

# Bringing the NHS vision to life

## How portfolio and programme management can help improve healthcare in the digital age

By **Kay McCullogh**, Director in PwC's Consulting Health Practice, specialising in Portfolio and Programme Management



When the National Health Service (NHS) was founded in 1948, the country was a different place. The NHS was created in a society reeling from the horrors of the Second World War; its purpose was to provide high quality care for all, irrespective of age, health, race, social status or ability to pay.

While this ethos still holds true, the country, context and financial framework in which healthcare is delivered have changed – and they'll continue to change.

So what can we do in the next five years to make our health system stronger, financially and clinically? That's the question our clients are struggling with.

**It's widely agreed that we need new models of care and incentives to make the health system as a whole more successful.**

There's a need to place much greater emphasis on helping people to avoid getting ill in the first place. If they

do get ill, the NHS needs to make sure they're diagnosed earlier so that arrangements can be made as soon as possible to manage the condition effectively, helping them to continue to lead autonomous and active lives.

There are consequences if patients aren't treated in the most appropriate setting, or if their journey through the system isn't effectively managed: the patient experience is poor and the cost to the system as a whole is greater. The NHS needs to help people to avoid unnecessary admission and improve the community response to help people to leave hospital sooner. The system should work as one.

If we're going to achieve this objective, health providers – acute and mental health trusts, community providers, GPs, local authorities and the voluntary sector – will need to collaborate more than they do today. They'll need to think about how to use the workforce differently, make better use of the public estate, and explore how

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to exploit technology for prevention, access, diagnosis, self-management and the delivery of care. The system will need to be able to better understand and assess initiatives to decide where it should invest more, deliver more efficiently or stop services altogether. We also need to change the way in which we access services. We need to explore online or app-based alternatives such as virtual audio and video GP clinics or services like mobile solutions for health professionals.

In other words, we have choices for changing care provision – none of them easy or without wide ranging consequences across multiple organisations. The Five Year Forward View published in 2014 clearly describes the strategic ambition for the NHS: a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health; and, when people do need health services, to allow patients to gain far greater control of their own care.

To rapidly realise this strategic ambition, it's clear that the transformational journey will be complex, with multiple inter-dependencies, opportunities for improving coordination across disparate healthcare actors and providers, and multiple traps for financial inefficiency. It therefore seems self-evident that highly effective and agile portfolio and programme management is the nucleus of the transformational journey.

### Why Does Health Care Need to Change?

Changing models of care will ease the pressures of growing demand from an ageing population. A report by PwC, NHS@75 showed that, by 2023, 10% of the total population in England will be aged 75 or over – that's 1.5 million more people than today. We can't meet this extra demand just by expanding the supply of health practitioners.

"The 'health and care order book' is clearly full," says Mike Farrar, Chair of PwC's Public Sector Health Board. "But the NHS is unlikely to be able to afford them or to supply those orders through the traditional routes." Since 2010, the NHS has met growing workforce demand largely by recruiting agency staff and paying existing staff premium rates for extra shifts. According to Farrar: "As the squeeze comes on agencies staff costs, it's very questionable now whether staff calibre will continue at the same rate if being supplied through this route." A different solution is needed.

"Most sectors have faced similar challenges, but they've responded by 'pulling through' innovation," adds Farrar. The NHS, he says, has to catch up very quickly: "A key area is in rapid adoption of new technology and the digitalisation of business and care processes."

