Technology for personalised care

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Personalised Care a growing priority

“… Deploy rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self-management.”

“The expansion of Personal Health Budgets (PHBs) to over 40,000 people in 2018/19 and the provision of 10,000 Personal Maternity Care Budgets (PMCBs) by the end of 2017/18 through the seven Maternity Pioneers.”

- Next Steps on the Five Year Forward View

“…full integration of health and social care centred around the person.

“…turbo-charge progress on integrated health and care budgets… transferring the highest possible control to those receiving support.”

- Secretary of State for Health and Care, Jeremy Hunt, 20 March 2018

“The founding of the NHS was remarkable because it changed the nature of healthcare as we knew it. We now have the opportunity for a similarly profound transformation. At its heart it is about building an NHS around the needs of the patient.”

- Prime Minister, Theresa May, 18 June 2018
Comprehensive Model for Personalised Care
All age, whole population approach to Personalised Care

**TARGET POPULATIONS**

- **People with complex needs**
  - 5%

- **People with long term physical and mental health conditions**
  - 30%

- **Whole population**
  - 100%

**INTERVENTIONS**

- **Specialist**
  - Integrated Personal Commissioning, including pro-active case finding, and personalised care and support planning through multi-disciplinary teams, personal health budgets and integrated personal budgets.
  - Plus Universal and Targeted interventions

- **Targeted**
  - Pro-active case finding and personalised care and support planning through General Practice.
  - Support to self manage by increasing patient activation through access to health coaching, peer support and self management education.
  - Plus Universal interventions

- **Universal**
  - Shared Decision Making
  - Enabling choice (e.g., in maternity, elective and end of life care).
  - Social prescribing and link worker roles.
  - Community-based support.

**OUTCOMES**

- Empowering people, integrating care and reducing unplanned service use.

- Supporting people to build knowledge, skills and confidence and to live well with their health conditions.

- Supporting people to stay well and building community resilience, enabling people to make informed decisions and choices when their health changes.
Personalised Care Operating Model

WHOLE POPULATION
when someone's health status changes

30% OF POPULATION
People with long term physical and mental health conditions

Cohorts proactively identified on basis of local priorities and needs

Shared Decision Making
People are supported to a) understand the care, treatment and support options available and the risks, benefits and consequences of those options, and b) make a decision about a preferred course of action, based on their personal preferences and, where relevant, utilising legal rights to choice (All tiers)

LEADERSHIP, CO-PRODUCTION AND CHANGE ENABLERS

FINANCE ENabler

Optimal Medical Pathway

WORKFORCE ENabler

Social Prescribing and Community-Based Support
Enables professionals to refer people to a ‘link worker’ to connect them into community-based support, building on what matters to the person and making the most of community and informal support (All tiers)

Personalised Care and Support Planning
People have a proactive, personalised conversation which focuses on what matters to them, delivered through a six-stage process and paying attention to their clinical needs as well as their wider health and wellbeing.

Supported Self Management
Support people to develop the knowledge, skills and confidence (patient activation) to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education (Targeted and Specialist)

Personal Health Budgets and Integrated Personal Budgets
An amount of money to support a person’s identified health and wellbeing needs, planned and agreed between them and their local CCG. May lead to integrated personal budgets for those with both health and social care needs (Initially Specialist)

Review
A key aspect of the personalised care and support planning cycle. Check what is working and not working and adjust the plan (and budget where applicable)
### Personal Health Budget areas

<table>
<thead>
<tr>
<th>Continuing Health Care</th>
<th>Mental Health including S117</th>
<th>Choice in End of Life Care</th>
<th>Looked After Children</th>
<th>Wheelchairs and other specialist equipment</th>
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<tbody>
<tr>
<td>moving towards PHBs as the default for delivery</td>
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<tr>
<td>Substance Misuse</td>
<td>Neurological disability</td>
<td>People with a learning disability</td>
<td>Integrated Budgets</td>
<td>Veterans</td>
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Emerging Evidence

Across Continuing Health Care, direct savings of up to 17%; indirect savings of £4k per person

**Warrington**
- Personal health budgets in end of life care - 83% were able to die in a place of their choosing, against an average of 26%
- One week’s worth of traditional services funds six weeks of services commissioned through a personal health budget

**Fylde Coast**
- 85% improved or maintained level of patient activation (average shift of 9.7 points), with attendant decrease in likelihood of hospital admission

**Stockton-on-Tees**
- 12% reduction in emergency admissions for older people with frailty
- 15% reduction in delayed transfers of care due to IPC
- 10% reduction in A&E attendances due to IPC

**Nottinghamshire**
- £19,000 saving in transport costs for siblings with very complex health conditions
- Lease their own adapted vehicle through a personal health budget for journeys to day centre and respite, instead of a commissioned transport package

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Why Digital?

- Digital cannot replace human interactions
- It can give people more information, control & choice over their care:
  - Greater self-management
  - Higher patient activation
  - Reduced pressure on clinical services
- Essential to enable scaling up of personalised care
- Enables effective cross-organisational work
The digital strategy to support Personalised Care

Build on existing initiatives:

- Local Health & Care Record Exemplars to enable personalised care & support planning
  - including implementation of Feb 2018 PRSB Information Standard.

- Empower the person digital programme e.g. NHS App, Citizen Id, Person Held Record, Widening Digital Participation

Support local ICS/STP demonstrators e.g. Greater Manchester, Nottinghamshire, Bedfordshire/Luton/Milton Keynes (BLMK)

Manage the market of IT solutions

- Feb 2017: Co-produced requirements for Personalised Care
- Sept 2017: Endorsed list of IT solutions
- Sept 2018: Reviewed IT solutions for care planning & e-marketplaces for care
Early evidence of digital impact

E-marketplaces for health plus care personal budgets

A London borough

- 1,500 online direct payment accounts
- Choice of 850 local provider
- Charitable providers promoted
- £1 million per annum savings
- £750 million spend across West London in next 5 years

North West London CCGs

- Easier admin for PHB holders incl management of Personal Assistants
- Over 20% savings from initial implementation
- Faster payment to providers

A County Council

- “Virtual Wallet” facility with 1,000 people, 200 providers and 300 Pas
- £1 million cash recovery
Early evidence of digital impact

Person held care plans

A London STP

- Single co-created plan by professionals & patients
- Over 800,000 records, 170 organisations, 60 million transactions

Midlands hospital – outpatient transformation

- 520 patients per annum
- 30% self-managed online
- Over 1,100 appointments released

End of Life care

- 17% of people dying in hospital versus 51% national average

All quoted evidence obtained from IT Supplier submissions to Personalised Care IT Review
Everyone will know what to do with me.
I won’t have to explain it all and repeat myself to different people. I’ll get the right painkillers, at the right time.
And I’ll be in my own home, instead of sitting in pain, in A&E.

A patient
Thank you – any questions?

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