**South West Clinical Senate Conference/Clinicians as Change Agents**

**Thursday March 22nd 2018 Rougemont Hotel Exeter**

**Opening Comments & Clinical Senate Activity (Sally Pearson Chair S/W Clinical Senate)**

Clinic Senate has 38 members and meets 4-6 times per year; it brings together senior clinical professionals to act as a critical friend to the wider health system, providing strategic, independent clinical advice & leadership on how services should be designed to provide the best care & outcomes for patients.

It works alongside the Senate Assembly & the Citizens Assembly & provides advice to Commissioners, STP’s, Specialised Services & providers on a range of topics all of which is evidenced based.

**Recent Clinical Senate Topics**

* Clinical Reviews for the S/W to support the development of robust clinical models for Service Change
* Smoking Cessation & Weight Loss as criteria for fitness for surgery
* Review of Emergency General Surgery Services in the S/W
* Biosimilar Medicines
* Tobacco Prevention
* Principles of Service Reconfiguration

Eight areas involved in Clinical Reviews except Bristol which is undergoing a change in its conurbation

People who live on geographical boundaries could be disadvantaged by change so Senate needs to work closely with NHS England to ensure they receive appropriate health care.

**The Role of the Clinical Senate in Improving Patient Care (Nigel Acheson Regional Medical Director (South) NHS England.**

The Clinical Senate are Agents for Change & use evidence based independent advice & leadership to improve patient care.

**Key Areas**

* Providing care for the Aging Population
* Focus on the prevention of long term effects of Chronic Diseases
* Specialised & personalised surgery & therapies
* Intervention i.e.: Genomics/Genetics
* Using Technology (records, information)
* Transferring ownership for health to patients/citizens

**Needs**

* Support Health and Well Being
* Promote Healthy Lifestyle
* Education
* Change of individual behaviours
* Promote Physical Activity (to individual ability)

**Areas of Concern**

* Smoking
* Obesity
* Alcohol
* High Cholesterol
* Diet (lack of fruit & nuts)
* Mental Health

**Five Year Foreword Review**

Look at population in our patch

Build Resilience

Have a sense of community& work collectively to support it

Don’t work in single organisation, collaborate, share e.g STP’s CCG’s, Health, Social Care, Environment & Finance

**Considerations**

* Proximity of patient
* Home versus Hospital
* Services available (often multiple locations, concentrate & reduce)
* Provide equability
* Manage Acute Symptoms, avoid hospital admission
* Improve Clinical Pathways
* Resolve delayed transfers
* Provide rehabilitation/reablement
* Review complex spinal surgery (low back pain medicalised, high risk surgery)

Change is difficult & not readily accepted, need to focus on key areas of need to ensure the right healthcare is provided.

Need to overcome barriers, change culture (encourage patients to question, embrace new treatments)

Involve patients/public/staff for co-design of services

Support innovators

Embrace new drugs, devices, diagnostics, & digital products

**Stories (Dr Sam Guglani Director of Bios (Life ) & Medicine Unboxed)**

Dr Guglani Consultant Oncologist founded Medicine Unboxed in 2009, its aim is to explore "understanding of medicine/health through the arts and literature", Biopsy of life, Bios is life and Opsis is sight /look.

He questions ‘what is medicine?’ The dictionary states it’s “the art or science & the prevention, diagnosis & practice of treatment of disease” but with no hint of death. Death is ignored, with general ambivalence towards it with doctors using terms like cure, palliative, terminal to confuse us. Medicine engages in isolation without discussing death & mortality.

The question asked of patients is “What is the matter” but should be “what matters to you”

How do Doctors provide understanding

CRAFT which includes rationale, reasoning & biology

or more TECHNIQUE, behaviour, approach & a stance towards life

What is good care, what does it mean to be mortal🡪Tend to favour technical over craft

Stories teach us about life (patient histories) but heard from everyone involved, patient, nurse, porter etc. The histories focus on the humanity or sometimes the lack of it. Dr Guglani organises annual events to discuss different topics e.g. Voice, Frontiers, Mortality using literature and Art from a vast range of authors and artists.

