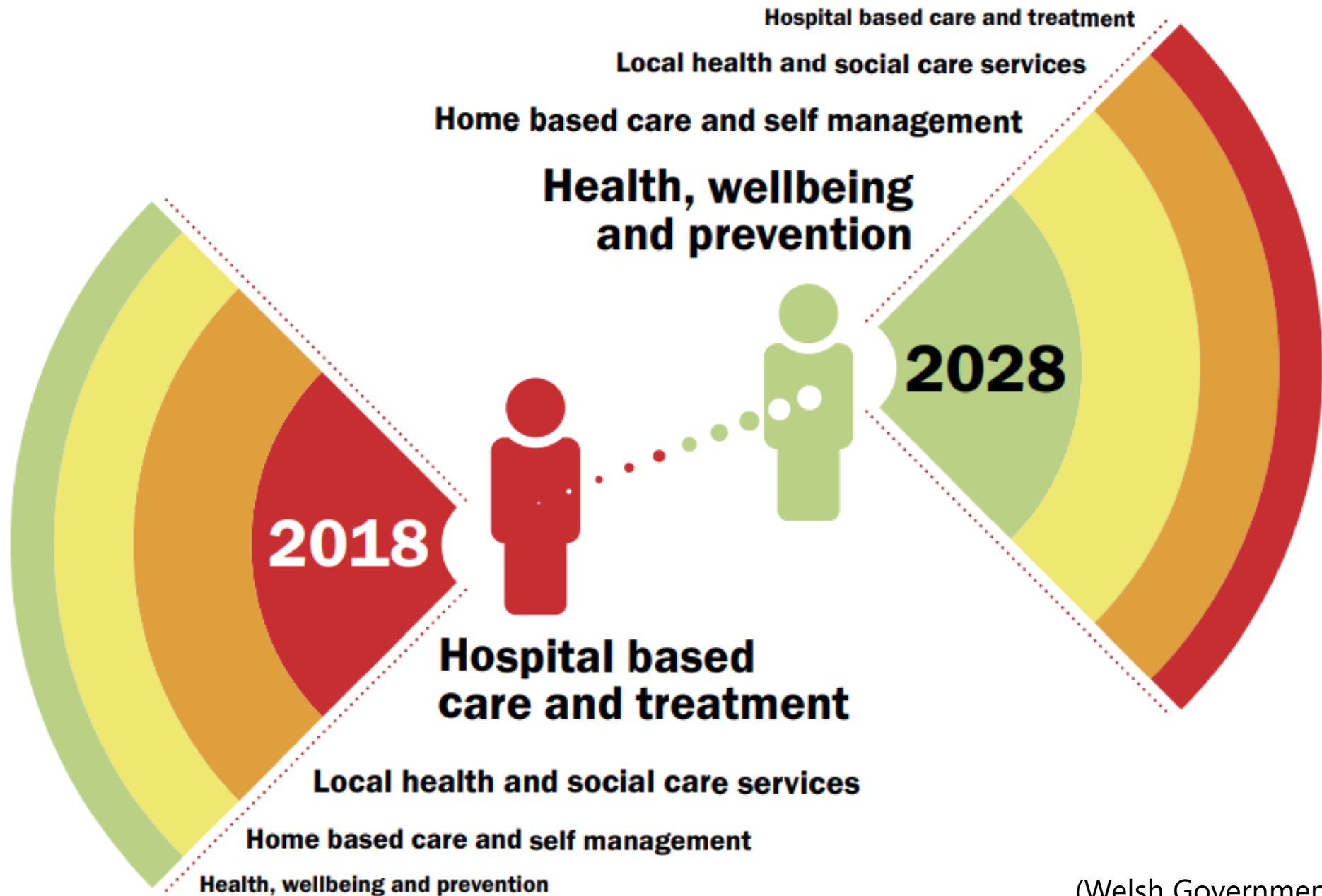
Putting quality and safety above all else – always providing high value evidence-based care for our patients.

Integrating improvement into everyday working and eliminating harm, variation and waste.

Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales.

Working in true partnerships with partners and organisations and with our staff.

Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively



(Welsh Government, 2021, p. 7)



**WHAT LINKS
BETWEEN THIS
POLICY AND THE
MODELS OF HEALTH
THAT WE LOOKED
AT IN THEME 1 CAN
YOU IDENTIFY?**

'Our philosophy of Prudent Healthcare will continue to be a distinctive feature of the Welsh system, enabling higher quality and value through reducing variation, waste and harm, and through less intensive clinical interventions'

(Welsh Government, 2021, p. 15)



Using Prudent Healthcare to understand Primary Care in Wales

- The Bevan Commission and the [Royal College of General Practitioners](#) (RCGP) delivered a joint report [Delivering a Prudent Approach to Primary Care in Wales](#) (The Bevan Commission, 2020b)
- Based on a qualitative survey of representatives and stakeholders from health and social care across Wales
- The report partly drew on information from the annual [British Social Attitudes Survey No. 36](#)

Using Prudent Healthcare to understand Primary Care in Wales

- The *British Social Attitudes Survey No. 36* found that:
- Public satisfaction with GP services stood at 63% - the lowest level since the survey began in 1983
- 51% said they found it difficult to get an appointment with their GP
- 20% with a child / children under 5 did not have confidence in their GP
- 'Those reporting poor health, with lower or no educational qualifications, or living in urban or more deprived areas, are also more likely to have negative views of GP services' (National Centre for Social Research, 2019, p. 11)

The Four Prudent Principles

PRUDENT PRINCIPLE 1

Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.

PRUDENT PRINCIPLE 2

Care for those with the greatest health need first, making most effective use of all skills and resources.

PRUDENT PRINCIPLE 3

Do only what is needed – no more, no less – and do no harm.

PRUDENT PRINCIPLE 4

Reduce inappropriate variation using evidence-based practices consistently and transparently.

(The Bevan Commission, 2020a)

The Prudent Healthcare Paradigm has four principles and we will look at each of these in term.

Prudent Healthcare Principle 1:

Achieve health and wellbeing with the public, patients and professionals as equal partners through **co-production**.



**ARE YOU AWARE OF
THE CONCEPT OF
CO-PRODUCTION?**

Prudent Healthcare Principle 1:

Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production

- Those consulted wanted:
- A more holistic, **person centred**, approach to healthcare
- Movement away from the **biomedical** paradigm by practitioners (see the [British Medical Journal \[BMJ\]](#))
- A 'social partnership' model of health, including practitioners, patients and community leaders (p.10)
- Practitioners should include the wider primary and community care team, including community pharmacists, counsellors, social workers, advocacy, and the third sector. (p. 10)
- Empowering 'patients to understand the nature of their health journey, and to participate in wellbeing goal setting (pp. 10-11)

(The Bevan Commission, 2020b)

Prudent Healthcare Principle 2:

Care for those with the greatest health need first, making the most effective use of all skills and resources.

Prudent Healthcare Principle 2:

Care for those with the greatest health need first, making the most effective use of all skills and resources.

- Those consulted felt that:
- Clarification is needed on how the 'greatest need' is defined
- 'Health need' is more than sickness and refers to inequality in healthcare
- Funding/budgets shouldn't be allowed to 'cloud planning and thinking' (p. 11)
- 'People sometimes present in Primary Care with an expectation of a 'medical' solution to a problem with its roots in their social/economic position' (p. 11)
- 'There need to be long-term solutions to such problems and not just medical 'sticking plasters' (p. 12)
- There needs to be a rebalancing of the **social/medical model**

(The Bevan Commission, 2020b)

Prudent Healthcare Principle 3:

Do only what is needed, no more, no less; and do no harm

Prudent Healthcare Principle 3:

Do only what is needed, no more, no less; and do no harm

- The report found that:
- There are several common reasons why the care provided either does not meet, or exceeds, what's 'required':
- Time constraints – seeing complex patients in ten-minute appointment slots.
- Inaccurate/insufficient information.
- Anxiety or fear of missing something important.
- Risk aversion (fear of complaints, or that decisions will not be supported by others)

(The Bevan Commission, 2020b)

Prudent Healthcare Principle 3:

Do only what is needed, no more, no less; and do no harm

- The report found that:
- Patients were being seen by the wrong person – where seeing the right person can reduce unnecessary investigations/prescriptions.
- Pressure from patients/relatives, health service guidelines, contractual requirements to prescribe, investigate or refer when this might not be necessary
- Not understanding patients' wants and needs, and not working in collaboration to ensure they know and understand what is happening to them.
- This links to our previous discussion about the patient being an 'expert' on their needs

(The Bevan Commission, 2020b)

Prudent Healthcare Principle 4:

Reduce inappropriate variation by using evidence-based practice consistently and transparently

