

# INSIGHTS INTO HEALTH

The Globalisation of Health

June 25th 2014 London Event



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# INSIGHTS INTO HEALTH

David Pinchard MD



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# INSIGHTS INTO HEALTH

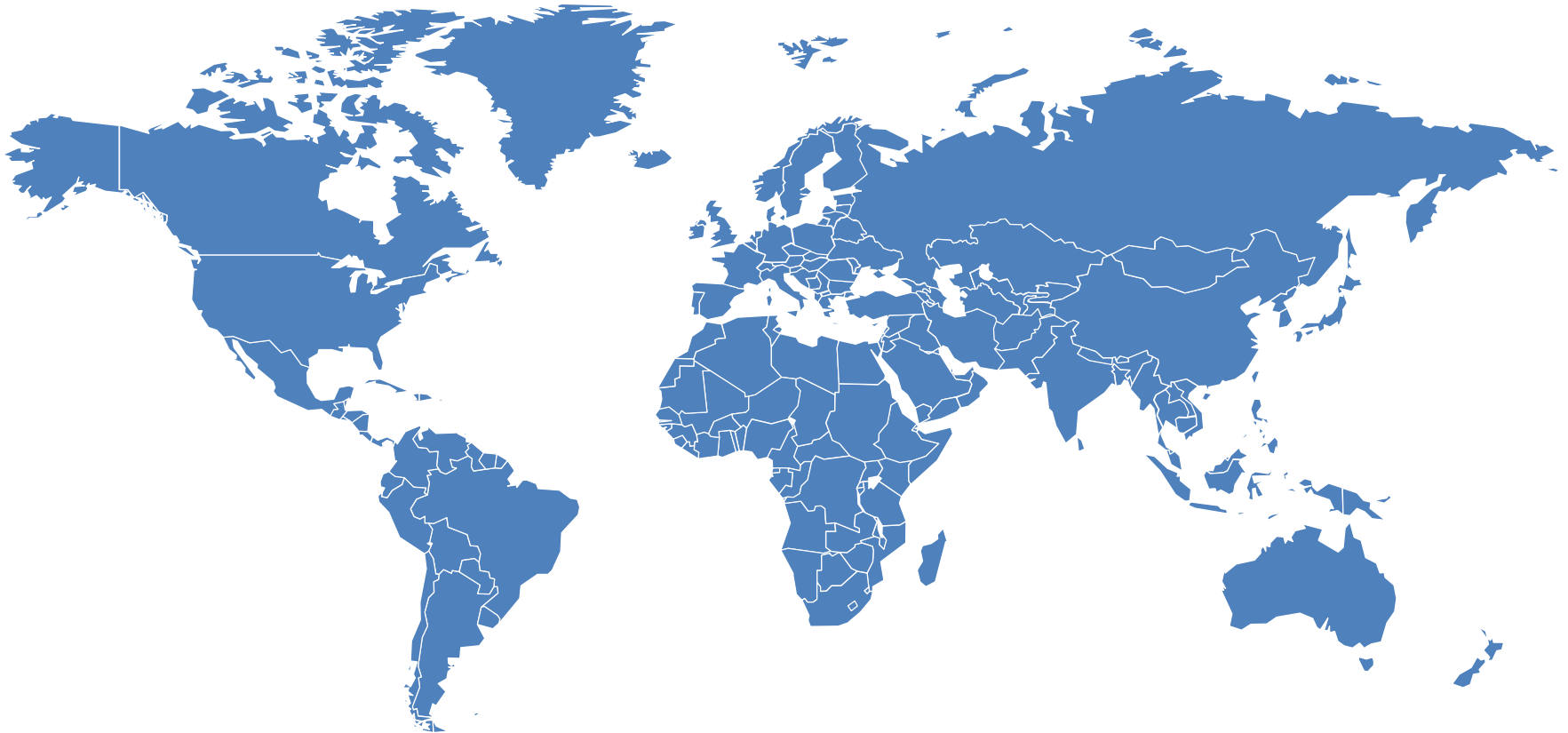
David Sykes



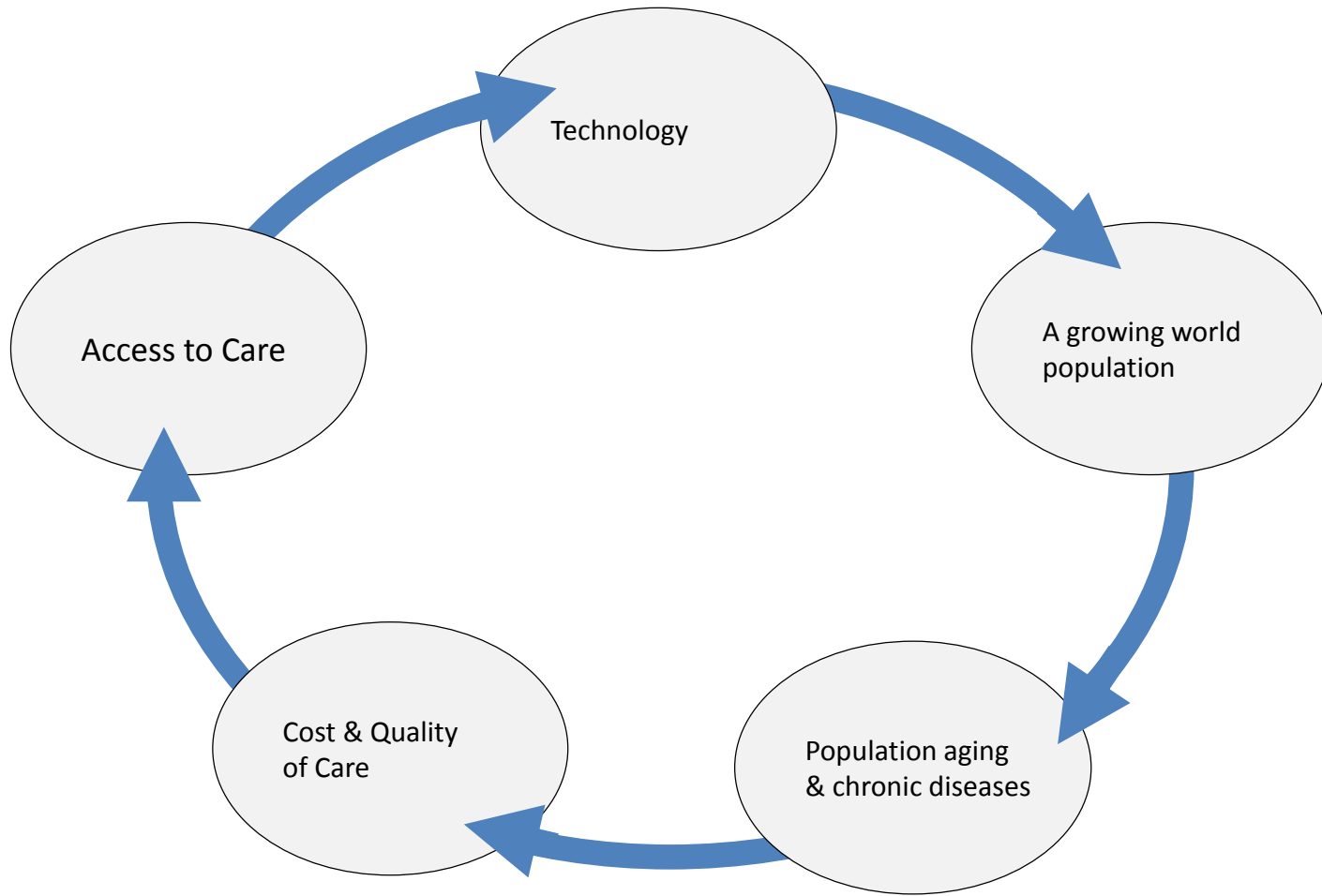
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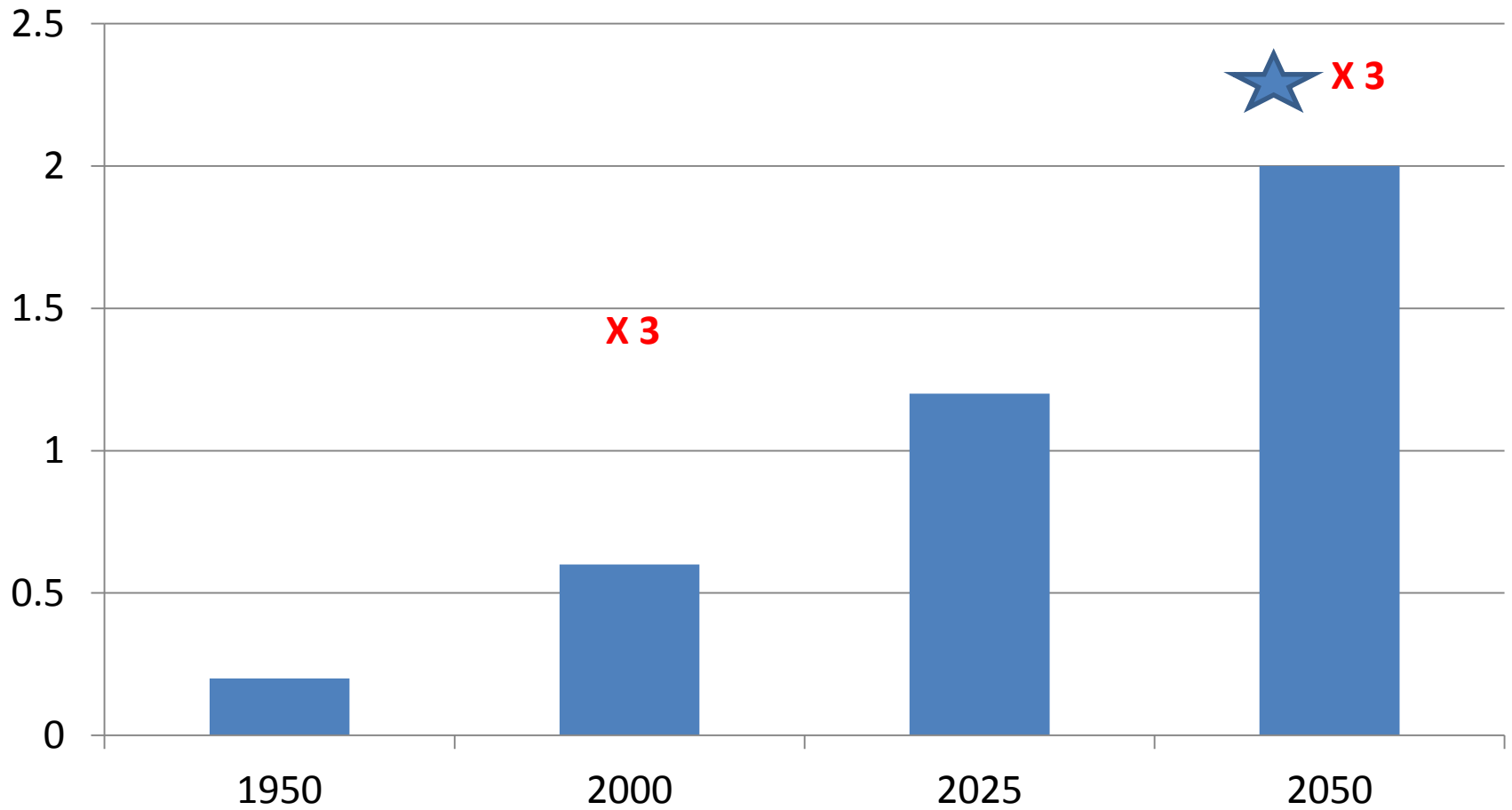
# Why is Healthcare a Global issue / The Globalisation of Health



