



From the **Rockies**
to the **Rhondda**

REVISITED



What has Wales learned from the Kaiser approach to disease management and where are we going next?

Definition

The terms chronic condition, chronic disease, life-long disease/condition, long term disease/condition are commonly used interchangeably. They refer to conditions that are often life-long and limiting in terms of quality of life.



Introduction

In 2005 the Welsh NHS Confederation, in conjunction with Pfizer, organised a visit to see the health services offered by Kaiser Permanente in the USA, whose effective, evidence based and innovative approach to long-term chronic conditions was, and still is, attracting interest in the UK.

The purpose of the visit was to see, at first hand, the programme of managed care for people with long-term conditions. The issues that most impressed the 2005 study group were the Kaiser Permanente approach to partnership and teamwork, integrated care, care management, self care and shared care, clinical leadership and the role of pharmacists.

The subsequent Welsh NHS Confederation publication *From the Rockies to the Rhondda – Better care for patients and better use of hospitals - Can Wales learn from Colorado*, helped to stimulate a wide scale debate which underpinned the importance of disease management and managed care for people with long term conditions.

In this document, we revisit the issue of chronic conditions management in Wales and look again at our impressions of what we saw in Kaiser in 2005, to examine how far Wales has developed its approach to chronic conditions management in the time since the visit, and what we must continue to improve to ensure that we can develop health services that are truly fit for the twenty-first century.

The Welsh Context

If we are to continue to transform health services in Wales, there are two key challenges in particular that we have to address:

- 1. How to ensure that our hospitals are used appropriately and effectively.** Hospitals are under unsustainable pressure and are the most expensive part of our health system. Creating world-class health services in Wales requires the transformation of primary and community services. We need to provide better care for patients in their communities, whether at home or in local health facilities, and use our hospitals for care that can only be given in the sophisticated specialised facilities they provide.

We believe that the NHS in Wales already made some progress, but equally we recognise that we are still at the start of the journey. We have set the direction, the policy building blocks for this transformation are already in place, *A Question of Balance*, *The Wanless Review*, *Designed for Life*, *One Wales*, *Rural Health Plan* and the recent *Setting the Direction Strategic Delivery Programme* all point the way towards strengthening primary and community services and reducing the pressures on acute hospitals. However, there is still a long way to go before we have a health service in Wales that we can say truly delivers the right care to the right person at the right time in the right place by the right staff.

- 2. How to ensure that the whole NHS is able to meet the needs of patients with chronic health conditions.** Significant improvements in chronic conditions management and continuing healthcare have been identified as priorities in the *Welsh Assembly Government 5 Year Service, Financial & Workforce Framework*. In fact, good chronic conditions management underpins many of the improvements needed to ensure better, sustainable health and social care services for people in Wales.

Wales currently has the highest percentage of the population who are aged 65 and over in the UK. The prevalence of chronic conditions increases with age and currently 2/3 of the Welsh population aged 65 and over report having at least one chronic condition, with 1/3 having more than one. Rates in Wales are already the highest in the UK.

Traditional approaches are proving unsustainable. Increasing demands on services, skills and resources reinforce the need to develop more responsive, integrated and sustainable strategies.

The incidence of chronic conditions is set to increase further; indeed, they have been called the 21st century healthcare challenge. This is why we must look for more effective ways of caring for those with chronic illness outside of the already over-stretched and often inappropriate hospital environment.

These are big challenges, but they are not insurmountable. The vast majority of health and care needs are already met in local communities by primary care and community services. We all want our care to be local, convenient, and of consistently high quality. We want to be looked after by practitioners whose goals are to help us live healthy lives and to support us when we need it.

About Kaiser Permanente

Kaiser Permanente, founded in 1945, is a nonprofit, group practice prepayment programme with headquarters in Oakland, California. Kaiser Permanente serves the health care needs of 8 million members in 9 states and the District of Columbia. Today it encompasses the nonprofit Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals and their subsidiaries, and the for-profit Permanente Medical Groups. Nationwide, Kaiser Permanente includes approximately 140,000 technical, administrative and clerical employees and caregivers, and more than 11,000 physicians representing all specialties. Most members join through their employers, who pay part or all of the monthly dues. Qualified individuals who do not have access to the plan through their employers also may join.