**Embracing the 100,000 Genome Project to Transform patient Care (Catherine Clawson Programme Manager & John McGrath Clinical Director )**

**What is a Genome?**

A genome is an organism’s complete set of DNA, including all of its genes. Each genome contains all of the information needed to build and maintain that organism. In humans, a copy of the entire genome—more than 3 billion DNA base pairs—is contained in all cells that have a nucleus.

There are currently 11 Genomic Medicine Centres in the UK working with Genomics England to deliver the [100,000 Genomes Project](http://www.genomicsengland.co.uk/the-100000-genomes-project/), which is the largest national sequencing project of its kind in the world. In the West of England half of the 4,000 patients required for the project have been recruited

100,000 genomes from NHS patients with rare diseases & cancer will be sequenced & analysed, to aid better understanding of the genetic causes of diseases. The project aims to implement genomic medicine into the NHS to transform & improve diagnosis with more effective treatments & care made available.

**Genome Medicine**

* Drives Research
* Drives Drug Developments
* Accelerates Diagnosis
* Provides Personalised Medicine (gene identification helps to distinguish the difference between tumours of same disease)
* Targeted Treatment/Therapy/Drugs
* Increases Understanding

Genome sequencing per person costs 1000$ and can be read within 6hours

**Effects of Genome Project on NHS**

* Changes to workforce
* Extended roles
* Pathway Redesign
* Patient Involvement
* Development of Tumour Advisory Boards
* Digital Management
* Skilled Data Analysts

**Learning from the Health Foundation: Putting Change into Practice (Will Warburton Director of Improvement, The Health Foundation)**

The Health Foundation is an Independent charity based in London but covers the whole of the UK & is committed to bringing about better health and health care for people in the UK

NHS Funding and resources are diminishing, there are fewer beds, nurses & doctors & less money spent per individual than in other countries with a £22 billion gap in 2016/17. The Foundation suggests that:-

* Targets can overwhelm practice
* Regulations do not necessarily improve care
* Patients often ask the right question e.g. ‘why can’t I be discharged & have my care needs assessed at home. This reduces the delay once a patient is Medical Fit for discharge.

**The NHS 5 year Foreword Views Main Elements for Improvement**

STPs and control totals Boosted primary, community preventive public health services

Integrated care models

Improvements in key clinical areas:

* Mental health
* Cancer
* Urgent & emergency care
* Primary care

10 point efficiency plan

* Free up hospital beds
* Agency bills
* Procurement
* Pharmacy bills
* Reduce demand
* Reduce variation
* Infrastructure
* Admin costs
* Income owed non UK
* Financial discipline Trusts

To support NHS Trusts the Health Foundation provide Grants and Clinical Teams to promote improved Patient Care or to enable individuals to train & or develop knowledge.

The Foundation focuses support on front line staff and help teams to understand that they need to see the whole pathway and aid direction

**How Teams can fix problems**

Get together in a ‘Big Room’ whole teams can see, learn & act together, share current practice and problems , set out the changes & how they can be achieved & learn from the experience.

 Use plan, do, study, act (**PDSA**) **cycles** to test an idea by trialling a change on a small scale and asses its impact, building upon the learning from previous cycles in a structured way before wholesale implementation.

The Foundation always test innovation, build skills & knowledge & develop & share evidence on what works & why.

**Describing the Future (Sir Muir Gray) Established Better Health Care Ltd**

The last 30 years has seen a revolution in Health Care but huge problems are developing. Quality and Improvement reduces harm but there are still anomalies and misunderstanding of what good care is.  A budget is needed to provide care for populations that will increase its need and demand in the next decade The question posed was what makes a service better, how many people (areas) benefit, who is responsible.

Despite clinical advances over the last fifty years, there remain six major problems that affect health systems worldwide;

* Unwarranted variation
* Patient harm
* Inequity
* Overuse/Wasted Resources
* Failure to prevent the preventable
* Rising need and demand

**These problems will not be solved by**

* Injecting more money into healthcare: healthcare budgets are shrinking
* More medical technology: some new technologies will mitigate the problems, others will aggravate them
* Structural reorganisation within existing frameworks: the existing healthcare bureaucracies are necessary but not sufficient

**The Solution**

Achieving value-based healthcare involves a paradigm shift from the bureaucracy-based status quo, to population-based, personalised healthcare. Such a shift requires a focus on triple value (personal, Allocative, Technical) systems, and culture.

