

InnoHEALTH
2016

Bringing Care Closer To Home

Presented by:

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Sj building cities
shaping lives



2006 UK Government White Paper on move towards more services in the community:

- Guided by Surveys of Public Opinion against backdrop of:
- Technological advances, aging demographic, rising NCDs
- **Rising costs** above all.
- Signaled new emphasis on Wellness



Effects of Policy Shift on Projects on the Drawing Board:

- N.Staffs PFI: Fit for the Future Project,
- Services modernized & consolidated from across one of most deprived regions in UK
- DOH **reduced size of OPDs,**
- Move services to cheaper **Community facilities Closer to Home**

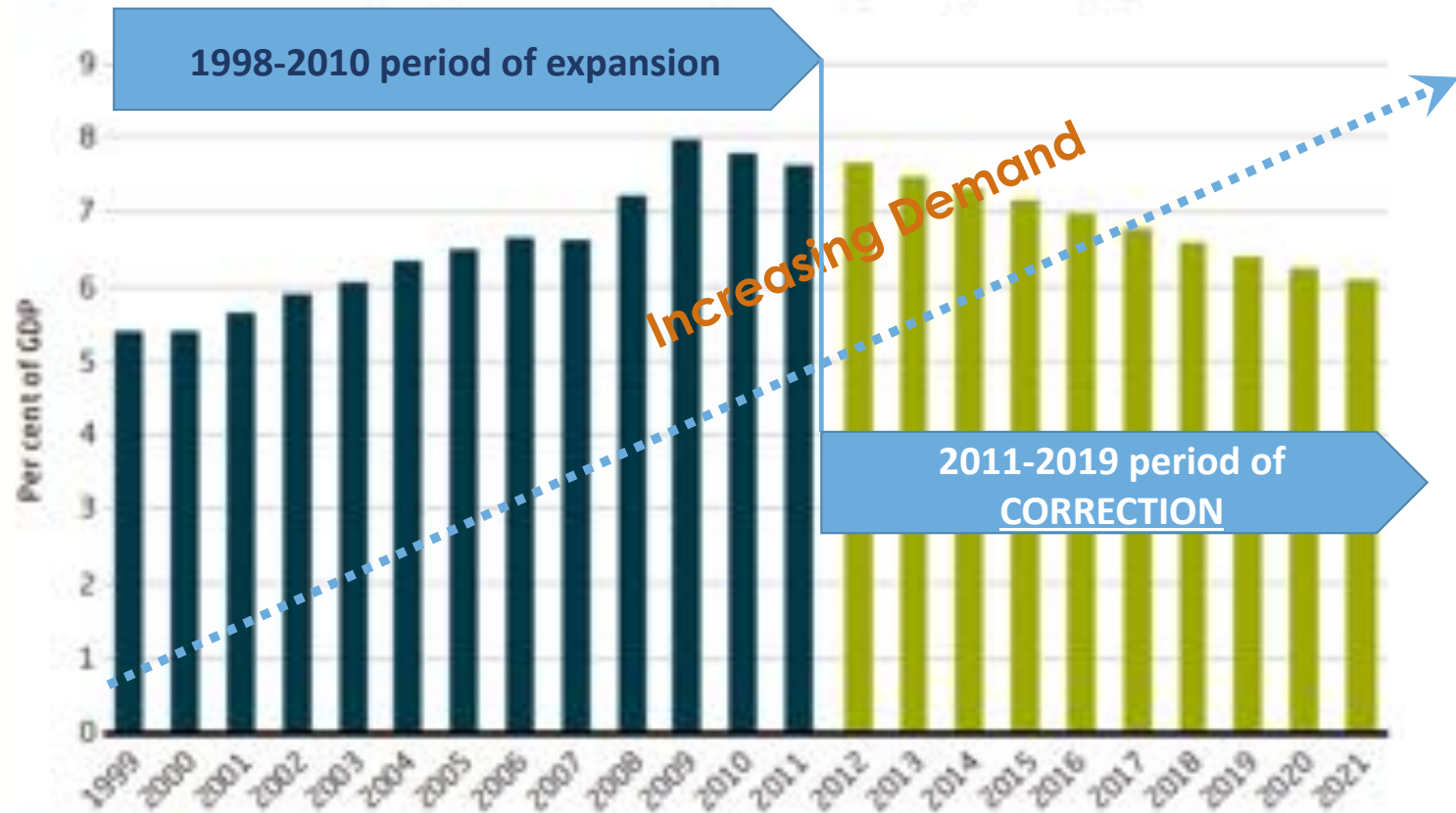
Source: Courtesy Laing O'Rourke & Ryder HKS



