



# The Evolving NHS Landscape

The dangers of not understanding the system you are in

As the evolution of our health system takes hold, many services are discovering the hard way that their level of understanding falls short of that necessary to ensure safe passage through increasingly troubled waters. Playing any game when you don't understand the rules is tough but in healthcare it comes with increasing risk in many forms.

## Focused on quality

The traditional focus of frontline clinical staff has been one of quality, both in the moment and from a longer term improvement perspective. Troubles at Mid Staffs remind us of the absolute imperative of maintaining a clinical focus or in not dropping the clinical ball. However, to focus solely on clinical quality, or indeed clinical work in general, brings its own set of risks.

Over recent years, an ever greater agenda of targets and scrutiny has been hoisted onto clinical services and in many respects, this has maintained almost single-minded focus on the clinical arena, as everyone strives to deliver against targets that come with severe penalties for failure to achieve. As working hours have reduced and sickness/ absence rates increased, meeting clinical targets and maintaining clinical quality has become an uphill battle taking persistent, continuous effort at the expense of longer term service evolution. If the game hadn't changed, this would be OK but with the evolution of a market, services are finding themselves playing catch up to their more experienced commercial competitors and the need for strategic leadership has never been greater. However, that strategic focus must be underpinned by a solid understanding of the environment in which you operate as we'll illustrate.

## Bob's service

Bob runs a typical local hospital ophthalmology service with a broad caseload that has run stably for many years with good results, although the workload since 18 week targets has been uncomfortably full on. Bob has found it increasingly difficult to bring through improved treatments, with the Trust typically saying that it just can't afford it. At the same time, they have been pushing Bob to see more new patients and reduce outpatient consultation time and frequency. Bob seems to have a constant battle on his hands to keep the administrators out of his service and the targets met. The Operations Director keeps pushing for every service to have a strategic plan in place but the time to prepare it seems disproportionate to the benefit of what appears to be a paper exercise to satisfy the Trust's increasing appetite to turn healthcare into a business.

To date, Bob has worked hard, adapted practice where the evidence suggests it should be done and run a reasonably tight ship financially. He's been sufficiently busy that he's maintained only a passing interest in the changes proposed and although he is aware of the polyclinic agenda and push towards community care, these are of low concern to him because ophthalmology requires equipment and surgery, not really lending itself to a community setting. In his desire to comply with Trust mandates, he has produced a 10 point strategic plan covering the key elements of focus for the next 5 years. It includes:

- Key clinical innovations and trends on the horizon
- The move towards more day-case surgery
- Reforms to clinic structure to

improve throughput

- Immediate and future capital requirements
- Manpower required to deliver the service, including a case for an additional consultant
- Cost improvement plans aimed at saving 3.5% per year for the next 2 years

Although Bob's strategic plan may look like many typical plans, it places his service at severe risk across its lifetime, predominantly because it is detached from what is actually happening on the ground.

## The wrong trousers

Bob's plan may well have been the right plan for the service he is used to running. However, although he has dealt firmly with clinical quality & productivity (the trousers he has been wearing), he really needs to be wearing different trousers, the ones that deal with strategic risk, financial risk, competition and other issues that Bob is less familiar with. Let's examine what happens over the next few years...

About 12 months later, BUPA opens up a treatment centre on the periphery of the catchment area that Bob's service usually draws from, under the any willing provider provisions. It is run by an experienced ophthalmologist with a good reputation in brand new facilities. The centre starts to attract cataract day case surgery, partly because of the new semi 'private' facilities and also because of the shortened waiting time. Bob's service does start to lose patients to this service.

About 18 months later, the PCT approaches Bob and says they are looking at setting up a community-based ophthalmology

triage service to coincide with the opening of two GP-led health centres, designed to reduce admissions to hospital by resolving minor complaints and medical treatments in the centres themselves and therefore appropriately steering patients according to severity of conditions. Bob is somewhat resistant to the idea, as he doesn't like the prospect of his consultants running about the country. It all appears to go quiet and Bob hopes the mad idea has been forgotten.

Around 2 months later, Bob gets a call from his service manager who has been reading the Health Service Journal and spotted a tender for a community-based ophthalmic triage service covering their area, with a completion process of around 2 months and an autumn-based start. Responding to this, Bob and his colleagues put together a sensible proposal based on their experience of running an effective ophthalmology service. Unfortunately, the tender gets awarded to BUPA, on the grounds of exact

specification match but a substantially lower running cost. It seems that BUPA has built a cost model based on a different approach to staffing, with minor complaints managed in health centres by nurse practitioners, greater use of healthcare assistants and reduced reliance on senior medical staff. Although Bob and colleagues wonder whether quality will be as good, they are especially worried that BUPA can now triage patients and refer/steer cataracts to themselves.

#### The service at risk

Unfortunately, this type of scenario is occurring with ever greater frequency. It's not that Bob's done anything wrong and in fact has acted with the utmost integrity. However, his failure to understand the rules of the new game has now placed his service in difficulty. With a greater understanding he could have prepared for these situations, developing alternative business and staffing models, leading the introduction

of community-based services, developing strong relationships and networking with the right people and basing his service plan on what it takes to be successful in the modern, competitive environment.

