

Saving Healthcare: Sustaining High Quality Health Care Services

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Content

- The generational challenge facing healthcare
- What works
- Improving our ability to lead change
- Improving ourselves as leaders

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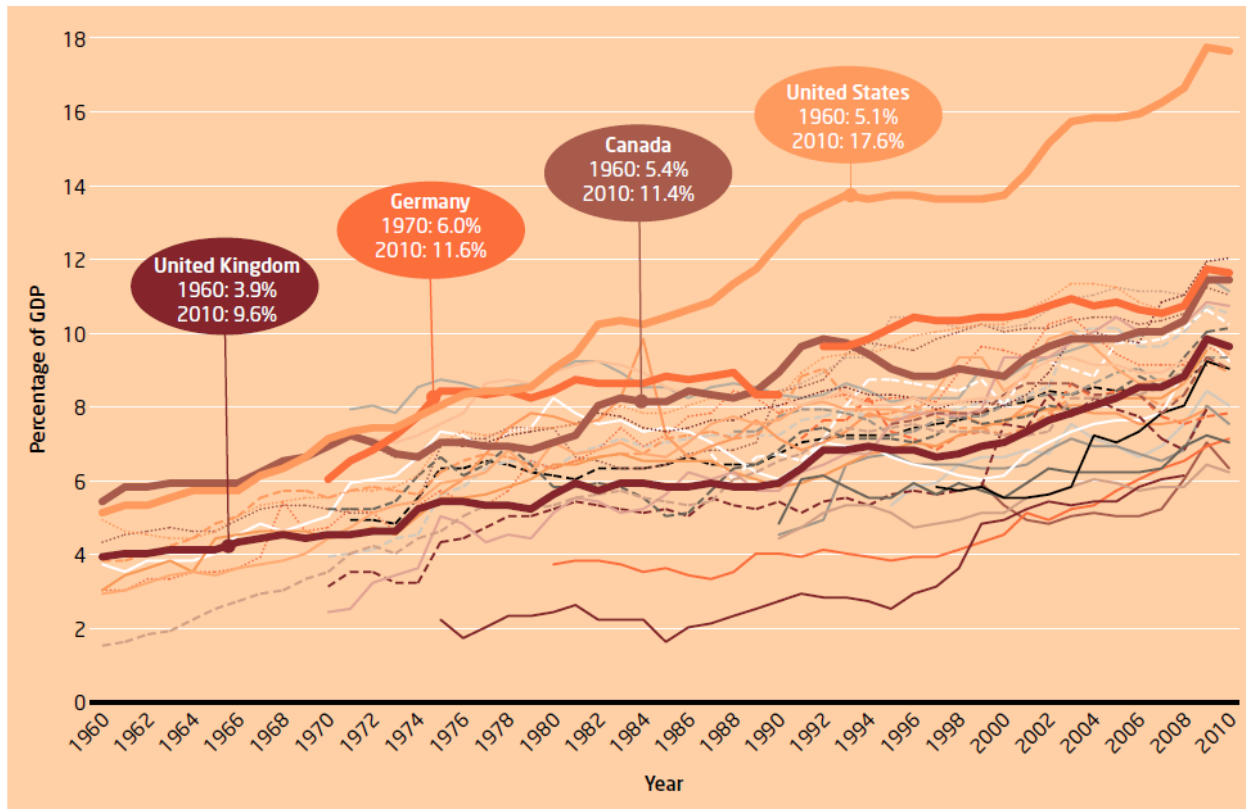
The generational challenge for improvement

We are the generation of healthcare leaders who stand on the brink of a necessary revolution in health care

- The cost revolution
- The quality revolution

The cost revolution

Figure 4 Total (public + private) health spending as a percentage of GDP, 1960–2010, all OECD countries



