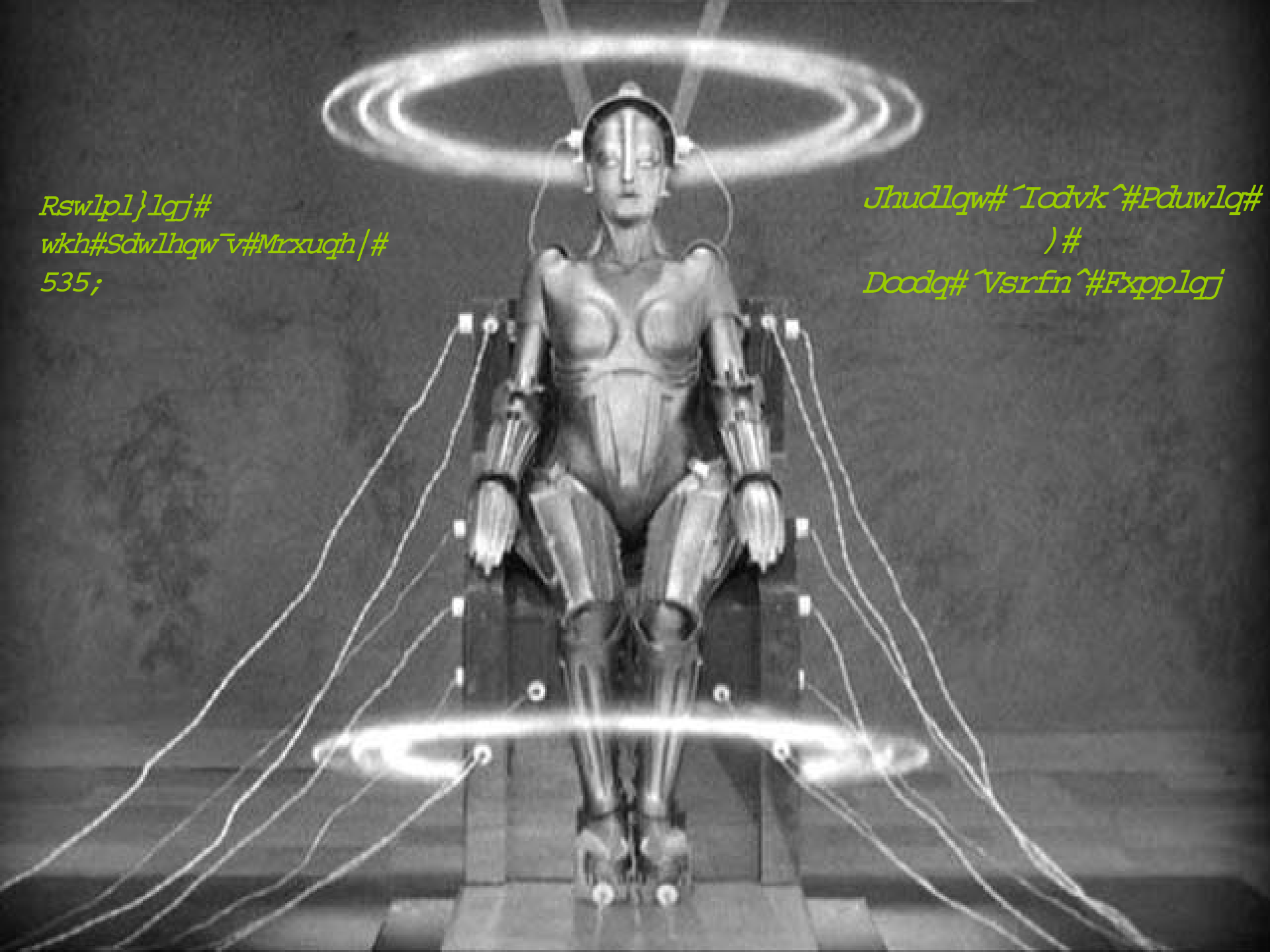


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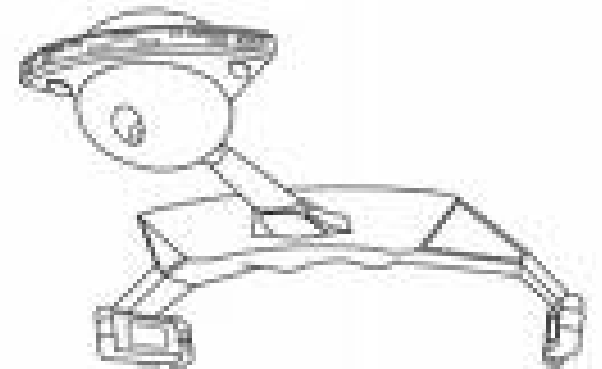
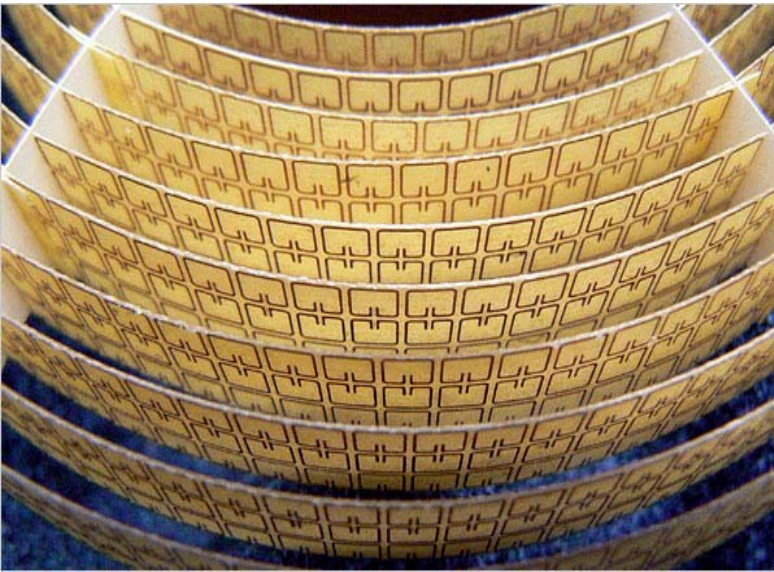
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# The problem of prediction

“ The problem of predicting the impact of technology on the future is that we over estimate what will happen in five years, but hugely under estimate its impact over twenty”

Ray Kurtzweil



# ...So looking forward from 1988

- *In the world*
  - The Berlin Wall
  - The Internet
  - The All Blacks not winning the World Cup

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  - The baby boomer generation
  - The death of deference

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- *In society*
  - Impact of socio-economic deregulation
  - The baby boomer generation
  - The death of deference
- *In Health*
  - Technological advance in Healthcare
  - No cure for AIDS
  - Chronic disease
  - Inequalities
  - The Patient increasingly in charge

....Or another way...



**MULLET**

It's always nice to know you're better than someone.