The Kaiser Permanente mission is:

"To provide high quality, affordable health care services and to improve the health of our members and the communities we serve."

Key features of the Kaiser Permanente model

1. The Kaiser model of care very much focuses on chronic care rather than primary care and secondary care. They prioritise the management of chronic conditions because it represents the key area of demand for their services. Their approach involves categorising the population they serve according to risk with a large emphasis on prevention, self-management support, disease management, and individual case management for highly complex conditions.
2. Kaiser takes the view that patients who require hospital treatment that has not been planned have not received the right care, at the right time, in the right place at an earlier stage in their illness.
3. Kaiser utilises care pathways for common conditions like hip replacements to achieve lower use of beds in comparison with the NHS. This is driven by the active management of patients in hospital, use of discharge planners to move patients through the pathways, and the availability of facilities to provide rehabilitation for patients no longer needing acute hospital services but who are not yet ready to go home.
4. Kaiser also place great emphasis on self-management support. This often takes the form of largely web based patient information programmes. KP online enables members to communicate by email, access their medical records, make appointments and order prescription refills. The electronic medical record is the key tool which enables KP to deliver care that is patient-centred, safe, equitable, accessible, and affordable. All physicians at all facilities have access to a system which provides a secured single patient record, intranet treatment protocols and real time audit and performance measures.
5. A significant investment is also made in leadership development to support doctors and other staff to contribute effectively. A high proportion of doctors take on leadership roles in their medical groups, and it is within these groups that decisions are made on clinically appropriate care. Clinicians who work for Kaiser are expected to take a degree of responsibility for the performance of the organization as a whole, and are actively committed to its success.
6. Kaiser is also noted for their significant involvement of its pharmacists in patient care and their work in the community setting, with pharmacists routinely initiating changes to therapy within tight protocols. The Pharmacy has equal importance and an equal contribution to make, whether in the community or hospital.
7. There is a very strong relationship between the commissioner and providers, together with a strong sense of enterprise ownership, underpinned by a complete transparency of information. This is particularly powerful in the sharing of financial information.

Chronic conditions – the 21st century Welsh health challenge

The increased incidence of chronic conditions presents an enormous challenge to the NHS. In Britain, 17.5 million adults are living with a chronic condition, which means they are by far the biggest group of NHS patients. Their care consumes a large proportion of health and social care resources: -

- 60% of hospital bed days are taken up by patients with chronic conditions and related complications
- In Wales, 38% of the population is recorded as having a long-standing illness, slightly higher than the 35% figure for England
- Up to 80% of GP consultations are related to chronic conditions
- Respiratory illness alone accounts for 28.5% of Welsh patient visits to their GP
- Evidence from the US shows that the care of people with chronic conditions consumes about 78% of all healthcare spending.
- Up to 50% of patients with chronic conditions fail to take their medicines properly

This problem is increasing as the population ages and as we get better at preventing premature death from many of these conditions. More than 75% of over 75 year olds have at least one chronic condition, which is of particular significance in Wales as we have the highest percentage of older people in the UK. The World Health Organisation has said that chronic conditions will be the leading cause of disability by 2020. This is why they have been called “the 21st century healthcare challenge”.

Historical Position in Wales

Good chronic conditions management underpins many of the improvements needed to ensure better, sustainable health and social care services for people in Wales.

Individuals with chronic conditions traditionally received services from a number of different agencies and organisations which are not always co-ordinated or consistent. There was an inefficient use of resources and individuals often experienced:

- Long waits and varying standards
- No systematic care plan
- Being passed from one system to another
- Unnecessary bureaucracy, treatments and care
- Little understanding of what they should expect from services
- Complex and fragmented services
- Lack of involvement in their own care

In 2007 The Welsh Chronic Conditions Management Model and Framework identified clear objectives to shift the focus towards more active management of high risk groups in a proactive, planned and integrated way. It provides a consistent foundation on which to base future developments.



