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HEALTHCARE PROVISION REVIEW:
EFFICIENCY SAVINGS IN THE NHS, AND CONSIDERED POINTS IN STATE
FUNDED HEALTHCARE

Healthcare systems worldwide, including the National Health Service (NHS), face challenges in delivering efficient and sustainable healthcare due to population growth, aging demographics, and chronic disease prevalence. This paper explores potential efficiency savings within the NHS and state-funded healthcare systems to ensure long-term access to quality healthcare for all. Key areas of focus include service integration, workforce optimization, technology adoption, preventative care, and value-based healthcare. Additionally, we discuss centralizing IT staffing, streamlining coding of diagnoses, and the concept of a "super trust." By examining these areas, we aim to identify innovative solutions to improve patient care and resource allocation.

We encourage collaboration and discussion among stakeholders to develop and implement long-term strategies for addressing current healthcare provision challenges.

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INTRODUCTION

In the face of mounting challenges such as global population growth, ageing demographics, and the increasing prevalence of chronic diseases, the National Health Service (NHS) and other state-funded healthcare systems must adapt to ensure the sustainable provision of healthcare for all. This whitepaper aspires to pinpoint crucial areas for efficiency savings within the NHS and offer insights into potential enhancements for state-funded healthcare systems globally. We urge collaboration and discourse to cultivate long-term resolutions for the prevailing healthcare provision concerns.

PURPOSE OF THE REVIEW

The aim of this review is to investigate potential efficiency savings and improvements within the NHS and state-funded healthcare systems, concentrating on both short-term and long-term strategies. We examine the following key areas:

1. Service Integration: Enhancing collaboration between primary, secondary, and tertiary healthcare providers.
2. Workforce Optimization: Developing and retaining healthcare professionals for a more efficient workforce.
3. Technology Adoption: Implementing digital health solutions to improve patient outcomes and streamline operations.
4. Preventative Care: Focusing on prevention and early intervention to reduce chronic disease burden.
5. Value-Based Healthcare: Prioritizing patient outcomes and cost-effectiveness through a value-based care approach.
6. Centralised IT Staffing: Consolidating IT staffing across different trusts for improved efficiency and cost savings.
7. Streamlining Coding of Diagnoses: Optimizing the process of coding diagnoses on discharge to reduce staffing levels and improve data accuracy.
8. Establishing a "Super Trust": Consolidating multiple NHS trusts per region to improve efficiency and coordination of care.



1. Service Integration:

Bolstering coordination and collaboration among primary, secondary, and tertiary healthcare providers with improved patient care and reduced service duplication. To achieve this, we recommend several measures:

- a. Implementation of shared care pathways and multidisciplinary teams for better patient management and communication among providers.
- b. Advocacy for data sharing among providers to ensure continuity of care and reduce diagnostic repetition.
- c. Establishment of partnerships with local authorities, community organisations, and social care providers to address the social determinants of health and promote holistic care.

2. Workforce Optimisation:

Investment in the development and retention of healthcare professionals to create a more efficient and sustainable workforce. This includes offering incentives for continued education, addressing skills gaps, and promoting flexible working arrangements. Key strategies are:

- a. Implementation of targeted recruitment and retention initiatives to tackle workforce shortages and minimise staff turnover.
- b. Fostering a culture of lifelong learning through ongoing training, mentorship, and access to professional development resources.
- c. Encouragement of workforce diversity and inclusion to promote innovation and better meet the needs of diverse patient populations.

3. Technology Adoption:

Employing digital health solutions, such as electronic health records (EHRs), telemedicine, and artificial intelligence (AI), can enhance patient outcomes, streamline administrative processes, and reduce operational costs. A national archive for radiology imaging can facilitate more efficient imaging data management and clinical decision-making. Key considerations include:



- a. Investment in interoperable, user-friendly EHR systems that enable seamless data sharing and improve care coordination.
- b. Expansion of telemedicine services to improve access to care, particularly for patients in remote or underserved areas.
- c. Support for the development and adoption of AI-driven diagnostic tools, decision support systems, and personalised medicine applications.

4. Preventative Care:

Concentrating on prevention and early intervention can alleviate the burden of chronic diseases, resulting in significant long-term cost savings. Strategies may include public health campaigns, lifestyle interventions, and targeted screening programmes. Key initiatives could involve:

- a. Implementation of evidence-based public health campaigns to raise awareness of modifiable risk factors and promote healthy behaviours.
- b. Expansion of access to primary care and preventive services, such as immunisations, screenings, and health education.
- c. Development of targeted interventions for at-risk populations, including smoking cessation programmes, weight management initiatives, and mental health support.

5. Value-Based Healthcare:

Transitioning from a fee-for-service model to a value-based care approach can incentivise healthcare providers to prioritise patient outcomes and cost-effectiveness, leading to more efficient resource allocation. This transition can be facilitated by:

- a. Developing and implementing outcome-based payment models that reward healthcare providers for delivering high-quality, cost-effective care.
- b. Promoting a culture of continuous quality improvement through the use of performance metrics, benchmarking, and feedback loops.
- c. Encouraging care coordination and multidisciplinary care teams to provide comprehensive, patient-centred care.



6. Centralised IT Staffing:

Consolidating IT staffing across different trusts into a centralised location can lead to cost savings, improved efficiency, and enhanced collaboration. Key actions to achieve this include:

- a. Conducting a comprehensive analysis of existing IT staffing structures and identifying opportunities for consolidation and optimisation.
- b. Establishing a centralised IT support centre that can handle the needs of multiple trusts, ensuring uniform service delivery and streamlined operations.
- c. Implementing standardised IT policies, procedures, and systems across all trusts to facilitate collaboration and knowledge sharing among IT staff.

