

Prudent healthcare - Can it save the NHS in Wales?

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The NHS in Wales faces a choice, Mark Drakeford has said, between unplanned change and planned change. Falling funding, rising demand and upwards costs pressures mean that the current system is unsustainable. The Minister for Health and Social Services in Wales has pointed to the concept of prudent healthcare as the only way to meeting these profound challenges. He has defined it as "healthcare that fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patients benefit".

What the concept of prudent healthcare will mean in practise was a central question for the IWA's latest conference. Helen Howson, strategic programme director for Public Health Wales, and Secretary to the Bevan Commission, began the conference with an overview of the concept by warning that the NHS is at critical risk of collapse: "It's a bit alarmist, but people need to be made aware and something different needs to be done." Prudent healthcare, she argued, "is an intelligent approach to using our resources efficiently" and "no different from household budgeting".

Howson was joined by the Chief Medical Officer for Wales, Dr Ruth Hussey to field questions from a range of panelists with different backgrounds and perspectives on the NHS in Wales. Kate Macnamara, a mental health pharmacist and patient, asked whether the notion of being prudent with healthcare meant that physical illnesses would be prioritised over mental health patients. Howson responded saying that in practise, individuals would have a more efficient, tailored approach to healthcare as professional/patient relationships were to be emphasised in the reform.

An obvious way of achieving some of the initial savings required by austerity is from restraining, and perhaps cutting, pay. Margaret Thomas, Welsh Secretary of Unison, warned that pay cuts would lead to a negative impact on patients as staff became even more demoralisation and prone to further sickness, thus undermining their ability to implement the change agenda. Professor Ceri Phillips of Swansea University defended prudent healthcare's approach to practitioners, saying that efficiency should be prioritised, and unnecessary administrative tasks prevented health care practitioners working to their full potential. But the cuts will require productivity improvements of 4% per year and nothing beyond 0.4% has been achieved in recent years, IWA Director Lee Waters pointed out.

Catherine Evans, health and social care lead for the Older People’s Commissioner for Wales, asked how ‘waste’ was defined in terms of prudent healthcare and what impact this would have on some of the most vulnerable in society. Helen Howson replied that the more vulnerable are often automatically taken to hospital for treatment, which is a great expense, and “we know that hospital is not the best place for a lot of these people to be”. She emphasised that the solution is not to “default to hospital” and enable each patient to be treated individually. The panel agreed that patients should be treated on an individual basis, hospitalisation shouldn’t be a default, and administrative burdens should be lifted from practitioners, yet implementation marks a challenge for the health service in Wales, and achieving this is some way off.

The afternoon then focused on some of the themes that need to be tackled to deliver more prudent system of healthcare. Professor Ceri Phillips of Swansea University began by offering the financial context of the Welsh NHS and assessing the necessary next steps. Budgets will not increase, he said, illness will not decrease, so we must find a better way to allocate the resources we currently have.

Allison Williams, the Chief Executive of Cwm Taf University Health Board, brought a focus to the practical questions of how to manage a health board with declining resources, and how these resources could better serve her patients. One of the main problems, she argued, was over-medicalisation and a lack of individual responsibility stating, “If the patient is not responsible for their health, then there is a problem.” The solution, she believed, is “about sometimes doing nothing when that’s the best thing and being honest with people.” With this she referenced the 40% of patients who wished they hadn’t received knee replacements after the fact. If they were informed of the risks, asked Allison Williams, would all patients chose to undergo a surgery that may not work for them? Drawing from examples of medication wastage and delayed cancer discovery, Williams argued that rationing is not a bad thing if the NHS is honest about it. “You’ll be surprised,” she concluded, “people may understand. There are only a finite amount of resources to go around.”

Offering another health board perspective, Sharon Hopkins, Director of Public Health for Cardiff and the Vale UHB, argued there few who want and subsequently needed secondary and tertiary care. She proposed two strategies: reducing the need by improving general health and by informing people’s decisions; and argued there are other options than hospitalisation and call for greater research into preventative measures.

The conference culminated in a rare chance to discuss plans for reform with the Minister for Health and Social Services, Mark Drakeford AM, who took part in an hour long Q&A session with the IWA’s Lee Waters. Waters began the session by asking “what

is the difference between prudent healthcare and rationing?” The Minister responded that all health care services are rationed, “it is simply matching supply with demand.” Rather than looking at it as rationing, he argued to consider prudent health care as a system with a greater opportunity to meet the needs of those in Wales. “If we don’t engender changes in the health service in Wales” argued Drakeford “then trying to carry on as we are will become more and more of a failing project”.

An argument repeated throughout the day was that there needs to be a greater emphasis on prevention. The Minister agreed stating, “If harm is avoidable, you should choose to avoid it.” He referenced courses offered by Cardiff and the Vale UHB where smokers and those who are significantly overweight must attend a cessation course prior to elective surgeries. This had proven successful, the Minister stated, and may now be rolled out across Wales.

Drakeford also agreed with many of his colleagues emphasising that there must be more autonomy for patients, who needed to be more involved in the decision making process, so-called co-production. Patients are often the most suited to making a decision about their own health, and need to be informed to be able to undertake this. The NHS in Wales, the Minister suggested, should better inform their patients to make decisions about their own health.

Finally, Drakeford emphasised that prudent healthcare was still in the discussion stage and that the implementation was to be considered later. “But,” he concluded, “we have to think of ways we can apply principles to change in time.” Pressures will only continue to rise, with only 40% of the cuts to public services in Wales having been implemented so far, yet argued Drakeford “people open their newspapers in the morning and they read that the economy has turned a corner and is on the upland...as far as public services are concerned we’re not even down the slope to the bottom of the valley”.

To listen to the Q&A with the Minister for Health and Social Service please visit our [Audioboo page](#). You can also watch the video now on our [Youtube channel](#).