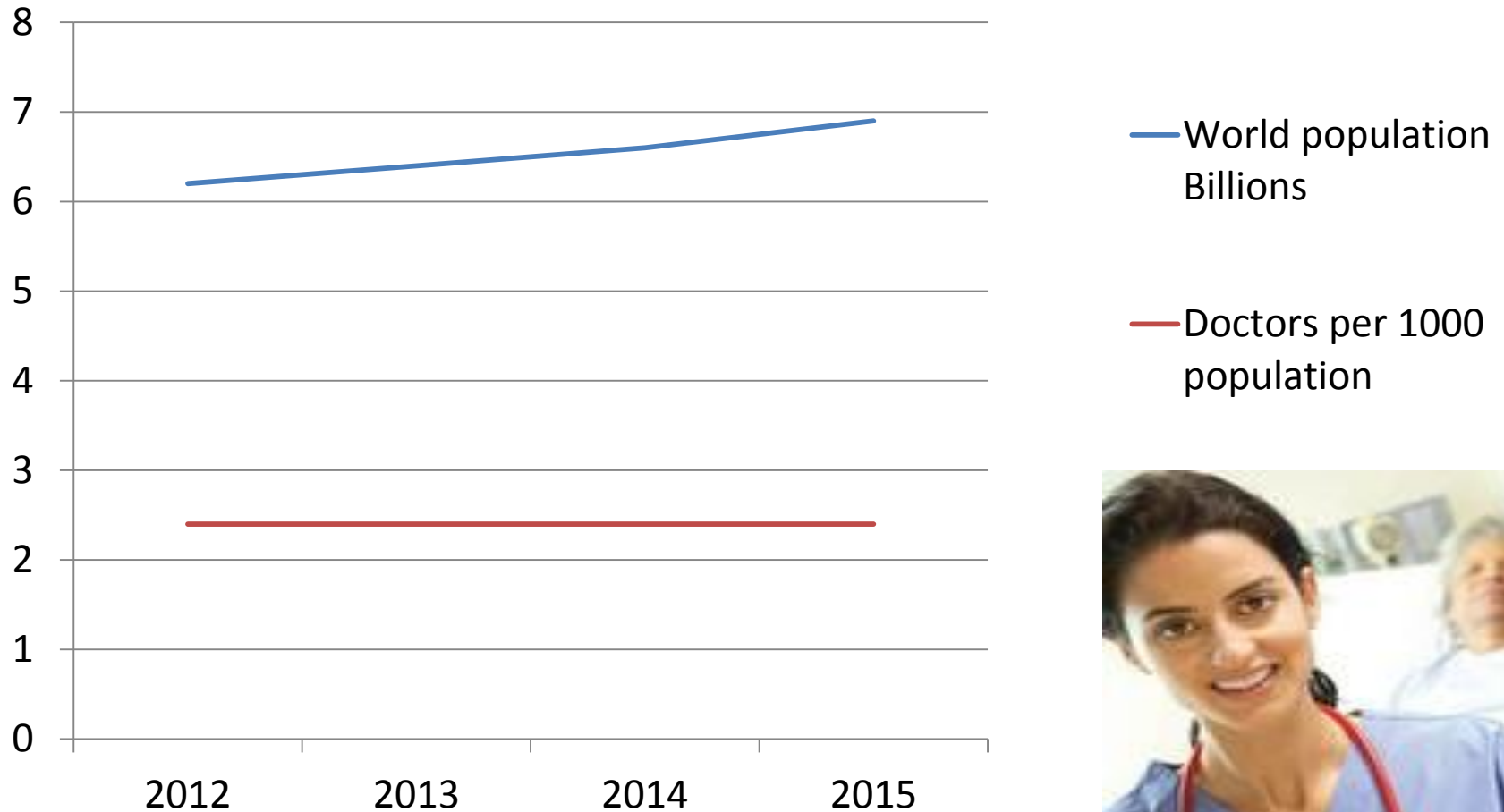
# Major Issues



# World Population over 60



# Access to Healthcare Professionals



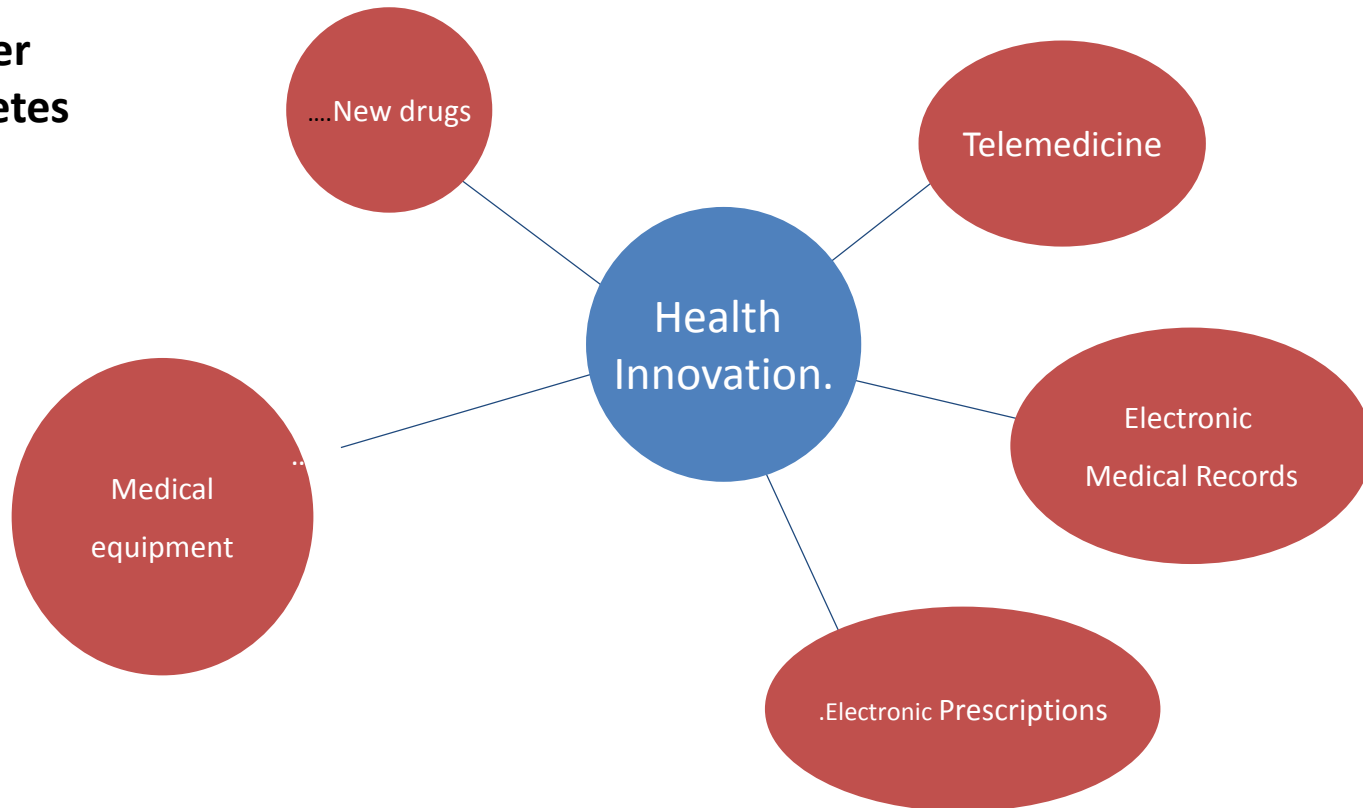
# Technology

**Health  
Technologies**

**Data  
Management**



**Cancer  
Diabetes**





# Healthcare Market Opportunity

- A growing world population
- An aging population and chronic diseases;
- Cost and quality of care;
- Access to care;
- Technology.

# INSIGHTS INTO HEALTH

Chris Born



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# INSIGHTS INTO HEALTH

What can the British  
do for us?



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# What can the British do for us?