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Reduce inappropriate variation by using evidence-based practice consistently and transparently

- The report found that:
- 'There have been too many initiatives for changes in health service delivery that have not been sustained, with the result that they are confusing to staff and patients alike' (p. 13)
- Greater use of [Patient Reported Outcome Measures](#) (PROMS) will help to build up understanding of how patients viewed the success (or otherwise) of interventions.
- Awareness that there are different levels and types of evidence in health and social care, with all having some value
- 'Wales remains in the position of considerable variation in practice, even within localities' (p. 13)

(The Bevan Commission, 2020b)

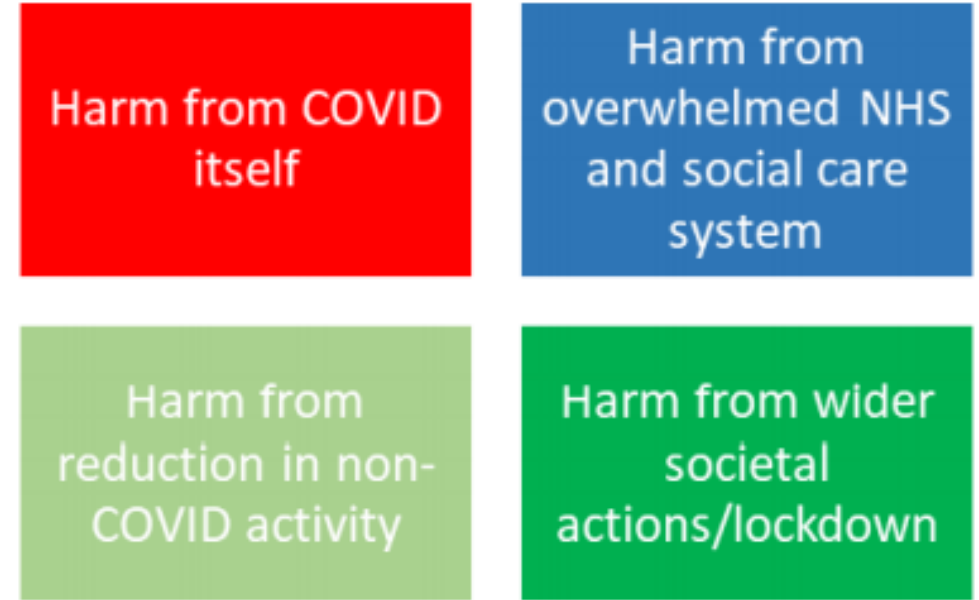


**THE PLANS TO
IMPLEMENT THE
PRUDENT
HEALTHCARE
PARADIGM HAVE
BEEN DELAYED.**

**WHY DO YOU THINK
THIS IS?**

NHS Wales Annual Planning Framework 2021 – 2022 (Welsh Government, 2020)

- Prudent Healthcare is not mentioned in these plans
- The focus is on COVID-19
- Wants to strike a balance between Covid and non-Covid related issues
- It is focused on reducing the 'four harms'



(Welsh Government, 2020, p. 7)



**WHAT ARE YOUR
THOUGHTS
REGARDING
PRUDENT
HEALTHCARE?**

Lean Thinking



Origins of Lean Thinking

- Lean thinking and practice derive from the Toyota Production System (TPS) and the Toyota Way management system
- Toyota were delivering superior performance in terms of product quality, efficiency (hours per car) and time to market for new products
- Leading Toyota to eventually become the largest car maker in the world
- Toyota is often quoted as saying it “makes people in order to make cars”.
- i.e., it develops the capabilities of individuals and teams to:
 - continually improve their work
 - improve the performance of the system as a whole



(Jones, 2021)

Lean Principles

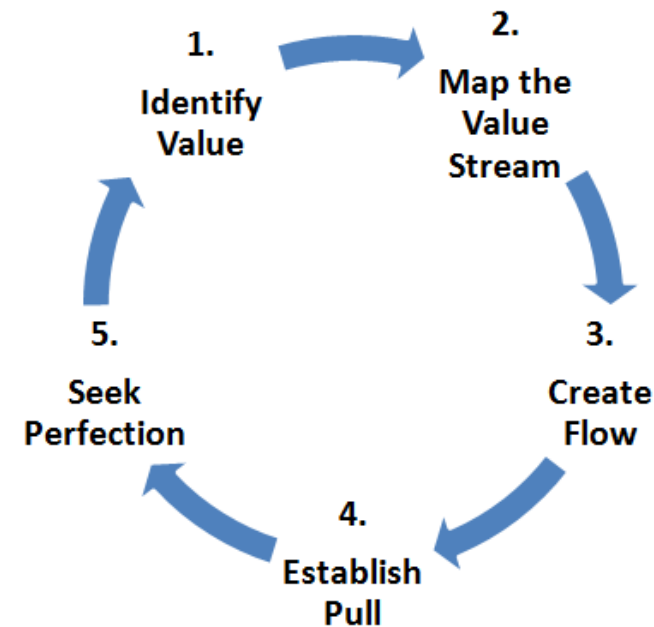
1. Value: Define what is of value to the customer

