



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

ECAY5005: Health and Social Care: Disability and Wellbeing

Prudent Health Care, Lean Thinking and
Digital Healthcare
2023

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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PRUDENT HEALTHCARE

A WELSH PERSPECTIVE

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.

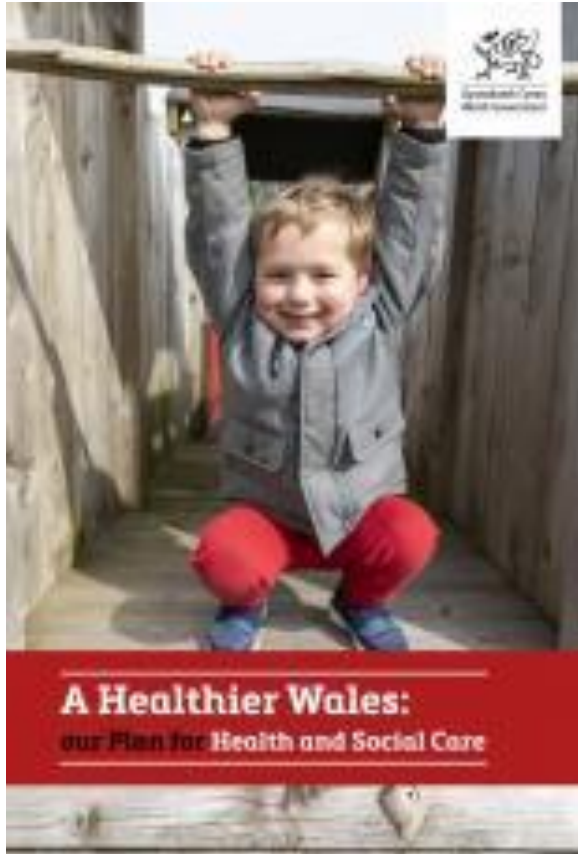
The Bevan Commission provides independent, authoritative advice on health and care to the Welsh Government and leaders in NHS Wales, the UK and beyond

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, 2019)



- 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, 2019, 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, 2019, p. 4)

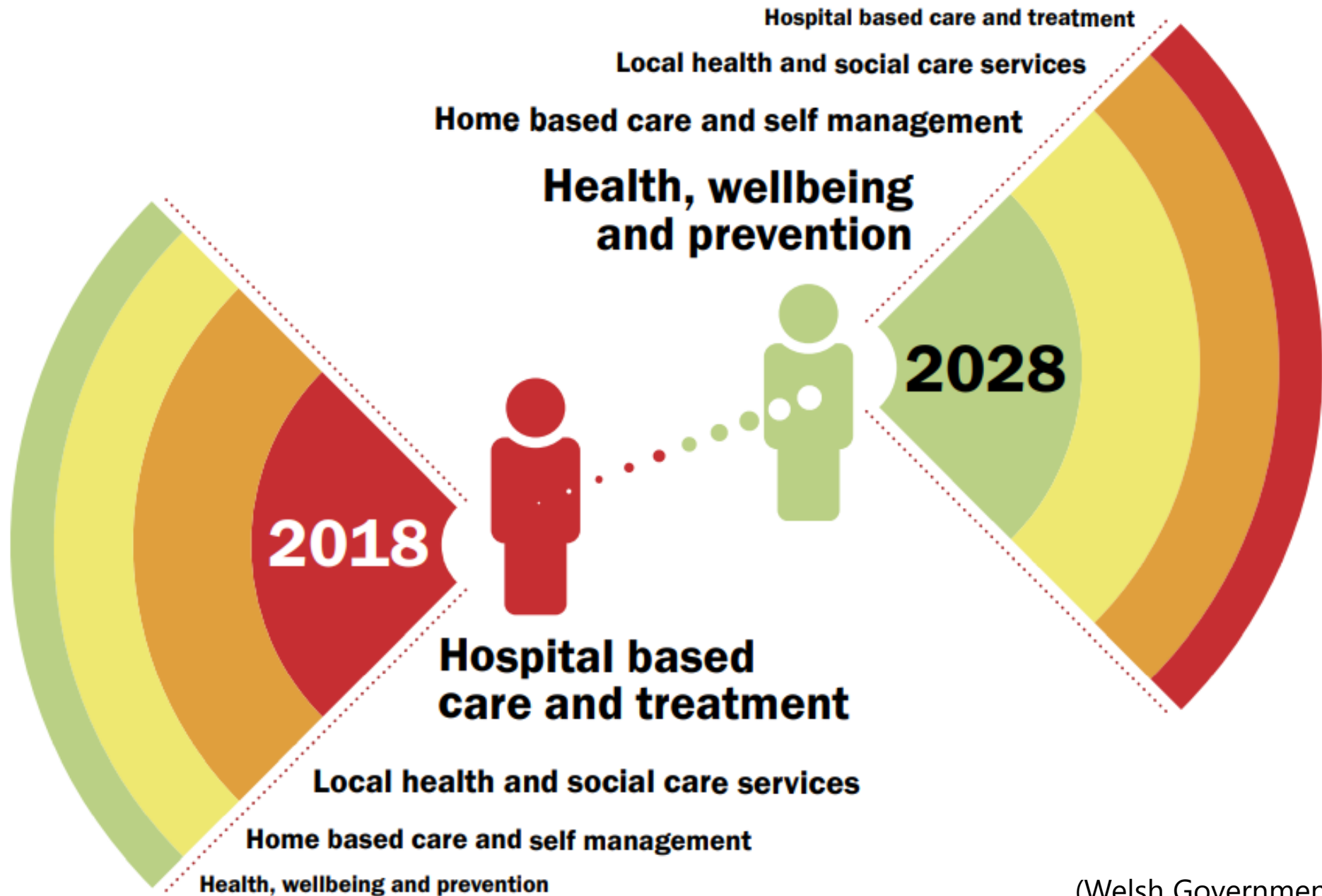
Putting quality and safety above all else – always providing high value evidence-based care for our patients.

