National Clinical Framework

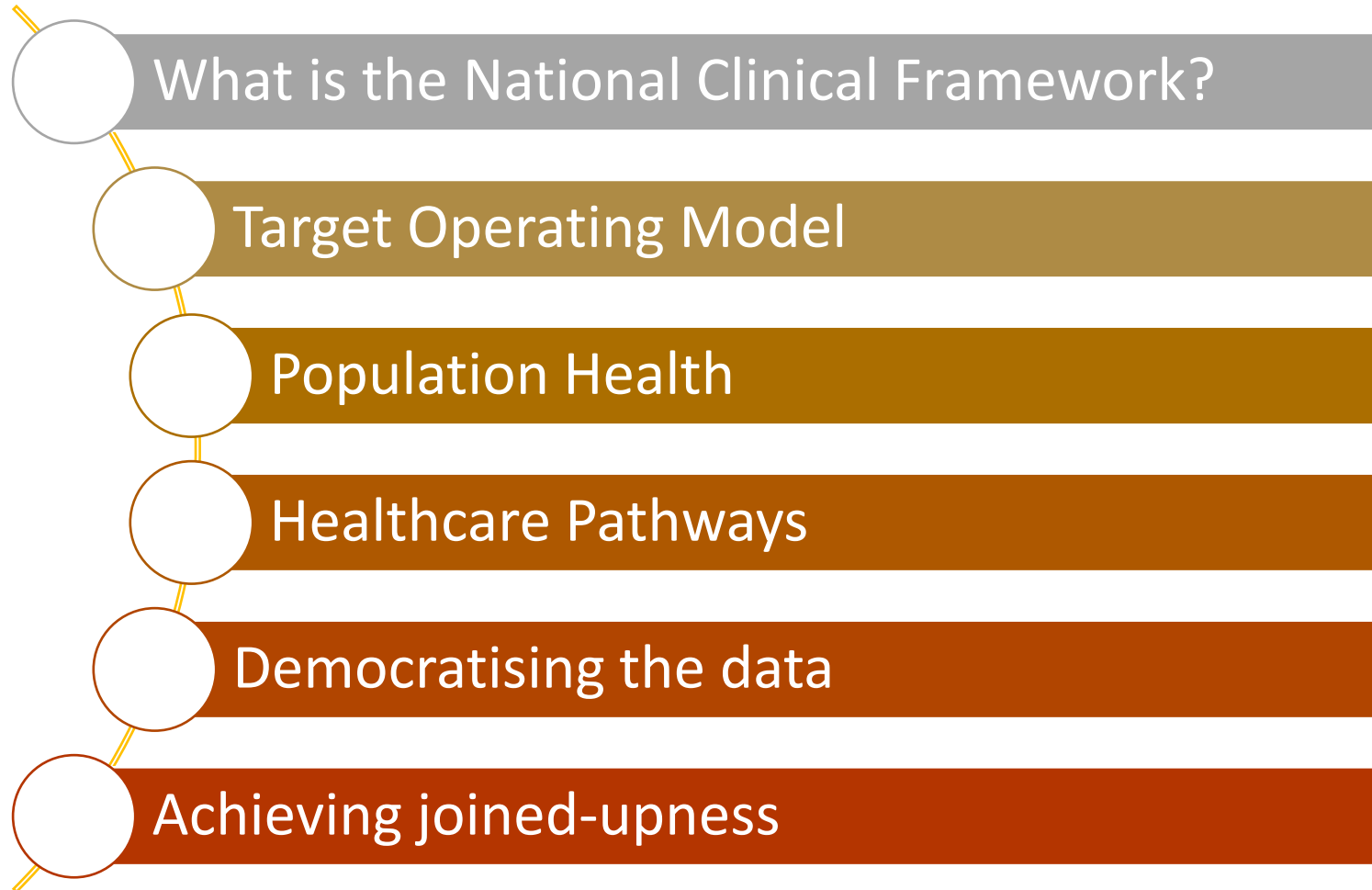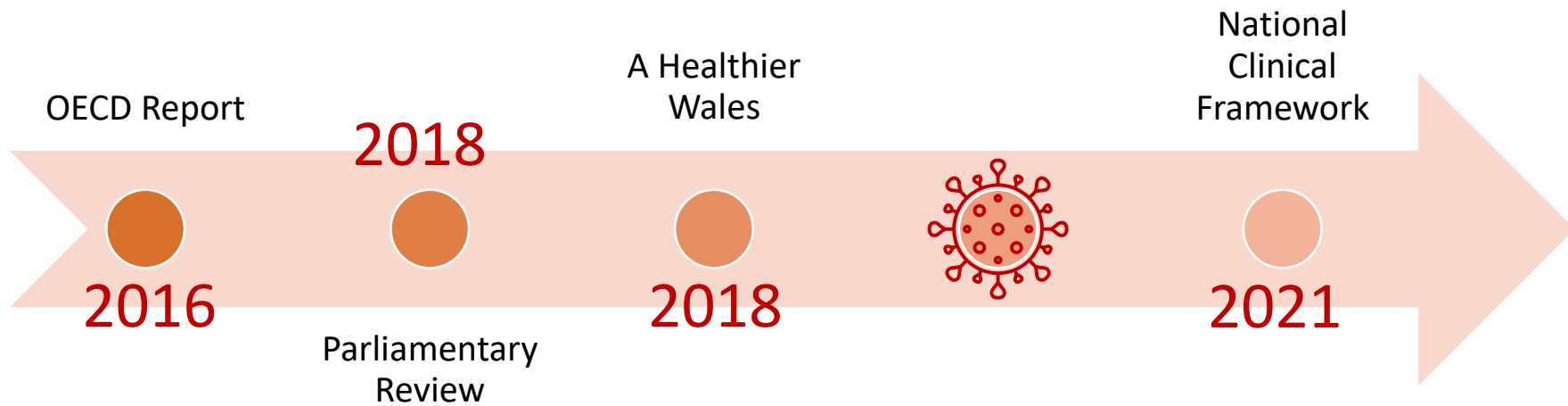A Learning Health and Care System