2. Value Stream: Identify the value stream / eliminate waste

3. Flow: Create a constant flow

4. Pull: Produce based on demand

5. Perfection: Continuous improvement



(Womack and Jones, 1996)

Lean Thinking and the NHS

The Lean Enterprise Academy were asked by the NHS Confederation to apply lean thinking to the NHS

(Jones and Mitchell, 2006, p. 16)

Value: is defined solely from the patient's perspective. Anything that helps treat the patient is value-adding; everything else is waste

Value Streams: each sequence of actions should add value for the patient from the start of the journey to the finish. It flows seamlessly

Flow: each patient is worked with one unit at a time and passed on for the next step of the process without any delay. Blockages and obstacles are identified and removed

Pull: To create value, we need to provide services in line with demand. No less. And no more.

Perfection: clear and standardised processes can create a foundation for continuous improvement, where each new improvement in the process becomes a platform for the next one

Figure 6. The Lean ideal

Pull at work: every step pulls people and skills, materials and information towards it, one at a time, as and when needed

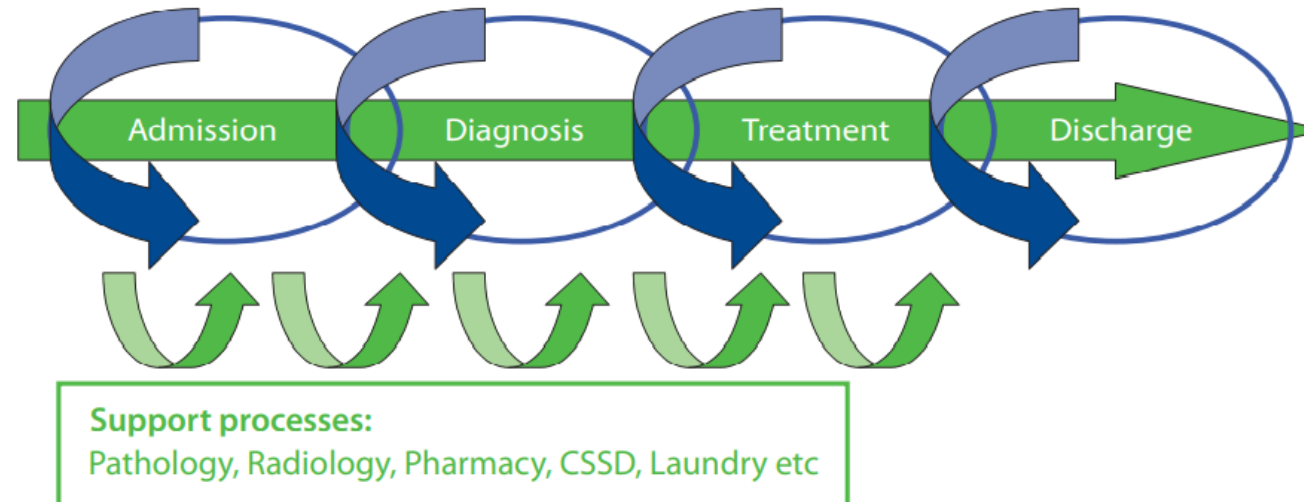


Figure 6. The Lean ideal: patients are 'pulled' through the hospital system at a rate that keeps pace with demand. Discharge pulls patients from wards, wards pull patients from surgery

and admissions while pulling support processes from support departments, all with zero waiting time or wasted effort.

