Leadership in Health Services

The Medical Motorway: improving the quality of care in the context of an ageing population

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Abstract

Purpose – The purpose of this article is to improve quality in health care.

Design/methodology/approach – This article developed the concepts of the health-care services in the form of a Medical Motorway.

Findings – Different conceptual approaches to providing efficiency of services whilst improving quality of patient care in the context of an ageing population are presented.

Originality/Value – Personal viewpoint.

Keywords Health care, Quality management, National health service, Patient care, Health leadership initiatives, Management

Paper type Viewpoint

With a quarter of the UK's population aged over 65 years old, the needs of the population and expectations of health care are greater than ever (Royal College of Physicians, 2012). The National Health Service is constantly battling to achieve a balance between services and demand whilst attempting to ensure that high-quality health care is provided for all patients. However, alongside the £20-billion Nicholson challenge, there is an escalating pressure to maximise efficiency with limited funding (The King's Fund, 2013).

The elderly cohort represented the highest proportion of the total 48.2 million hospital-bed days reported between 2012-2013 (Hospital Episode Statistics, 2013). In the context of an ageing population, the increasing care demands on a limited capacity often create "bottlenecks" which slow down the system. It is easier to think of the problem using a "Medical Motorway" analogy. The standard health care pathway can be illustrated by traffic (patients) on a multiple carriageway (local and primary care facilities) which filters down to a single lane (hospital services). The limited capacity cannot cater for the demand, which leads to traffic jams and inefficient delays corresponding to increased length of hospital stays.

The first solution could be to reduce the flow of the traffic, i.e. the number of patients. With an increasing ageing demographic, there is a high prevalence of lifestyle illnesses, chronic diseases and co-morbidities. Patients over 85 years of age spend on average eight days longer in hospital as compared to patients under 65 years of age (Royal College of Physicians, 2012). Shifting the focus from intervention to prevention is an important strategy to reduce long-term costs. In the same way that cars have an annual Ministry Of Transport test, regular patient check-ups should be promoted as a strategy to keep patients healthy. This could utilise multidisciplinary teams in the community and patient education on self-care, for example, to address modifiable risk factors. The

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prevention paradigm will ultimately aim to reduce the number of patients requiring health care.

Also, what would we do without traffic updates or satellite navigation? If we provided more up-to-date information and signposting, patients could be directed to available local and primary care services, highlighting quicker patient-centred routes. In 2013, IPSOS MORI found that approximately 90 per cent of patients aged above 65 years old believed their general practitioner (GP) was best positioned to understand their needs (IPSOS MORI Social Research Institute, 2014). Offering more services in primary care could minimise the demand for hospital visits, such as short stay bays at GP surgeries for minor procedures. In addition, greater integration of "intermediate care", as a supportive bridge between hospitals to homes, could reduce prolonged or unnecessary in-patient stays (NHS Benchmarking Network, 2014). This would minimise interaction at the hospital interface and avoid traffic hotspots on the hospital pathway.

In the "High Quality Care For All" review, Lord Darzi highlighted that empowering patients can improve the quality of care (Department of Health, 2008). Technology is being increasingly incorporated into health surveillance but do not be fooled into thinking it is not "app"-licable to the elderly generation. Medical advice is often more accessible to the elderly via technology from the comfort of their own home, for example, emails or video consultations with hospital physicians and GPs. If patients received what they needed at home, they would not necessarily need to use the "Medical Motorway" at all.

Patient safety is paramount to high-quality care. By monitoring the performance and ensuring that the hospitals meet safety requirements, the Care Quality Commission is effectively the road safety patrol. The Francis report recommends educating the workforce and conducting regular audits to minimise errors and improve outcomes (The Mid Staffordshire NHS Foundation Trust, 2013). It is similar to the meticulously trained mechanics in rapid Formula 1 pit stops. They know their specific roles, how they fit within the team and the high standard to which they need to perform their tasks. What if we developed a geriatric pit-stop team working with a shared checklist? Applying this tightly controlled format could result in high-quality care, as well as efficient and safe discharge of patients.

The struggle to reduce lengths of hospital stays whilst improving quality in health care in an ageing population is often impeded by bureaucracy and organisation limitations. Revving up a few more gears, perhaps if we tried a complete process redesign of the "Medical Motorway", then we could develop a system perfectly in-line with the current socio-economic context. Mirroring the words of Robert Frost, what if we took the road less travelled by […] would that make all the difference? (Frost, 1920).

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