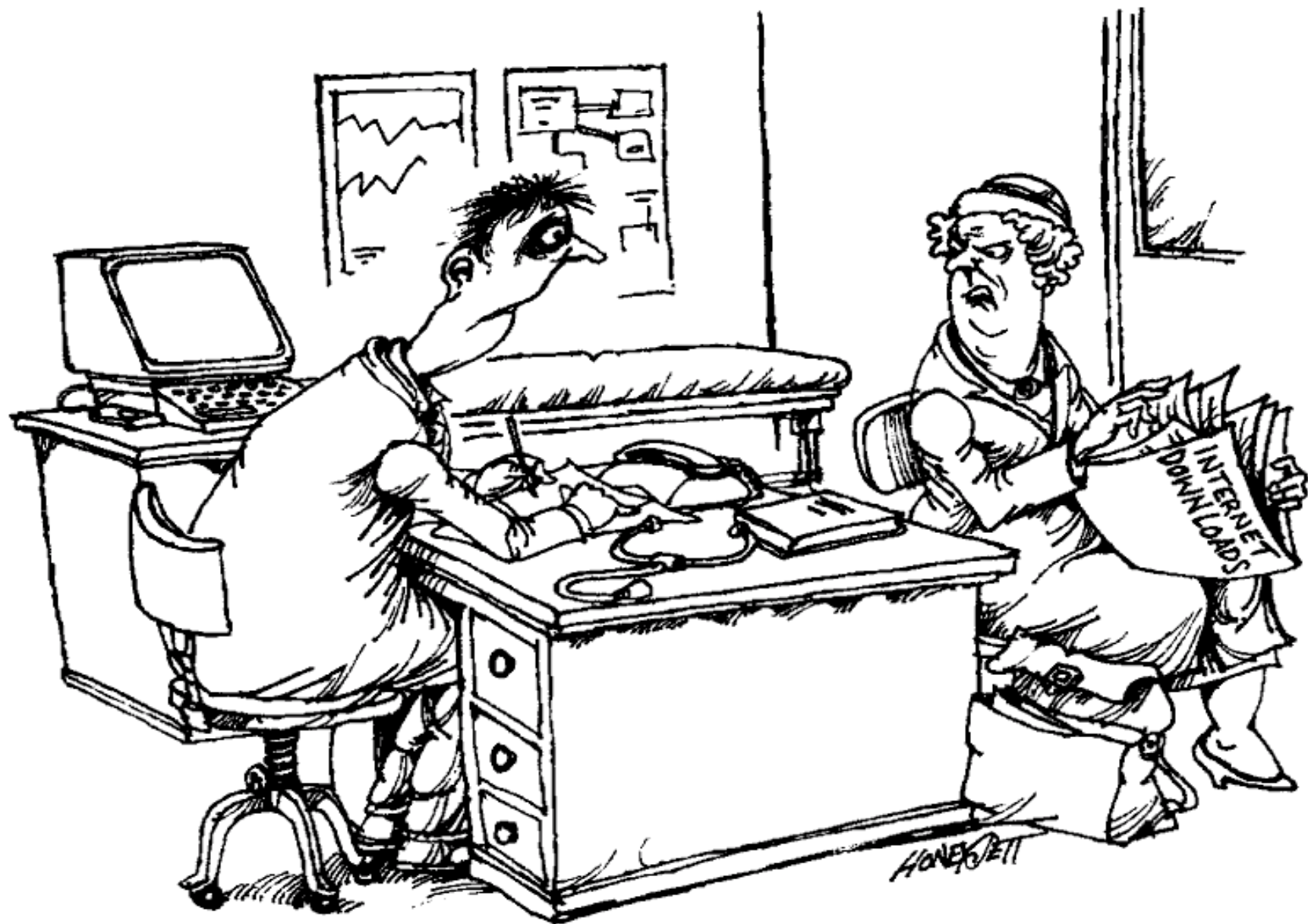


# The expert patient

- Impact of Chronic Disease
  - Clinician is no longer the “curer”
  - Chronic disease is patient not professional centric
- Impact of Clinical Governance
  - The scrutiny of clinical performance
  - Internet print out Patient
- Impact of the Economic Change
  - Shock doctrine
  - Cost of healthcare is increasing
  - Control of the methods of production in healthcare has fundamentally changed
  - This is often why organisational change and an unsettling of the professions has resulted

# Technological change

- Implications of technological change will accelerate the impact
  - Access to knowledge : *Clinical quality*
  - Ownership of knowledge : *Google health & Microsoft*
  - Convenience of knowledge: [www.kaiserpermanente.org](http://www.kaiserpermanente.org) :



"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."

# ...The challenge...

How to deliver

“ Mass produced, personalized care”