### What are the Options Available to the Health System?

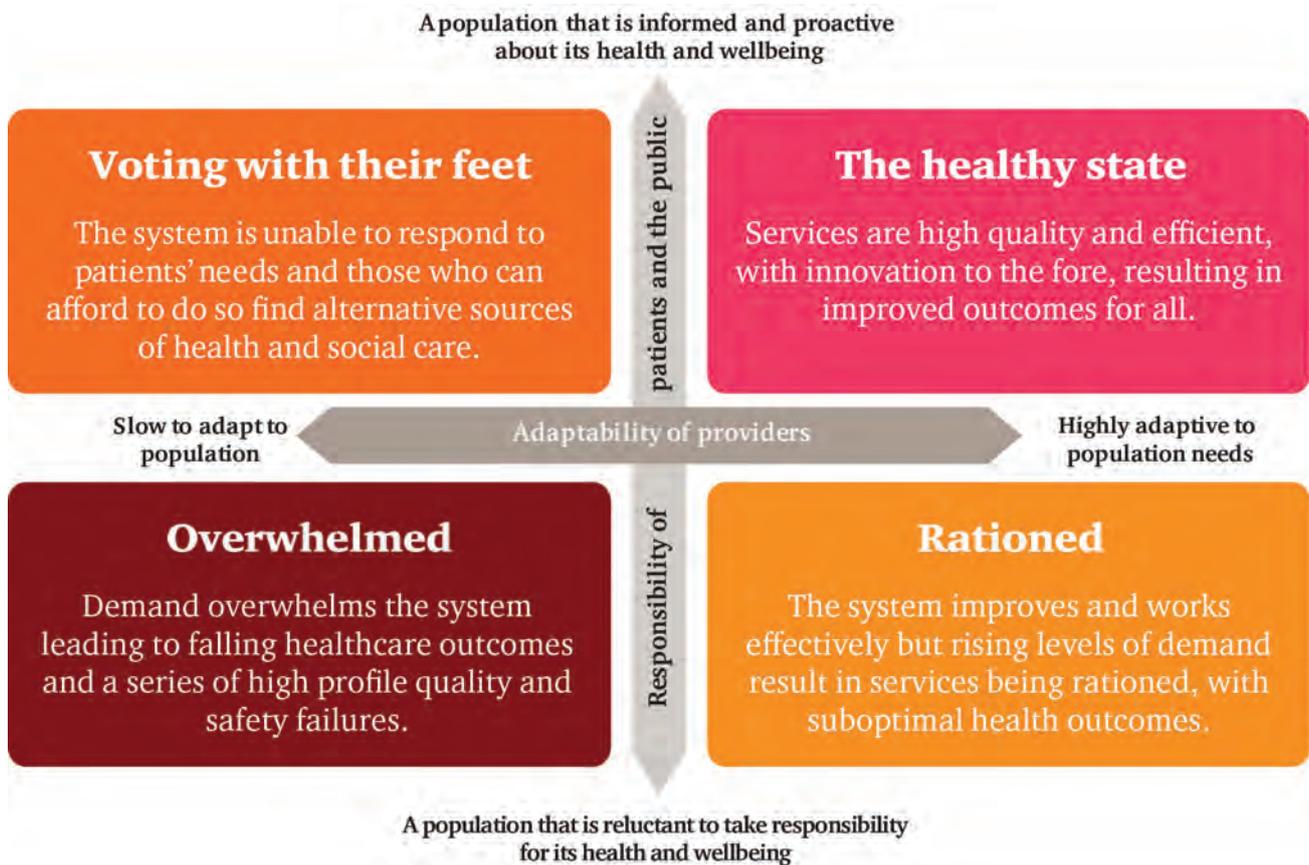
The time is ripe for new ideas in UK healthcare. A range of disruptive innovations are creating new opportunities for a different model of care – in particular, the advent of digital.

"There's no doubt there's a changing need within the population", Johnny Marshall, Director of Policy at the NHS Confederation, says. "People want to be more engaged in their care and the planning for services around them." Technology will play an important role in this.

In a recent survey, PwC set out to explore the impacts of 'connected living'. 40% of respondents said that technology increases the control they have over their health and well being. New technology allows users to bypass traditional channels to access the services they want; worldwide, 1.7 billion people are expected to download mobile health apps by 2017. In the UK, Patient Online is a prime example of how access to primary care is being improved – this programme, provided by NHS England, supports GP practices to offer and promote online services to patients, including access to coded information in records, appointment booking and ordering of repeat prescriptions. Some practices are already providing virtual video and audio appointments, and we can expect to see this type of innovation being rolled out more widely in the future.

Data and informatics are helping people take responsibility for their own health and wellbeing. In NHS@75, PwC described a future where patients move easily through the health system, the data moving seamlessly with them. Patients hold and have firm control over a single, integrated care record – acting as a 360-degree patient profile – which is available across providers and care settings.

This future can start with the day-to-day health information collected on a mobile app and transferred to a central database. Today, wearable monitors and apps can track much more than just our general fitness and activity – they can constantly record a whole range of health indicators. According to PwC's 'connected living' survey, 26% of 18–34 year-olds are already using technology such as wearables to monitor their health. The data collected means patients and the public are better placed to make 'good' choices about their lifestyle and their care. These technologies will not be launched using traditional two to five year programmes, but using Agile methodologies, quickly launching an app and responding to feedback with fixes and updates.



