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STPs

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Gaps are unevenly spread

And it's not always clear:

How much of the problem is cash

How much is 'counterfactual'

Main components of plans #1

Very heavy reliance on ‘business as usual efficiencies’

Carter type improvements

Right care, GRiFT and other attacks on variation

Question: how realistic are these in the light of growing inflation and history? A particular issue for those services where workforce is a high proportion of costs

Main components of plans #2

Length of stay reduction

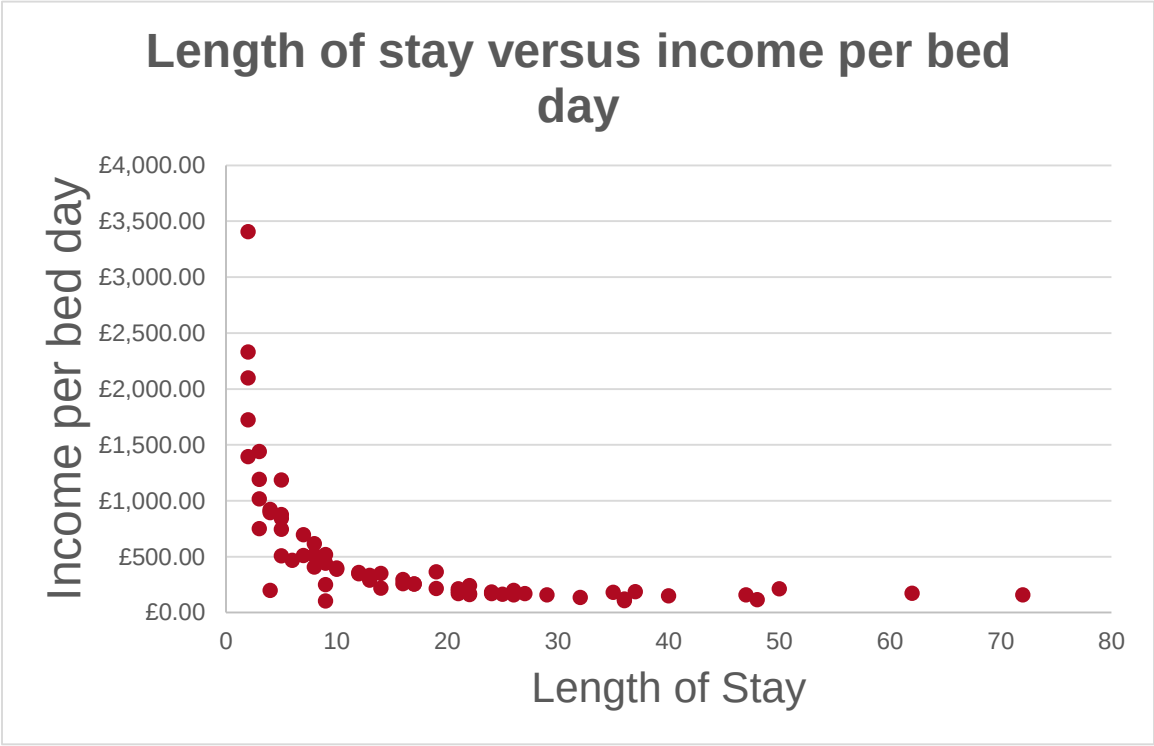
- Moving medically fit patients out
- Step-down and home care
- Increased use of ambulatory care

There certainly is scope for this:

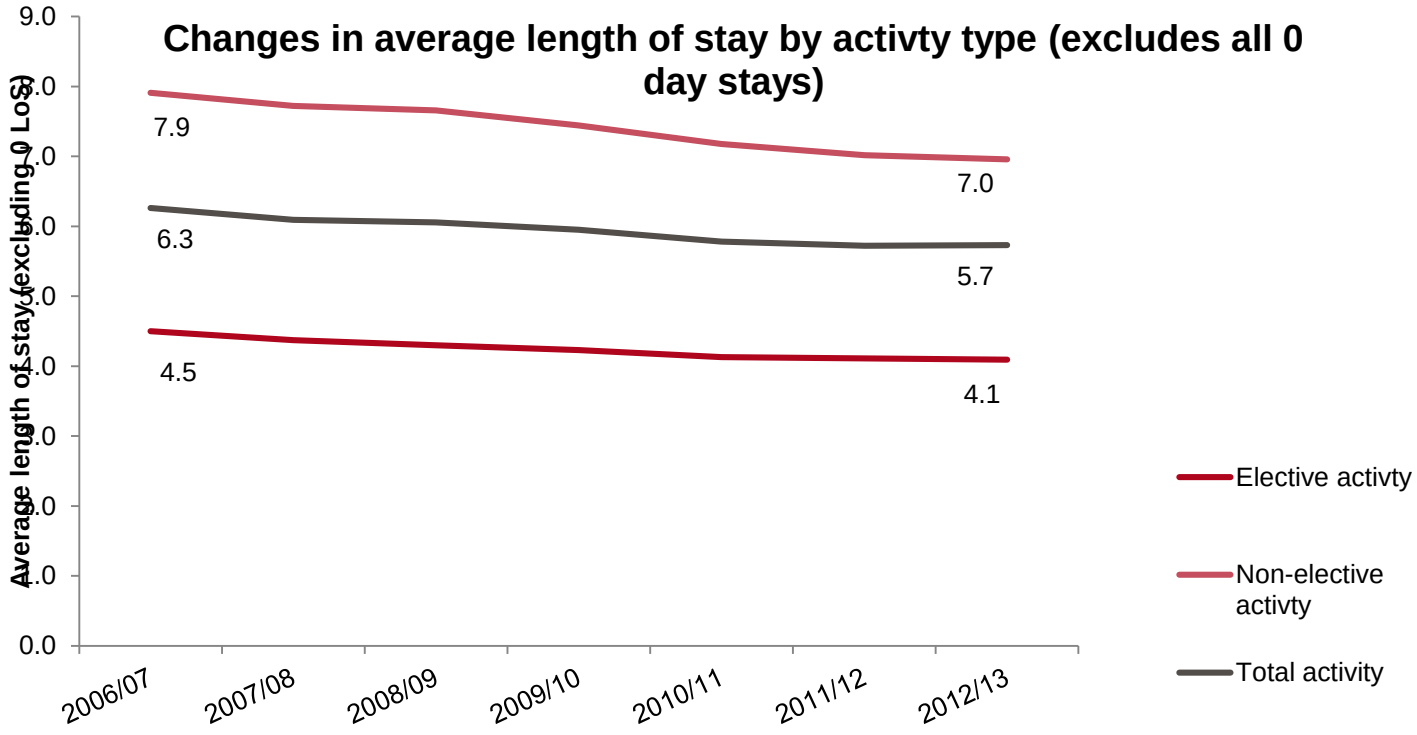
- A substantial proportion of patients in this category
- However, this is a long standing issue