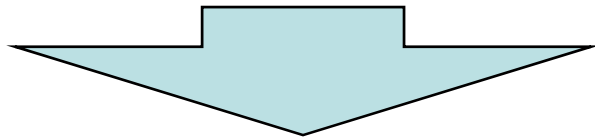


BUILD  
YOUR  
SCION

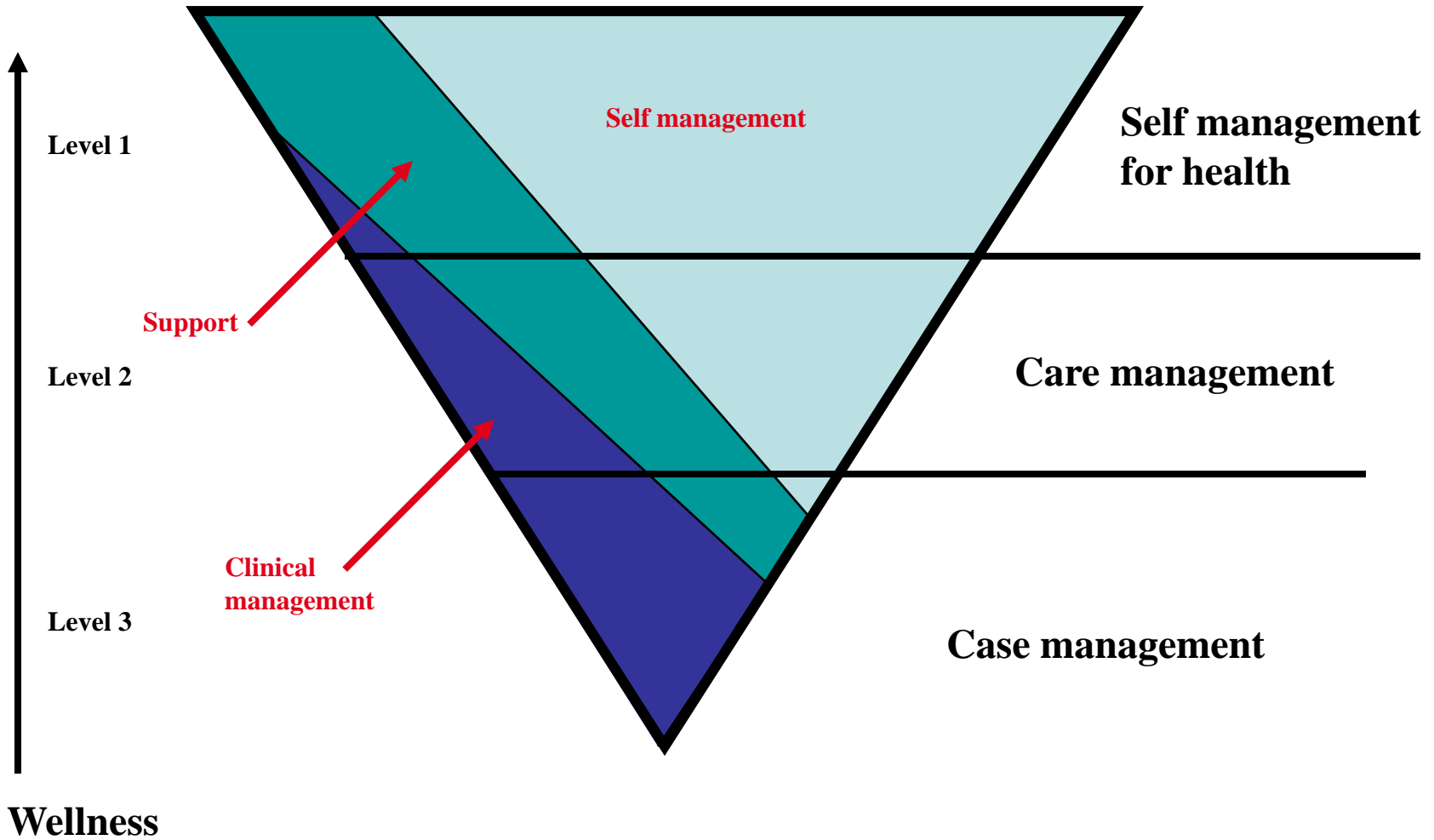


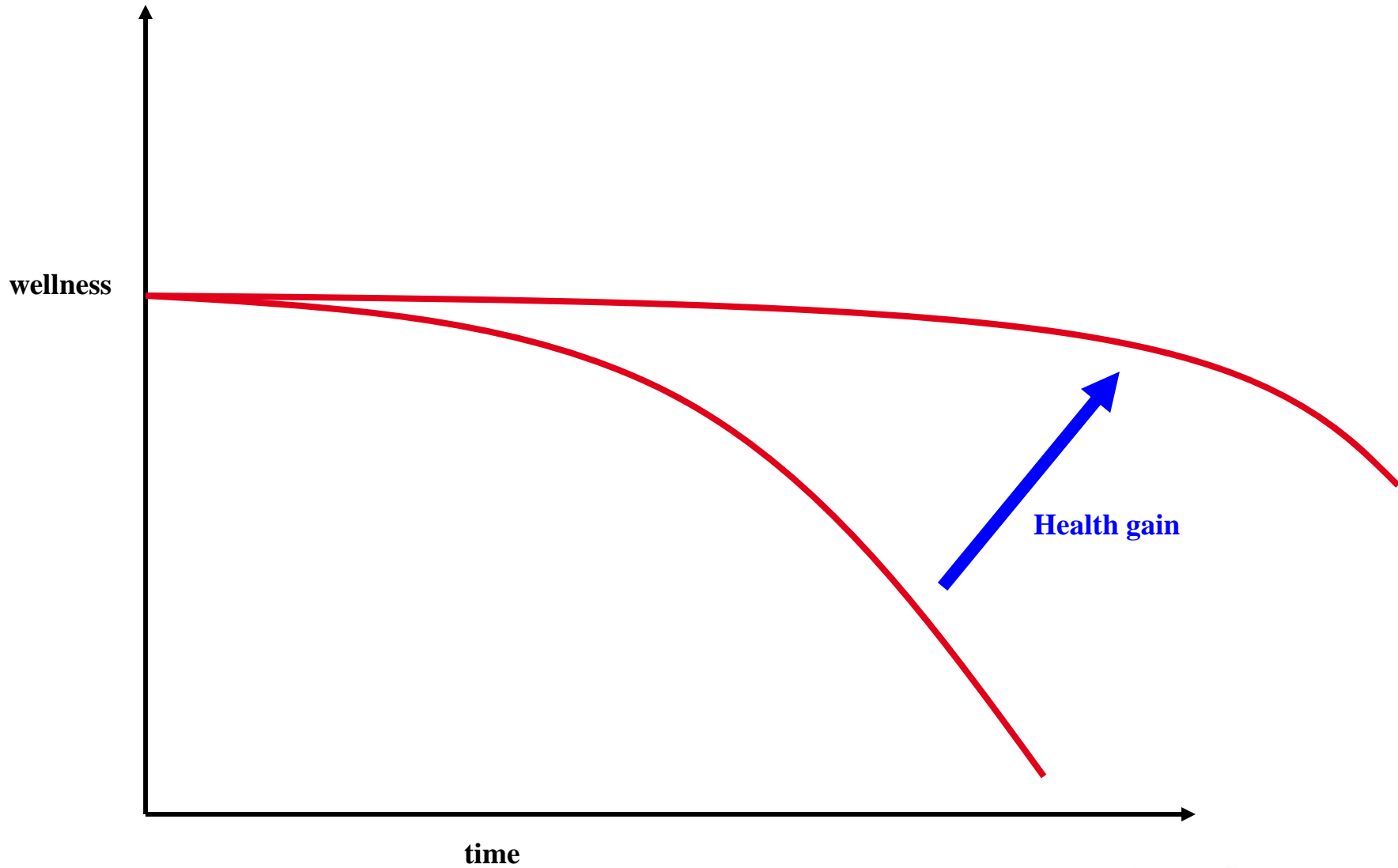
# Two key themes:

- Systematisation
  - To produce standardised care with consistently high quality outcomes
- Customisation
  - To personalise care to the individual's needs