## The Globalisation of Health

Chris Born

Healthcare Specialist

25 June 2014



# Principles



- The UK's health system is the best in the world
- We have challenges in common with other countries and a lot to learn as well as to offer
- The NHS and the UK economy can take a share of the rapidly expanding global healthcare spend

# Simply the best?

## EXHIBIT ES-1. OVERALL RANKING

### Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally *2014 Update* The Commonwealth Fund

#### COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

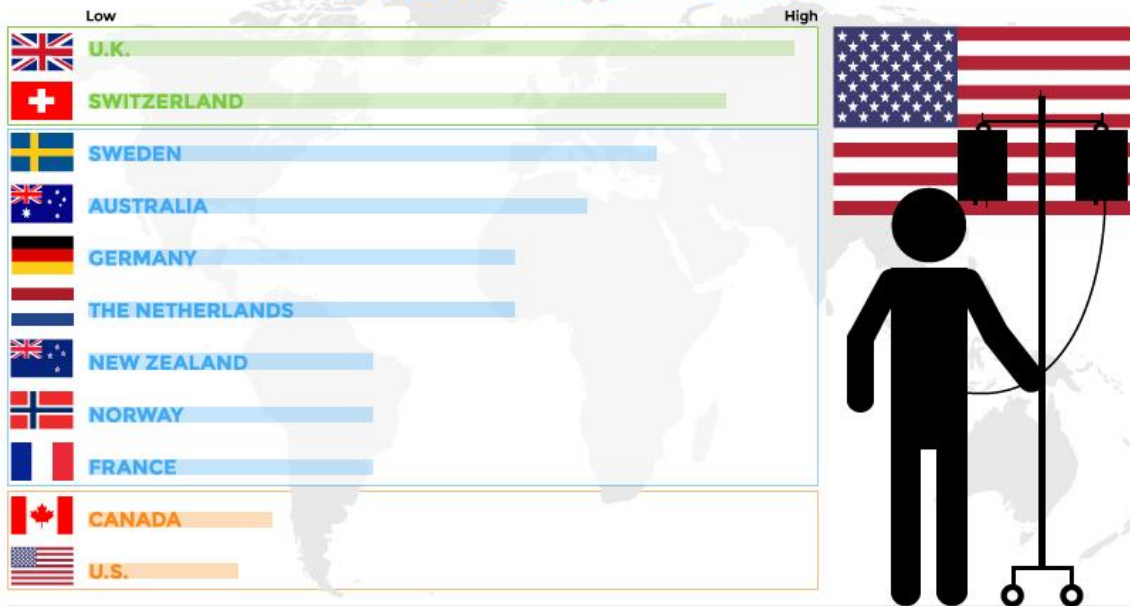
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

## U.S. HEALTH CARE RANKS LAST AMONG WEALTHY COUNTRIES

A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

Yes!

### Overall Health Care Ranking



Source: K. Davis, K. Stremikis, D. Squires, and C. Schoen, *Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally*, 2014 Update, The Commonwealth Fund, June 2014.



The  
COMMONWEALTH  
FUND



# Quality of Healthcare

## Healthcare – UK compared to other countries

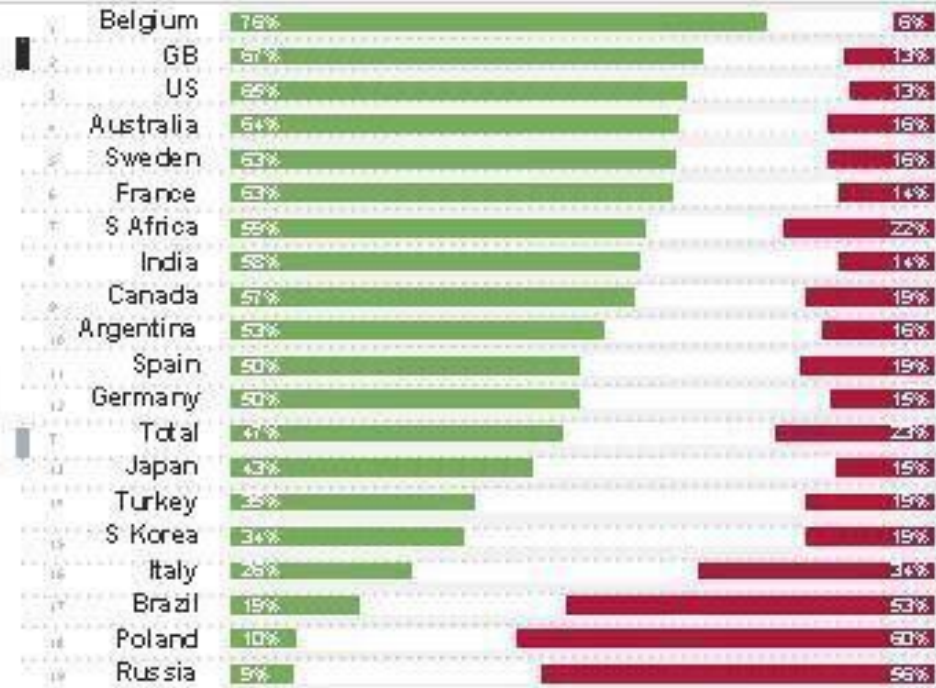
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### The Global Trends Survey

Q:

How would you rate the quality of healthcare that you and your family have access to in... ?  
By healthcare we include doctors, specialist physicians such as surgeons, hospitals, tests for diagnosis and drugs to treat various ailments.

Key



Base: 16,039 adults across 20 countries (1,000 GB), online, 3-17 Sept 2013

Ipsos MORI

Social Research Institute

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# Cost effective?



Conclusions: In cost-effective terms, i.e. economic input versus clinical output, the USA healthcare system was one of the least cost-effective in reducing mortality rates whereas **the UK was one of the most cost effective over the period [1979 – 2005].**

Comparing the USA, UK and 17 Western countries' efficiency and effectiveness in reducing mortality.

Journal of the Royal Society of Medicine; Short Reports, 2(8), 2011

# The value of primary care

**INTERNATIONAL COMPARISONS** International comparisons between industrialized countries suggest that the populations of countries with higher ratings of “primary care orientation” experience better health outcomes and incur lower health care costs than the populations of countries with lower degrees of primary care orientation.



Primary Care: A Critical Review Of The Evidence On  
Quality And Costs Of Health Care *Health Affairs*, May  
2010

So we are good....what do the  
maturing markets need?



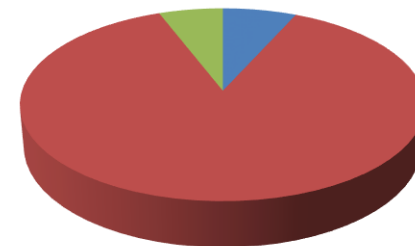
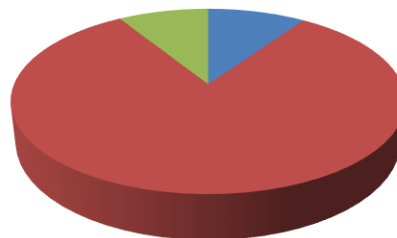
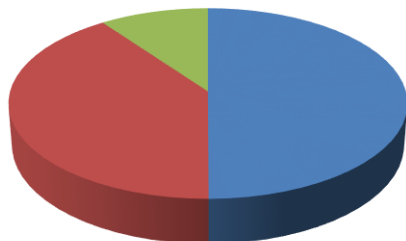
# Burden of Disease

Low Income Countries

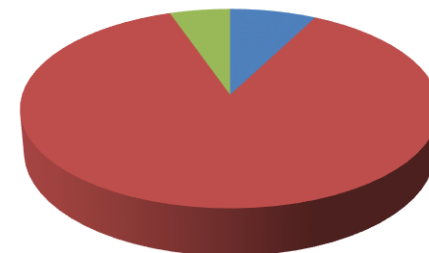
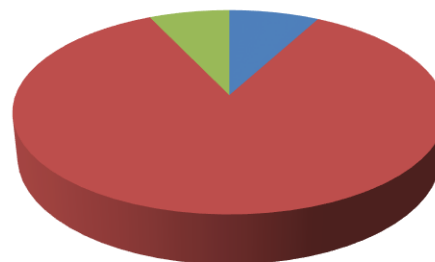
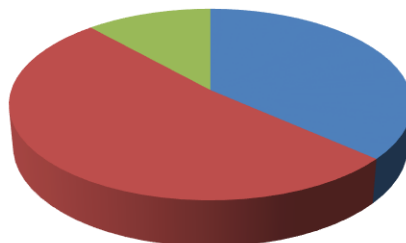
Upper Middle Income Countries

High Income Countries

2015



2030



**Non-communicable disease**



**Communicable disease**



**Injuries**

Source: WHO Projections of mortality and causes of death, 2015 and 2030

[http://www.who.int/healthinfo/global\\_burden\\_disease/projections/en/](http://www.who.int/healthinfo/global_burden_disease/projections/en/)

## How are the emerging economies responding?

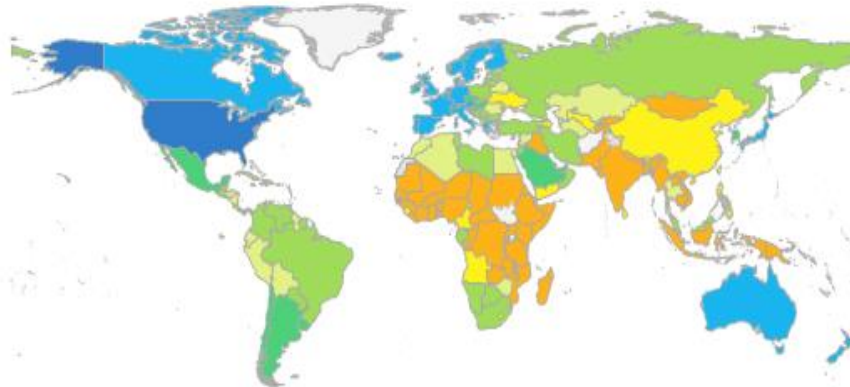


- New hospitals
- Primary care
- Polyclinics
- Elderly care
- Public Health programmes
- Mobile care
- Telehealth
- Training and research
- Huge investment & PPP

