Population Health Management

December 2018

Jeremy Budd

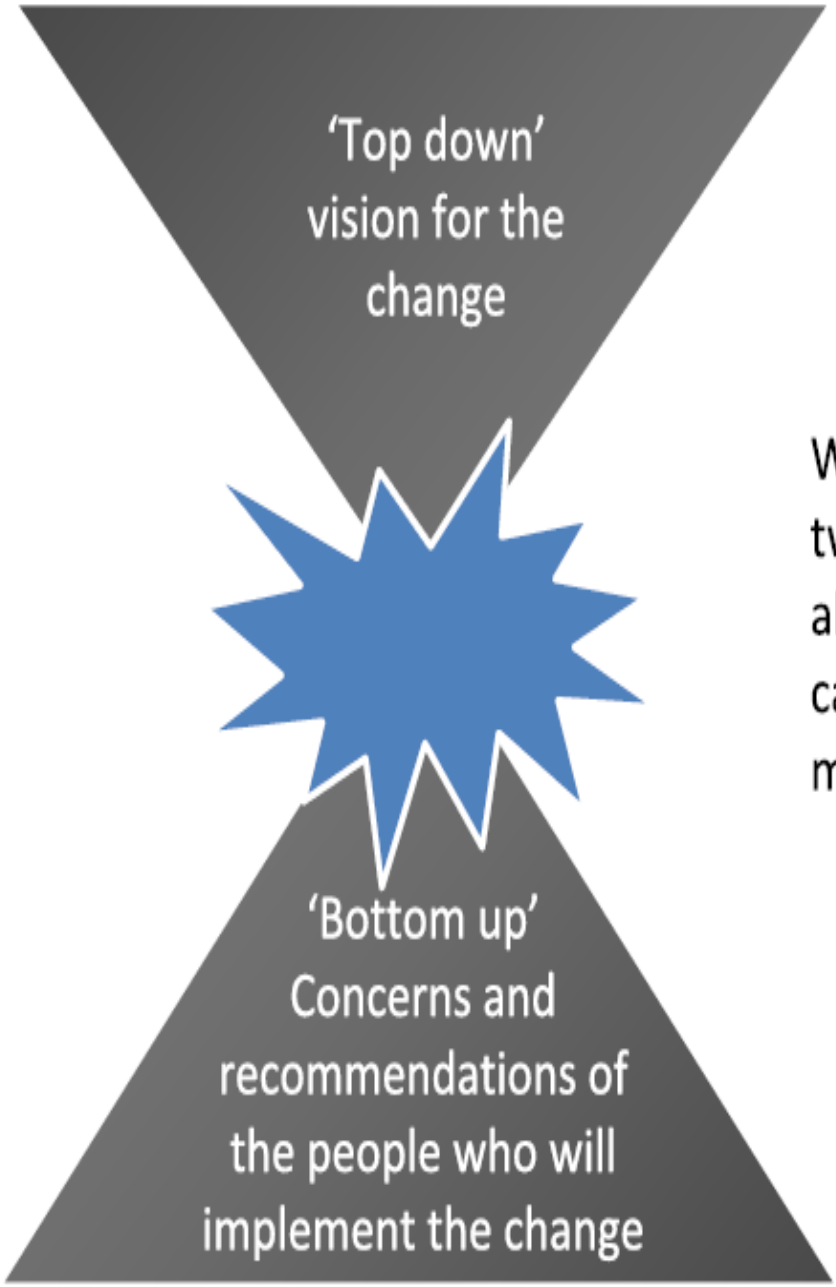
Director of Commissioning at BCCG

Andy Snell

Public Health Consultant & Emergency Medicine

Barnsley Hospital NHS Foundation Trust

The Spark Plug



Where these two factors align, change can happen more easily

Population Health Management

PHM is an approach to design, monitor and manage a health system through intelligence, co-production, improvement and being accountable to population health outcomes. It's objectives are:

- Health - improve the health of the population;
- Care - improve the person's experience of health and care;
- Cost - reduce the per-capita cost of health.

It seeks to overcome the fragmentation of care, ease the resource constraints of a health system, deliver a person-centred service by enabling the health system to shape around population health outcomes and rethink the economy so that health rather than illness is the currency.