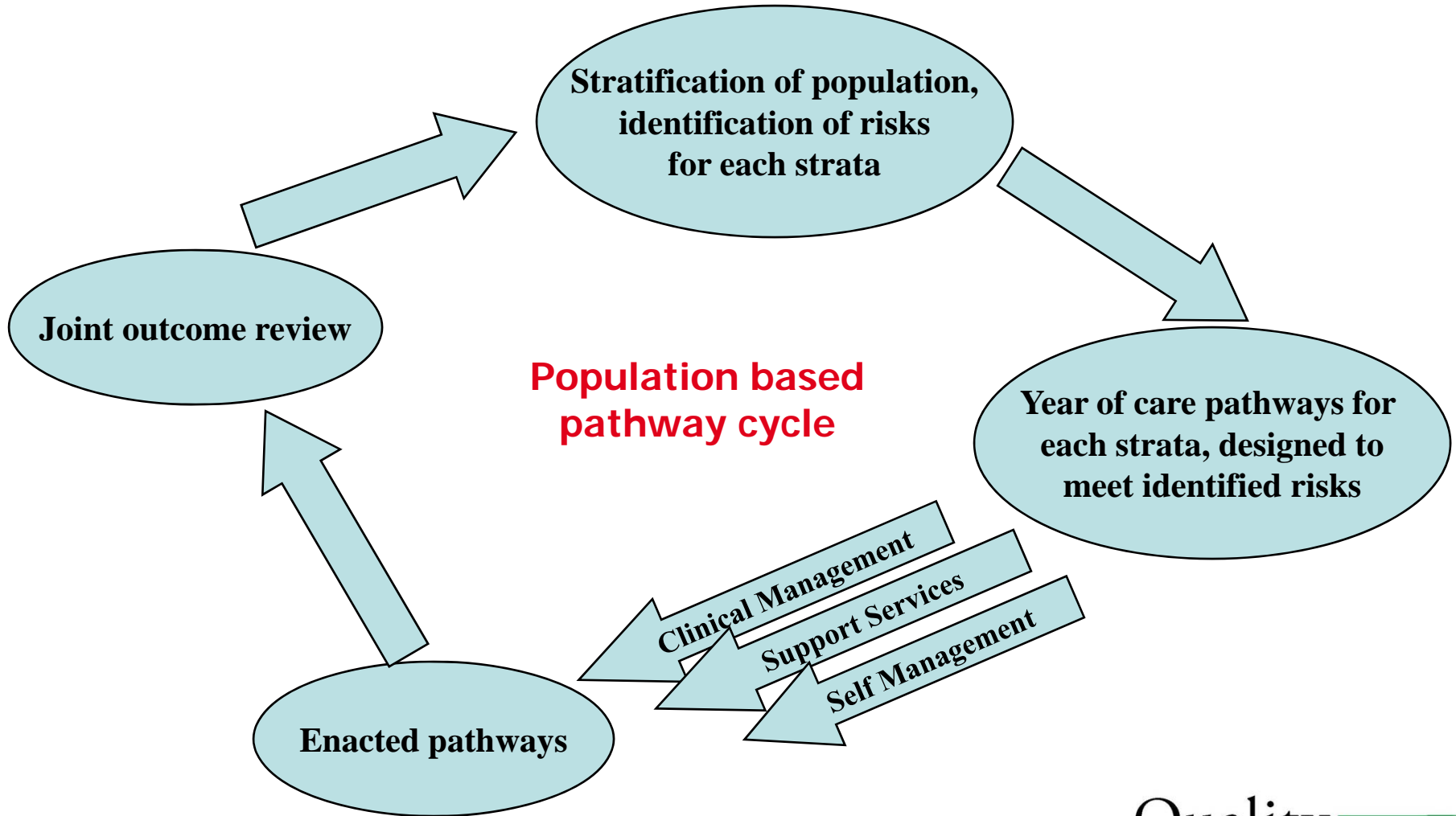


- Year of care plans for long term conditions

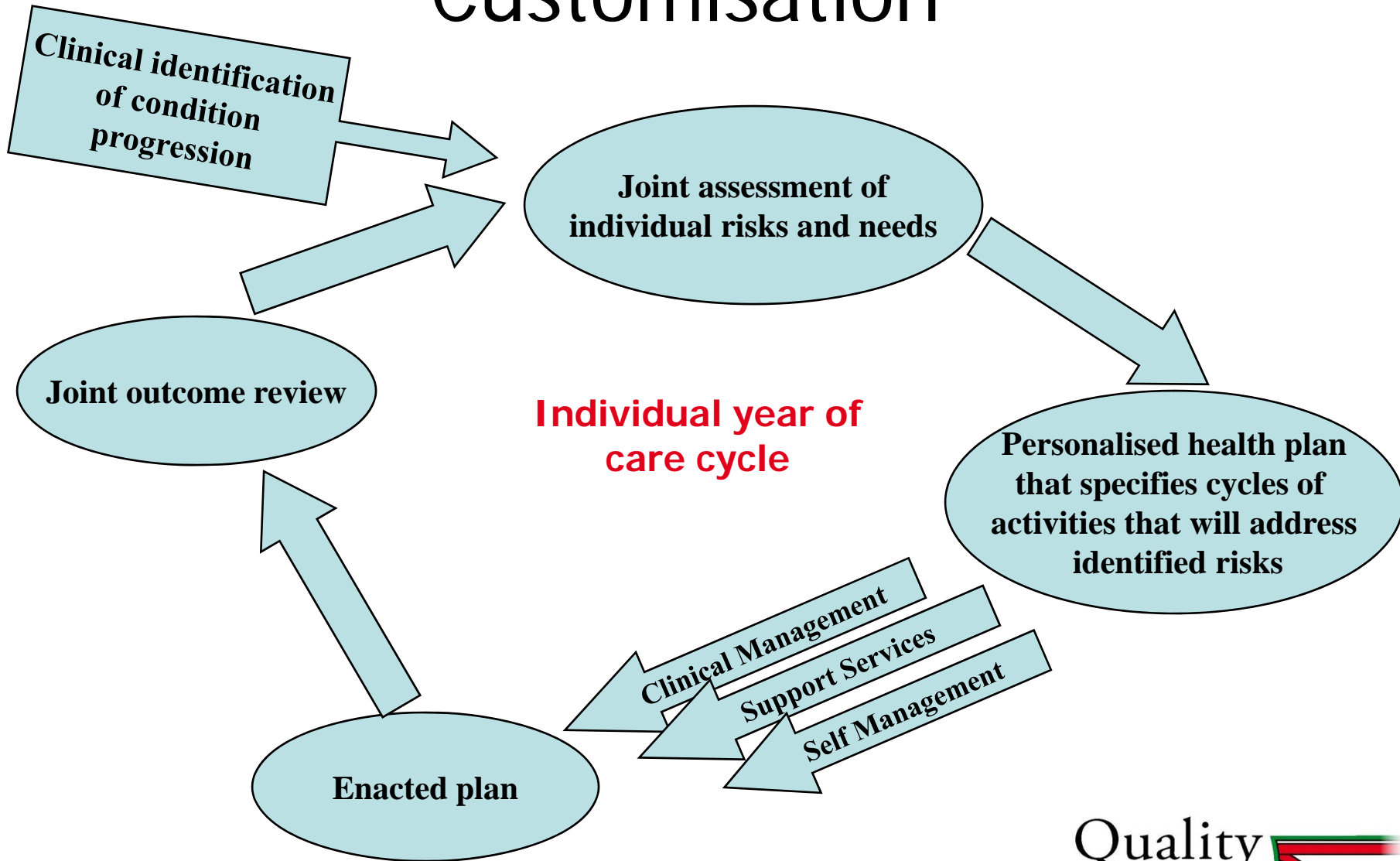




# Systematisation



# Customisation



# If we have been doing this for 20 years, what can we expect?

- Much lower volume of level 3 long term conditions
- People dying healthier -- closer to the goal of “people living to 100 then dying”
- Less cost as a result

# What about quality improvement?

- Costs of poor quality in healthcare have been estimated as between 30% and 60% (USA)
- It is realistic to save 1% to 2% each year through quality improvement activities
- Over 20 years we should be able to save about half of the waste
- To do this we need a significant commitment to a culture of quality improvement

40%

# How do we do this?

- We design the system, and we tell both staff and patients what to do
- We give the tools and the control to staff and patients, who are struggling with the issues every day, and we trust them to come up with solutions

# My preference...

- Obsession with continuous quality improvement by front line staff
- Decision making by front line staff working with patients
- Management as coaches
- A belief system that supports the model