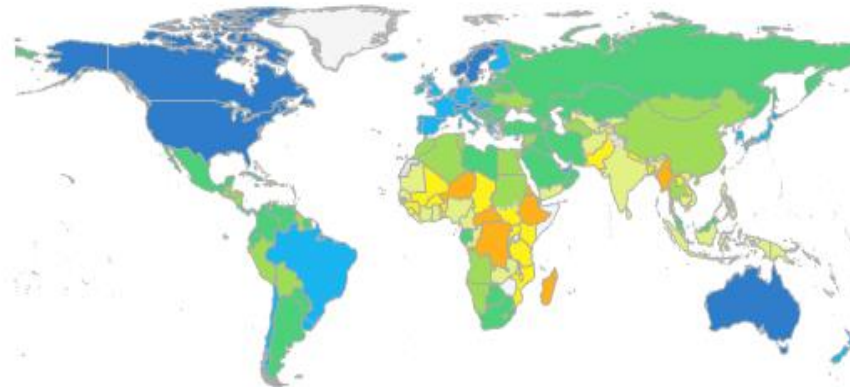


# Increasing Spend

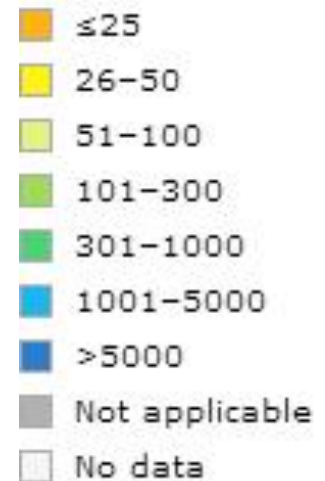
2001



2011



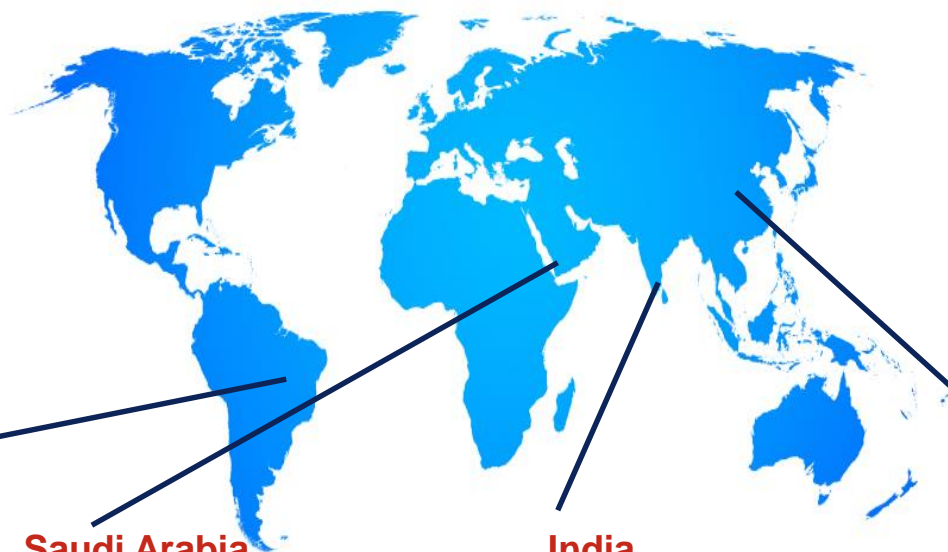
Per capita  
expenditure  
\$US



Global	2001	2011
Per capita spend \$	602	1027
% GDP	8.5	10.1

Source: WHO Per capita total expenditure on health at average exchange rate (US\$)  
[http://www.who.int/gho/health\\_financing/per\\_capita\\_expenditure/en/](http://www.who.int/gho/health_financing/per_capita_expenditure/en/)

# Increasing Spend 2



## Brazil

**\$220bn**

spent on healthcare in  
2011

**200%**

increase in expenditure  
since 1995

## Saudi Arabia

**\$73bn**

allocated to healthcare  
investment 2010-2014

**750**

primary healthcare centres  
planned

## India

**\$150bn**

forecasted spend on  
healthcare 2017

**2.6m**

more trained healthcare  
workers required

## China

**\$1tr**

forecast spend on  
healthcare in 2020

**100%**

of Chinese citizens will  
have access to healthcare  
by 2020

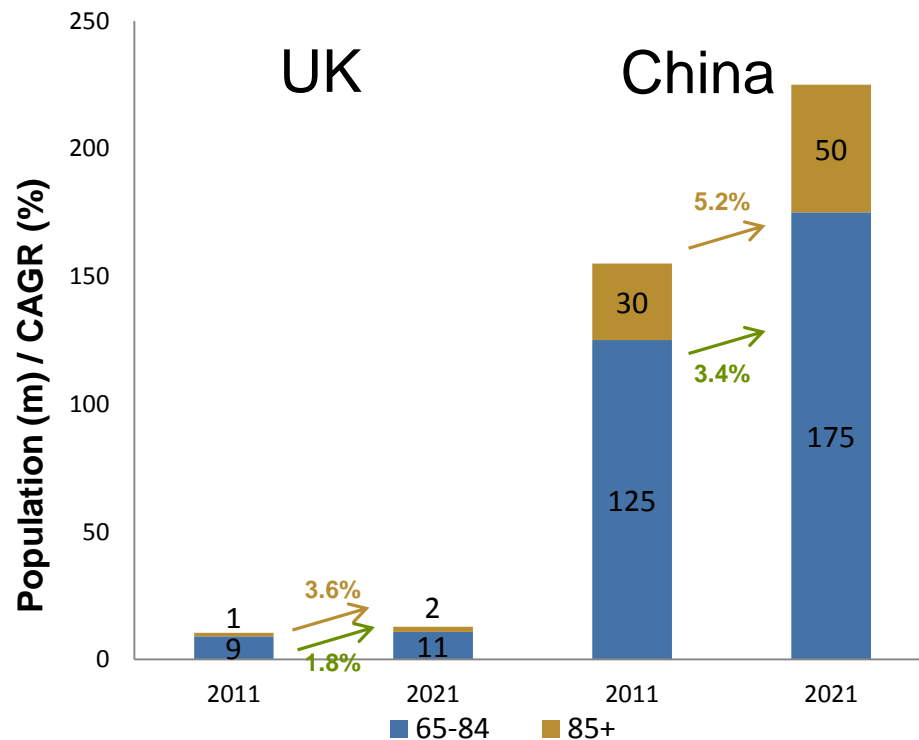


## China's Older Population: Large and growing quickly

Over 60s: 14.3% in 2012

→ 400m in 2034

1/3 in 2050 →



*“Over the next two decades, the rate of ageing in China will be at its fastest and social stability and senior housing will remain key topics of focus”*  
(CBRE)

Source: Four Seasons, 2013



## Elderly Health Needs

Physical health limitations	
Poor general health	31.8%
Some kind of disability	38.1%
Assistance needed for basic daily activities	23.8%
Some area of bodily pain	33.4%
Hypertension	54.0%
Source: CHARLS survey, Zhao et al, 2013:18	

= 44 m need daily help  
= 61 m experience pain  
= 100 m with hypertension

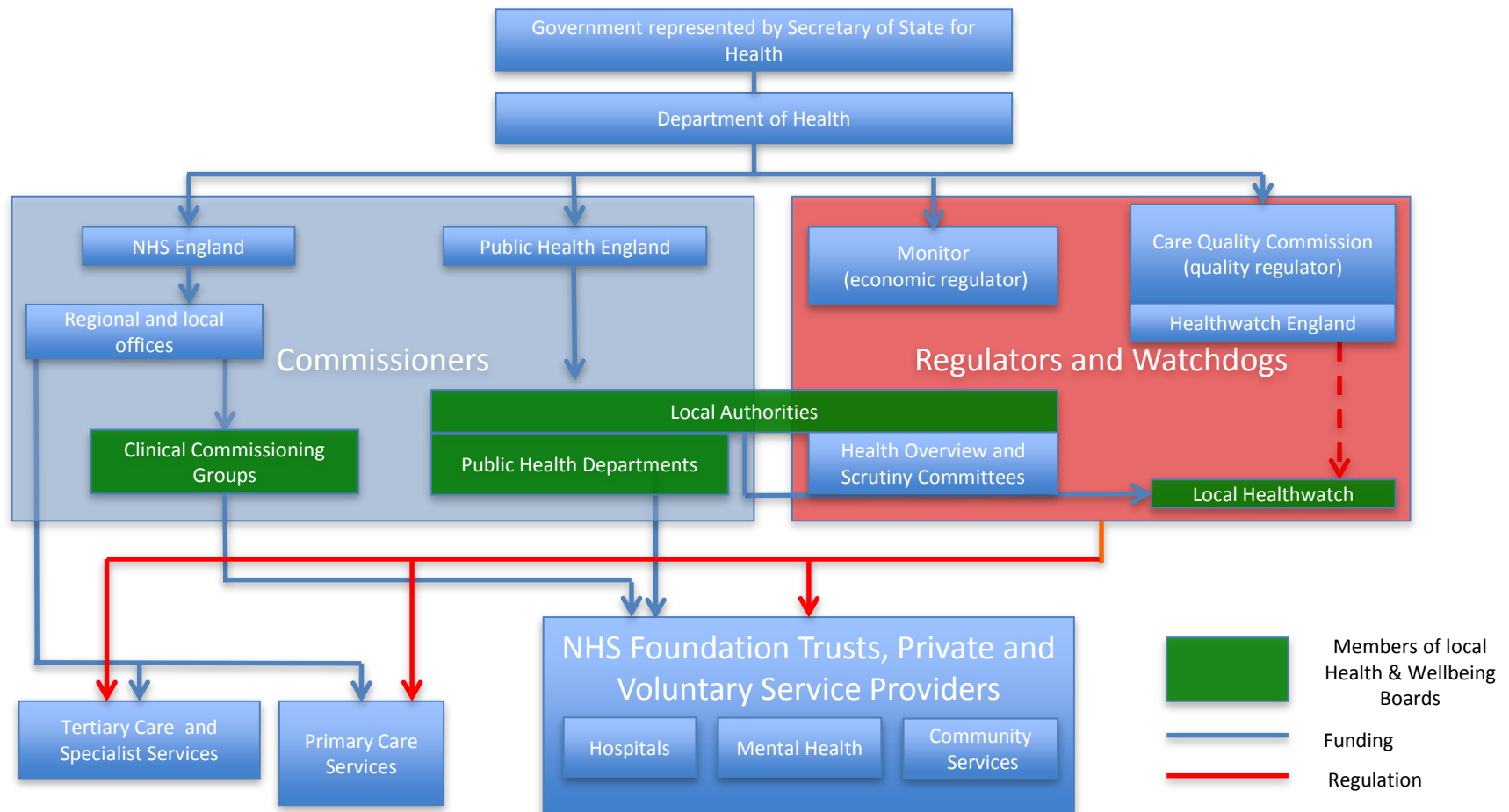
- Women are in poorer health on all

measures  
Health issues “grow” with age:

- 14% of 60+ partly disabled
- 6% of 60+ fully disabled
- 50% of 80+ need help

(Source: CBRE)

# What have we got to offer?



## The NHS offer (2): a public system with many partners



Public Health  
England





UK Trade  
& Investment



Department  
of Health

**NHS**

**HealthcareUK**

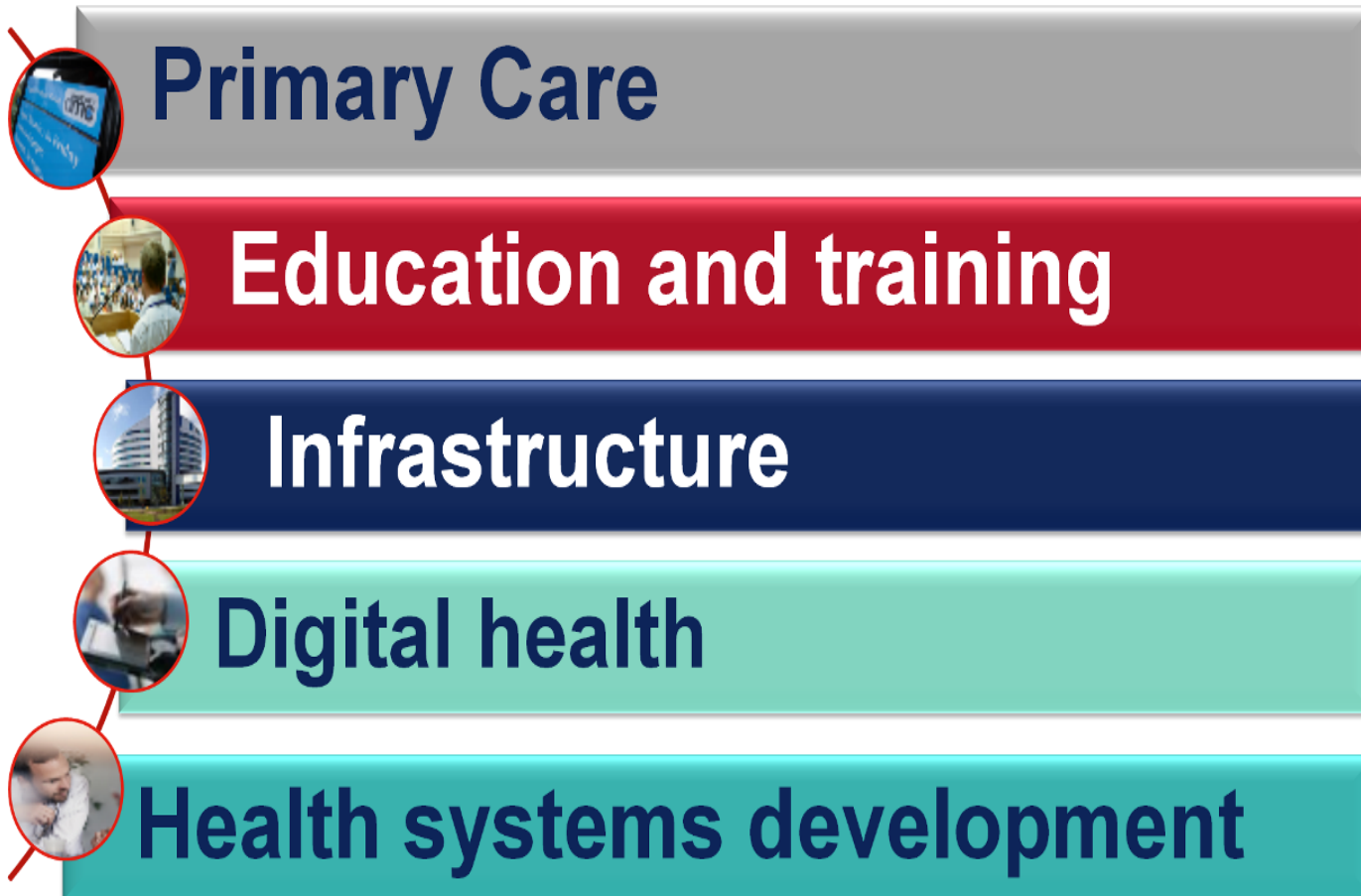
# What have we got to offer (3)?



**108 Innovations**



## Healthcare UK: taking UK expertise to the world



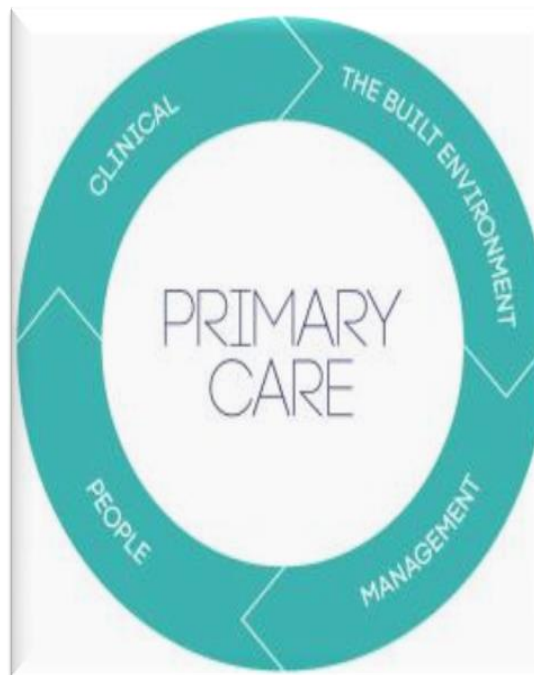


## Countries around the world are interested in the UK model of primary care

**accessible**

**integrated**

**sustainable**



**multi-disciplinary**

**cost-effective**

**evidence-based**



# UK education and training in numbers

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of the world's top 10 universities:

**4** Oxford, Cambridge, Imperial College London, University College London

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**31** medical schools

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**70** universities providing nurse education

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**80** universities offering training for allied health professionals

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**26** universities offer a 4 year master of pharmacy course

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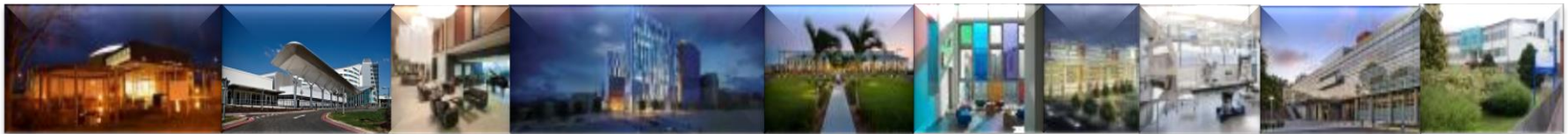
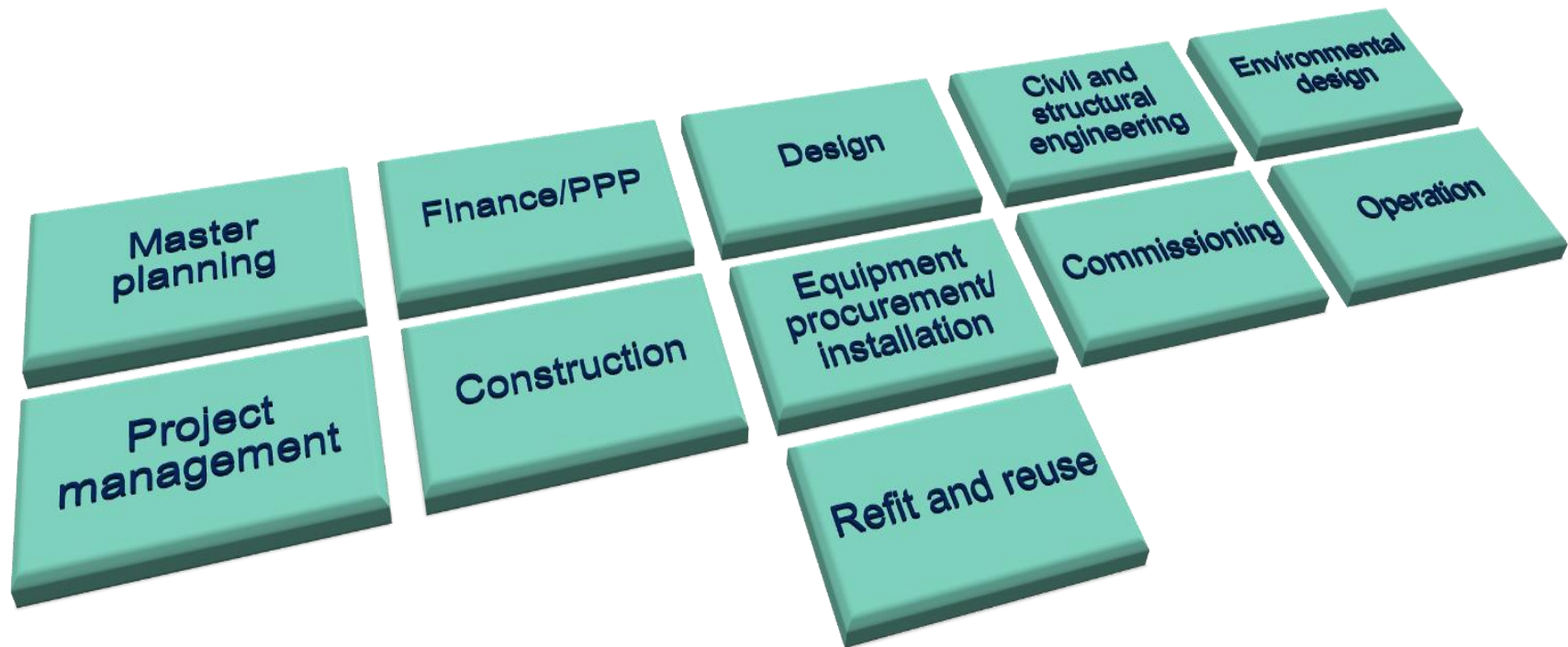
**140** universities and colleges offer health management courses