NHS Spend **DOUBLED** in Real Terms 1998-2010: **Unsustainable**:

Health Expenditure grew from: 5.4% in 1998 to 8.0% of GDP by 2009 (excluding Pte Health =16% of Total)

Figure 2 Actual and projected UK NHS spending as a percentage of GDP



Source: Courtesy King's Fund: The NHS Productivity Challenge: Experience from the front line: May 2014

Savings of 20 Billion over 4 years: The Nicholson Challenge

5% approx. Target annual Saving per year 2011-2015

Q

Quality

I

Innovation

P

Productivity

P

Prevention

40%

Pay Freeze, reduce admin and support staff, Estates Strategies to reduce running costs

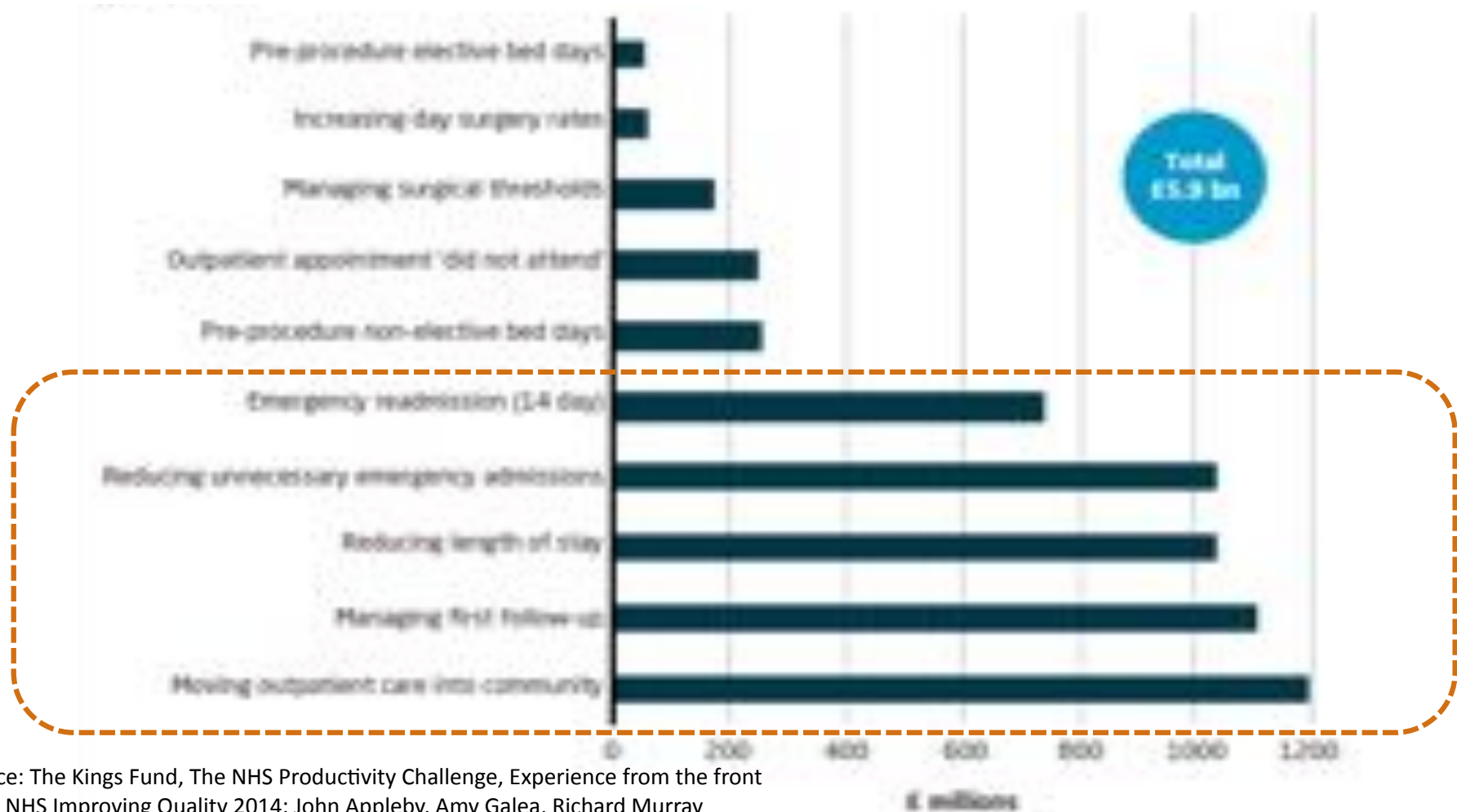
40%

Payment by Results - PbR (Set Tariffs used to Incentivize)