(Jones and Mitchell, 2006, p. 14)

One critic of the way in which business thinking can affect society is George Ritzer and his concept of 'McDonaldization'

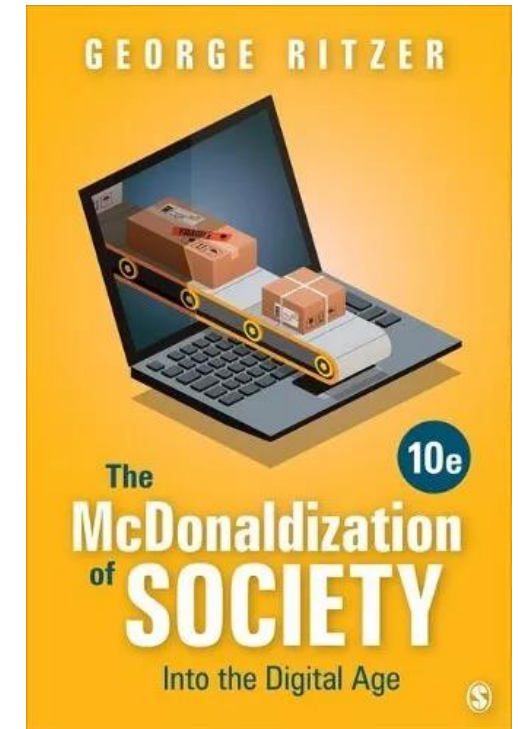
George Ritzer: The McDonaldization of Society

- Professor Ritzer, a sociologist at the University of Maryland studies post-modern social theory
- Ritzer argues that society functions with the same characteristics as fast-food chains in the following ways:
 - Efficiency: managers minimising the time required to complete individual tasks required
 - Calculability: focus on quantifiable objectives rather than subjective ones (quantity over quality)
 - Predictability and Standardization: repetitive and production/service delivery processes/products/experiences that are identical
 - Control & consistency: management ensure workers appear/act the same. Also, use of robots and technology to reduce/replace human employees where possible.



McDonaldization

- Effects our relationships / values / goals / worldview etc.
- It is a global phenomenon, driven by the West
- Eliminates skilled work force
- Workers easy to replace so have little bargaining power
- Reduced worker's rights
- We are part of the process! (e.g., making flatpack furniture / self-service checkouts)
- Also relevant in education (e.g., tests and standards)



McDonaldization of Healthcare

- Qualitative research (semi-structured interviews) with 145 patients, aged 18-70 and 100 carers based at two, day surgery units in the UK
- Mottram's findings seem to contradict Ritzer's negative view of McDonaldisation
- Mottram found that:
- Patients liked day surgery
- They placed it within the wider societal context of efficiency and speed
- Time taken to be seen and treated was a major issue for them.
- They wished surgery, like all other aspects of their life to be a speedy process
- They likened it to a McDonald's experience with its emphasis on speed, predictability and control.

(Mottram, 2011)