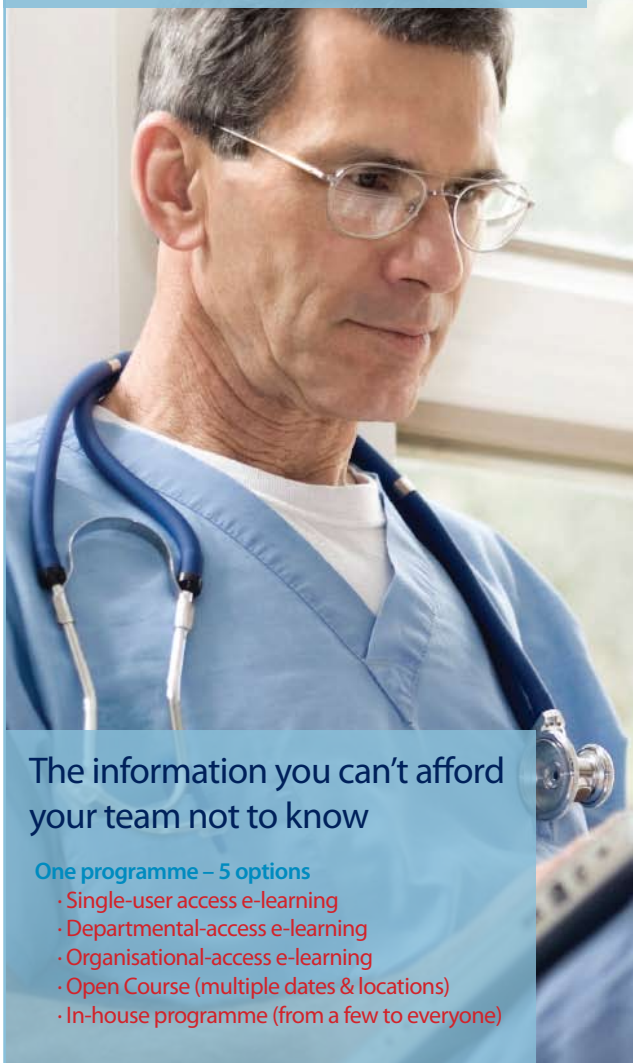
Risk comes in many forms and it is vital that service leaders understand the evolving structure, key agendas, finance, funding, tendering, service promotion, competition, choice, commissioning and a myriad of other components that go to make up a cruel, unforgiving system for the uninitiated. Every service needs a solid strategic plan based on the right principles and correct information. For that to happen, service leaders need a quick trip to the tailors to purchase the right trousers for a person about town in the new system!

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## Insights

### Understanding the Evolving NHS Environment



#### The information you can't afford your team not to know

##### One programme – 5 options

- Single-user access e-learning
- Departmental-access e-learning
- Organisational-access e-learning
- Open Course (multiple dates & locations)
- In-house programme (from a few to everyone)

With a range of options, Insights is the fastest, most cost-effective method of ensuring that your team knows just what they need to know to survive and thrive in the current and evolving healthcare landscape.

#### Programme includes:

- A sensible model of the current NHS
- Understanding current and evolving NHS structure and control
- Appreciating a system in flux – the current is not yet the vision
- NHS organisations & bodies – who does what for whom?
- External & internal drivers of structural and cultural reform
- Future drivers - an inconvenient truth
- Separating rhetoric from reality – what's really going on?
- The 'do nothing' approach – short, medium & longer term implications
- Understanding how money flows
- Payment by results (PbR) and tariffs – current impact and likely evolution
- What do market forces mean to front line clinical teams – primary & secondary?
- Evolving balance of power & control
- Understanding Lord Darzi's vision - healthcare delivery models
- What does this mean for primary & secondary care?
- Workforce implications of the evolving structure & form
- Who will lead clinical service reform?
- How will quality be assessed and assured
- The changing role of the PCT – what this means for you
- The principles in World Class Commissioning - insight & implications
- The relationship between commissioning and the clinical coalface
- Practice-based commissioning (PBC) – its role in healthcare reform
- Practice-based commissioning (PBC) – opportunities & threats
- Predicting market openings
- Creating market openings – what's ripe for re-design?
- Utilisation of the community setting – what does it really mean and for whom?
- Polyclinics (sorry, Health Centres) – what, where and how?
- Provider types - NHS & Foundation Trusts
- Provider types - commercial organisations
- Borderless thinking – the removal of healthcare boundaries
- The performance imperative of modern healthcare
- The implications of poor performance in the modern era
- What changes could we expect under the Conservatives?
- Impact of economic meltdown on NHS funding models
- Broad scanning – ensuring you are ahead of the agenda
- Translating the above into a series of strategic imperatives
- Being clear on the key risks, pitfalls and traps in the evolving landscape
- Understanding the 6 Core Components of Clinical Business Excellence
- Ensuring that services are driven intelligently in the evolving landscape

An insightful programme designed to help doctors, nurses and other healthcare professionals truly understand the evolving, competitive healthcare economy, so that they are more engaged and better prepared to create lasting service success in an increasingly challenging environment.

Generating engagement, collaboration and commitment.

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