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## UK companies are delivering infrastructure projects throughout the world





# The UK is in the vanguard of digital health applications



**Telehealth** **Telecare** **Telemedicine** **mHealth** **eHealth**

# UK organisations offer extensive capability in health system development

High impact changes

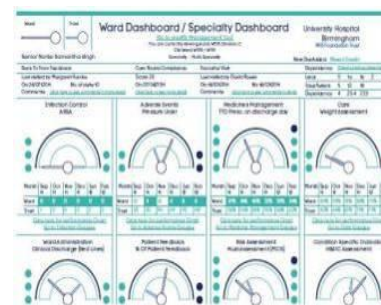
Performance improvement

Clinical services re-design

Regulation & accreditation

Workforce & skills upgrading

Whole systems review



## Overseas events provide the opportunity to develop business

Date	Country	Event
23 February	India	India mission led by Una O'Brien
27 February	UK	Visit by Mr Chen, Chinese Vice Minister of Health
1 March	UK	NHS Innovation Expo, Manchester
19 March	Saudi	Saudi Joint Ministerial Committee, Riyadh
17 – 19 March	UK	UK/Brazil Health Week in London
22 March	Hong Kong	GREAT Week, Hong Kong
30 March	UK	China Railway Company visit
7-8 May	Hong Kong	Hospital Authority Convention, Hong Kong
19-21 May	Saudi	Saudi Health, Riyadh
20-23 May	Brazil	Hospitalar, Brazil
22 May	Turkey	GREAT Festival
21 June	China	Hospital Build, Nanjing
June/July	UK	International Festival of Business, Liverpool
1 Aug	China	China Health Forum, Beijing

## Ken Clarke Trade Mission to China



- **Top level engagement from Governments and organisations in Beijing, four other cities and Zhejiang province**
- **Positive press in UK and China (audience of 10m+)**
- **Reached 400 project owners, policy makers, investors, key decision makers**
- **40 leads and opportunities identified and being actively followed up**
- **Four major developments/investors**
- **Many smaller opportunities with hospitals, operators, IT partners**
- **MoUs signed e.g. BT/Ningxia, Healthcare UK/Zhejiang Digital Health, TPP/Nanjing Health Bureau, Healthcare UK/China Science and Merchants Capital Management**



UK Trade  
& Investment



Department  
of Health

**NHS**

**HealthcareUK**

# Working with Healthcare UK

Healthcare UK specialists  
& International Trade  
Advisers

Commercial Officers in the  
British Embassy and Consulates

[www.ukti.gov.uk/healthcareuk](http://www.ukti.gov.uk/healthcareuk)





## Issues for these markets

- Working with state agencies is highly complex; easier with commercial businesses
- Public sector services have to be low cost/vfm
- The picture of what is needed is still developing: the concept and the offer can help shape this
- Larger organisations with a good home and overseas reputation are favoured NB Partnerships with the NHS
- Designing, securing and retaining a suitable workforce e.g. care staff (low status job) and primary care doctors
- Including traditional medicine and cultural preferences within the offer
- Making a return on investment in marketing and projects
- Competition from Europe, North America and Australasia

# The Prize

- UK reputation and soft power
- Learning and innovation
- Income for the NHS and the UK

HealthcareUK

01 Overview:  
working in partnership



Target	2013/14	2014/15 (TBC)
Business Wins £m (actual)	350 (556)	500
Opportunities £bn	1.5 (10.8)	3
Service Deliveries	300 (612)	600

# INSIGHTS INTO HEALTH

David Relph



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# Bristol Health Partners

## Health in the City

Some reflections on how the NHS is changing in a major city's NHS structure. Challenges and successes.

June 2014

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*Avon and Wiltshire Mental Health Partnership NHS Trust  
Bristol Clinical Commissioning Group  
North Bristol NHS Trust  
North Somerset Clinical Commissioning Group  
South Gloucestershire Clinical Commissioning Group  
University Hospitals Bristol NHS Foundation Trust*

# BHP Mission

Our mission is to generate significant health gain and improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education.

*System leadership and a joint sense of purpose are the key challenges.*

# Successes...mainly tactical

- The day to day experience of care is on the whole very good.
- Reasonable record of delivering service changes – transfers or opening of new facilities like Southmead.
- Taking cost out of service provision on a consistent basis – not yet at the expense of major quality reductions.
- People are doing a great job in increasingly difficult circumstances.

# Challenges...mainly operational

- Struggling to deal with operational challenges that don't sit neatly in our new structures – urgent care.
- Understand the demographics but most of our thinking is about how we deliver the same type of services with higher level of demand.
- Our approach to technology is closed and proprietary where it needs to be open and collaborative and we have yet to grasp the potential of technology to promote access.
- We struggle to promote innovation.
- Data is a hugely underutilised resource.

# And at the strategic level...

The (desired) direction of travel of the health system is commonly articulated and there appears to be a high degree of consensus around it...

...but a record of major change to the way we allocate resources is poor. Why?

- We have yet to engage the public in this discussion in a real way.
- Lack of a system forum, legitimised to agree and drive change.
- Gap between language and behaviour.
- Lack of a common and explicit 'theory of value'.

# Summary

- Where they are successes they are mainly tactical ones.
- Operational challenges often lack a coherent system response.
- Technology, data and access are full of undiscovered opportunity.
- We struggle to get people – citizens – truly involved.
- At the strategic level our (often unstated) conceptual frameworks are trapping us.
- System leadership and a joint sense of purpose are the key challenges.

# Commonwealth Fund June 2014

## COUNTRY RANKINGS

Top 2\*

Middle

Bottom 2\*



AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

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Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

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Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund National Scorecard 2011; World Health Organization; and Organization for Economic Cooperation and Development, OECD Health Data, 2013 (Paris: OECD, Nov. 2013).

# **Bristol Health Partners**

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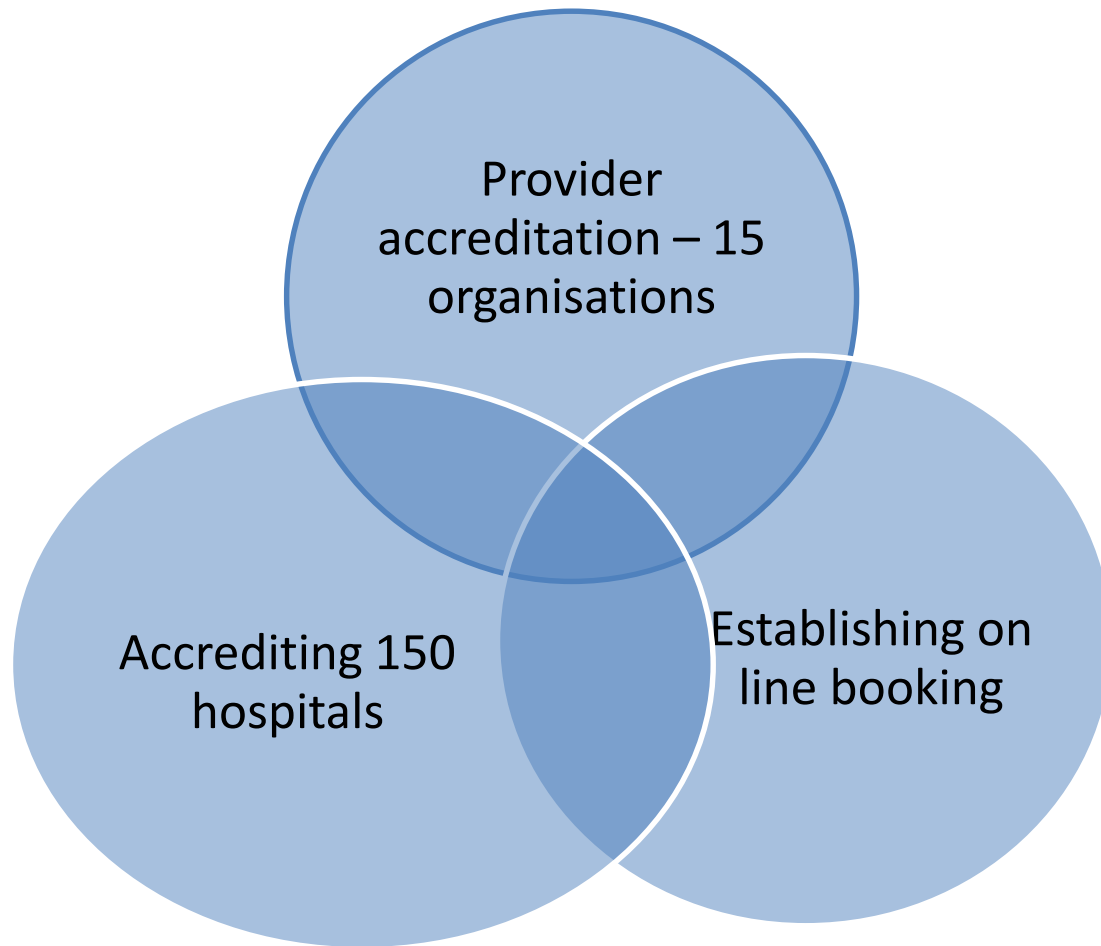
# UK Healthcare Case Study