Note: GDP, gross domestic product

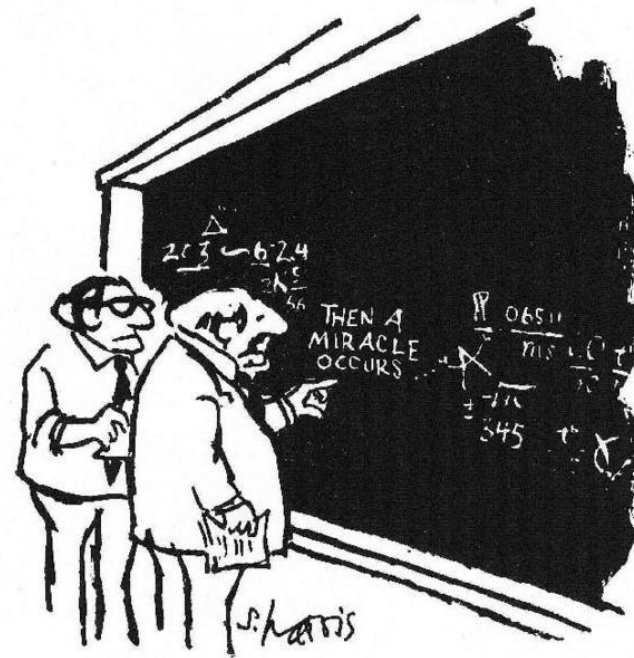
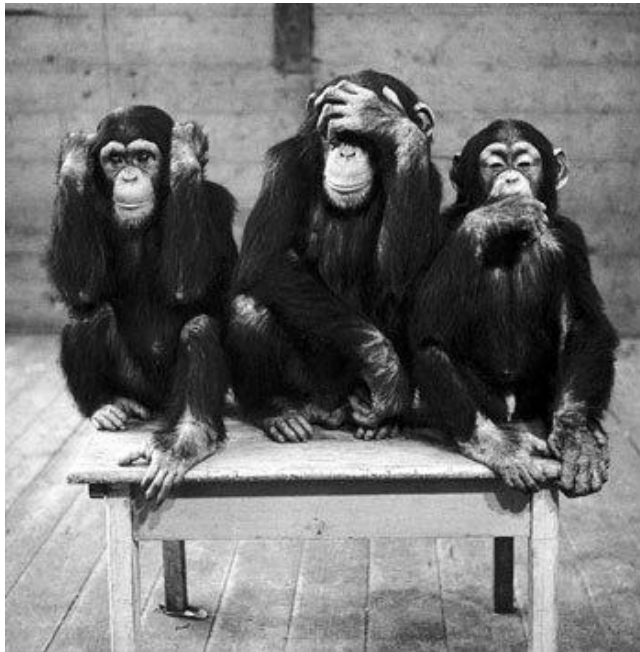
Source: Organisation for Economic Co-operation and Development (2012)

The cost revolution

- Total spending on [US] health care would rise from 16 percent of gross domestic product (GDP) in 2007 to 25 percent in 2025, 37 percent in 2050, and 49 percent in 2082.
- From 1990 to 2005, health spending in real terms rose almost twice as fast as gross domestic product (GDP) across countries in the Organisation for Economic Cooperation and Development—4.5% compared with 2.5%
- By any definition – this is unsustainable.
- In England, it represented £20b of savings between 2010-2014 – the programme I was responsible for
- And, although the context is different, this is true for countries with long established healthcare systems trying to sustain them, and for those seeking to extend provisions to populations.

The cost revolution

Our strategy for dealing this usually looks like one of these...



"I think you should be more explicit here in step two."

The cost revolution

- If we are not the generation of healthcare leaders that begin to tackle the cost issue, we will be putting at risk the availability of high quality (and for us in England, universal) health care for our children and grandchildren

It's important.

It's an ethical issue.

