

The future is not a destination like Beachy Head, waiting for our arrival; it is something like Regent's Park that we have to imagine, plan and build

The future is here; it is just not evenly distributed

William Gibson

Great innovations of the first and second healthcare revolution

The First

Broad Street - John Snow



Gower Street - Doll & Hill

The Second

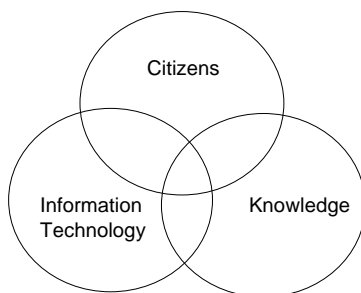
- MRI and CT scanning
- Statins
- Antibiotics
- Coronary artery bypass graft surgery
- Hip and knee replacement
- Chemotherapy
- Radiotherapy
- Randomised controlled trials
- Systematic reviews



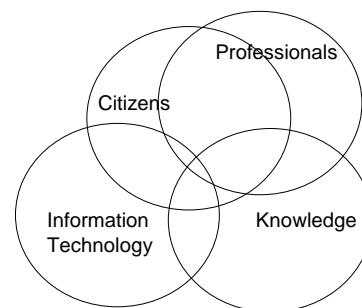
At the beginning of the 21st Century 5, problems of healthcare remain

- **SAFETY** -Errors and mistakes
- **QUALITY** - sub standard clinical practice and poor patient experience
- **FAILURE TO MAXIMISE VALUE**
 - Waste of money, time and carbon
 - Overenthusiastic adoption of interventions of low value and failure to get new evidence into practice
- **INEQUALITIES**
- **FAILURE TO PREVENT**

These need a third revolution, and one is already underway driven not by scientists and managers and clinicians but by

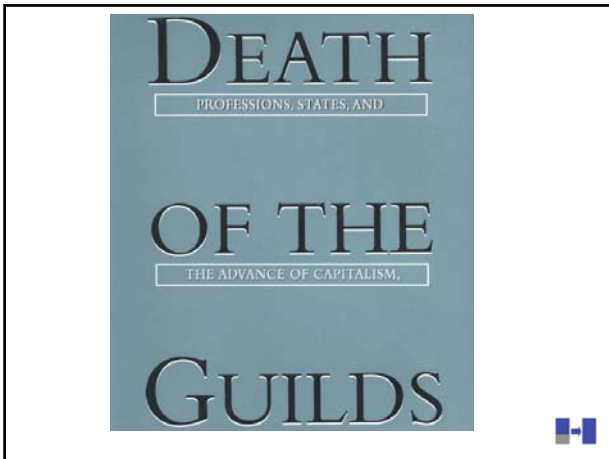


The Drivers of the Third Industrial Revolution (Manuel Castells)



Professions are usually years off the pace
Death of the Guilds by Eliot Krause





21st C leadership

Rely on citizens - The Revolutionaries

Manage knowledge as though it were money

Develop systems, not institutions

Develop the culture

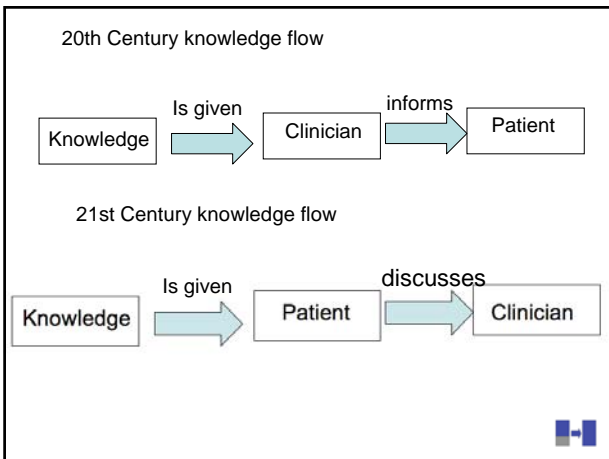
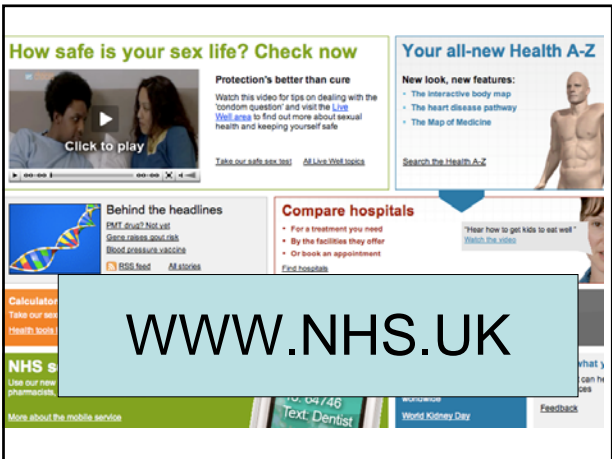
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“most patients were not given clear information about the survival gain of palliative chemotherapy... in most (26/37) consultations discussion of survival benefit was vague or non-existent”