20%

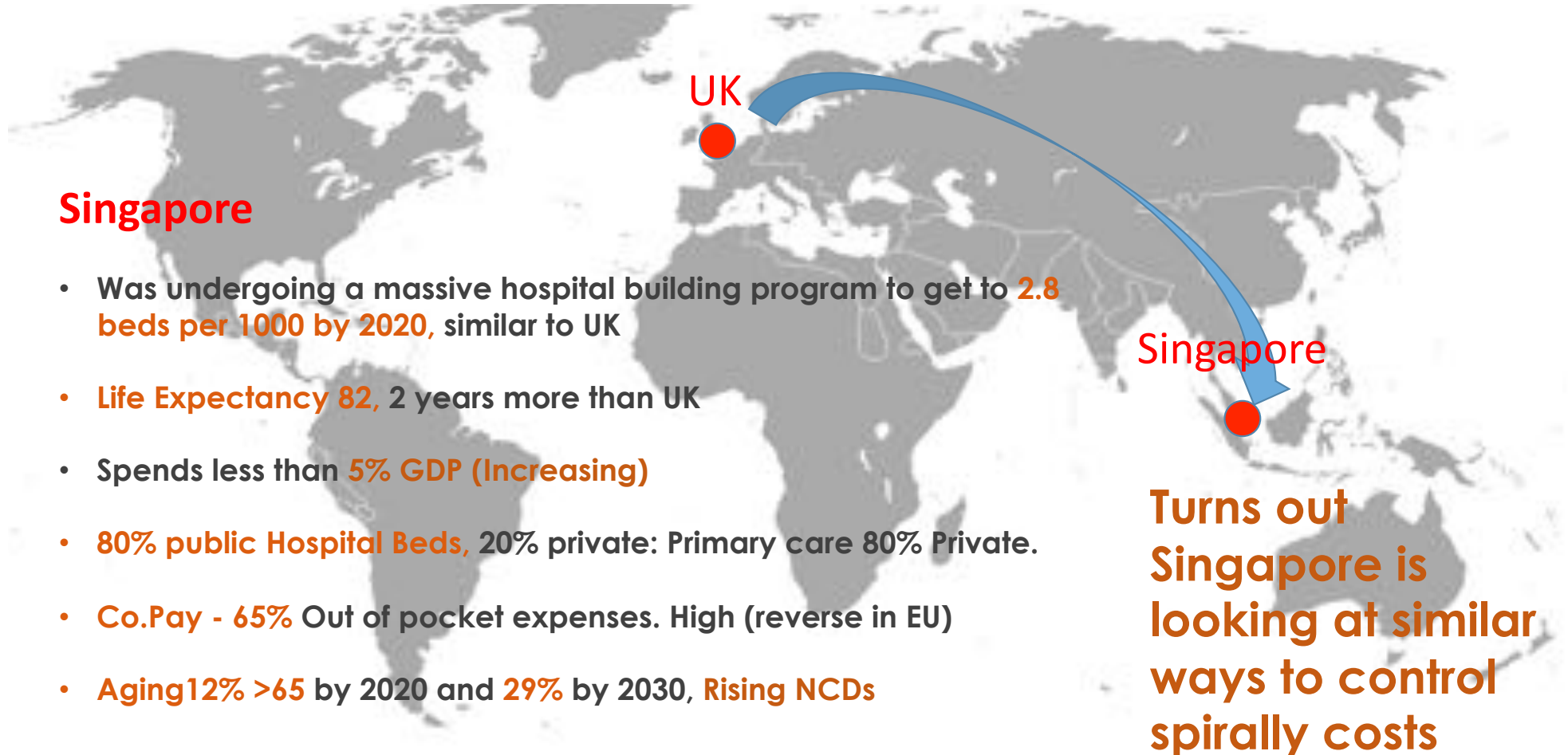
New Models of Care, More Community Services & Centralizing for Efficiencies

Targets Set for Providers & Commissioners in UK



Source: The Kings Fund, The NHS Productivity Challenge, Experience from the front line: NHS Improving Quality 2014: John Appleby, Amy Galea, Richard Murray

In 2008 I went to work on healthcare projects in Singapore



2011, Data Analytics used to reverse growing number of re-admissions at KTPH, Singapore: **Care Closer to Home**

- Targeted patients with a history of **three or more admissions** over a six-month period.
- KTPH took these analytics and created **tailored in-home healthcare plans** that avoid the need for those patients to be admitted to hospital.
- The average **re-admission rate fell** from 3.5 times in six months to **1.3**