HFMA Cymru
September 2021

Dr Allan Wardhaugh MB ChB FRCPCH MRCGP (1993) DRCOG PgDip (Digital Health)

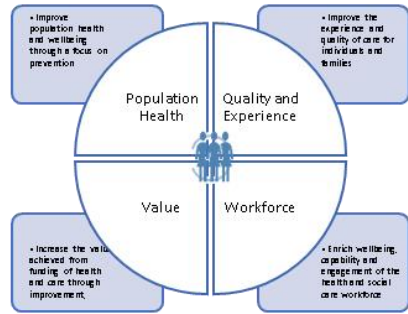Clinical Lead for Implementation

Office of Chief Medical Officer

Our vision

We will achieve the **quadruple aim**...

...by building a **learning health and care system** ...

... enabling us to apply the principles of **prudent healthcare**

... through **value-based health care** at system level ...

... and through **prudent in practice** everyday for everyone.

What it is

Enabling

Affirmative

Permissive

Iterative

2020 - 2030

Quality and Safety Framework

Digital Strategy

Workforce Strategy

National Clinical Framework

National Networks

National Programmes

NHS Planning Framework

What it is not

Blueprint

Top-down

Inflexible

NCF Actions

10 actions...

..through 3 lenses

1. NHS Executive Function

2. Population Health and Regional Working

3. Quality statements

4. Healthcare Pathways

5. A Value Based Healthcare *System*
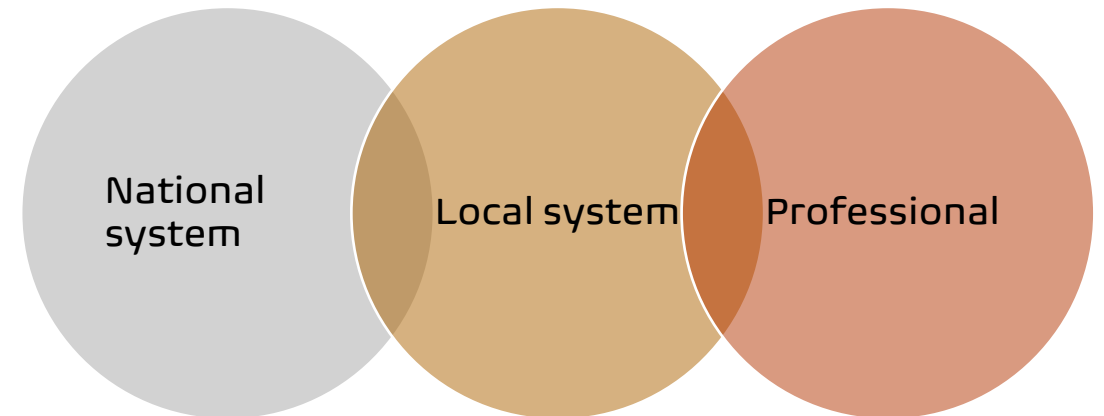
6. Measuring meaningful outcomes

7. Align Clinical Networks to burden of disease

8. Align National Programmes to enable networks

9. An Enabled workforce

10. An Enabling Digital Strategy

National system

Local system

Professional

1. NHS Executive Function
- The target operating model and the governance

2. Population Health and Regional Working
- Tailoring services to population needs, thinking beyond organisational boundaries

3. Quality statements
- Describing the standards and expected outcomes for services

4. Healthcare Pathways
- Designing the pathways to deliver services

5. A Value Based Healthcare *System*
- Using the tools of VBHC

6. Measuring meaningful outcomes
- Focusing on patient outcomes not just process

7. Align Clinical Networks to burden of disease
- Re-shaping National Clinical Networks

8. Align National Programmes to enable networks
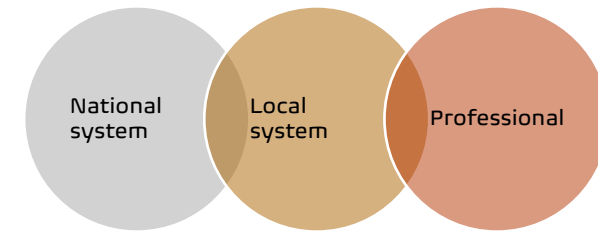- Joined up working, less duplication, emphasizing enablers

9. An Enabled workforce
- Prudent in Practice and top of license

10. An Enabling Digital Strategy
- Providing the digital foundation for the Learning Health and Care system

National system | Local system | Professional

Data to Knowledge D2K

Knowledge to Practice K2P

Practice to Data P2D

A Learning Health and Care System

Action One
The future clinical model
'Central Guiding Hand' and the 'Revolution from within'

National System

The **NHS Executive** will **oversee** the implementation of the **Framework** and provide supportive interventions through its **national programmes and networks**.

Local System

Local and regional plans will **respond to the Framework** and ensure alignment with RPBs and PSBs.