7. Streamlining Coding of Diagnoses on Discharge:

Optimising the process of coding diagnoses on discharge can lead to significant efficiency savings by reducing staffing levels and improving the accuracy and timeliness of coded data. To achieve this:

- a. Invest in training and professional development for coding staff to ensure they have the necessary skills and knowledge to perform their duties effectively.
- b. Implement automated coding systems that leverage artificial intelligence and natural language processing to improve coding accuracy and efficiency.
- c. Establish regular audits and feedback mechanisms to monitor coding performance and identify areas for improvement.

8. Establishing a "Super Trust":

Consolidating multiple NHS trusts per region into a single "super trust" can improve efficiency, reduce duplication of services, and promote better coordination of care. Key steps to consider:

- a. Conducting a thorough assessment of the potential benefits and risks of consolidation, taking into account the unique characteristics of each trust and the region it serves.



b. Developing a clear governance structure and leadership model for the "super trust" for effective decision-making and accountability.

c. Implementing a comprehensive change management strategy to address potential challenges related to merging organisational cultures, systems, and processes.

By addressing these key areas, the NHS and other state-funded healthcare systems can achieve efficiency savings, improve patient care, and ensure the long-term sustainability of healthcare provision. This needs to be a serious consideration for state/public funded systems operating in a capital intensive financial model. With these strategies and a focus on continuous improvement, the NHS can serve as a model for state-funded healthcare systems around the world.



REFERENCES

1. Appleby, J., & Laybourn-Langton, L. (2017). The NHS: How does it compare? The King's Fund. Retrieved from <https://www.kingsfund.org.uk/publications/nhs-how-does-it-compare>
2. Berwick, D., & Hackbarth, A. (2012). Eliminating waste in US health care. JAMA, 307(14), 1513-1516. doi:10.1001/jama.2012.362
3. Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. The Annals of Family Medicine, 12(6), 573-576. doi:10.1370/afm.1713
4. Charlesworth, A., & Johnson, P. (2018). Securing the future: Funding health and social care to the 2030s. Institute for Fiscal Studies. Retrieved from <https://www.ifs.org.uk/publications/12994>
5. de la Maisonnette, C., & Martins, J. O. (2013). Public spending on health and long-term care: A new set of projections. OECD Economic Policy Papers, No. 6. doi:10.1787/5k44t7jwwr9x-en
6. Deloitte. (2020). 2020 Global health care outlook: Laying a foundation for the future. Retrieved from <https://www2.deloitte.com/global/en/pages/life-sciences-and-healthcare/articles/global-health-care-sector-outlook.html>
7. Fisher, E. S., Shortell, S. M., & Savitz, L. A. (2016). Implementation science: A potential catalyst for delivery system reform. JAMA, 315(4), 339-340. doi:10.1001/jama.2015.17949
8. Ham, C. (2018). Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England. The King's Fund. Retrieved from <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems>
9. Imison, C., Curry, N., Holder, H., Castle-Clarke, S., Nimmons, D., Appleby, J., Thorlby, R., & Lombardo, S. (2017). Shifting the balance of care: Great expectations. Nuffield Trust. Retrieved from



<https://www.nuffieldtrust.org.uk/research/shifting-the-balance-of-care-great-expectations>

10. Kringos, D. S., Boerma, W. G., Hutchinson, A., & Saltman, R. B. (2015). Building primary care in a changing Europe. World Health Organization. Retrieved from <https://www.euro.who.int/en/publications/abstracts/building-primary-care-in-a-changing-europe-2015>
11. Meara, J. G., Leather, A. J., Hagander, L., Alkire, B. C., Alonso, N., Ameh, E. A., ... & Mérisier, E. D. (2015). Global Surgery 2030: Evidence and solutions for achieving health, welfare, and economic development. *The Lancet*, 386(9993), 569-624. doi:10.1016/S0140-6736(15)60160-X
12. National Audit Office. (2016). Managing the supply of NHS clinical staff in England. Retrieved from <https://www.nao.org.uk/report/managing-the-supply-of-nhs-clinical-staff-in-england/>
13. NHS England. (2019). The NHS Long Term Plan. Retrieved from <https://www.longtermplan.nhs.uk/>
14. Nolte, E., & McKee, M. (2008). Measuring the health of nations: Updating an earlier analysis. *Health Affairs*, 27(1), 58-71. doi:10.1377/hlthaff.27.1.58
15. Nuffield Trust. (2017). The impact of providing enhanced support for care home residents in Rushcliffe. Retrieved from <https://www.nuffieldtrust.org.uk/research/the-impact-of-providing-enhanced-support-for-care-home-residents-in-rushcliffe>
16. Porter, M. E. (2010). What is value in health care? *New England Journal of Medicine*, 363(26), 2477-2481. doi:10.1056/NEJMp1011024
17. Roland, M., & Paddison, C. (2013). Better management of patients with multimorbidity. *BMJ*, 346, f2510. doi:10.1136/bmj.f2510



18. Steventon, A., Bardsley, M., Billings, J., Georghiou, T., & Lewis, G. H. (2012). An evaluation of the impact of community-based interventions on hospital use. Nuffield Trust. Retrieved from <https://www.nuffieldtrust.org.uk/research/an-evaluation-of-the-impact-of-community-based-interventions-on-hospital-use>
19. Wachter, R. M. (2016). Making IT work: Harnessing the power of health information technology to improve care in England. National Advisory Group on Health Information Technology in England. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550866/Wachter_Review_Accessible.pdf