This CCM Model is community focussed and attempts to ensure individuals receive the right care in the right place at the right time, providing the basis and links to wider primary and community services.

The assessment undertaken in 2008-2009 indicates positive improvements are being made across Wales. Further evidence indicates that these improvements are impacting directly upon patient care.

The Current Position in Wales

Chronic Conditions Management Demonstrator sites

The aim of the Chronic Conditions Management (CCM) Demonstrator Sites programme is to: *Provide and test a sustainable and affordable generic CCM service model, which supports people's needs locally and promotes independent living within the community in order to communicate and inform service change across Wales.*

The three National CCM Demonstrators sites were established in North Wales (March 2008), Carmarthenshire (May 2008) and Cardiff (January 2009) to help drive improvements across Wales. They are run under a national programme of work to help share the learning and actions with non-demonstrator sites in a coordinated and action focussed way so that the model is mainstreamed and lessons applied across Wales on an ongoing basis.

The CCM demonstrators are taking action across the following 4 core work streams:

- Strengthening integrated community service planning and delivery
- Information services and technology infrastructure
- Workforce development
- Engaging local support and involvement from local people, patients, carers and communities in service design and delivery.

In July 2009 the CCM Demonstrators, working with the Welsh Assembly Government, produced its first 12 month report to summarise the progress and achievements made within their first year. This report showed that real improvements were beginning to take place and that practical challenges were being overcome, with useful lessons for others.

The three Demonstrator projects have not been working in isolation and whilst early indications suggest that CCM and community based planning is beginning to impact positively on targets, it is not possible to solely attribute the figures below wholly to the Demonstrators.

- The total bed days arising from emergency medical admissions for chronic conditions in each of the three demonstrator sites has seen a decrease between the calendar years of 2008 and 2009; a reduction of 27% for Carmarthenshire, 26% for Cardiff LHB and 16.5% for Gwynedd LHB.
- There has been a 10.8% reduction in the number of emergency medical admissions across the three sites, from 5866 and 6007 in 2007 and 2008 respectively to 5361 in 2009. The greatest changes in admissions were in Carmarthenshire, where after an increase in admissions from 2007 to 2008, there was a 26% reduction in emergency admissions between 2008 and 2009.
- The resulting efficiencies across all 3 sites as a result of the reductions in emergency medical admissions, average length of stay and total bed days can be costed to indicate a net cost reduction of £2,244,201 between 2008 and 2009.

Examples of current service change

There are already many changes underway in the way that healthcare services are being delivered. Bringing services together using more comprehensive facilities, the Neath and Port Talbot strategy is seen as a good example of effective partnership working between trust, local authority and LHB in order to develop community health care capacity. The Neath and Port Talbot model focuses on the development of the Primary Care Resource Centres and a community rehabilitation unit. The Port Talbot resource centre that opened in Sept 2009 accommodates a range of community and voluntary services in addition to general practices.

Further examples of services that have been transferred from secondary to primary/community services or that have been directly developed in the community as opposed to secondary care include:

- Cwm Taf LHB have used a specialist nurse model to transfer heart failure, knee injections and lymphoedema services in to the community and it has developed COPD services directly in the community
- Aneurin Bevan LHB has re-organised COPD services in the community using a pathway approach which has resulted in a significant reduction in bed days used.

- Cardiff & Vale ULHB have moved pain clinics and falls services into the community
- Hywel Dda LHB are embedding pain, lymphoedema and COPD services into mainstream community services and are developing their telehealth care services in parallel with these developments
- Powys LHB is in the process of fully integrating community services with social services
- Betsi Cadwaladr LHB have transferred heart specialist nurse, cardiology, diabetics into the community and are using 'virtual' clinics for several other services
- ABMU LHB have transferred respiratory and oxygen services as well as COPD Enhanced Services into the community alongside the development of community oxygen clinics that involve increased home visits

These examples and numerous others have not only produced significant improvement in service delivery, but also in the related outcomes. More specifically this includes significant reduction in average length of stay across a number of key conditions such as chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD) and diabetes, over the past two years.