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





**WHAT DO
YOU THINK
OF THE
STRATEGY
SET OUT IN
2018?**

'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, 2019, p. 15)

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)

Prudent Principle 1

(The Bevan Commission, 2020a)

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production.
 - Co-production is a fundamental idea
 - Healthcare isn't delivered, it is co-created by patients, families and communities with professionals
 - Re-organising healthcare so care and wellbeing are always co-produced
 - This creates a more balanced approach
 - Telehealth is one way of creating this
 - E.g., through sharing knowledge

Prudent Principle 2

(The Bevan Commission, 2020a)

- Care for those with the greatest health need first, making most effective use of all skills and resources
 - This is a moral principle
 - Help those first who need it most
 - Will reconfigure resources, investments, use of capital
 - Duty begins with the most vulnerable
 - Healthcare incorporates community-based resources
 - Widens the concept of healthcare outside of institutions

Prudent Principle 3

(The Bevan Commission, 2020a)

- Do only what is needed – no more, no less – and do no harm
 - Requires asking hard questions about what does help and what doesn't
 - Argues that healthcare hasn't stopped to ask whether it is using time and resources is helpful
 - Dialogue between public and professionals about what is helpful is needed
 - Patient safety is centred
 - This will avoid errors and miscalculations

Prudent Principle 4

(The Bevan Commission, 2020a)

- Reduce inappropriate variation using evidence-based practices consistently and transparently
 - Standardisation of practice through evidence
 - Seeks reliability and adherence to the best practices
 - Healthcare at its best is informed by science leading to reliability
 - Transparency: allows learning from one another



Using Prudent Healthcare to understand Primary Care in Wales

- The Bevan Commission and the Royal College of General Practitioners (Wales) delivered a joint report (The Bevan Commission, 2020b)
- Based on experiences of representatives and stakeholders from health and social care across Wales
- It has been found that:
 - Public satisfaction with GP services stood at 63% - the lowest level since the survey began in 1983 (National Centre for Social Research, 2019)
 - 51% said they found it difficult to get an appointment with their GP (National Centre for Social Research, 2019)
 - 20% with a child / children under 5 did not have confidence in their GP (National Centre for Social Research, 2019)
 - '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)

Prudent healthcare principle 1:

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

- Those consulted felt there needed to be:
- A more holistic approach to healthcare
- Movement away from the biomedical model
- A 'social partnership model of health (not just illness)' (p.10)
- Partnership between the wider primary and community care team, including community pharmacists, counsellors, social workers, advocacy, and the third sector. It should also include the public, patients and community leaders (p. 10)
- Share responsibility in caring for patients
 - E.g., Improved skills, health literacy, awareness and awareness in how people can take responsibility for their health and others
- This requires empowering patients and a 'cultural shift' (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.

- 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 needs 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

- 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)
- Patients seeing 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.
- Not understanding patients' wants and needs, and not working in collaboration to ensure they know and understand what is happening to them.