Professional

Take part in agreeing national innovations and **pathways**; as well as **implementing** them according to **local context**

Action Two

Population health

National, regional and local footprints

National System

More robust collaborations should be enabled to plan fragile services on **regional and super-regional footprints.**
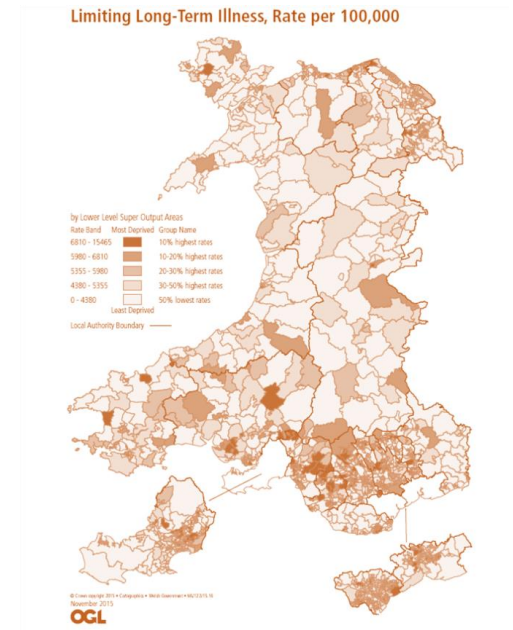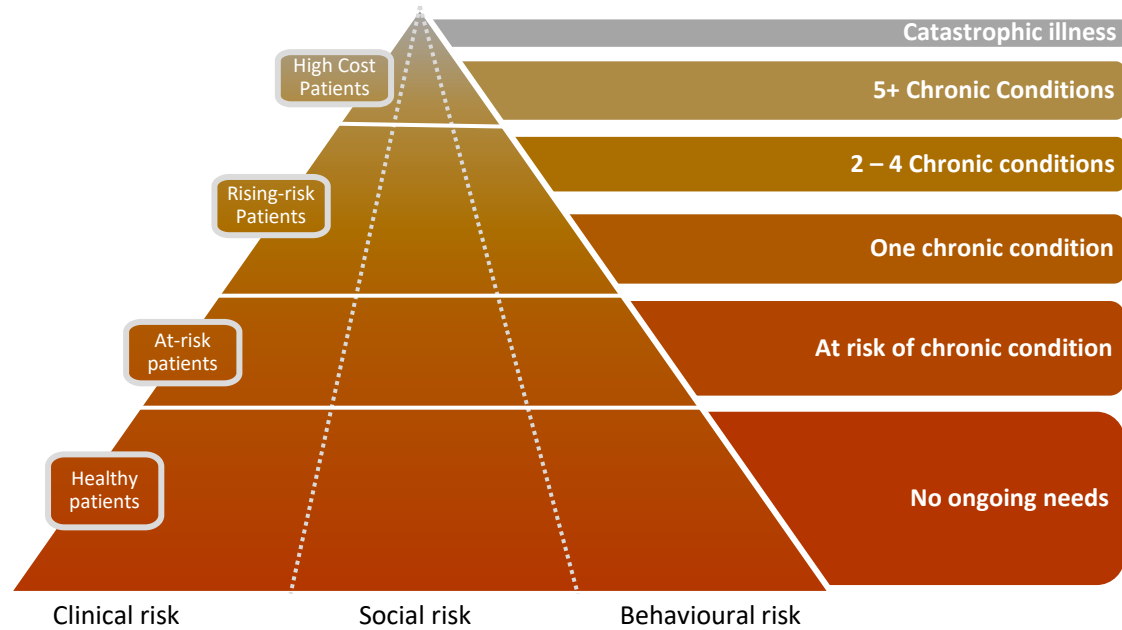
Local System

Health boards will **plan across sector boundaries** via regional health planning mechanisms and RPBs to meet population need
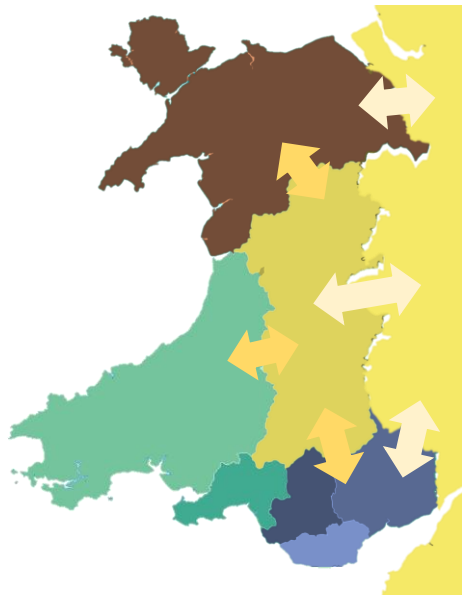
Professional

Prioritise capacity and adjust delivery models to meet **population need** rather than demand

Risk stratification

Local organisations identify patients at risk of requiring health and care support and target resources appropriately.

Target for 'upstream' interventions to avoid downstream interventions.

Use geographical risk-informed mapping to design service location around where they are needed most addressing existing inequalities.

Catastrophic illness

5+ Chronic Conditions

2 – 4 Chronic conditions

One chronic condition

At risk of chronic condition

No ongoing needs

High Cost Patients

Rising-risk Patients

At-risk patients

Healthy patients

Clinical risk   Social risk   Behavioural risk

Limiting Long-Term Illness, Rate per 100,000

Criteria for regional service consideration

Criteria 1: Poor outcomes	There is evidence that the outcomes for people are significantly below comparator providers or there are significant patient safety concerns.
Criteria 2: Volume insufficient	There is no viable prospect of the service meeting professional standards and/or recommended minimum volumes of activity to maintain high standards of care.
Criteria 3 : Workforce unsustainable	The workforce required to safely and sustainably deliver the service is not available because it cannot be recruited, developed or retained – or can only be delivered by a dependency on agency or locum staff.
Criteria 4: Clinical consensus	There is professional consensus on the merits of reconfiguring services to deliver and enhanced pathway or a new service model
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Regional collaboration

Using the criteria set out to ensure that elements of service are provided for an appropriate population footprint.

Where this footprint is regional there is a duty for the neighbouring health boards and associated organisations to collaborate.

The need for regional approaches may be driven not just be clinical outcomes, but by value and sustainability.

Increasingly, regional services will be provided through regional alliances with the service requirements described by national clinical networks, but formal commissioning processes shaped by WHSSC and delivery networks as they evolve.

