

London Clinical Senate Forum

Thursday 30th May 2019

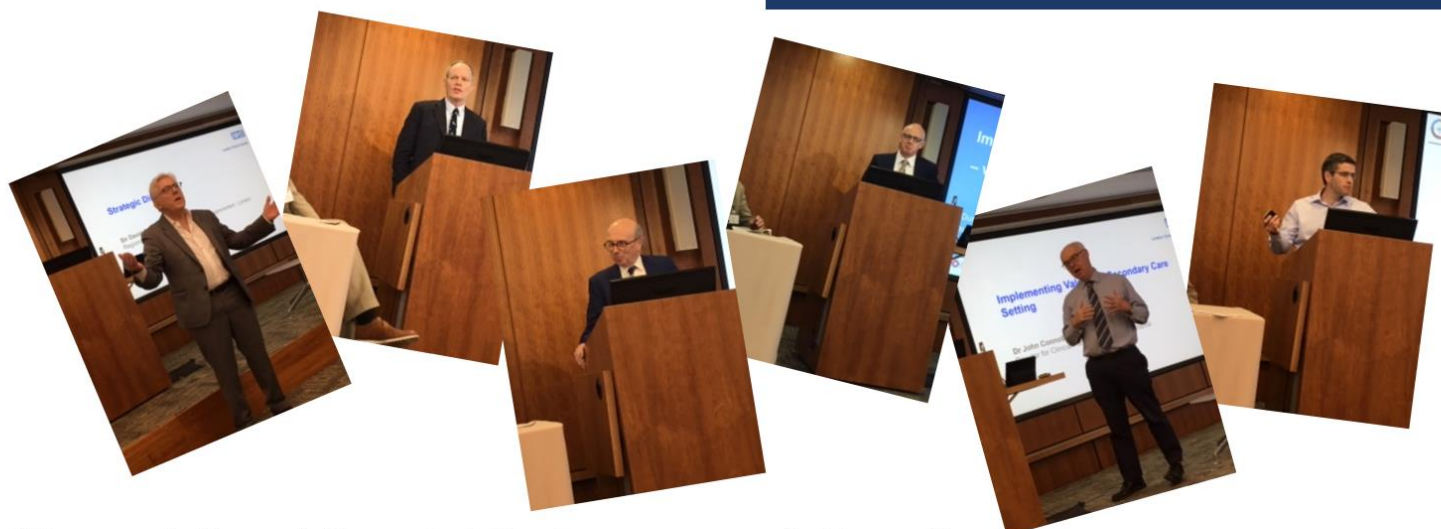
Improving Clinical Outcomes and Value for Money
Across Care Pathways

Agenda

At this Forum, system leaders, clinicians and patients heard and discussed what health and care outcomes and best value means from a clinician, finance director, patient, carer, public and integrated care perspective. Attendees had the opportunity to debate ideas on what delivering best value means and how a value based approach could be adopted systematically.

Session 1: Chaired by Dr Mike Gill		
09:00	Welcome	Dr Mike Gill - Interim Chair of London Clinical Senate Council
09:05	Setting the scene	Dr Vin Diwakar - Regional Medical Director, NHS England and NHS Improvement - London
09:10	Strategic direction	Sir David Sloman - Regional Director, NHS England and NHS Improvement - London
09:30	Lay person perspective	Richard Ballerand - London Clinical Senate Patient and Public Voice Group Member Jacqueline Sealey - London Clinical Senate Patient and Public Voice Group Member
09:50	What does value really mean in healthcare	Professor John Moxham - Director of Value Based Healthcare, King's Health Partners
10:10	Improving clinical outcomes - view from a finance director	Duncan Orme - Operational Director of Finance at Nottingham General Hospital NHS Trust
10:30	Implementing value in a secondary care setting	Dr John Connolly - Director for Clinical Pathways, Royal Free Hospital
Session 2: Chaired by Dr Mike Gill		
11:15	Good practice - implementing value based healthcare in Wales	Dr Gareth Roberts - Consultant Nephrologist and Associate Medical Director, Aneurin Bevan University Health Board
11:45	Table discussions	
12:05	Panel discussion	Richard Ballerand, Jacqueline Sealey, Professor John Moxham, Duncan Orme, Dr John Connolly, Dr Gareth Roberts, Stuart Saw
12:25	Next steps	Dr Mike Gill - Interim Chair of London Clinical Senate Council

Speakers



All presentations delivered at the Forum are available on the London Clinical Senate website: www.londonsenate.nhs.uk

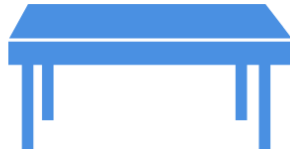
Stalls

The Forum featured a marketplace with stalls for information sharing from:

Healthcare Financial
Management Association



London Mental Health
Clinical Network



London Dementia Clinical
Network



Healthy London Partnership



Getting It Right First Time



NHS RightCare



Table Discussions

Attendees discussed their thoughts in relation to the following questions:

What are you going to do to take things forward in your STPs and communities?

focus_on_secondary_care
finance_and_clinical_teams_collaborating
reflect_on_data *data*
decrease_focus_on_targets
engagement
more_flexible_pathways

What help is needed across London and in STPs to take this forward?



A word cloud of handwritten-style text in various colors (purple, green, red, orange, blue) arranged in a circular pattern. The words represent factors needed to move forward across London and in STPs.

transparency
learning_from_good_examples
shared_outcomes_across_system
data_easier_to_access
IT_capability
joined_up_thinking
dedicated_resource
training_on_data
data_sharing_agreements

What will you do personally to take this agenda forward from today?



A word cloud of handwritten-style text in various colors (blue, orange, green, purple, yellow) arranged in a circular pattern. The words represent personal actions to take the agenda forward from today.

building_networks
incorporate_PLICS_into_my_workplace
work_with_carers
educate
look_at_Vital_5
digitise_PROMS
visit_good_examples
patient
consider_AHPs_in_costing_discussions
consider_strategic_level

Panel Discussion

All the speakers, plus Stuart Saw (Director of Operational Finance, NHS England and NHS Improvement - London), discussed questions from the audience, including:



Surely health maintenance is inherently better value than reactive care. How can we use these methodologies in promoting health maintenance?

The King's Health Partners Vital 5 programme, done in close collaboration with all components of the health and care system, addresses the major causes of disease. Smoking, hypertension, obesity and alcohol excess sit at the top of the burden of disease (BoD) for London. In terms of morbidity, depression and anxiety are high on the BoD. If we can support all people to better address their Vital 5 the health of London would be greatly improved. By addressing the Vital 5 in all people we would substantially reduce health inequalities. Thus the Vital 5 is indeed a strong programme of 'health maintenance'.

The Vital 5 includes mental health screening. Such is the importance of mental health that we must identify it wherever it occurs. We must establish and record the mental health state of everyone. In addition to addressing mental health issues in their own right it is not possible to look after any patient properly without an understanding of their mental health.

Regarding patients with severe mental illness, the diagnosis of poor mental health is clear; but such patients lose about 20 years of life, not due to their mental illness per se but because their physical health is appalling, usually due to smoking and/or obesity, hypertension or alcohol excess (i.e. 4 of the Vital 5).

Arguably mental health is a thread that influences all physical conditions and vice versa; why is it still seen as a separate issue to concentrate on?

Improving clinical outcomes for patients needs to include the workforce. How will you ensure frontline staff receive the key messages from today?

All the King's Health Partners (KHP) staff know, or will know, about the Vital 5. Indeed KHP are going to measure the Vital 5 in all staff. In this way we will improve staff health and make staff better informed to improve the health of the patients they care for.