



Developing Value Based Programmes & Systems

Developing a hybrid health service

This session focuses on the development of population based systems with each system encompassing all the interventions from prevention to long term care. The focus is the development of the system for people with atrial fibrillation which started in Bradford.

It is impossible to maximise value simply by “shifting money from acute to community” or “changing the balance between primary and secondary.” Both “primary” and “secondary” care are huge and heated ingenious collections of bits of systems.

The NHS Rightcare Programme promoted the use of Programme Budgeting rather than institutional budgeting and although there are many weaknesses in the programme budgeting data available at present it is vitally important to consider than compare, for example, spending on mental health compared to spending on cancer, or spending on respiratory disease compared to spending on musculoskeletal disease. The need of programme budgets for people with complex needs such as those as end of life or multiple morbidity is been taking forward.

Within each programme there are a number of systems, for example the system for people with asthma, the system for people with COPD and the system for people with sleep apnoea are all within the respiratory programme.

One of the key issues in system development is the involvement of patients and carers, and the concept of population accountability.

Systems need to be accountable to the population served as well as being accountable to the jurisdiction that allocated resources to them, and the population need to be involved in helping optimise value by identifying waste and identifying opportunities for value improvement, including the great involvement of patients and carers.