Local public involvement in these service considerations beyond the existing statutory requirement is imperative.

Not all regional services will be traditionally described 'tertiary services.

Population Health

Action Four
Health and care pathways
..doing the right things

National System

National pathways will be developed, based on evidence, with broad professional and patient input.

Local System

Health boards will **localise national pathways** in a way which reflects the needs of their populations and the characteristics of their workforce

Professional

Implement and continuously improve how local pathways are delivered.

National Pathways

Location and profession agnostic.
Designed by National Clinical Networks as 'commissioning' statements.
Whole-system, whole disease- or life-span

Prevention
- Population prevention
- Risk stratification
- Targeted prevention
- Societal factors
  - Housing
  - Education
  - Environment
  - Early years
  - Pre-natal

Self-care
- Staying well
- Community organisations
- Self-monitoring

Diagnosis
- Symptom recognition
- Evidence-guided investigation
- Referral guidance

Optimised Intervention
- Evidence guided treatments
- Choosing wisely
- Prehabilitation
- High value 'specialist' interventions

Ongoing support
- Evidence guided monitoring
- See on Symptoms/ Patient-Initiated follow-up
- Rehabilitation

Mental Health and Wellbeing
- Community support
- Risk-factor assessment
- Peer groups and Group therapeutic approaches

End of Life Care
- Informed choices
- Advanced Care Planning
- Realistic Medicine

Local Pathways

Describing where and by which professionals.
Described by local planning and delivery mechanisms at regional/ health board/cluster/ practice level

Home

Education and Workplace

High Street Primary Care and Third Sector

GP Surgery

Primary Care Clusters

Diagnostic Hubs

Supported and Residential Care

Hospital – Planned Care Centre

Hospital – Health board footprint

Hospital – Regional/ National Footprint

Patient Pathways

Service level design.
Showing how patients travel across and through the system on individual journeys.
Process and sub-process maps which are the generators of data and one of the tools of VBHC

Pathways

National Pathways

Location and profession agnostic.
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Whole-system, whole disease- or life-span

Prevention	Self-care	Diagnosis	Optimised Intervention	Ongoing support	Mental Health and Wellbeing	End of Life Care