Based on 2008/09 activity levels these reductions would equate to an annual saving across Wales of 6,612 bed days for COPD, 14,712 bed days for CHD and 1,638 bed days for diabetes. At a cost of £276 per bed day (Welsh costing returns 2007/08) this equates to £6,337,512 saved across Wales.

Clinical Leadership

Clinical leadership has been shown to be a critical success factor in driving forward change. The importance of leadership and appropriate new approaches to partnerships across sectors cannot be underestimated and neither can gaining acceptance and ownership for the changes, particularly in the higher levels of clinical management.

Currently, the strength and encouragement of clinical leadership in Wales is patchy. Academic literature currently identifies a number of skills deemed to be essential for clinical leadership. These include an awareness of the structures and processes of the NHS and the ability to visualise or predict the future. Other skills relate to personal traits and qualities and it is these skills; self-knowledge, communication skills, risk taking, and continually keeping informed that can be developed through ongoing education, as well as through the professional training. By having protected time to observe care and interview patients and service users about the delivery of care, areas of good practice and issues can be identified and rolled out, not just across individual Local Health Boards, but Wales.

Key amongst the challenges has to be the way in which clinical staff will accept changes to their ways of working. In particular, there are very few levers to change the work of primary care practitioners so that services are delivered more corporately. Collaborative working across - or even the breaking down of - professional boundaries will be fundamental to ensuring that the delivery of any changes are fully realised. A focus on "intelligent targets" to improve health outcomes will form part of this change, but it will take senior clinical champions to drive any change through the NHS in Wales.

Diagnosis

To be successful in managing chronic conditions in the future Wales needs:

- Citizens to develop confidence in their ability and take increased responsibility for the management of their own health through improved information, knowledge and self care
- Close alignment of health and social care in a system that delivers preventative, pre-emptive, reactive and rehabilitative care focused around the needs of the individual
- The principles of public health need to be firmly embedded in future service planning and design
- The development of services that demonstrate excellence in communication, information, integration and organisation
- Systems and processes that guide people through services, where individual elements of care are joined-up and easily navigated
- High quality information sharing where appropriately to inform decision-making
- Effectively managed interface between in-hours and out-of-hours services so that governance and accountability for care is clearly defined and understood
- Strong clinical leadership at locality and national level supporting local engagement and understanding
- Flexible working across professions and organisations to ensure that skills are utilised to maximum effect and that services meet the need of the citizen



The verdict - what lessons have we applied in Wales?

Looking in detail at the developments made in Wales we have observed that we have learned and are implementing several lessons from the way in which Kaiser Permanente delivers patient care, as well as lessons from elsewhere around the world, to help us meet the twin challenges of providing better care for patients with chronic conditions, and making more appropriate use of our hospitals.

It is vital, of course, to underline that there are differences between the Welsh context and what we saw in the Colorado. Wales is different from Colorado in several ways, in terms of issues such as geography, economic prosperity, social values and expectations - though several of these are factors for KP as well. Kaiser Permanente is different from the NHS, focussing on a mixed group of members rather than the whole population, and providing a differing range of services. Another difference is the way in which the system is funded, through members paying subscriptions rather than by the state through general taxation. These are important differences.

