

Session 6: Health Service Quality

Progress in prioritisation in Healthcare in Guernsey

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**Custodians of
taxpayers money
given to provide a
social good**

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Scarcity

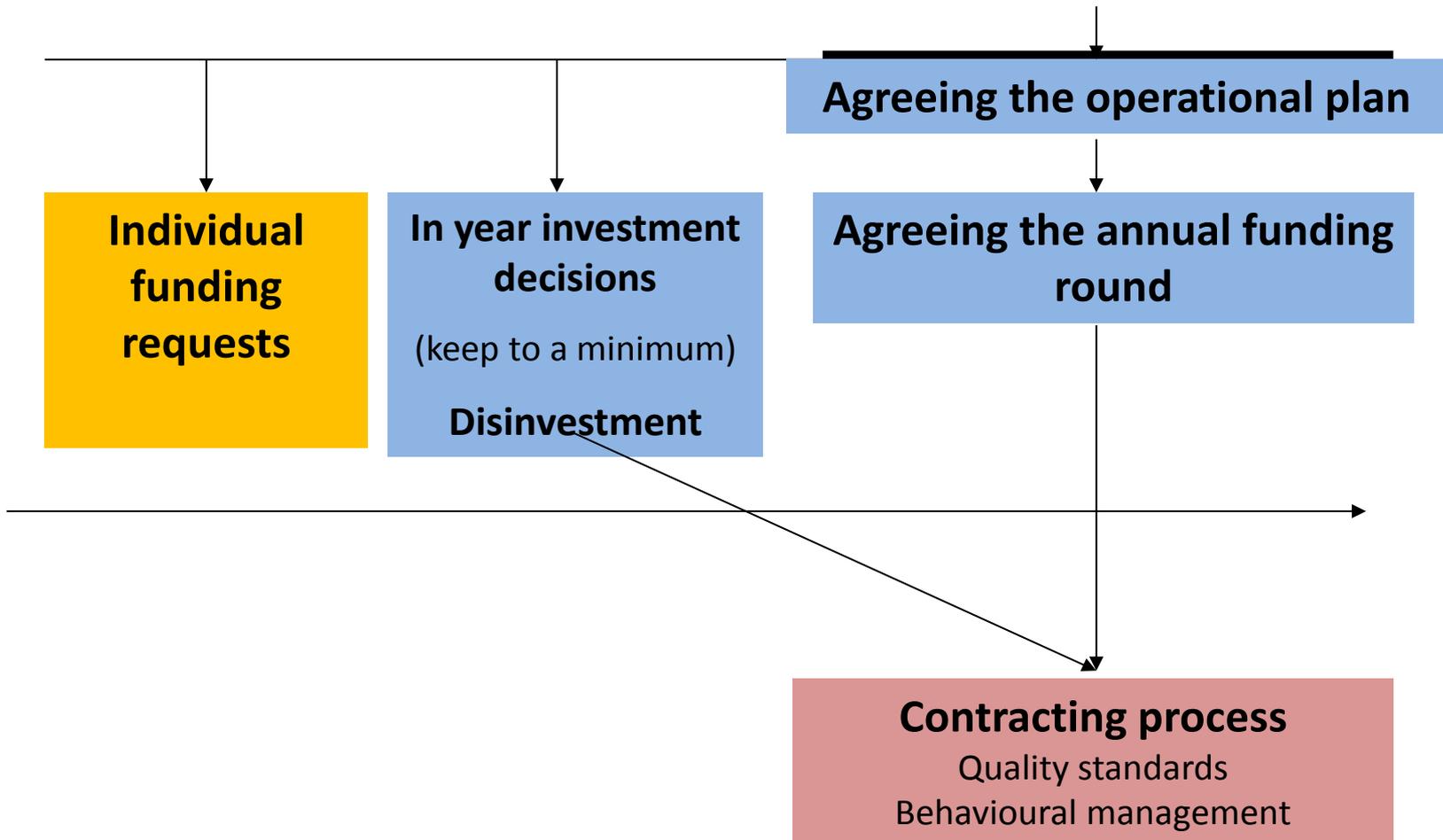
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**Responsibility for a
population's well-
being and needs**

Independent Island communities are well positioned to be leaders in priority setting:

- Single layer of decision making
- Small populations
- Politicians closer to their communities

Strategic Planning



**Individual
funding
requests**

**In year investment
decisions**
(keep to a minimum)
Disinvestment

Agreeing the operational plan

**Agreeing the annual funding
round**

Contracting process
Quality standards
Behavioural management

Ethical systems for priority setting

- Core **principles and considerations** that underpin all decisions about financial resources that are taken by the organisation
- Principles are translated to **policies** which are operated by individuals and committees of the organisation
 - Policies dealing with specific situations
 - Operational policies
- **Practices and Behaviours**. Principles and policies cannot deliver fair, transparent, rational and wise decisions if they are not applied consistently
- A **governance system** to ensure compliance and consistency.

To which the following should be added:

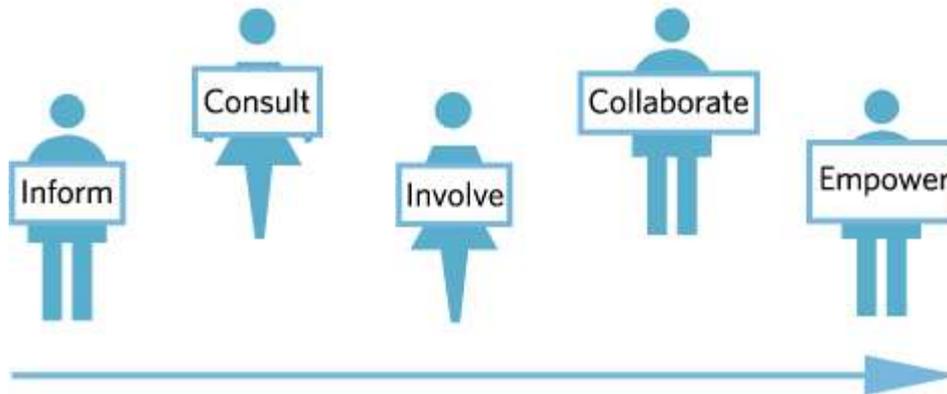
- Write good policies for individual treatments
- Train widely
- Have good contracts and use them
- Professional and public engagement

IDEAL

	1 Idea	2a Development	2b Exploration	3 Assessment	4 Long-term study
Purpose	Proof of concept	Development	Learning	Assessment	Surveillance
Numbers and types of patients	Single digit, highly selective	Few, selected	Many, may expand to mixed, broadening indication	Many, expanded indications (well defined)	All eligible
Numbers and types of surgeon	Very few, innovators	Few, innovators and some early adopters	Many, innovators, early adaptors and early majority	Many, early majority	All eligible
Output	Description	Description	Measurement, comparison	Comparison, complete information for non-RCT participants	Descriptions, audit regional variation, quality assurance, risk adjustment
Intervention	Evolving, procedure inception	Evolving, procedure development	Evolving procedure refinement, community learning	Stable	Stable
Method	Structured case reports	Prospective development studies	Research database, explanatory or feasibility RCT, disease based (diagnostic)	RCT with or without additions, modifications; alternative designs	Registry, routine database, rare case reports.
Outcomes	Proof of concept, technical achievement, disasters, dramatic successes	Mainly safety; technical and procedural success	Safety, clinical outcomes (specific and graded), short term outcomes, patient centred outcomes, feasibility outcomes	Clinical outcomes (specific and graded), middle-term and long-term outcomes, cost-effectiveness	Rare events, long-term outcomes, quality assurance
Ethical approval	Sometimes	Yes	Yes	Yes	No

Major work to be done:

- Assessment of non-drug treatments
- Service specific strategic planning
- Training
- Public engagement



- Getting contracts right on and off island

Challenges for Guernsey

- Structure of the health care system
- Imposing the discipline of annual planning and funding cycle
- Capacity (and capability) to do the ground work on service strategies and looking at individual treatments
- Board instability
- Guernsey is moving in a different direction from the UK in terms of what is it will fund
 - Don't fund cancer drugs fund
 - Don't fund end of life / innovation treatments
 - Don't fund TAGs
 - Don't even consider funding anything over £30,000 QALY and anything over £20,000/QALY unlikely to be considered
 - Don't fund many new medical devices
- Capacity (and capability) to engage the public