**Figure 1.** Source: NHS@75, PwC Report

While technology is creating new possibilities, the real question is how quickly the new innovation will be embraced. How do you best encourage (or nudge) people to change the way they deliver, and use, health services? How do you give people the confidence to share data and use technology in an aspect of their life that's so personal and sensitive?

PwC's recent report, Capture the Growth, shows the range of ways in which people are choosing to engage with and prioritise on their health. It found that 31% of 18-34 year-olds would be willing to have a consultation through a mobile app, and 60% of respondents said they'd let their child access minor healthcare in a high street store or pharmacy. These changing preferences open the door for innovative models of care.

The same solutions don't work for everyone: consumer preferences matter. As the Capture the Growth report highlights, different groups of people look for different services and prioritise their health, wellbeing and fitness in different ways. If we're going to get the most out of the health system, we need to recognise this and give people what they want.

So, the NHS is facing a challenge: which changes to healthcare provision are most appropriate, and where? How can patients be channelled to the right health professional or community nurse? Should we be exploring an online interface or mobile app as the port-of-call? What would that mean for access to services? These questions will need to be considered against customer preferences and the priorities set out in the NHS vision.

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### How Will Strong PPM Bring the National Health Vision to Life?

Bringing the five-year vision to life will require a clear understanding of where and how to prioritise initiatives. Which models will give the best results? How can we make sure that initiatives work together rather than get in the way of each other? Programmes that don't deliver will mean a triple whammy of continued spend on unnecessary hospital use, failure to get the performance reward and people who aren't getting the care they should.

That's the exact challenge the NHS is facing this year. The NHS has asked every health and care system across the country to create a 'sustainability and transformation' plan - in essence, the activities and resources needed to transform health care in line with the five-year vision. These will be reviewed and aligned from 30 June 2016. 44 such plans are being developed and submitted, which have required cooperation across the 209 Clinical

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Commissioning Groups, 154 acute providers, 56 mental health trusts, 37 community providers and 7,875 GP practices, as well as with the corresponding local authorities. The overall objective is to address issues in quality of care, whilst closing the financial deficit, for the period 2016 to 2021.

The challenge will be for health providers and commissioners to shift from acting as a unit to collaborating as a system. This will mean bringing stakeholders closer together and fostering discussions and collaboration at all levels of the system. Strong programme management will be at the heart of sustaining these conversations.

The health system of the future isn't just going to be about care, it's also going to be about health and wellbeing. We need to prevent people from getting ill in the first place. And that's going to require multiple groups working together in new ways, each incentivised to play a different role than they have done before.

The NHS will break down the barriers in how care is provided, with more care delivered locally and some

services delivered in specialist centres. New partnerships will need to be formed with voluntary organisations, local communities, local authorities, unpaid carers and employers – not to mention non-traditional sectors, such as fitness providers.

The result will be a more integrated approach to how care is delivered. Part of the challenge today is that the system is set up around individual organisations, which consequently may not be set up, or incentivised, to work as a system.

We've seen a more integrated delivery of care work well internationally. Introduced in Spain in 1999, the Alzira model is an example of how out-of-hospital care can be incentivised, and the benefits that this can bring to the patient, state and government.

Under the Alzira model, acute, community, mental health and primary care are fully integrated and the provider receives a fixed annual amount per local inhabitant. They provide all health services in the area including primary care (GPs in Spain are all salaried); overall, Alzira manages to deliver care at a significantly lower cost.

Dr John Howarth, Director of Service Improvement at Cumbria Partnership Foundation Trust, outlines the lessons he brought back from a trip to Spain: "The people I met working in Alzira described a cultural journey from 'service management to health management'. This meant that they stopped seeing the hospital as the centre of the health system and focussed increasingly on prevention and health promotion – a population healthcare approach with all the incentives aligned to do this."