• Population prevention
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  • Early years
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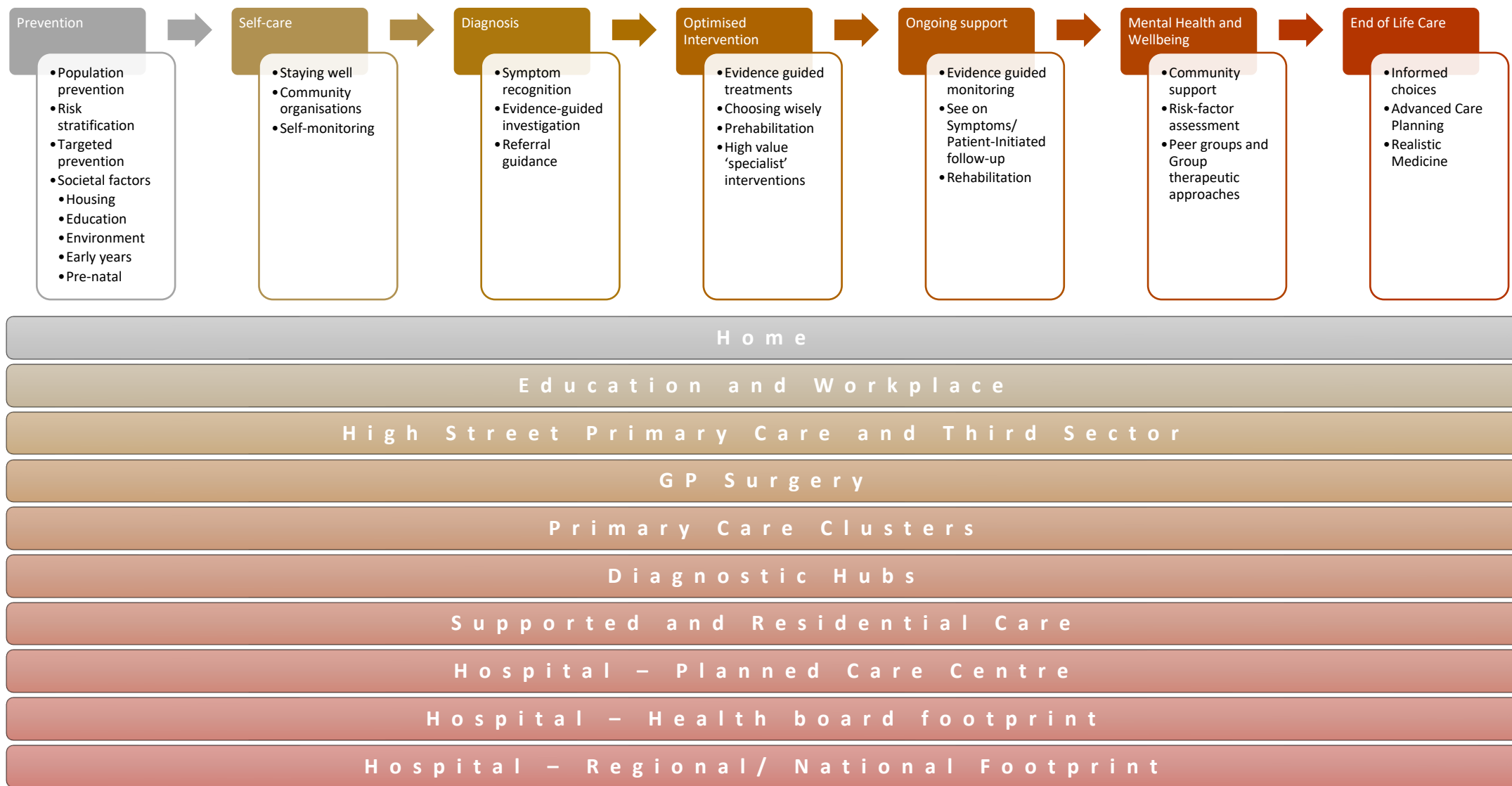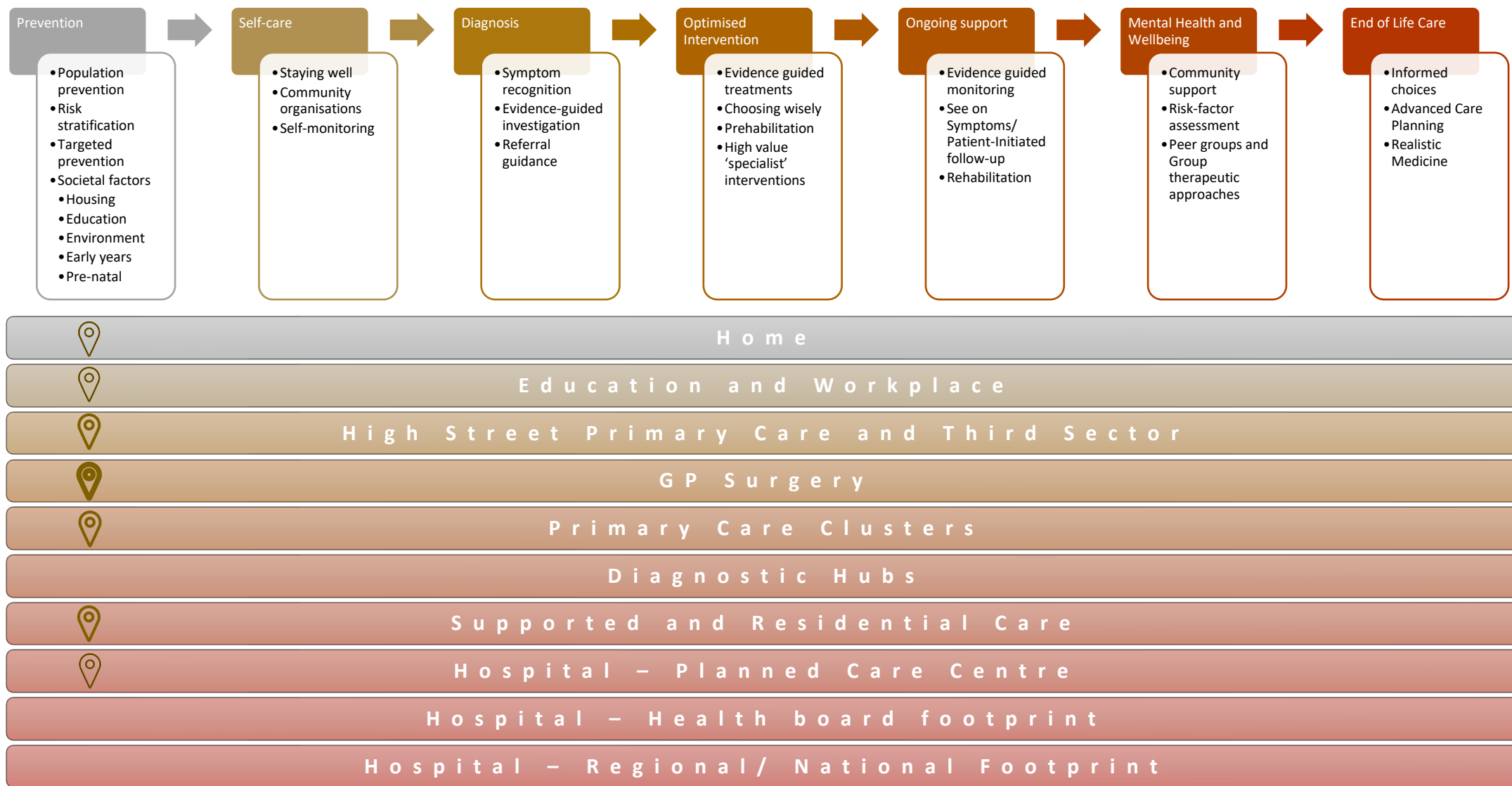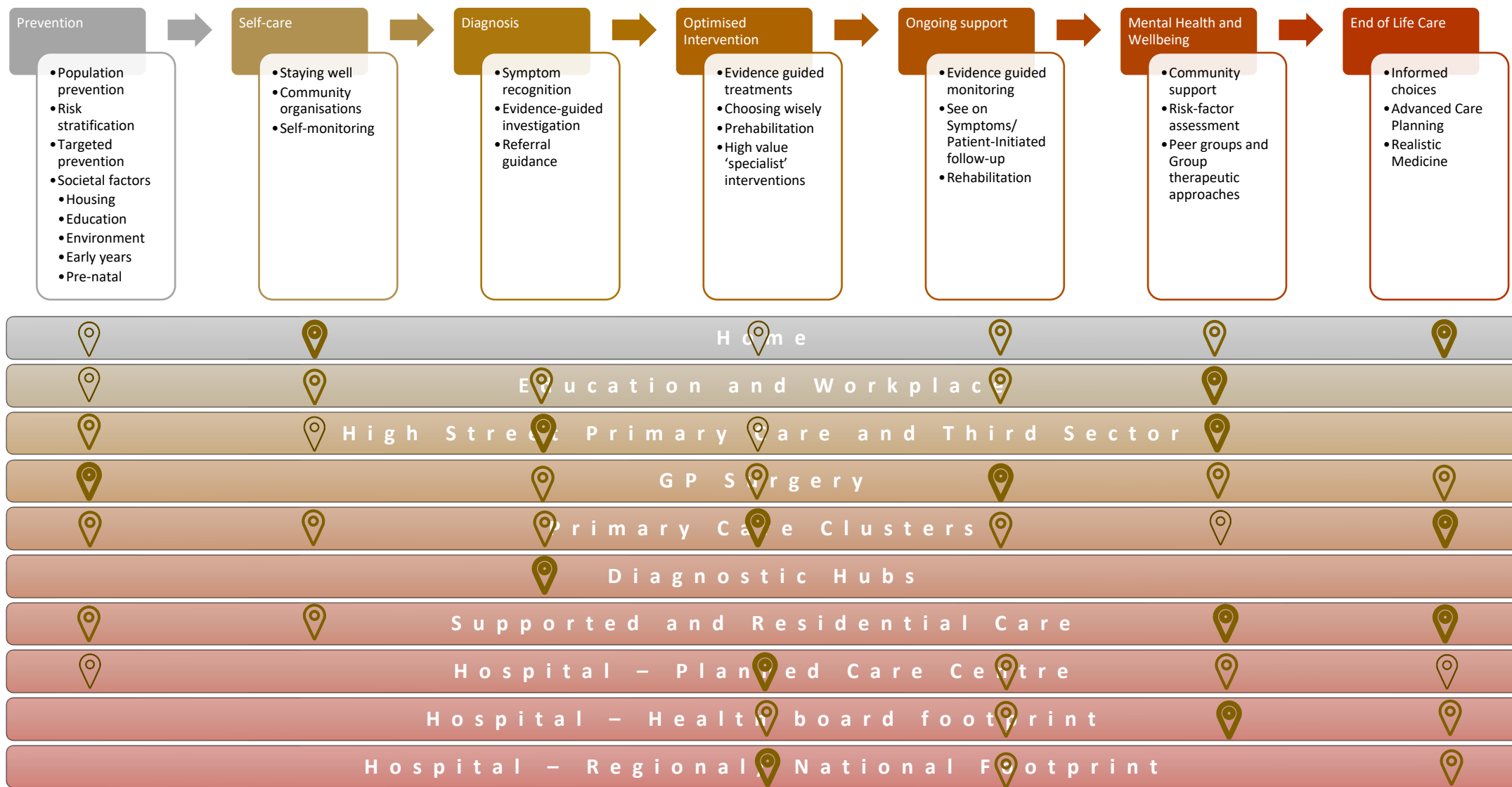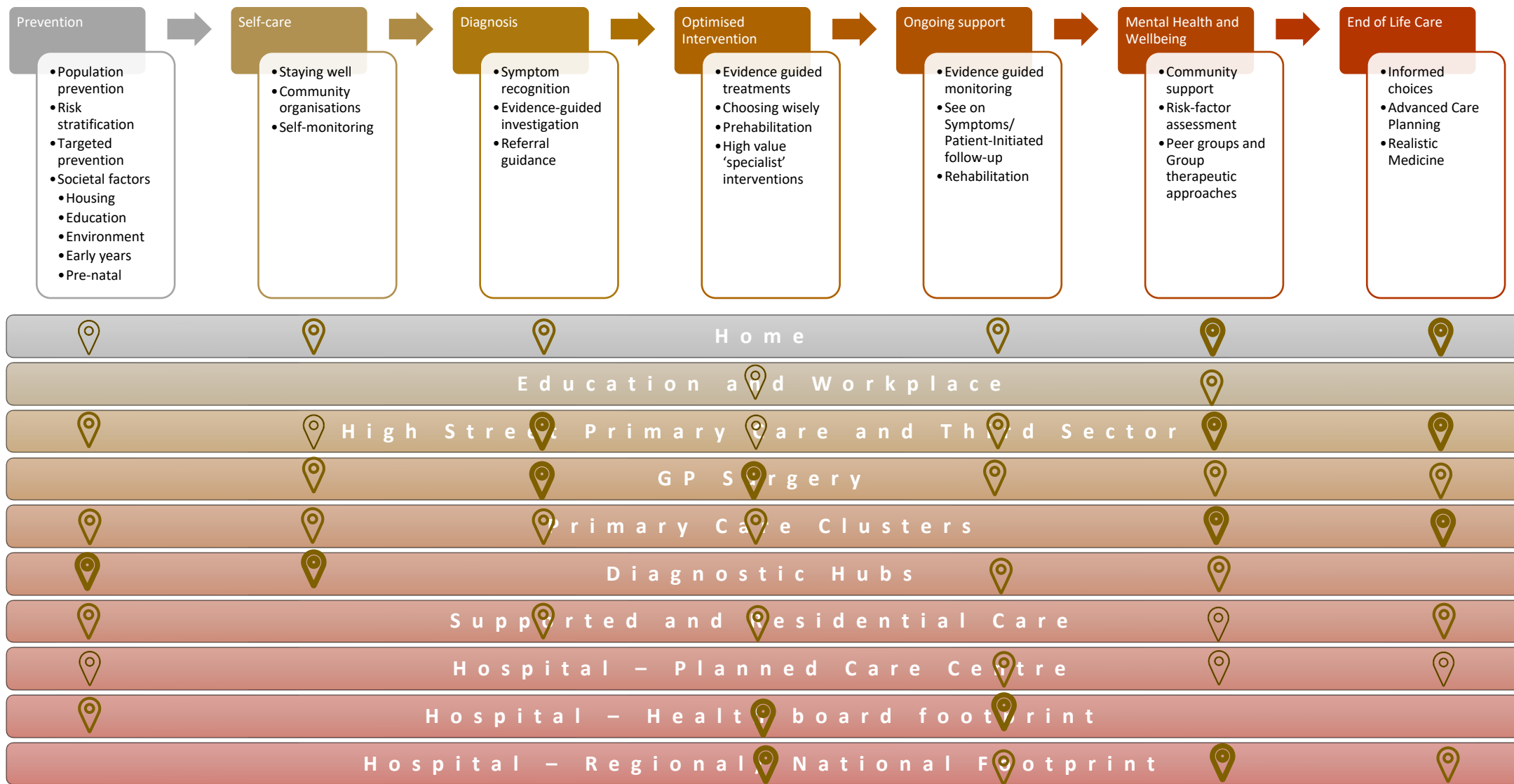Describing where and by which professionals.