Population Health Management

What?
Why?
How?
So what?

What?

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PHM is designing the health system from the person-perspective and for population health

... It uses **people's experience** and population-level intelligence

... It prioritises **cost-effective** care: prevention; primary; community

... It is dependent on intelligence, co-production and improvement

... It is shaped by populations & organisations; and requires the reshaping of: **services & pathways**; financing & contracts; governance; **workforce & networks**; **cultures**; intelligence

What?

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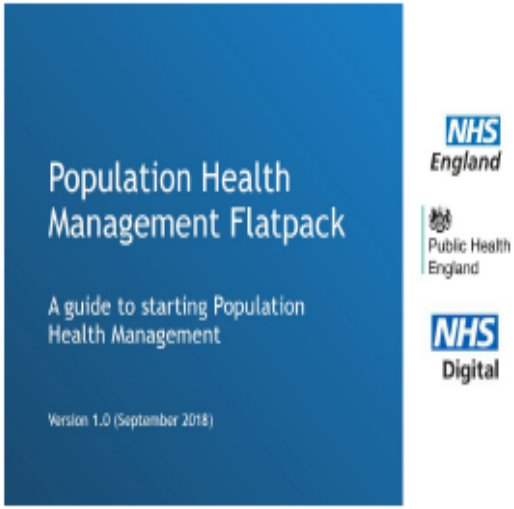
There's a lot from NHSE on the intelligence side, but without the health system side it won't work and will only add complexity

There's lots being done locally, but without integrating the whole there won't be a way to deliver PHM... that's why we're here.



Why?

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An "ageing population" was always a good, but we are now finding life expectancy slowing, years lived in ill health growing, inequalities widening and provision at risk of collapse (LTC)

We might even be doing harm...

... Difficult to join up information across providers and understand journeys

... Difficult for people to navigate care and feel like they're in the right place

... Difficult to prioritise resources for most cost-effective (prevention) and flex to need

... Difficult to justify population health interventions (where will the savings go)

Why?

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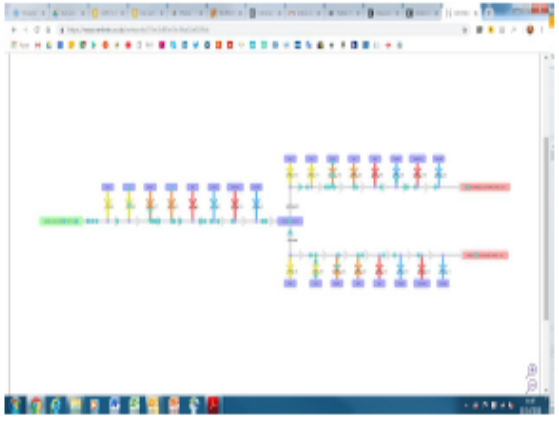
... consultations grew by more than 15 per cent between 2010 and 2015 ... face-to-face consultations grew by 13% and telephone consultations by 63% ... over the same period, the GP workforce grew by 4.75% and the practice nurse workforce by 2.85% ... funding for primary care as a share of the NHS overall budget fell every year in our five-year study..

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Understanding-GP-pressures-Kings-Fund-May-2016.pdf



How?

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PHM - the technical bit...

We need to understand our population better - to think less about patients and healthcare encounters than about people ("us") and entire health and risk journey

The technical bits of PHM can help... integrated information for all users, segment, risk and impact assess etc

PHM - the health system bit...

But to do any of this we need capacity (PHMU), we need "all" to design it (NZ), we need to think like a Martian and we need to assume there is no more money

So what?