Audrey S et al (2008)

What oncologists tell patients about survival benefit of palliative chemotherapy and implications for informed consent

BMJ 2008; 337:a752

Muir Gray has familial hypercholesterolaemia
 Every six months he receives an email reminder from the lab to have a blood test
 He receives 2 SMS reminders if no blood sample is received within 2 weeks
 If no blood arrives is received his GP receives a copy email
 If there is a result appropriate advice and support is automatically generated and emailed to Muir who lives in Oxford OX2 8JQ

The Oxford Lab Service

Muir Gray 21/06/1944 NHS number 400 186 6897

Cholesterol 5.3

This cholesterol level is unchanged ; there is no need to increase statins. The first step is to increase the amount of walking; try to walk an extra 3,000 steps every day(30 minutes walking the brisker the better) have you considered buying a dog?
 To find a big dog for sale near you click [here](#)
 For access to full text of guidance, with supporting evidence, click [here](#)
 To test your knowledge in one minute click [here](#)
NB THIS TEST AS LAST DONE ONLY 12 MONTHS AGO; THERE IS NO NEED TO RETEST MORE THAN ONCE EVERY THREE YEARS. THE LAB WILL NOT PROCESS A SAMPLE UNTIL 3 YEARS HAS ELAPSED

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Green Living at Work, Home & School Hints, Tips, Experts, Forums | www.tesco.com/greenerliving
Ads by Google - Advertise on this site

Lab X Rottie Puppy For Sale - In Abingdon, Oxfordshire

Eukanuba FREE EUKANUBA PUPPY CARE PACK AND FOOD
 Do you have a puppy under 1 years old? Then click here to order your free puppy care pack from Eukanuba.

Advert last amended on 08/21/2007 09:11:41 AM < Back

Read Buying Advice*




Name : **Molly**
 Date of Birth : **08/05/2007**
 Colour : **All Black**
 Gender : **Female**
 Price : **£150.00**



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21st C leadership

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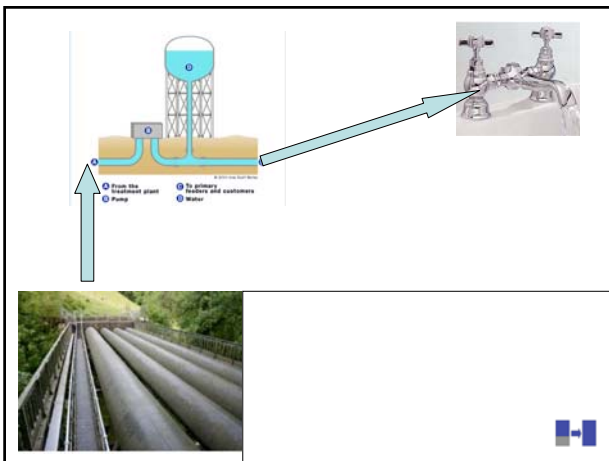
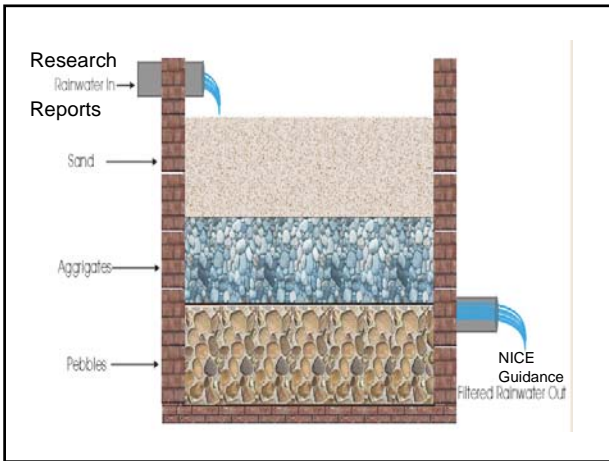
Knowledge is the enemy of disease - the application of what we know will have a bigger impact than any drug or technology likely to be introduced in the next decade