McDonaldization of Healthcare

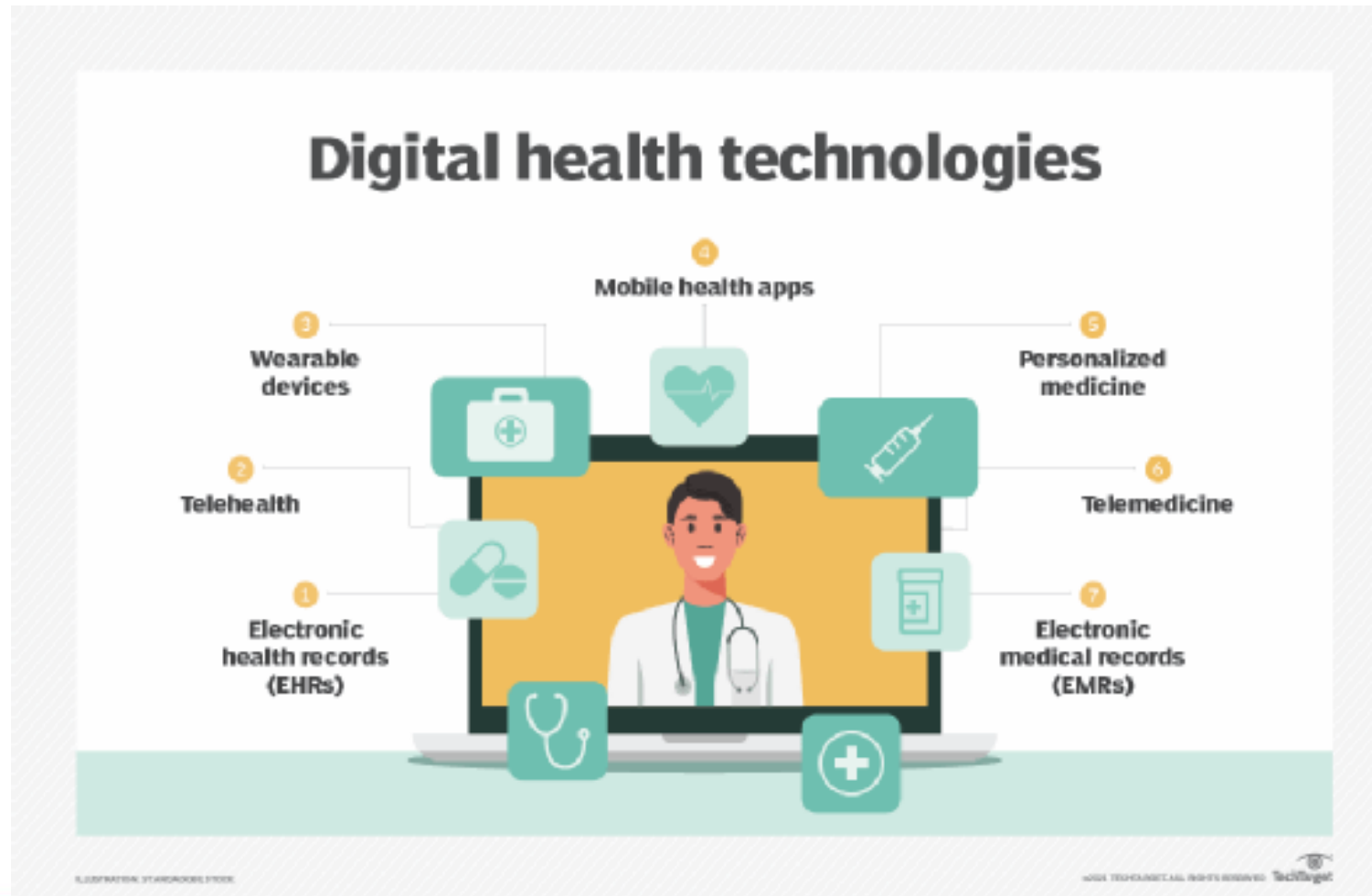
- Here the care that was previously undertaken by health service professionals is now undertaken by the patients and their families' management of pain, nausea and wound care.
- In most cases patients and families are willing to accept this. They appear to see this as a "trade-off" between the minimal disruption to their lives against the worry and responsibility of caring for themselves in the post-discharge period.
- However, it should be noted that the participants were already familiar with their condition and their treatment. This might not apply in other cases.

(Mottram, 2011, p. 172)



**WHAT DO YOU
THINK OF LEAN
THINKING BEING
APPLIED TO
HEALTHCARE?**

DIGITAL HEALTHCARE



Digital Health Citizens

- Powell and Deetjen (2019) suggest that there is a trend toward creating 'digital health citizens'
- People are increasingly encouraged or expected to use the internet/digital tools to facilitate diagnosis, treatment and services
- Using semi-structured interviews and an online survey they created a **typology** of different people perceptions and use of the internet for health issues
- They identified 6 types of responses to the digitalisation of health care:

(Powell & Deetjen, 2019)

Digital Health Citizens

- **'Learners'** had a strong desire to understand health better. They used the internet to make decisions about whether they needed to see a professional and to learn about their and others' health'.
- **'Pragmatists'** primarily used the internet to decide whether seeing a doctor was worthwhile'.
- **'Skeptics'** (sic) were skeptical (sic) of physicians and the medical system and valued the internet for solving health problems that doctors may not be able to deal with'.

(Powell & Deetjen, 2019)

Digital Health Citizens

- **'Worriers'** found it difficult to interpret health information online, described health information seeking online as frightening, and reported a critical attitude toward online health information despite seeking it frequently'.
 - **'Delegators'** comprised nonusers and users valuing the internet as an information source, but not necessarily wanting or being able to use the internet themselves'.
 - **'Adigitals'** comprised many nonusers, but also users, who did not see the internet as a useful information tool and presented strong views on its low suitability for health care'.
- (Powell & Deetjen, 2019)

Digital Health Citizens

- It can be seen that the first three types of user are engaging proactively, albeit for different reasons, with digital healthcare.
- The second three types are all excluded or self-excluding from digital healthcare
- Thus, not only do we have groups who may not be able to use digital healthcare because of access issue but also,
- The development of 'different types of health behavior result[ing] from the differing orientations of internet users accessing online health information'