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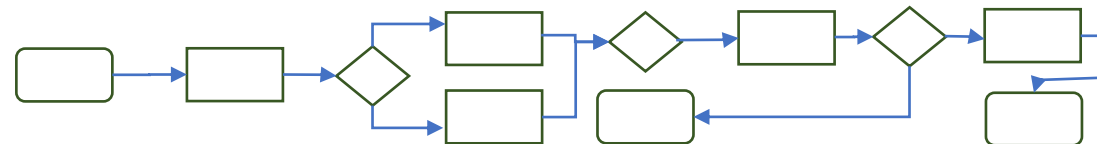
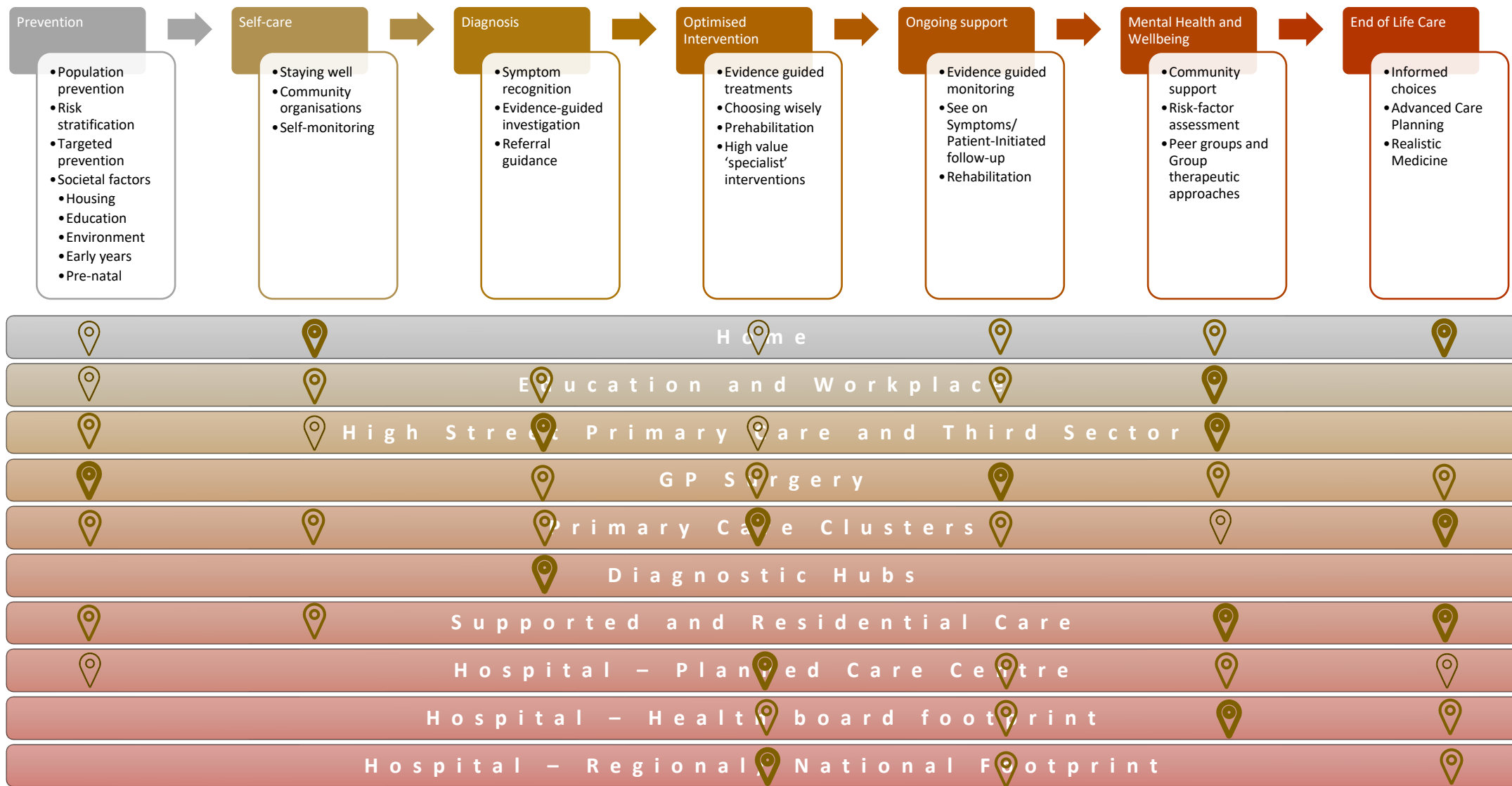Pathways