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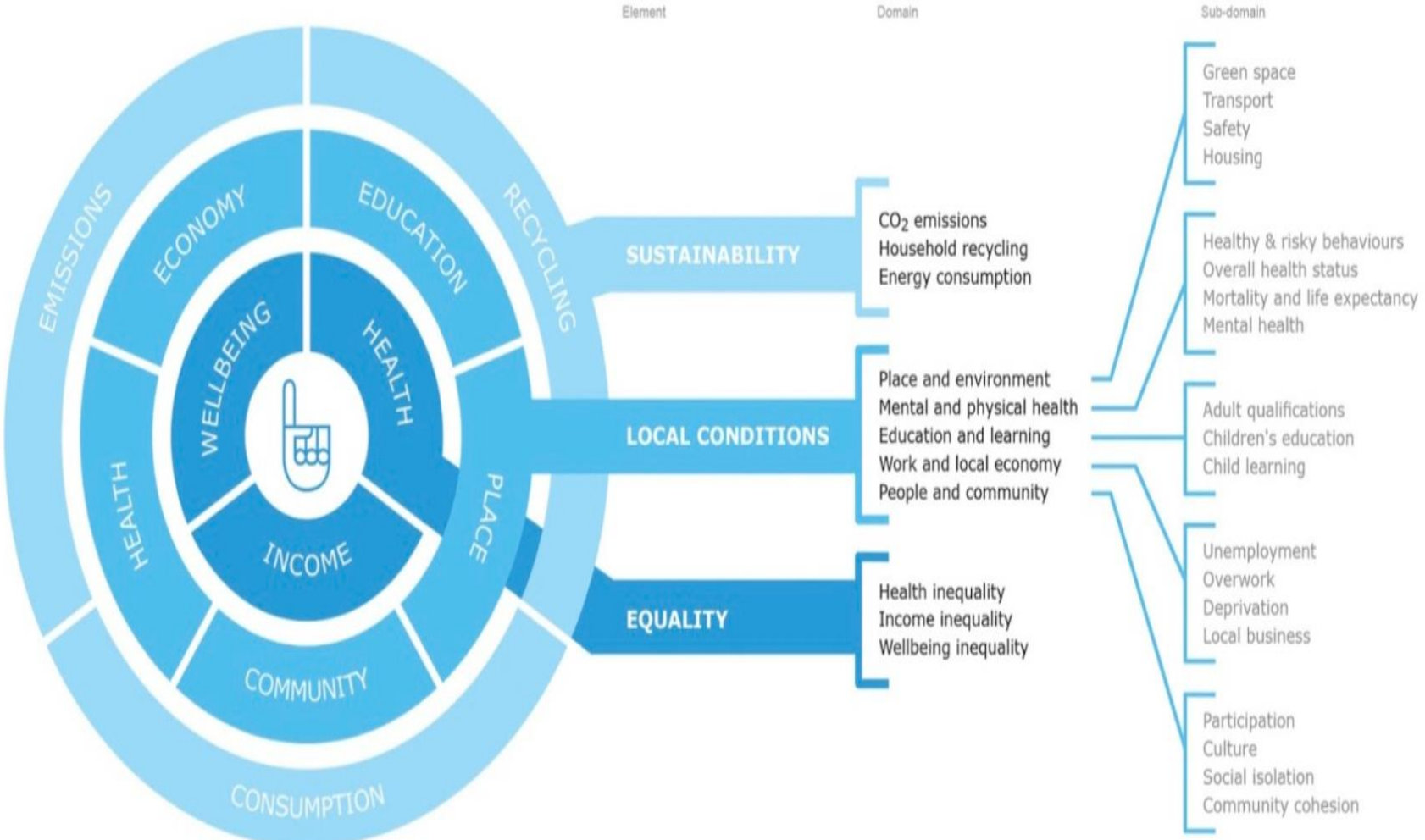
Joe McManners, a GP in Oxford, describes PHM in his NHSE blog as ...

... not treating a patient only to send them back into the conditions that make them sick

... being more involved in the 80% of things in the lives of our patients that lead to poor health but have become outside the realms of healthcare - the ***wider determinants***

... working with communities and the health and wider system to break cycles of poor health that we see in our daily practice



The framework is designed to create a powerful and accessible shared narrative by arranging a broad range of dimensions into clear, focused and intuitively

So what?

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What does this mean for primary care?

Prevention and primary care is at the heart of PHM delivery

It requires community-level design at an economic scale which enables best practice to be consistent for the population

It requires alignment with health partners and wider system, including local area councils, community groups and networks

If... then... What more could you know about the people on your register? How might their health journey inform the system better? What more could do for them?

Thank you

Andy Snell and Jeremy Budd