“evidence from recent trials, no matter how impressive, should be interpreted with caution”
 claims for
 made in 45 highly cited reports were subsequently contradicted (n=7) or weakened (n=7) for 14 of the interventions
 Ionnidis JPA (2005)
 Contradicted and initially stronger effects in highly cited clinical research
 JAMA 294; 218-228



Someone on the Board of every healthcare organisation, someone directly responsible to the Chief Executive, will be given the responsibility of acting as Chief Knowledge Officer

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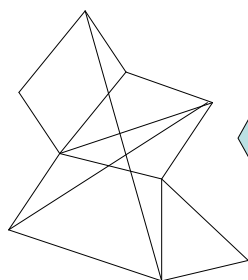


What is the best structure for financing and organising healthcare for the 21st C ?

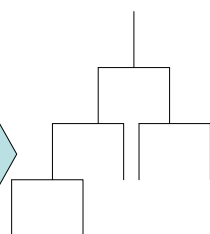
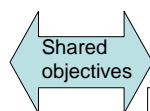


“A business organisation should have a nonhierarchical, self-organizing structure working in tandem with its hierarchical formal structure.....As business organisations grow in scale and complexity they should simultaneously maximise both corporate level efficiency and local flexibility...the most appropriate name is the ‘hypertext’ organisation”

Ikujiro Nonaka and Hirotaka Takeuchi
The knowledge creating company
OUP 1995



Hypertext organisation
(Nonaka & Takeuchi OUP 1995 ;
The Knowledge Creating Company



Bureaucratic Organisation

The National Down's Syndrome Screening Programme is a healthcare organisation, a hypertext organisation, which ensures 600,000 women get a consistent service from hundreds of bureaucracies more than 40,000 thousand professionals and is a web based service which exists through the web

Newborn Screening for Sickle Cell Disorders Programme Standards

NEWBORN PROGRAMME OBJECTIVES:	CRITERIA	STANDARDS	
		Minimum (Core)	Achievable (Developmental)
Programme Outcome Best possible survival for infants detected with a sickle cell disorder by the screening programme	Mortality rates expressed in person years	Mortality rate from sickle cell disease and its complications in children under five of less than four per 1000 person years of life (two deaths per 100 affected children)	Mortality rate in children under five of less than two per 1000 person years of life (one death per 100 affected children)
Programme Outcome Accurate detection of all infants born with major clinically significant haemoglobin disorders*	Sensitivity of the screening process (offer, test and repeat test)	99% detection for Hb-SS 98% detection for Hb-SC 95% detection for other variants	99.5% for Hb-SS 99% for Hb-SC 97% for other variants

This is an example of a national service set up as a system

We need to move from these alone to...