We therefore think that lessons have been learned from KP that are particularly relevant to Wales are as follows:

- Chronic disease management, self-care and shared care is currently being significantly developed in Wales to improve the care for people with long standing chronic conditions, help avoid inappropriate use of hospitals, and encourage more appropriate use of other services. However, in comparison with what we saw in Colorado we still have some way to go around the issue of self care in particular.
- Extended primary and community based health care services, are being trialled in North Wales, Cardiff and Carmarthen offering for example outpatient treatment and simple diagnostics.
- Since 2005 a strong policy emphasis has been placed on trying to develop increased clinical leadership in NHS Wales.
- Wales has significantly developed the roles of health professionals - to enable them to reach their full potential. However, the role of the pharmacist and other professionals in the KP model was a clear and important example of how existing roles can be extended even further than we have already gone.
- The NHS Wales Informatics Service has started to transform the use of information and communications technology in NHS Wales to produce impressive and clear benefits. What is clear is that the development and implementation of individual electronic medical records in Wales will be an important next step in this journey.
- The Kaiser Permanente integration of health and social care in the same organisation, and with a single budget has created a culture of shared vision, enterprise, teamwork and partnership, cultivated across health and social care that we must work towards in Wales in the coming years. We have many excellent examples of partnership working with Local Government and our ability to continue to improve upon this could provide a powerful force for change, and for delivering the improvements in patient care we all want to see.

The Future

There are still a number of barriers to future progress, change and innovation in Wales. These include: -

- We can only deliver a 21st century health service in Wales if our clinical staff rise to the challenge and lead the change. The NHS has been engaged in discussions about clinical leadership for some time, but it is now crucial that this becomes a reality. All of those working in the NHS want to do the best for their patients, but there will always be differences of opinion about how best to achieve this. It must be in the interests of both service users and staff for a mature debate about the shape of our future services takes place in a way that is both balanced and informed. Clinicians are able to see both the individual need and that of the wider population and are uniquely positioned, therefore, to be initiating and framing these discussions rather than, as sometimes has been the case, in contributing from the sidelines.
- We are facing unprecedented financial challenges at a time of unprecedented demand for services. This is, therefore, a defining moment for the NHS in Wales, an institution which lies at the very heart of our nation. Discussing the NHS is a national past time in Wales and the debates are so impassioned, particularly on the question of the future configuration of our hospitals. A special responsibility therefore rests on the shoulders of the opinion formers, and particularly on the politicians of all parties, from local Councillors through to Assembly Members and Member of Parliament. At this key point in the history of the NHS, we need our politicians to show true statesmanship, in encouraging non – partisan and rational debate over what needs to be done to modernise the NHS and to put it on the pathway to a higher quality and sustainable future.
- We must effectively challenge the commonly held perception that hospital buildings are inextricably linked to service delivery. We may fully understand the reasons for public affection of hospital buildings because they are a visible symbols of the NHS and, in many cases form part of a local community and its history, but while we, as a nation, remain at best ambivalent, and at worst, hostile to the need to design an NHS that is about services and not about buildings, we will be unable to take the NHS in Wales forward into a bright new future. NHS leaders must step up to the mark and find more effective ways of winning hearts and minds over the need for such change.
- We have over thirty public service organisations serving a population of only 2.9 million people in Wales. As an absolute minimum, and, in time we may need to go much further, we must insist on these organisations working closely together, and eradicating tribal behaviour so avoiding duplication, ensuring maximum value for money and demonstrating that they are using resources effectively to provide the citizens of Wales with a wide range of cost effective services. Furthermore, the question of where social care services should be aligned in order to meet the challenges of the ageing population must be properly addressed.
- We need to consider, in a healthcare system such as the NHS which is based on the principles of both equality of access and freedom from payment at the point of use, what level of responsible health behaviour should we expect from our population? The current reality is that many people in Wales do not exhibit behaviours that demonstrate an understanding of their personal influence in maintaining their own health. At a time of rapidly rising levels of obesity, and with the clear evidence of the harm caused by taking insufficient exercise, and of harmful levels of drinking and smoking, an honest debate about what we should expect the responsible citizen to do to protect their own health and quality of life needs to take place.

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About the Welsh NHS Confederation

The Welsh NHS Confederation represents the organisations making up the NHS in Wales: local health boards and trusts. We act as a voice in the drive for better health and better health-care through our policy and influencing work, and by supporting members with events, information and training. To find out more about us go to -

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