(The Bevan Commission, 2020b, pp. 12-13)

Prudent healthcare principle 4:

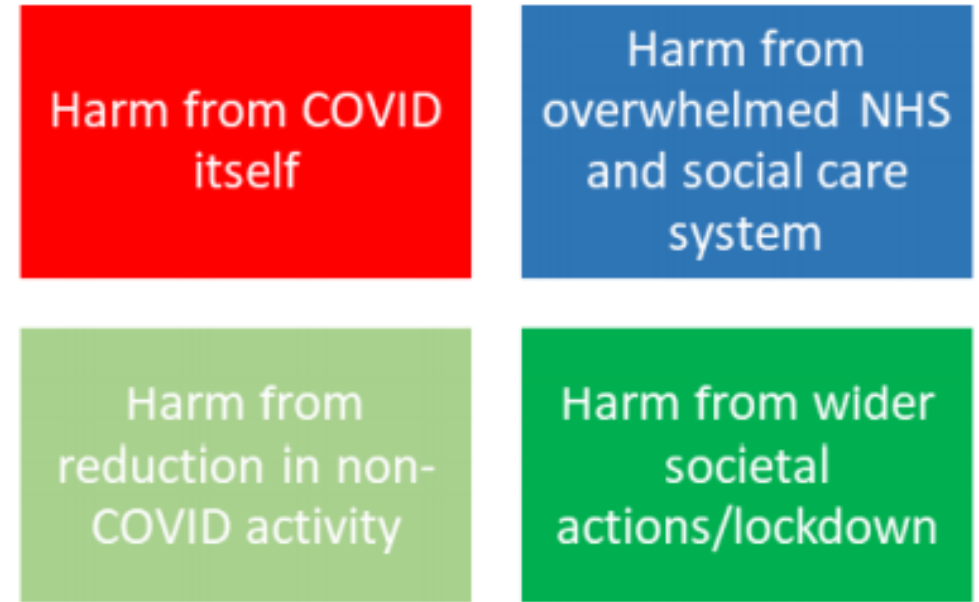
Reduce inappropriate variation using evidence-based practice consistently and transparently

- It was felt that:
 - 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
 - There's been too many initiatives and changes in health service delivery that have not been sustained, confusing to staff and patients alike
 - 'Wales remains in the position of considerable variation in practice, even within localities' (p. 13)

(The Bevan Commission, 2020b, pp. 12-13)

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
- It is focused on reducing the 'four harms'



(Welsh Government, 2020, p. 7)



**WHAT DO YOU
THINK OF
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

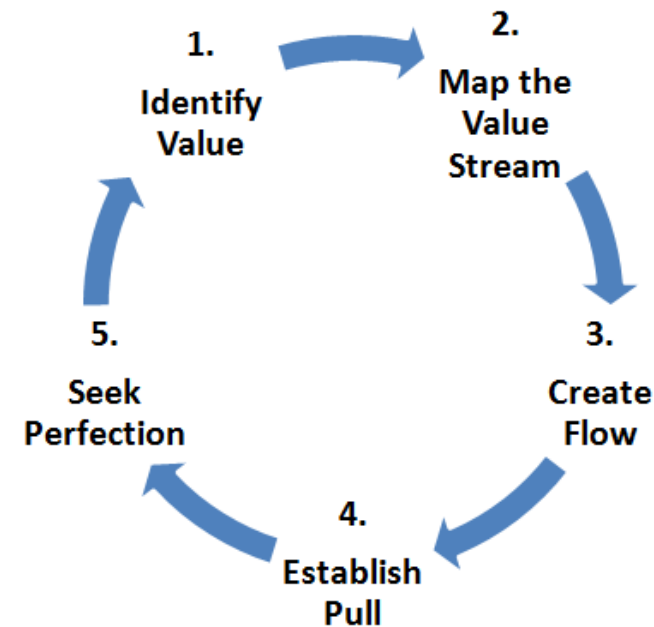
1. Value: Define what is of value to the customer

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)

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

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

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

Value Streams: each sequence of steps that adds value for the patient from the start of the journey to the finish. It flows seamlessly