(Powell & Deetjen, 2019)



**WHAT DOES THIS
LAST POINT
MEAN?**

The trend towards Digital Healthcare

- Despite the issues raised in the research above, there is an obvious trend towards digital healthcare
- This has been acknowledged by the World Health Organisation (WHO) which has produced a [Global strategy on digital health 2020-2025](#)
- 'Digital health will be valued and adopted if it:
- is accessible and supports equitable and universal access to quality health services;
- enhances the efficiency and sustainability of health systems in delivering quality, affordable and equitable care;
- and strengthens and scales up health promotion, , disease prevention, diagnosis etc'.

(WHO, 2021 p. 10)

Drivers for the move to digital healthcare

- **Technological Advancements:** Innovations in AI, big data, robotics, and telemedicine are transforming healthcare delivery. These technologies enable remote patient monitoring, predictive analytics, and personalized treatment plans.
- **Patient Expectations:** Patients now expect more convenient and accessible healthcare services. Digital tools like telehealth, online scheduling, and mobile health apps meet these demands by providing care anytime and anywhere.
- **Cost Efficiency:** Digital healthcare solutions can reduce operational costs by streamlining processes and improving resource management. This is crucial as healthcare systems face rising costs and workforce shortages.
- **Data Utilization:** The ability to collect and analyse vast amounts of health data helps in making informed decisions, improving patient outcomes, and advancing medical research.
- **Pandemic Impact:** The COVID-19 pandemic accelerated the adoption of digital healthcare as it highlighted the need for remote care solutions and robust health data systems.

• (Subramanian,2023)

Drivers for the move to digital healthcare

- Subramanian's assertions are supported by UK research carried out by the National Centre for Social Research (NCSR, 2019) which found that:
- There is considerable scope to increase public use of online tools to help tackle demand
- But awareness of services could be improved in certain groups.
- 58% of those with internet access say they would look online to help understand a health problem 47% would use the internet to decide what to do about it.
- 18-24: 62% likely research a health problem online and 47% likely to use the internet to decide what to do about it
- 75+: 30% likely to research a health problem online and 23% use the internet to decide what to do
- Women, parents of children aged under 5, those with higher educational qualifications and those living in urban areas are all more likely to use the internet for both purposes

(NCSR, 2019, pp. 14-18)

Digital Exclusion

- Both Powell & Deetjen's research and the NCSR survey indicate that those who are [digitally excluded](#), for whatever reason may be doubly disadvantaged by the move towards digital health.
- This is also highlighted in a paper published in the *Journal of Telemedicine and Telecare* which states that;
- 'There is a need for consumers (sic) to have the physical resources (i.e. a suitable device, reliable internet connection, adequate data) and how this was influenced by age, socio-economic status and geographic location'.
- 'Related to this were a consumer's personal skill, comfort and confidence with technology, which many noted improved with exposure'.
- 'The amount of technology training or education provided to the consumer, and extent of any local/family support to navigate videoconferencing platforms and health services via telehealth, also influenced the success of video consultations.

(Cook R, Haydon HM, Thomas EE, *et al.*, 2023, no page)

Digital Exclusion

Figure 1 The core attributes of general practice



King's Fund (2018, p. 13)

- Digital-first primary care is a model of general practice where patients use smartphone and desktop apps to book and conduct their consultations remotely
- In 2018 The King's Fund found that there are 5 core attributes of general practice which are:
- However, researchers have warned that digital care can improve access but at the expense of the other attributes (Baird, 2019)

Digital Exclusion & Telehealth

- The US National Institute of Ageing (NIA) state that:
- 'Telehealth is a service that uses video calling and other technologies to help you see your doctor or other health care provider from home instead of at a medical facility'.
- 'Telehealth may be particularly helpful for older adults with limited mobility and for those living in rural areas, as they will have the opportunity to see and talk with their doctor from their home'.
- 'For older adults, talking with their doctor online, through a phone, tablet, or other electronic device, can often be easier, faster, and less expensive than making a trip to an office'. (NIA, No date)
- The website goes on to give tips and advice on accessing telehealth services for older people, however, if they are digitally excluded how will they be able to access the site?



**WHAT DO YOU THINK
ARE THE ADVANTAGES
AND DISADVANTAGES
OF DIGITAL
HEALTHCARE?**

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