Primary

Secondary (hospitals)

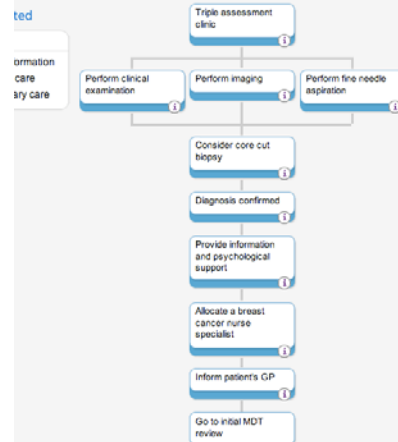
Tertiary

Arthritis Epilepsy Depression Heart Breast Asthma A

Primary

Secondary (hospitals)

Tertiary



21st C leadership


Develop systems, not institutions
Rely on citizens - patients and the public
Manage knowledge

Develop the culture

The management of culture is one of the responsibilities of the leader

If you were to ask all the clinicians who manage services to write down the difference between the meanings of efficiency and productivity what would they write?

file:///Users/muirgray/Documents/kia2008/clients/CLIENTSpages/BS
 nds NLH nks map phnet sh shoff KIA a no w epoc Knol iomebm w MG by




Toward a common culture

Word of the Month
 Paper of the Month
 Book of the Month

A common language
 A common evidence base
 A common set of concepts

Brighton & Sussex University Hospitals
 Word of the Month
 July 2008



Futility
 Podcast on Futility by Sir Muir Gray
 July 2008

There has been much debate in the last decade about inappropriate medical care, and care has been classified into appropriate and inappropriate. In a paper published in the Journal called Medical Care in 1994, J.P. Kahan and his colleagues defined appropriate by stating that:

"a procedure is termed appropriate if its benefits sufficiently outweigh its risks to make it worth performing, and it does at least as well as the next best available procedure. A procedure is termed inappropriate if the risks outweigh the benefits (1) "

However, the spectrum is much wider than simply appropriate or inappropriate. Some care is not only

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References:
 1. Kahan JP et al. (1994) Measuring

Brighton & Sussex NHS Trust
 Paper of the Month



Expected and unintended consequences of the quality and information technology revolutions.
 Podcast by Sir Muir Gray
 July 2008

Wachter RM (2006) JAMA 295: 2780-2782

"The simple act of defining excellence, measuring it and disseminating the results skews the system."

There is great debate about who can claim credit for the law of unintended consequences. What is clear that the law is generally applicable to every human endeavour. Unintended consequences may arise in a number of ways. They may simply arise by chance or by some completely unexpected consequence occurring. In management it is wise to assume that they will arise not only randomly but also by the careful planning and subversive execution of acts by

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References:
 1. Wachter RM (2006). Expected and unintended consequences of the quality and information revolutions. JAMA 295: 2780-

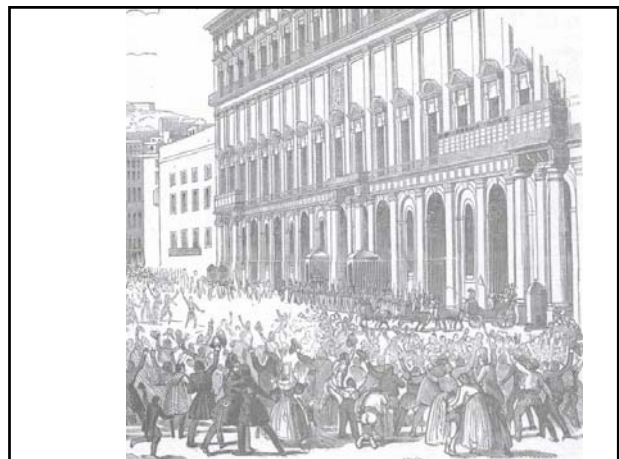
Brighton and Sussex University Hospitals
 Book of the Month



How Much Is Enough? Shaping the Defense Program 1961-1969
 By Alain Enthoven and Wayne Smith
 Podcast by Sir Muir Gray - July 2008

"...two alternative courses. He can act rather as a judge or as a leader. As the former he waits until subordinates bring him problems for solution, or alternatives for choice. In the latter case, he immerses himself in his operation, leads and stimulates an examination of the objectives, the problems and the alternatives."

A work of enduring value and lasting relevance, this book is both a classic account of the application of powerful ideas to the problem of managing the Department of Defense (DoD) and a cautionary



“we might have paid a high
price for our triumph over the
natural landscape”

Julian sheather (2009)
Landscape and health
Lancet 373; 22-23