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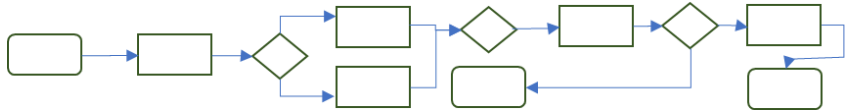Hospital – Health board footprint

Hospital – Regional National Footprint

Pathways

National Clinical Networks
What are the standards and outcomes we should deliver for the patient population?

What are the pathway elements to deliver to those standards and outcomes?

What is the appropriate population footprint for elements of the pathway?

Optimised Intervention

- Evidence guided treatments
- Choosing wisely
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Data to Knowledge
D2K

Knowledge to Practice
K2P

Practice to Data
P2D

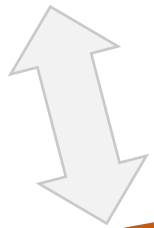## A National Data Resource and an open architecture

The development of a single conceptual data resource is the key enabler of the learning health and acre system.

Data shared across all health and care settings to inform direct patient care and to plan care at a population scale.

An open architecture that allows the rapid development and evolution of patient-facing, clincian-facing and analyst-facing applications

The learning Health and Care System – driven by data

Our national digital strategies will be refreshed to emphasise the need for data sharing and data collection across all care settings. This is how the system learns.

Turning the data into knowledge requires the building of capacity and capability for data visualisation and analytic an modelling skills from the planning tables into the clinical and care settings.

Using that information to improve knowledge and improve practice across the system, with the National Networks embedding the knowledge gained into pathways.

A refreshed Digital Strategy

Led by the Chief Digital Officer for Health working within the NHS Executive function, the national digital strategy for health and care will be shaped by DHCW in partnership with the Health Boards, Trusts and other SHAs

NDR
Adnodd Data Cenedlaethol
National Data Resource

Digital Strategy

Data promise
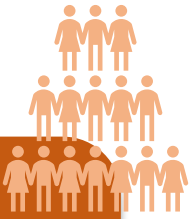
Pseudonymised data
- Awaiting 'data promise'
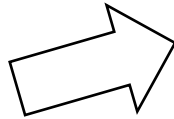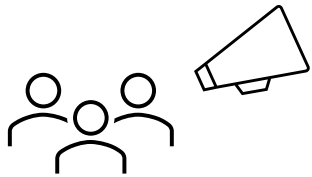- Research use
- Trusted partners – analytic secondary uses

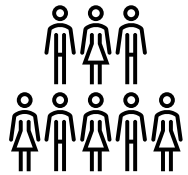Identifiable data
- Actionable
- Operational use
- Direct vs indirect use – boundaries blurring

Open Architecture
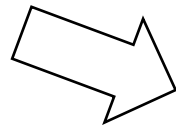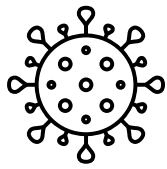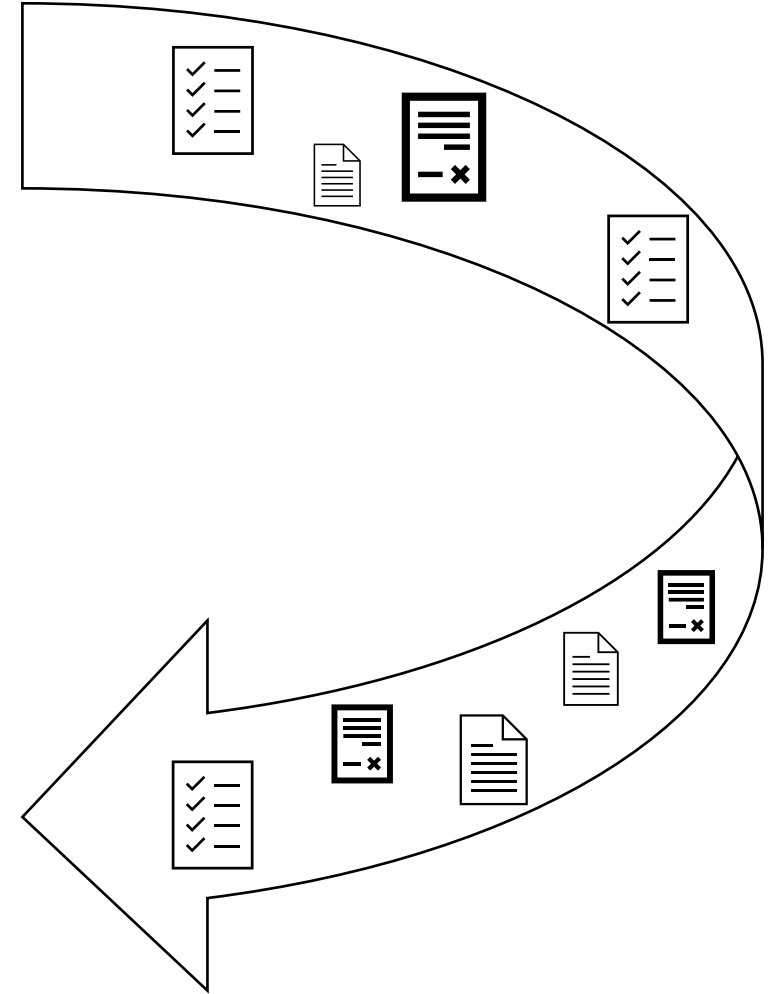
A Healthier
Wales Revised
Actions
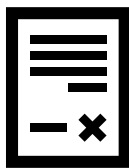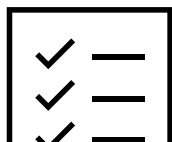
New Models
- Regional Partnership Boards
- HIW/ CIW
- Clusters
- Innovation
- Community Based Care

Incentivising
- Duty to collaborate
- Primary Care Contract
- Levers for change
- National Outcomes Framework

Planning, Governance, Workforce
- Quality statements
- NCF
- Iterative Governance
- Multi-professional, flexible workforce
- Exemplar employer

Engagement, Evaluation, Funding
- Understand AHW
- Covid lessons
- Design Principles
- Continuous review AHW
- Cross-sector funding
- Estates review

Determinants of Health
- Decarbonisation
- Inequities
- Prevention
- Children and Young People
- Mental Health
- Future Skills

A Healthier Wales: our Plan for Health and Social Care

26 actions

NCF direct action

NCF indirect action