Might help less than they hope

Costs out of hospital are not necessarily lower



The downward trend has been slowing



Demand management

Multidisciplinary team management

Integrated care

Enhanced primary care

Nursing homes and end of life

Increased use of paramedics

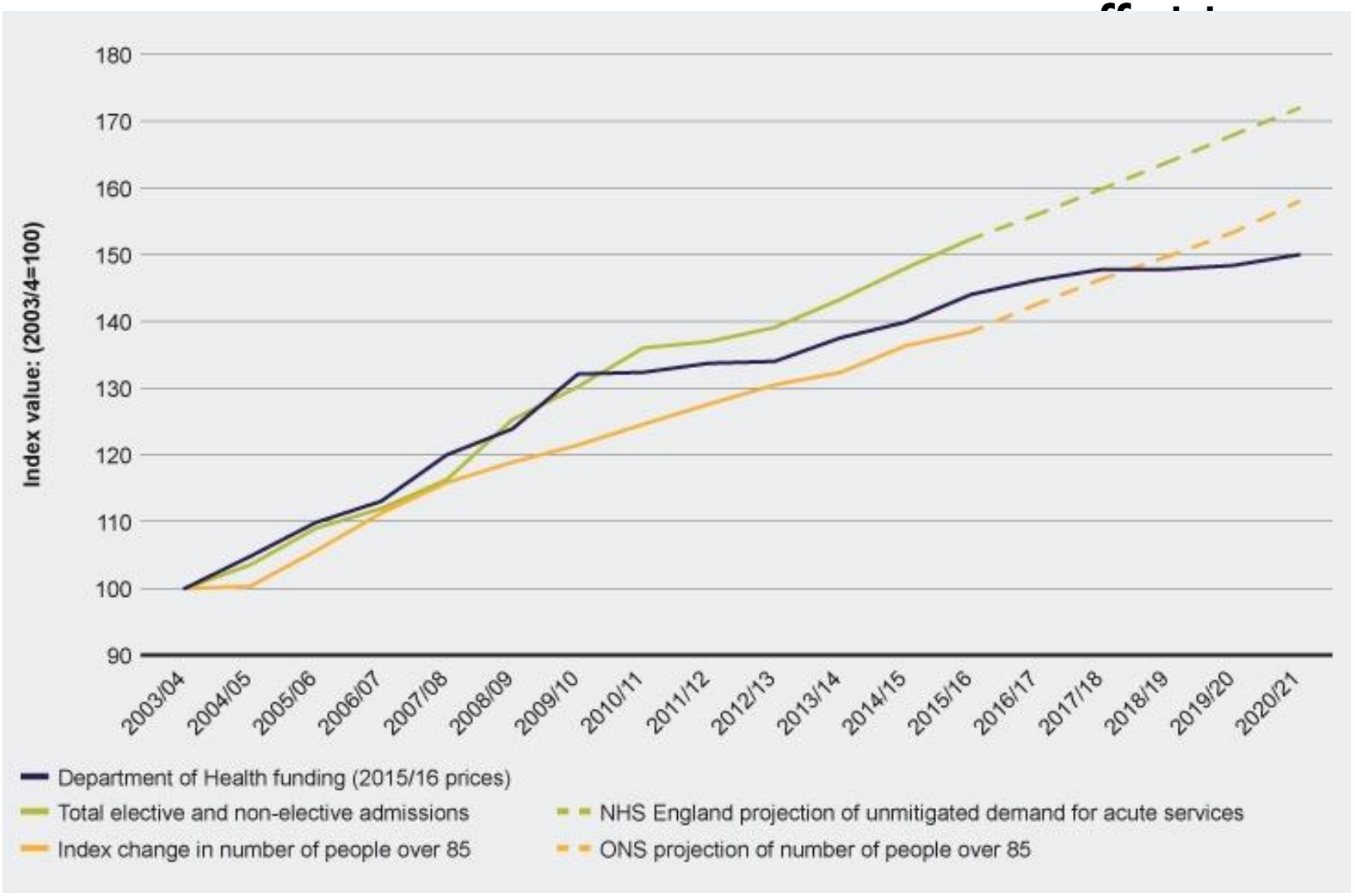
Various types of diversion schemes for A&E