# The underlying philosophy

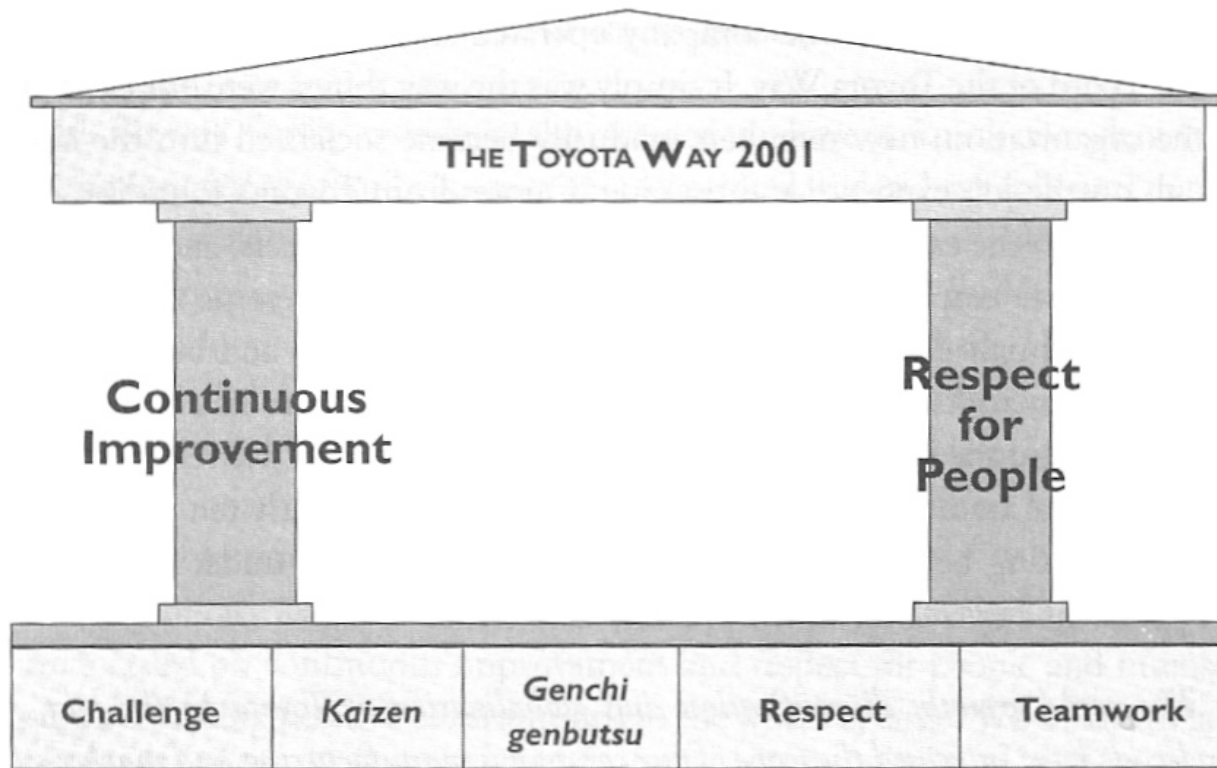
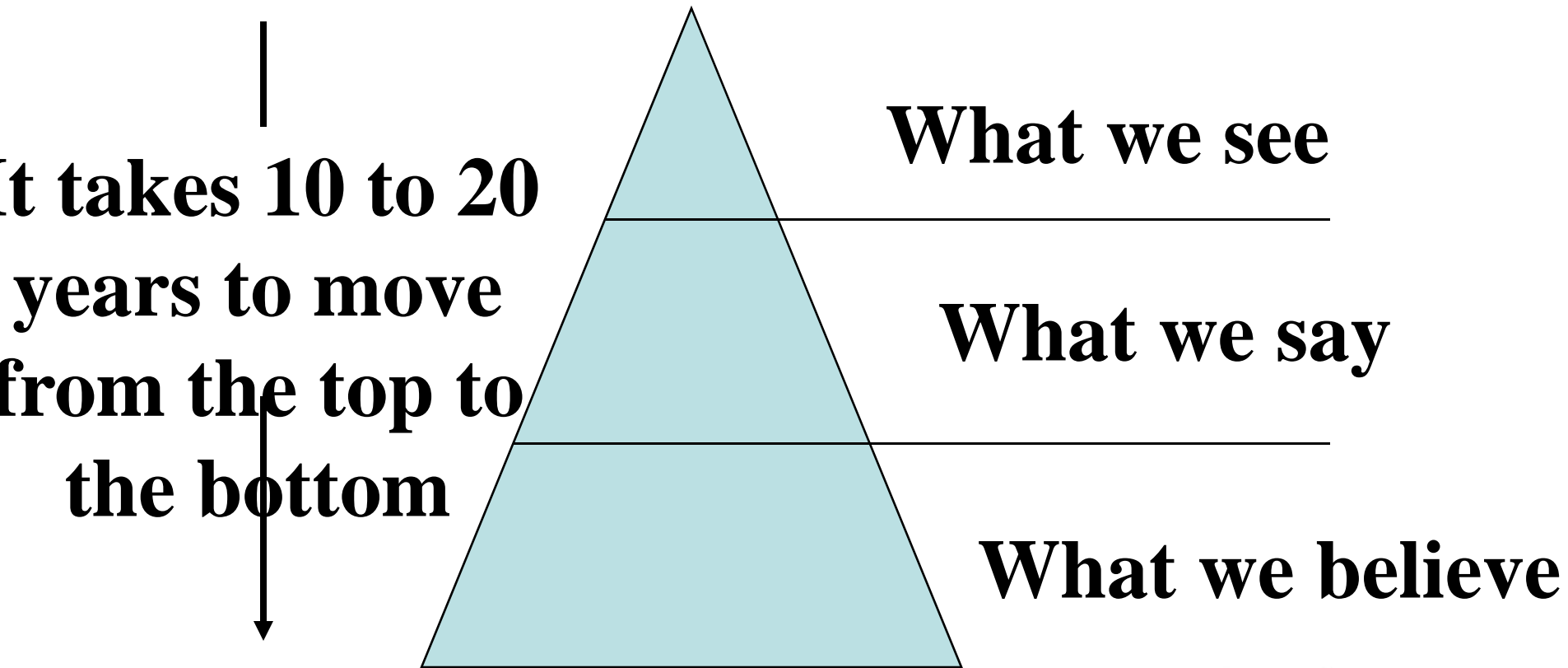


Figure 1.3 Toyota Way 2001

# The advantages of looking ahead 20 years...



# Finally, is this what we want?

- Personalisation of standardised care
- Patients and workforce in control of the process
- Philosophy of continuous quality improvement, coupled with respect for people

- What two recommendations will we make?
- What two issues do we see stopping us?