Making patient choice a reality for  
elective surgery

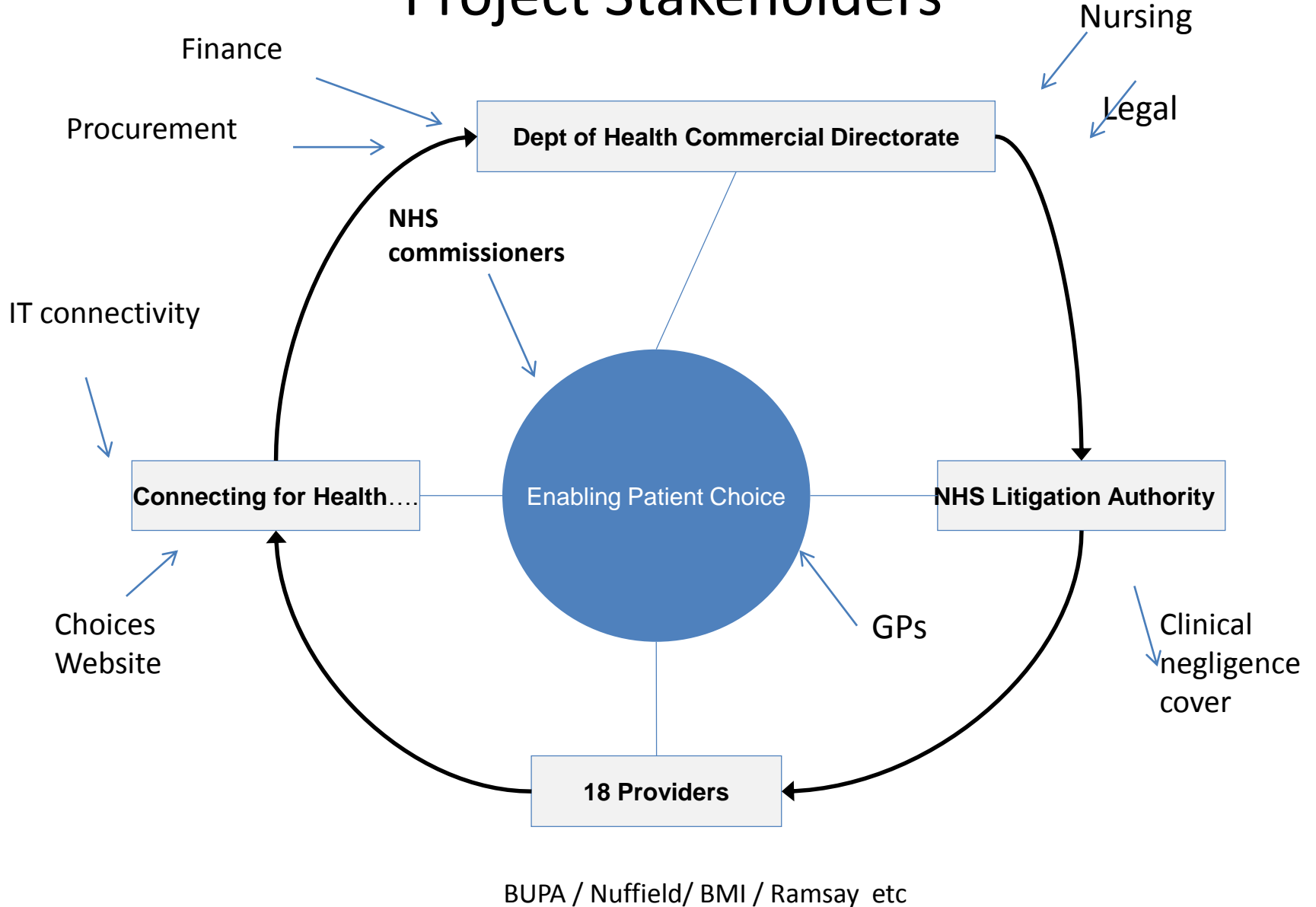
# Background

- Government policy to offer choice of hospital provider for elective (non urgent )surgery.
- Procurement competition to offer access to NHS patients to Private providers at NHS tariff
- Framework contract established for 15 Private Providers
- Mobilisation of contract to enable GPs to offer 'patient choice'

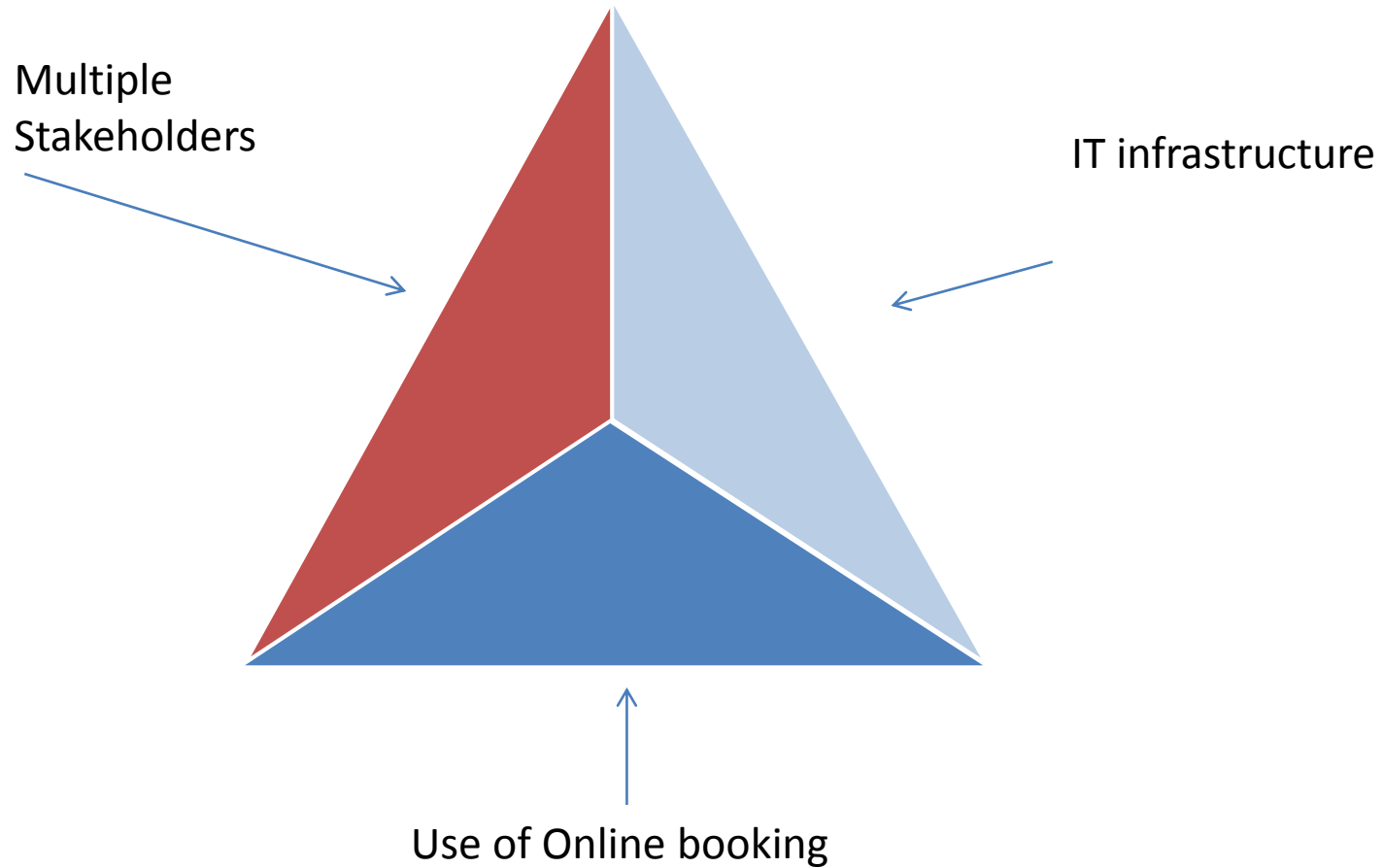
# Providing patient choice



# Project Stakeholders



# Key Challenges



# Case Study – Patient Choice

**Concept:** Provide a wider choice of hospitals for Patients requiring NHS elective surgery (eg; Orthopaedics)

**Delivery** – 11 Provider organisations / 150 private hospitals across England providing elective surgery at the same price to the Taxpayer as the NHS hospital.



# Case Study – Patient Choice

**Mechanism:** Framework contract with providers measured against range of criteria including Clinical standards, Financial robustness, IT infrastructure.

**Access to treatment:** Through NHS Choices providing information & through GP referral / Choose & Book system







Enter a search term

- Health A-Z
- Live Well
- Care and support
- Health news
- Services near you

Welcome to NHS Choices. Customise this page from the button to the right, or [leave feedback](#)



## The NHS vaccination schedule

Here's a checklist of the vaccines that are routinely offered to everyone in the UK for free on the NHS

[Check out when to get vaccinations](#)



▼ **Health A-Z**

**Conditions and treatments**

- Hip replacement
- Breast cancer
- Self-harm
- Diabetes
- Norovirus



▼ **Services near you**

**Urgent** Hospitals GPs Dentists

Enter a location below to find **urgent care** services

▼ **Care and support**

Find and compare care homes and care at home services

**Find out about social care**

Get information and advice on social care and find services in your area



Search results - shortlist - x

www.nhs.uk/Service-Search/Hospital/Solihull/Shortlist/5/-1.778/52.412/7/19337?shortlist=18401%2C41581%2C18466%2C

Apps

BBC SPORT

Aston Villa Home

Welcome, David! Lin...

Edgbaston.com - H...

Sky Sports Sport News

Business Banking fr...

NatWest Personal b...

Leicester City Welco...

Google

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Translate

Log in or create an account

NHS

choices

Your health, your choices

Q

Enter a search term

Search

Health A-Z

Live Well

Care and support

Health news

Services near you

◀

Add more organisations

or

start new search

Your shortlist

Email

Print

Export

3 organisations | [See results on a map](#)

Topics	Key Facts	NHS Choices users rating	Number of operations	How long people stayed in hospital	Mortality rate for hip replacements	Rate of unplanned readmissions to hospital	Levels of surgical site infections
Sort by	Nearest						
<div>Update results</div>							
<div>Spire Parkway Hospital</div> <div>Tel: * 0845 850 1451</div> <div>1 Damson Parkway</div> <div>Solihull</div> <div>West Midlands</div> <div>B91 2PP</div> <div>0.90 miles away   <a href="#">Get directions</a></div> <div><div>P</div><div></div><div></div></div>		<div>★★★★★</div> <div>No ratings yet</div> <div>Rate it yourself</div>	110	4.5	n/a	n/a	n/a
		Hip replacement procedures	days	Data not available	Data not available	Data not available	
<div>Heartlands Hospital</div>							

- Find a Spire Hospital
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  - Our commitment to looking after you
  - Our Patient Testimonials
  - Prices
  - How can I access Spire?
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  - Using your Private Medical Insurance
  - Paying for treatment
  - Coming into hospital
  - NHS patients**
  - International patients
  - Our Healthcare Standards
  - Patient feedback and complaints
  - Health News
- Our Treatments
- GP Connect
- Jobs
- Contact Us
- Spire Cosmetic Surgery

Home > Patient Information > Here

# NHS Treatment in Spire Hospitals

Why Spire for NHS? | Coming in for NHS treatment | Frequently asked questions | Information for GPs and practice staff | Where can I be treated? | NHS contact details | MRSA Screening |

**Prompt, high-quality treatment is a priority for any patient and now Spire Healthcare can offer NHS patients within England and Northern Ireland more choice.**

Spire Healthcare delivers services on behalf of the NHS – so you can now receive your medical treatment in one of our hospitals.