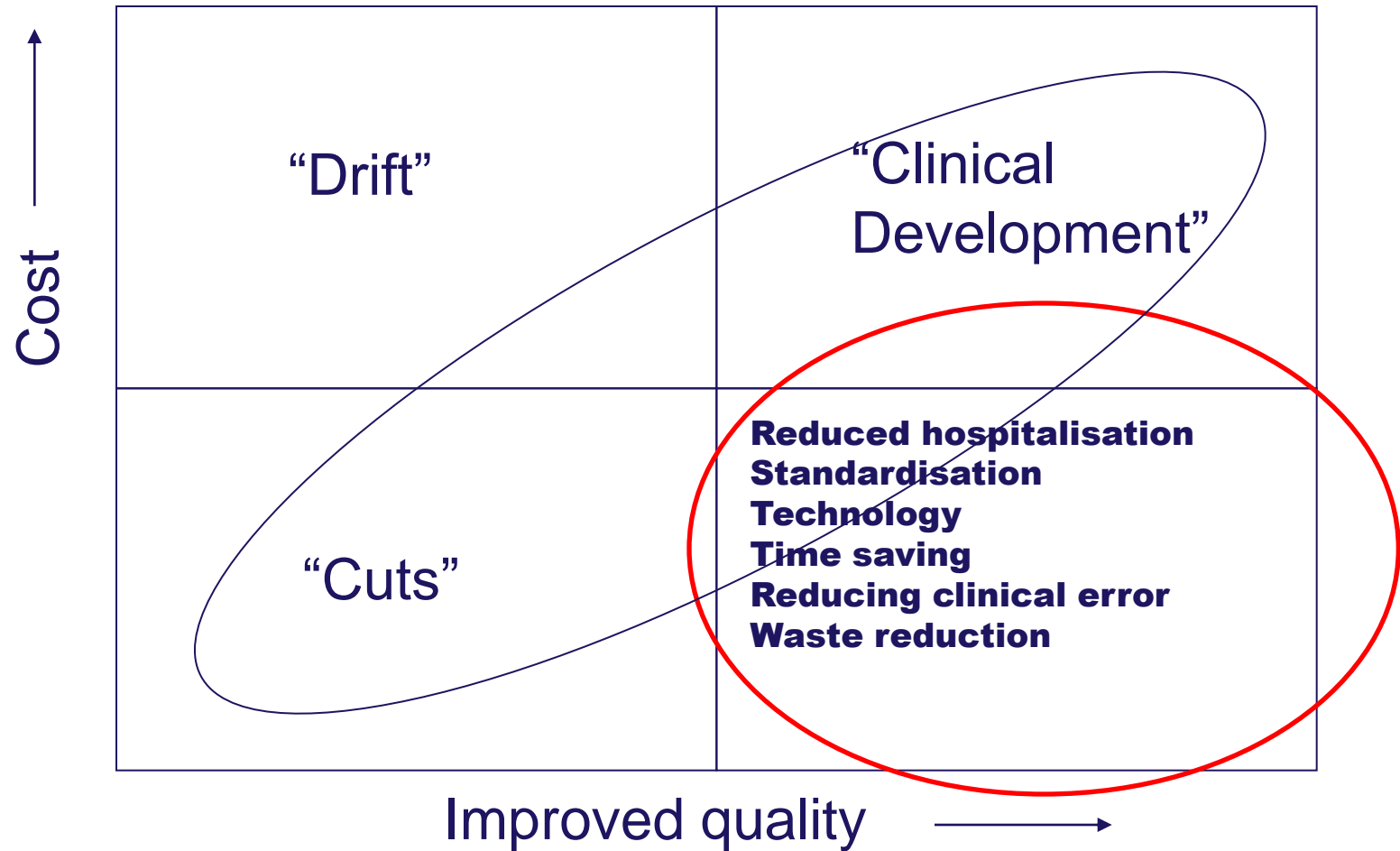
The quality revolution

- This audience understands the opportunities of the quality revolution
- The public we serve, nor ourselves, will accept a continuation of the history of harm and error and delay
- We know what to do, and have examples of staggering success, but we have yet to turn these into a self-improving industry

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We need to change our belief system – and there are plenty of evidenced improvements in the magic box