Found 20 per cent of people admitted to the wards contributed to 80 per cent of repeat admissions and only 10 per cent of the cases were actually health related – 90% were social issues



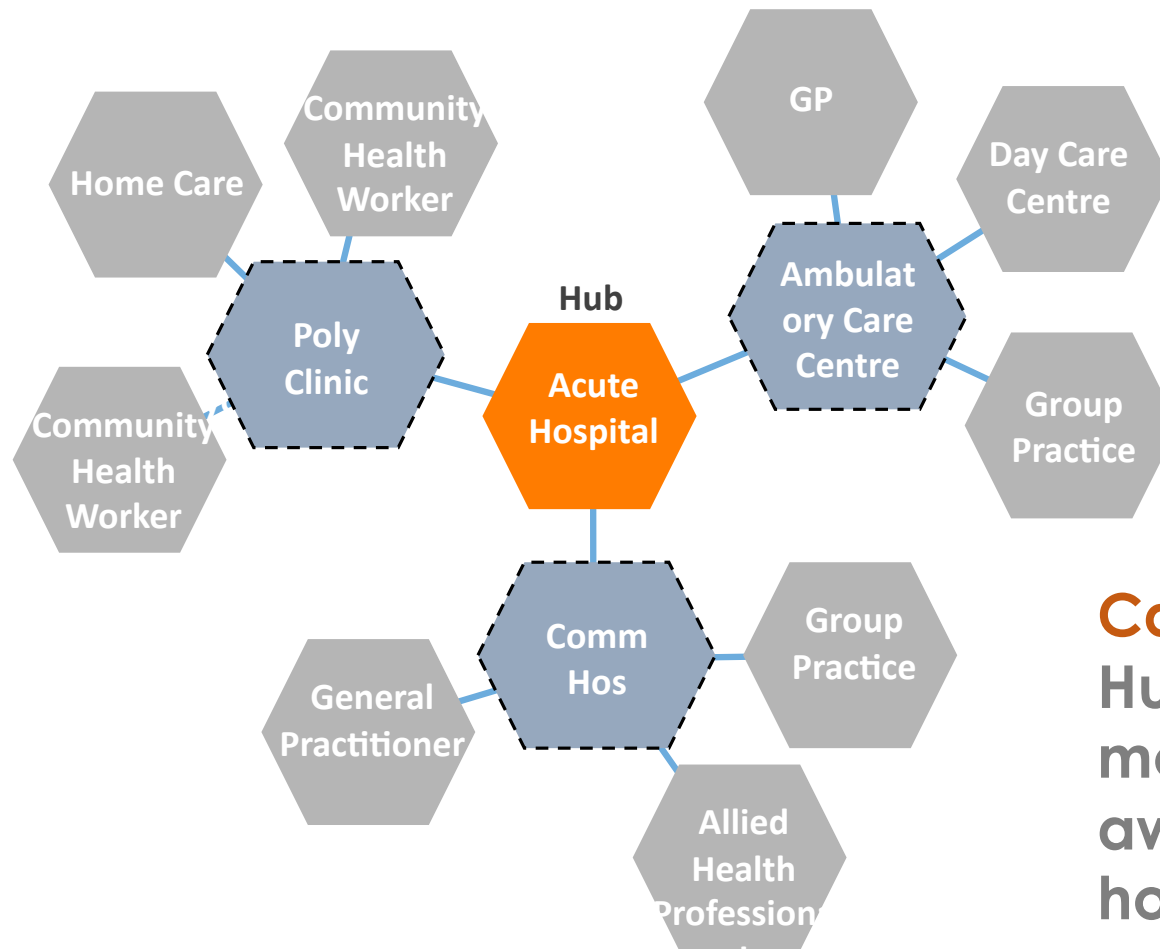
1. Avery, L, Fenton, P., and Quek, C. How Big Data can drive patient behaviour change [internet]. 2015 [updated 2015 Feb 3, cited 2015 Jul 15].

Pilot in 2013 to pre-empt conditions with community interventions, Singapore

- KTPH took **data analytics** from the National e-health system,
- Combining with **geospatial data** mapped patterns in community health, identifying **problematic hot spots**.
- **Pre-emptive "well-care"** measures **reduce** the likelihood of conditions developing that require **"sick-care"**, medical interventions.



Opportunity for developing healthcare systems to learn from experience of developed systems: warts and all.



Care Closer to home:
Hub and spoke
model takes burden
away from expensive
hospital settings.

Questions & Contact Details:

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