'Choose and Book' is an NHS scheme that allows patients in England and Northern Ireland to choose the hospital for their treatment, and book an appointment on a date and time that suits them. For each hospital a specific list of treatments is covered by the scheme.

When your GP decides that you should see a specialist or have a diagnostic test, they will tell you if this is covered by Choose and Book. If it is, you will be able to choose where you are treated from a list of hospitals or clinics in your area, including independent hospitals. At this stage you may choose to be treated at a Spire Healthcare hospital, provided that it offers the services you require and has the space available.

At present the Choose and Book scheme does not cover NHS patients in Scotland or Wales. **To find out if you can have your NHS treatment at Spire Healthcare, simply speak to your GP.**

[Further information on NHS choices can be found at the Choose and Book website](#)

[For those with a unique booking reference number, access to the Choose and Book comparison screen is available via the HealthSpace website](#)

Ask your GP how to receive your NHS treatment in a clean, modern Spire hospital

CONTACT TREATMENTS CONSULTANTS

Enquire Request a call back

## Let us help you

fill out this form and we will get back to you:

Type of enquiry

Please enter detail

Please select a hospital

Nearest my postcode

Title

Please enter firstname

Please enter surname

Please enter postcode

Please enter email

Please enter phone number

☐ We would like to keep you informed of Spire services. If you do not consent, please tick here.



**choose and book**

**Patients**

**NHS Staff**

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**Patients**

What is Choose and Book?

Choosing your hospital

Waiting times

Information security

Patient experiences of Choose and Book

Contact the Appointments Line

Frequently asked questions

NHS Staff

Frequently Asked Questions

Contact us

Site map

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## **Book your appointment**

Book, change or cancel your appointment online now. Alternatively you can book by calling 0345 60 88888. This is open every day of the year except Christmas day.



## **What is Choose and Book**

What are the benefits of Choose and Book?



## **Help using Choose and Book**

Instructions on how to use the online booking system



NHS patients - Choose & Book



**Choose and Book**  
services now available  
at BMI Healthcare

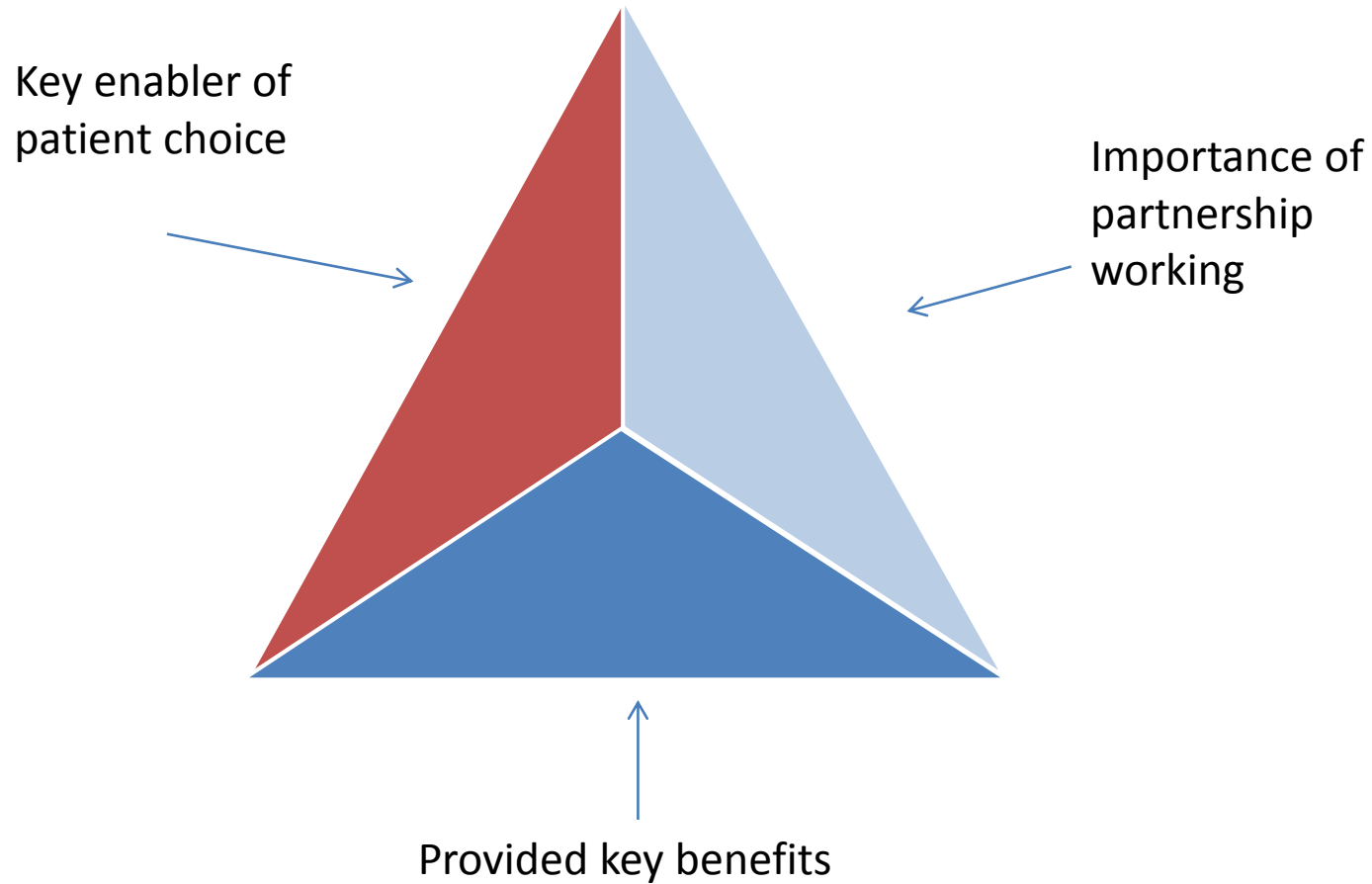
## NHS Choose & Book Clinics

- Adult podiatric surgery
- Adult shoulder & elbow
- Adult foot & ankle
- Adult hernia repair
- Adult gynaecology
- Adult knee
- Adult hip
- Adult colorectal
- Adult hand & wrist
- Adult gastroscopy

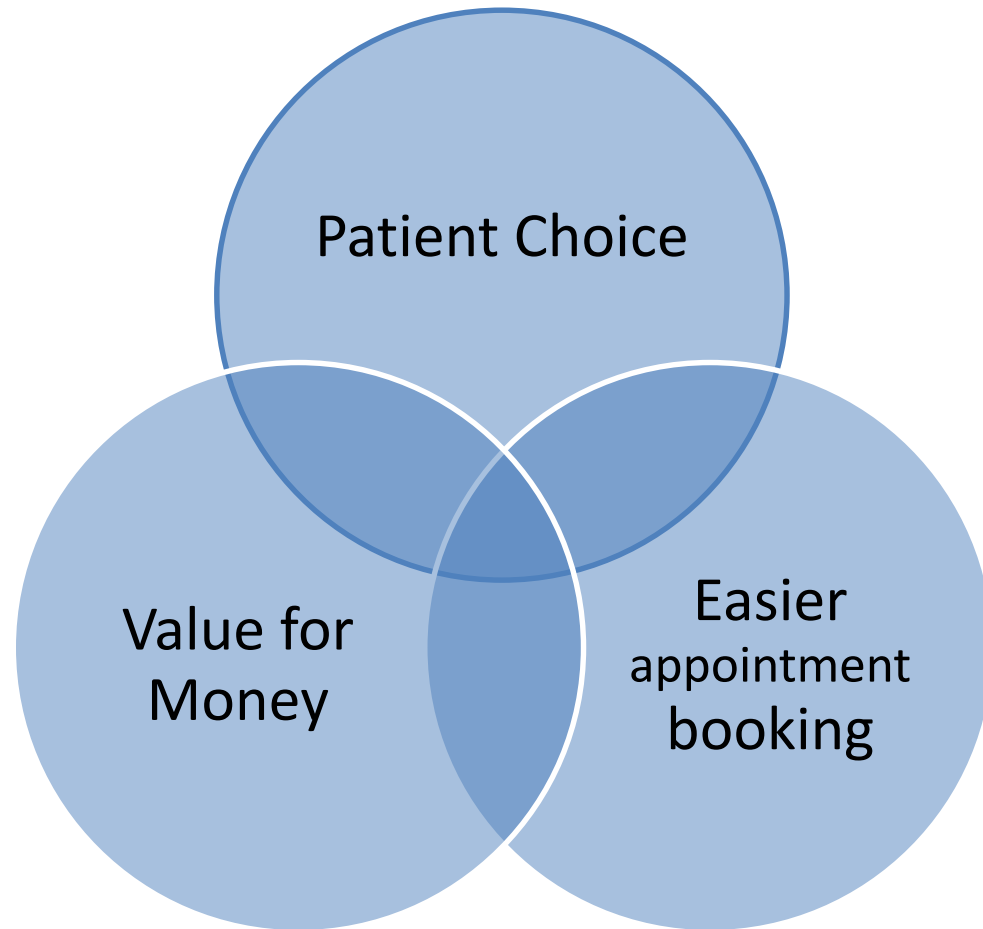


Healthcare

# Conclusions



# Benefits





# INSIGHTS INTO HEALTH

The Globalisation of Health

June 25th 2014 London Event



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# INSIGHTS INTO HEALTH

Jonathan Palmer



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