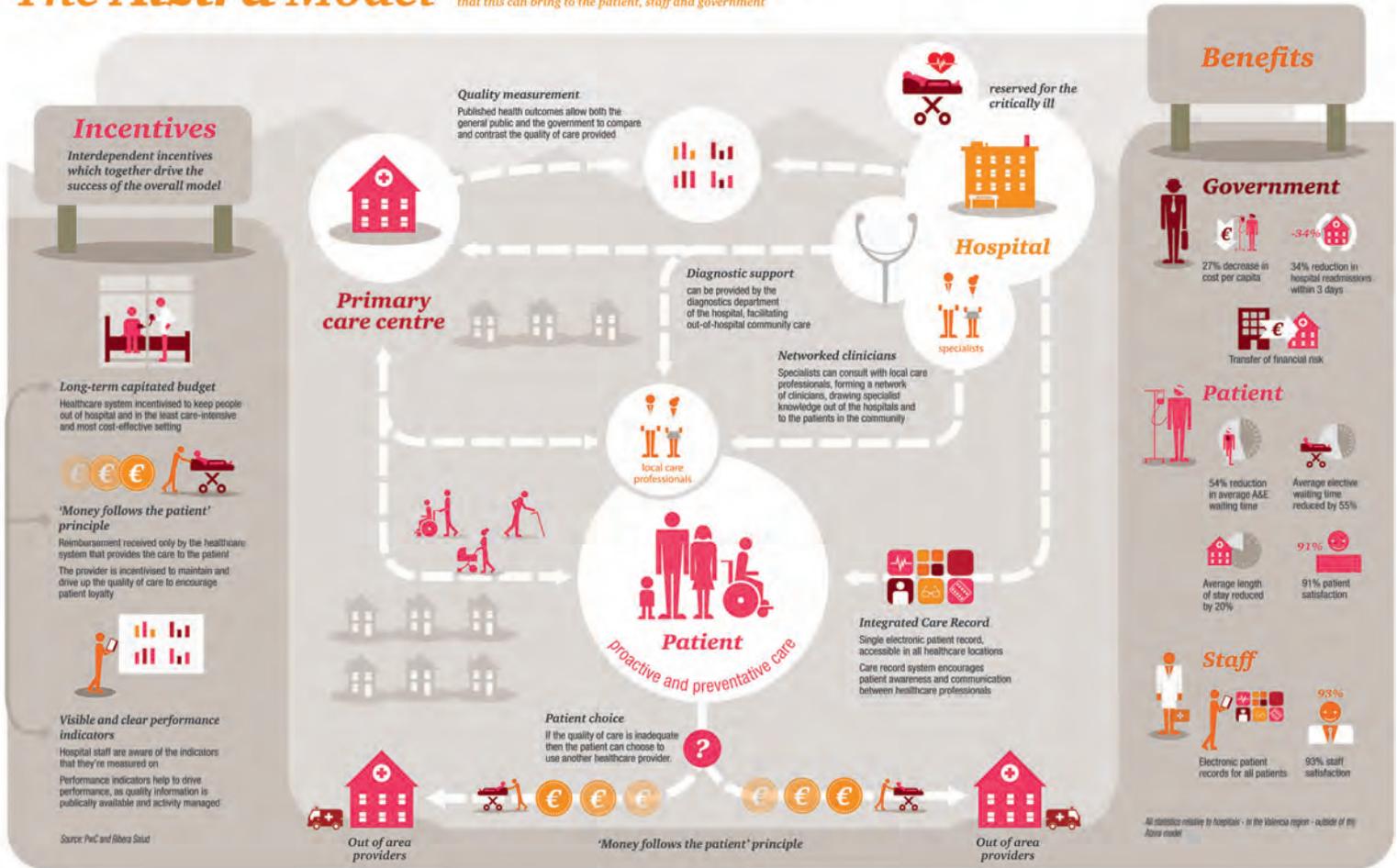
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# The Alzira Model

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## Conclusion

The NHS has put forward a clear direction for where it wants to go – the challenge lies in identifying and putting in place the solutions that will meet that ambition.

The key when selecting between models of care will be to treat these choices as a portfolio. Each initiative should be assessed and prioritised against the outcome they'll achieve for the patient, and how they'll deliver against the Five Year Vision.

During implementation, it's critical that the health system operates as just that – a system. Decisions about funding and performance should be made above individual hospitals, with a commitment from regulators and policy makers that they too will manage the system at that level.

It's clear that health care in the UK needs to change and the Five Year Vision is an important first step. The ambition

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is there, but we need to maintain the momentum if we're going to bring the vision to life. Change on this scale and of this importance comes along only rarely. As users of the NHS we all need to think about what we want from it: do we want a health app? What steps are we taking to monitor our own health? How would we like to engage with a healthcare professional in the future? For portfolio and programme management professionals, it's a once-in-a-lifetime opportunity to make a real, exciting and lasting difference to the country and to the wellbeing of us all.