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

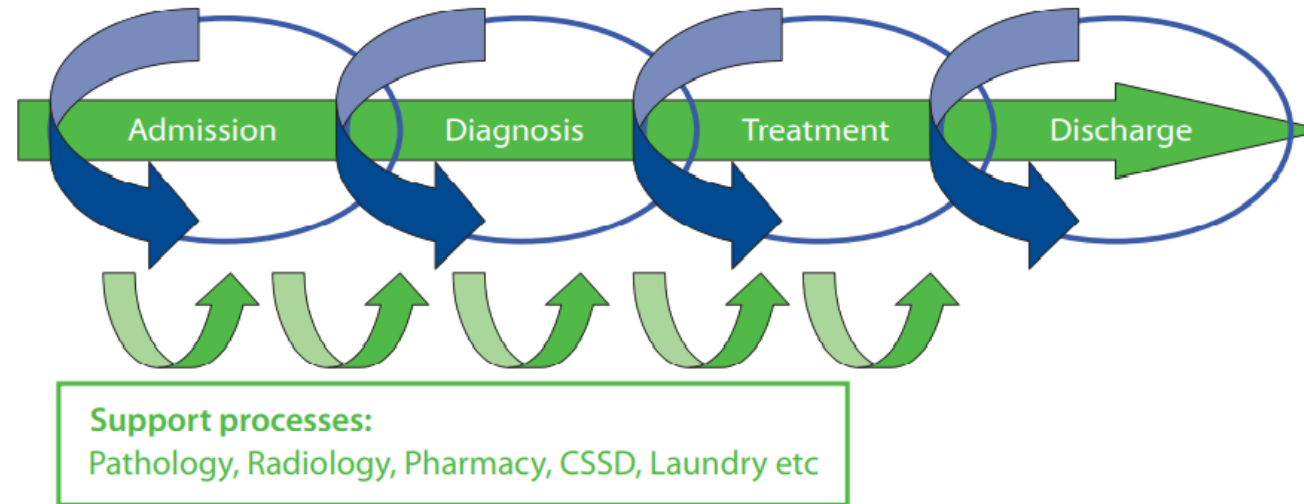


Figure 6. The Lean ideal: patients are 'pulled' through the hospital system at a rate that keeps pace with demand. Discharge pulls patients from wards, wards pull patients from surgery

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

(Jones and Mitchell, 2006, p. 14)

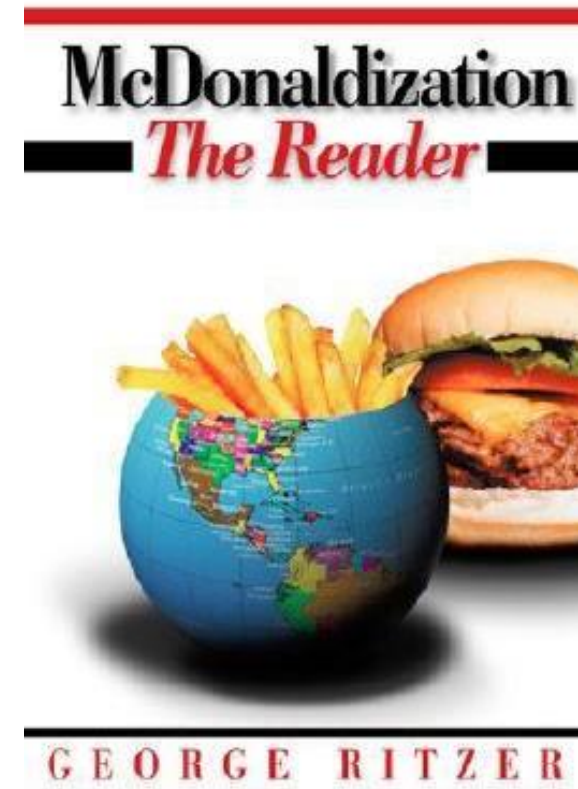
George Ritzer: The McDonaldization of Society (1993)

- Society functions with the same characteristics as fast-food chains:
 - 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: 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 workers 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 (Mottram, 2011)

- Qualitative research (grounded theory, s/s interviews) with 145 patients, aged 18-70 and 100 carers based at two day surgery units in the UK
- Mottram found that:
 - Patients liked day surgery
 - Its placed it within the wider societal context of
 - efficiency and speed
 - Time 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.

McDonaldization of Healthcare (Mottram, 2011)

- Here the care that was previously undertaken by health service professionals is now undertaken by the patients and their families (sic) 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
- (Mottram, 2011, p. 172)



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



DIGITAL HEALTHCARE

'Digital Health Citizens'

Powell and Deetjen (2019) suggested we will become 'digital health citizens':

- People using the internet/digital tools to facilitate diagnosis, treatment and services

The different types of digital citizens:

- learners (to understand health better)
- pragmatists (to decide whether it is worth seeing a doctor),
- sceptics (to solve health problems doctors seem not to be able to),
- worriers (who find online information frightening)
- delegators (who use it as a source of information)
- a-digitals (who do not see the internet as suitable for health care)

(Powell and Deetjen, 2019)

National Centre for Social Research (2019, p. 14-18)

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

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

Figure 1 The core attributes of general practice



- 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's 5 core attributes of general practice are:
- Digital care can improve access but at the expense of the other attributes (Baird, 2019)

The King's Fund (2018, p. 13)



**DO YOU THINK DIGITAL
HEALTHCARE WILL
MAKE HEALTHCARE
MORE ACCESSIBLE OR
CREATE A TWO-TIERED
SYSTEM?**

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