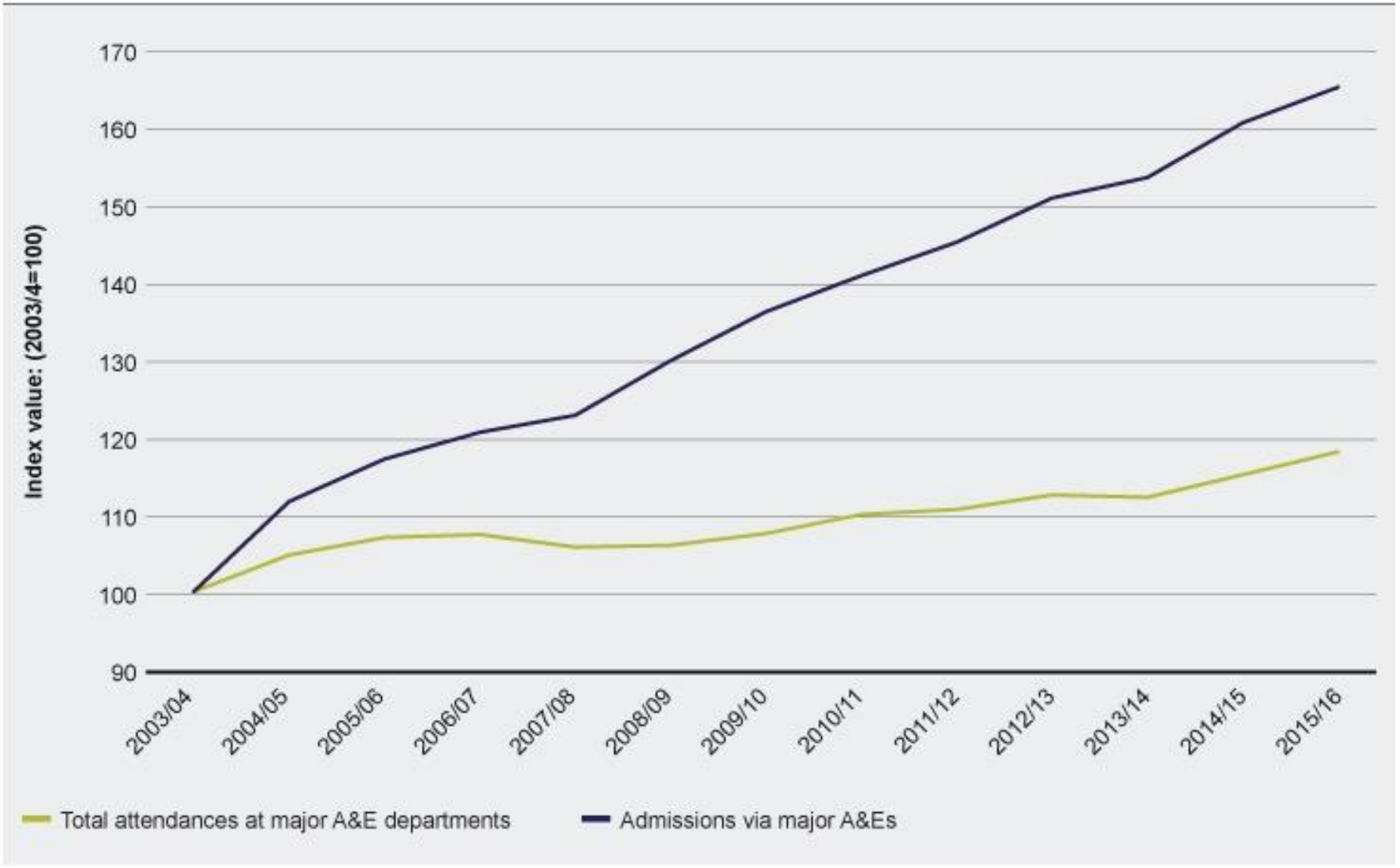
Outpatient referral

Demand

Quite a bit of the gap is caused by demand

If it can be held at current levels of the rate of growth reduced this makes a big difference





Reconfiguration

A number of hospital downgrades and A&E changes

Many already in discussion

Some require significant capital

Time is an issues here

Concerns about radical solutions

There are a number of areas where these are required, but…..

- Some are based on hope rather than evidence
- Even when they are evidence based they are difficult to execute
- Optimism bias abounds - Presumption of high % of success
- The economics of the change are problematic
  - Dealing with fixed costs
  - Differential costs between models
- Capital - extends the time & reduces the savings
- Elapsed time

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Pre-mortem

An exercise that looks back and asks – what went wrong?

Premortem

Poorly thought-out plans

Failures in execution

Enabling mechanisms were neglected

Other exogenous factors

Execution problems

Narrative

Method

Buy-in

Relationships and governance

- How real are STPs?
- How are organisations held to account
- What stops defection from decisions – how are decision made
- The role of regulators

What sort of change?

Technical

- Problem is well defined
- Solution is known can be found
- Implementation is clear

Adaptive

- Challenge is complex
- To solve requires transforming long-standing habits and deeply held assumptions and values
- Involves feelings of loss, sacrifice, anxiety, betrayal to values
- Solution requires learning and a new way of thinking, new relationships
- Triggers avoidance of uncomfortable issues

The need for a relationship strategy

Between hospitals, ologists and primary care

Between organisations – with some clear rules of operating

Reach out to local government, housing etc

But very difficult for some councils and ambulance trusts

Problems with enabling strategies

Workforce issues

Capital

Double running

Exogenous

Impact of Brexit on the workforce, social care and the economy

Politics get difficult

High profile failure of attempts to create community solutions

Final thoughts

Do some of the out of hospital solutions require more radical and high powered models

How to buy some headroom but rapid action

How to develop industrial strength improvement capability