Innovating patient care

As HCPs and healthcare systems alike strive to provide optimal patient care while managing in an environment that continues to be cost-constrained there is still room to further innovate patient care.

Over the last decade or so, pharmaceutical companies and others in the healthcare sector have looked to contribute to a general drive towards innovation in patient care: as a result, a variety of cross-organisational initiatives, focused on improving the patient pathway through service redesign and new models of care, have arisen.

It is increasingly recognised that such collaboration is key to achieving long-lasting solutions in term of improved patient care and services, but this has not always been easy in the UK. "Successive attempts by the NHS to create an environment where this can happen have failed," argues Paul Gaudin, advisor to Professor Tony Young, national clinical lead for innovation at NHS England. "The technologies which needed to be used by the patient lacked a common platform and code language to allow the successful connectivity and then the actual use of the innovations by the entire clinical team and the patient."

He believes that medicine's culture - to research, validate and then implement - has created a 10-20-year gap between an innovation and an advance in actual treatment. However, as mentor for both the National Innovation Accelerator and NHS England's clinical entrepreneur programme for NHS England, Gaudin sees that public health stakeholders are more alive to new possibilities.

> **'Innovation... always requires an engaged, informed and open-minded infrastructure and people'**

"Voice pattern recognition, face recognition and artificial intelligence will allow the likes of Amazon Echo and your video GP to detect a change in your health early enough to intervene with simple OTC products or invitations for a biometric screen in your local pharmacy," he says. Add to this the prescribing of a disease management programme such as myCOPD, or a wearable to provide real-time monitoring and detection of atrial fibrillation, for example, and that "keeps us out of the GP practice and the hospital unless we have an issue".

While smartphones and wearables are certainly having an impact on self-management and changing the way in which people want to access healthcare, new technology is not at the root of all innovation. Sometimes it can come from simply adapting an existing service. Natalie Douglas, CEO of homecare specialist Healthcare at Home (HAH), believes the company's highly-skilled clinical workforce, built around nurses and occupational therapists, could be doing more with the NHS, its main customer. In particular, she thinks there is greater scope for HAH staff to identify hospital patients who could leave early to be cared for at home post-surgery. The company was a finalist in the PMEA Awards 2016 in Ventiv Health Award for Excellence in Healthcare Collaboration and Partnerships for its programme on making the case for clinical care in the home. The need for this programme suggests in itself that the case is not universally recognised - clinical homecare did not appear in the NHS' 2014 Five Year Forward View, for example. The company brought together providers, pharma, NHS pharmacists, regulators and funders to look at the issue and produced a white paper. "The NHS needs more of this type of service," insists Douglas. "We are innovators of clinical care in the home and we have to bang the drum." Getting patients out of a hospital environment and back into their own homes with appropriate care is beneficial to them, she says.

Formal structures already exist within NHS England as a means to open up improved pathways. Greater Manchester Cancer Vanguard, for instance, is a partnership between Manchester Cancer, Trafford CCG and The Christie which aims to establish a single system provider for cancer services in the region, looking at issues such as health promotion, diagnosis and care. "Far too many people have cancer diagnosed in A&E," says Rob Duncombe, director of pharmacy at The Christie. His institution is also part of a vanguard project with London hospitals the Royal Marsden and UCLH. "Tying something to the badge of Cancer Vanguard does open doors," he adds. "We have the ability to be very agile, test things at a rapid pace and break down historical NHS barriers."

The hospitals work with Amgen on a project looking at the delivery of chemotherapy away from centralised hospitals to either local hospitals, GP surgeries or patients' homes. But Duncombe insists: "We are looking for generic toolkits and outputs that can be applied to a host of situations. The combination of vanguard and pharma means we can do things quickly."

When it comes to cross-organisational working, it is worth bearing in mind that each stakeholder may be at different stages of their own development. Duncombe explains that the Christie's own in-house homecare delivery service was established last year. "So we already have a lot of off-site

delivery of medicines because of our geography," he says. "In London, that's not so fully developed, so it's logical for UCLH to take on board what we've done in Manchester but develop it with its own geography."

Biosimilars is another area that the group is looking at, with the first biosimilars in cancer becoming available in the next six to 12 months. "We have to educate patients and clinicians around their safety and efficacy," says Duncombe. "The savings associated run into hundreds of millions of pounds. If we get it right between the Christie, the Royal Marsden and UCLH, it will hopefully provide a template."

Douglas agrees the NHS is broadly willing to collaborate, but points to some pitfalls: "Outsourcing patient care to the private sector can give some clinicians a bit of heartburn."

Tim Loveridge, managing director for clinical services at Spirit Healthcare, says that all parties must share aims and agree roles in a transparent manner. The company was a finalist in the PMEA 2016 Awards (Excellence in New Models of Care) for its education programme EMPOWER, aimed at patients newly diagnosed with type 2 diabetes. Loveridge says Spirit works closely with CCGs, providers and referrers to ensure the service meets the needs of local patients and clinicians - and the courses currently have an uptake rate of 44% and a 99% 'friends and family' test score. The service comes with a dedicated admin and clinical educator team to manage the referral and booking process with a 24/7 support line, providing courses across a range of local venues and collecting quality of life and clinical outcome data before and after the course. Patients who go through EMPOWER demonstrate improvements in glycaemic control, confidence with food and exercise and quality of life, he says.

'Service redesign and new models of care can improve the patient pathway'

In 2017, Sprit is launching self-referrals into EMPOWER, a diabetes education programme for South Asian communities and a smartphone app to support people diagnosed with type 1 diabetes. The company also has a majority stake in healthcare technology company Aseptika, whose Activ8rlives brand of self-monitoring devices and services includes a wearable fitness tracker. "On the back of this, we have just launched a new weight management programme, Step-A-Weigh, provided to local authorities, recognising the importance of lifestyle interventions and behaviour change to improve health outcomes," Loveridge says.

He believes cloud-based healthcare devices and wearables can reduce hospital admissions. The Leicester TotalCare COPD service, a collaboration between Spirit, NHS Leicester City CCG, Leicestershire Partnership NHS Trust and Totally Health, showed a reduction per head from 3.03 to 1.02 per year using the Clinitouch system.

It is tempting to see these examples as representing a new age of collaboration. But Douglas insists: "We're still at the very early stages of people thinking through what will deliver better healthcare." When it comes to hospitals taking up HAH's homecare services, she adds: "Some Trusts see the advantages and benefits, and others see the complete opposite. It's done very locally and very gradually: we are still trying to convince the NHS."

Looking more broadly at innovating patient care, this is perhaps unsurprising. There are set, established ways of doing things that have been in place for a long time. Deviation from them brings an element of risk to go with the potential reward.

Failure is also something that does not sit comfortably - yet it may often be a necessary part of finding new solutions. "There is a feeling in the NHS that everything has to work," says Duncombe. "Hopefully there is a recognition that not everything we do will work. Part of the idea of the vanguard is to test stuff."

As Gaudin concludes: "Innovation in this sector doesn't necessarily require huge investment or invention. It can simply be a redesign of a system or process. However, it always requires an engaged, informed and open-minded infrastructure and people - and that is often the biggest barrier to change."

Adam Hill is a freelance writer who specialises in reports and features for the health and pharma industries