

### Imagining sustainable healthcare

- Prof. Chris J. H. Jones MB FRCP
- Deputy Chief Medical Officer for Wales
  - Welsh Government

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### Who (what) am I?

- Trained in medicine and cardiology in London, Cardiff and Texas
- Consultant Cardiologist, South Wales, 1994-2009
- Medical Director, Cardiff and Vale UHB, 2009/2010
- Medical Director, NHS Wales, 2010 – 2012
- Deputy Chief Medical Officer, Welsh Government, 2010- present
  - Head, Population Healthcare Division
- Honorary Professor, Cardiff University

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### Is healthcare sustainable?

**NOT AS IT IS**

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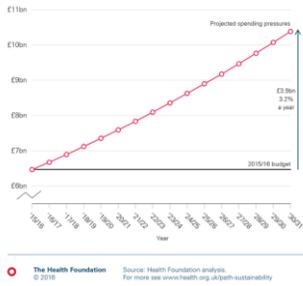
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Figure 5: Projected spending pressures to 2030/31




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### Why can't we keep finding the money?

- In Wales:
  - Healthcare already consumes £50% Welsh Government money
  - Extra money would have to come from:
    - Economy
    - Education
    - Housing
    - Planning
    - Natural Resources
- } These create health and wellbeing
- More money for health will come with more ill health

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### Q. Why is healthcare not sustainable?

**A.** The 'medical model' of care

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### The 'medical model'

- Still the basis of medical education
- Termed coined by RD Laing in 1971
- Comprises:
  - History taking
  - Clinical examination
  - Tests
  - Diagnosis
  - Treatment
- Perfect for single conditions

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### A demographic revolution since I qualified

- Life expectancy has increased 3 months every year, 10 years in total (79 men, 81 women)
- Healthy life expectancy still 62 /63
- Men spend 16 years in poor health
- Women spend 19 years in poor health
- Most have several conditions
- Average age in hospital now 84
- 20 years difference in rich and poor life expectancy

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### Multiple conditions

- A typical 80 year old might have:
  - High blood pressure
  - Type 2 diabetes
  - Previous stroke or heart attack
  - Arthritis
  - Heart failure
- The medical model treats each diagnosis separately, relying on single condition evidence.
- Lots of tests, treatments and drugs!

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**Doctors (and services) are:**

- Over-specialised
- Treating diseases (rather than people)
- Treating diseases consistently (rather than individually)
- Overtreating the elderly
- Undertreating others
- Not good at psycho-social problems

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L Leadership for change  
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### Unsustainable costs and volumes

- Costs increasing with population age
- Hospitals and clinics full of the elderly
- Hospitalisation threatens independence
- Poor patient experience
- Poor staff experience
- Limited workforce
- **Need to simplify or even do less!**

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### Leadership for change

- **Vision**
- **Engage**
- **Deliver**
  
- Has to be clinically led
- Clinicians and managers are powerful together
- Change requires courage

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A Analytical skills

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## Analytic skills

- Need to better understand:
  - Limits of evidence based medicine
  - Importance of individual risks and benefits
  - What really matters...
  - Value...
- Drug companies dazzle us!

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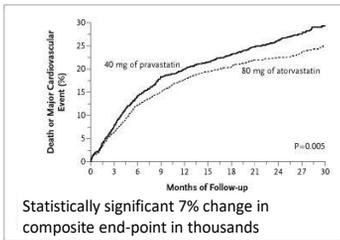
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Is this difference big enough we change treatment for all?

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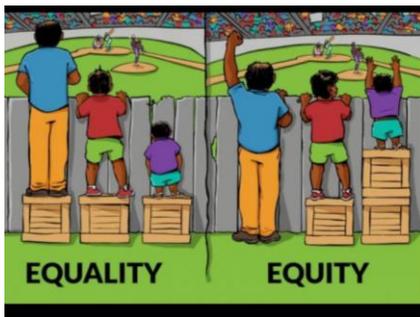
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**CMO Wales Annual Report 2016**

– Rebalancing healthcare – working in partnership to reduce social inequity



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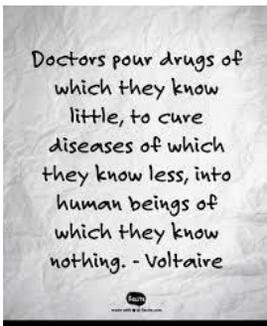
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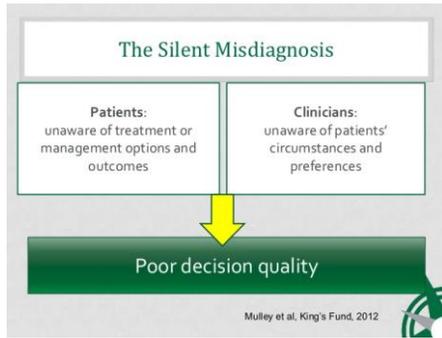
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*"I'll want to run a few tests on you, just to cover my ass."*

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**Industrial scale healthcare**

NHS Wales, each year, provides for 3 million population:

- 20 million primary care appointments
- 3 million hospital appointments
- ¼ million hospital admissions
- 80 million prescriptions
- 80 million blood tests

**Why is this not enough? Surely it should be....**

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$$\text{Value} = \frac{\text{outcome}}{\text{cost}}$$

- we choose the healthcare we offer
- use the resource more wisely
- stop doing low value things

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**Low value healthcare**

- Follow up appointments in hospital (3/4 total)
- Multiple drugs
- Multiple tests
- Hospital admissions for frail people
- Complex operations in frail people
- Many 999 calls
- Making people come to us needlessly
- Care that people don't want or impairs quality of life

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### Psycho-social problems

- 50% clinic referrals have medically unexplained symptoms
- Many will have anxiety and depression
- Many have experienced past trauma
- Some may have past childhood trauma
- Physical tests and drugs will be ineffective
- Medical model may not see and treat a psycho-social cause

• Need better awareness of non-medical problems

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### Social model of care – the elderly



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### Care in elder people....

- Elderly not included in clinical trials
- Multiple drugs and tests not evaluated
- Drugs more harmful as frailty increases
- Multiple medicines cause hospital admissions
- Hospitalisation harms elderly people
  
- Length of life becomes less important than quality of life
- Need to shift from medical to social care as frailty increases

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### Turning point for healthcare:

- The medical model suits single conditions
- Unsited to chronic conditions (the major problem)
- People have to fit around many services
- Our overloaded system is not providing good return on investment
  
- Need more wisdom than the medical model alone
- More important overall to do less than do more

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### Sustainable healthcare?

- Less medical
- Less hospital
- Recognise more than disease
  - Provide what is needed
  - Financial advice, human company, housing, natural world, exercise...
- Help people make their own decisions and support themselves and each other
- Invest in health and well being

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Thank you

[chris.jones@gov.wales](mailto:chris.jones@gov.wales)

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