And there are other reviews of high quality



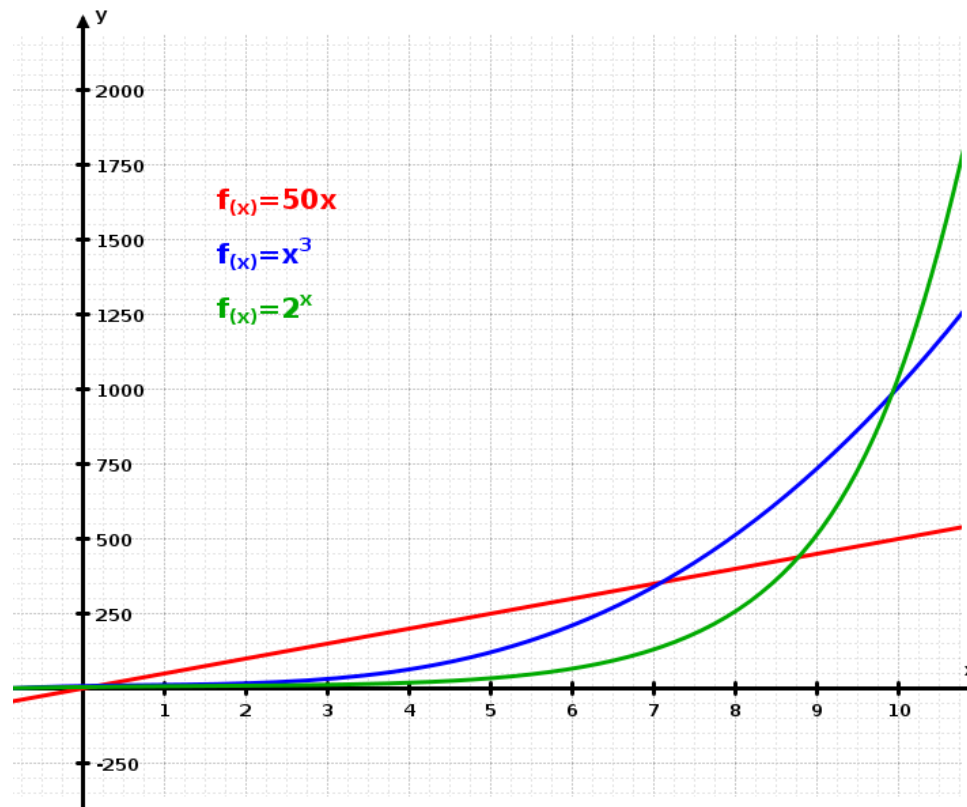
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Improving our ability to lead change

Is our rate of improvement sufficient?



Improving our ability to lead change

So let's also face up to what we still need to do:

- to make improvement spread more quickly
- to make improvement more sustainable
- to link quality and cost in a mature way
- to change the culture of professional and institutional domination to patient and family first

Improving our ability to lead change

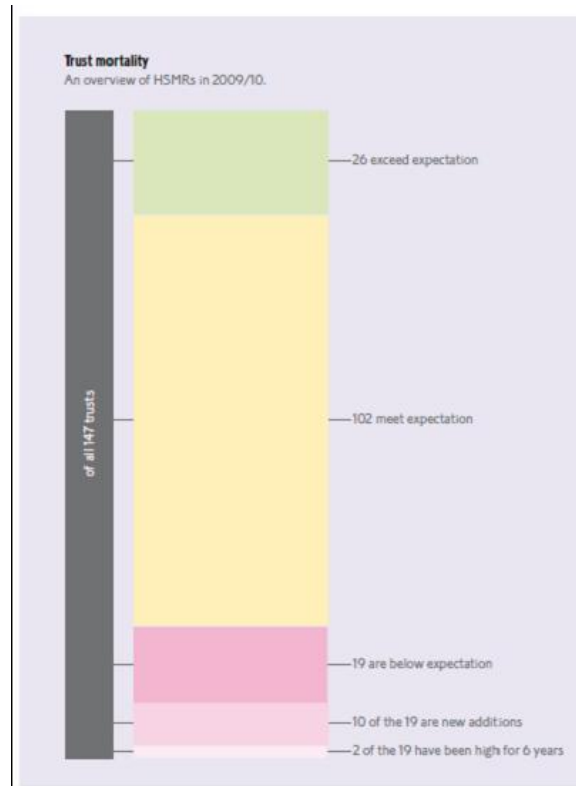
1. Have a change method and use it
2. Relentlessly tell the story
3. Provide evidence and analysis of what we need to do
4. Set the system incentives to support delivery
5. Measure
6. Hold people to account through the system for delivery
7. Develop leaders who are capable of delivering

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Improving Ourselves as Leaders

Be intolerant of mediocrity: hate “just good enough performance. Reject normative levels of harm or failure



Improving Ourselves as Leaders

Be a personal champion of spread – pass the “Harrogate” test



Improving Ourselves as Leaders

Love the routine: change the “rescue culture”



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