**To achieve this paradigm, we need to engage in three new activities**:

* Ensuring that every individual receives high personal value by providing people with full information about the risks and benefits of the intervention on offer
* Shifting resources from budgets for populations in which there is evidence of overuse or lower value, to budgets for populations in which there is evidence of underuse and inequality
* Develop population-based systems that: address the needs of all the people in need; implement high value innovation funded by reduced spending on lower value intervention; increase rates of higher value intervention funded by reduced spending on lower value intervention

**This process will require: a change in culture, training in new skills and concepts, and the development of a new type of organisation – population-based systems.**

There are higher rates of e.g. amputation, caesarean sections, high risk surgery on elderly people but they are expensive and not all necessary. There is now considerable overuse & harm including high rate of admissions of elderly people, increased imaging, pathology and the prolonging of life. The need and demand on the NHS will go up 20% in the next decade.

**Need to look at :**

* High cost care available to relatively few compared to low cost care which benefits many
* Relationship between value & efficiency & value quality.
* What’s being spent and where and identify optical value
* Population based medicine, size of clinical teams
* Distribution of resources and is the balance right?
* Aging as a new concept, not just disease but lack of fitness caused by 40years of sitting e.g. computer/social media, car, desktop
* Miracle Cure e.g. Walking, Exercise

**Breakout Sessions**

**Realistic Healthcare (Citizens Assembly) Joanna Parker, Kevin Dixon**

The Concept of Realistic Medicine was developed in Scotland and Choosing Wisely from the UK & USA. The workshop enabled Clinical Senate Members and the Citizens Assembly to explore how improved conversation between patients and doctors/nurses & encouraging patients to ask questions can facilitate better decisions about care.

**The premise was**

* Doctors can be paternalistic,
* Patient not always given relevant information to make a choice
* 30-40% of treatments are not evidence based
* Balance of risk on discharge from hospital not addressed
* Patients may choose a lower but effective less risky treatment

**The discussion highlighted the need for**:

A Change of style by introducing shared decision making

Listen to the patient, equal partners in decision making

Build a personal approach to care

Encourage patients to question value of tests, treatments and procedures

Reduce harm and waste

Reduce unnecessary variations in practice & outcomes

Manage risk better

**Group work - facilitated by Joanna. Split into 2 groups of mixed patient and public attendees and clinicians to discuss:**

1. From a clinical perspective, what are the opportunities for patients to be more involved in decisions about their care?

2. What steps could be taken, and by whom, to initiate this change in culture?

3. Please highlight 2 key challenges you foresee with implementing this approach

4. Please make 2 or 3 suggestions about what would help to implement this

The outcome of the Group work has been formulated by Sarah

**There were two other workshops (below)**

No feedback currently available

**Best Possible Value Programme (Zephan Trent Asst Director of Strategic Finance & Mike Lowe Head of Health Economy Intelligence, NHS Improvement)**

**Research Gaps in Healthcare & how to drive change as a result of Research (Steph Garfield Birkbeck, Health Services & Delivery Research programme, NIHR**

**Insights on the Application of Evidence to Decision making (Plenary Speaker Michael Buerk Journalist/Broadcaster).**

A powerful, passionate presentation on society and its relationship with News. He reported that the under 45’s no longer read newspapers, listen to news on radio or television preferring to be on Facebook, Social Media, Twitter and wedded to their mobiles. He suggests that all these are changing intelligence, news is emotive, insensitive, untrue with no evidence to support their claims but it is believed just the same.

Reading is no longer a pleasure so there is no development of imagination, no critical thinking, questioning and intelligence and intellect are reduced. They cannot be involved in the abstract, emotions are more appropriate than analysis and feelings drive their attitudes. Unfortunately these emotions and feelings demonstrate less tolerance within society with people ‘getting on the bandwagon’ tearing people apart e.g. Doctors/Nurses caring for Charlie Guard.

The talk was very thought provoking and raised a lot of points concerning how society is changing in this digital age.