

## A Prudent Approach to Health: Prudent Health Principles

### 1. Summary

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The following paper sets out the Bevan Commission's final advice on the Prudent Health Principles to the Minister for Health and Social Services. The Commission recommends that:

- the Prudent Health Principles be adopted wholeheartedly across Wales;
- they underpin the work of services to ensure that all skills and resources are used, both within and outside of the NHS, to achieve the best possible outcomes for people and patients; and
- that easily accessible versions of the final Prudent Health Principles are developed to ensure that the public and professionals are able to engage fully.

### 2. Introduction

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The challenge to improve health and drive forward an excellent and fair health and social care system for Wales within an era of increasing demand, increasing inequality and severe financial restraint is considerable. This dilemma continues to exercise Welsh Government, health boards, trusts and local government. However, this is not unique to Wales, these same issues face other healthcare systems within the UK and internationally. It requires immediate collective action to ensure that we get the best outcomes for people, most fairly within the resources we have at our disposal. This will need a comprehensive understanding of what is already being achieved, where the gaps are and how we need to improve. It will also require a fundamental culture change to embed a prudent approach to health at scale and pace, not only across the health and social care systems, but also with members of the public and the media.

### 3. Prudent Healthcare

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In response to this the Bevan Commission outlined its approach and thinking through Prudent Healthcare, in its initial discussion paper entitled '*Simply Prudent Healthcare – achieving better care and value for money in Wales*'.<sup>1</sup>

In this, Prudent Healthcare is defined as ***'healthcare which is conceived, managed and delivered in a cautious and wise way characterised by forethought, vigilance and careful budgeting which achieves tangible benefits and quality outcomes for patients'***

A prudent approach to health aims to support health and well being, providing care when needed that fits the needs and circumstances of the person and actively avoids ineffective or duplicative care that is not to the patients' benefit or fair. It is about being wise and accountable with how we spend the public money we have available.

By placing greater value on patient outcomes rather than the volume of activity and procedures delivered, as we currently do, prudent healthcare aims to rebalance the NHS around the patient or population it serves. An NHS based upon prudent healthcare principles aims to ensure that patients receive the most appropriate care or treatments to achieve mutually-agreed goals, reflecting the contribution individuals and communities can make to their own health and wellbeing.

It requires healthcare and other professionals working with government to use resources effectively and efficiently, where a wasteful allocation of scarce resources is generally regarded as being unacceptable and an injustice. It also requires the public to be mindful of the way in which they use NHS resources. The NHS is free from charge but not free from obligation. Prudent healthcare requires co-production at an individual and population level where patients and the NHS each make a contribution to improve health and wellbeing.

A prudent approach to health also recognises the ethical basis for ensuring a fair and just system and the need to balance individual patient needs against broader population health gain. Addressing distributive justice and issues of relative need will not be easy, but should be fairly and openly considered.

The Bevan Commission recognises that some aspects of prudent healthcare are already evident in the working practices of every health board and NHS trust in Wales. However, the NHS must now work together to enshrine the value-based principles encouraged by prudent healthcare, within its entire system.

We must highlight, share and adopt good practice wherever we can and we must use our staff and our patients to help us identify and support the necessary

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<sup>1</sup>Available from: [www.bevancommission.org/home](http://www.bevancommission.org/home)

transformation. We should embed continual improvement and be open and prepared to change and learn from others.

Common sense principles and practices such as Programme Budgeting and Marginal Analysis (PBMA) will help to identify interventions and initiatives whose benefits are not large enough to meet the additional costs incurred. Assessing benefit proportional to need will also be required to address the widening inequality gap. Interventions not normally used (INNU), NICE evidence of ineffective treatments and new service models for improved delivery all contribute to a prudent approach to health.

The objectives for a prudent approach to health in Wales must ensure that it:

- Fits the need and circumstances of the citizen, with the citizen
- Maximises the limited skills and financial resources which can be drawn upon
- Actively avoids waste and harm
- Abandons treatment or care that brings little or no benefit
- Reduces variation, adopting evidence based medicine at scale and pace

#### **4. Developing the Principles**

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The Bevan Commission recognised the need to further assess the potential benefits brought to NHS Wales by the adoption of a prudent approach to health. As a first step in that direction it was necessary to formulate and test out a set of basic principles to underpin this approach in Wales, predicated upon the precepts articulated by Aneurin Bevan.

A set of six 'Provisional Principles' were initially developed by the Bevan Commission as outlined below and these were tested in practice in a variety of ways to ensure that all key aspects were captured most appropriately.

#### **Prudent Healthcare Provisional Principles**

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| <ol style="list-style-type: none"><li><b>1 – Equity based care, treating greatest need first</b></li><li><b>2 – Do no harm – do some measurable good</b></li><li><b>3 – Do the minimum appropriate, to achieve the desired outcomes</b></li><li><b>4 – Choose the Most Prudent Care, openly together with the patient</b></li><li><b>5 - Consistently apply evidence based medicine in practice</b></li><li><b>6 – Co create health with the public, patients and partners</b></li></ol> |
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A series of four workshops engaging clinicians, managers and patients were undertaken by 1000 Lives to try out and test these. The workshops, addressed the areas of; ENT, Pain, Orthopaedics and Prescribing. These provided useful feedback and suggestions to reducing these to the following three objectives;

- Do no harm.
- Carry out the minimum appropriate intervention.
- Promote equity between professionals and patients

Following this, further feedback was received from conferences, meetings and the ongoing wider conversations and dialogue across Wales including with Welsh Government and the Minister. This identified additional elements such as ‘only do what only you can do’ and a varying combination of the above into 5 or 7 principles.

The new Bevan Commission members have also considered this and provided their expert opinion on what they feel most appropriately captures the final key principles underpinning a prudent approach to health.

For most, providing the Right Care in the Right Place at the Right Time and by the Right Person will not be new, however, we fail to achieve this. The Bevan Commission wishes to reinforce this aspiration as an overall aim implicit within the Prudent Approach, building upon the Six Quality Domains identified by the Institute of Medicine and reinforced by 1000 Lives as follows;

- Invest only in what gives tangible benefits
- Stop doing things where there’s evidence they don’t work
- Investigate areas where evidence is not clear
- Improve quality and clinical outcomes

<b>Domains</b>	<b>Benefits</b>
Patient-centred	Improved engagement, improved personal care and less litigation and complaints
Patient safety	Less adverse results
Efficiency	Removing unnecessary processes, streamlining the system of care
Effectiveness	Undertaking interventions based upon the best available evidence
Timeliness	Reduced waiting times and queues where prioritisation is based upon need
Equity	Ensures similar outcomes for people with similar needs and different outcomes for people with different needs

Prudent Healthcare is predicated on the notion that the use of £1 or 1 hour of a person's time in one area inevitably means that they are not available for use in other areas. The benefits that would have been derived from their use in other areas (opportunity cost) would be lost or sacrificed. It is therefore essential that the limited time and funds available within health are taken account of, prioritised and channelled into activities and areas that will maximise the benefits for patients and the public as a whole.

Considerable thought has been given to the final set of Bevan Commission Principles, ensuring that all the key messages are included in as simple and clear way as is possible. The final principles have therefore combined and consolidated a number of the original ones, as well as including additional elements thought to be missing. In particular principle 4 and 6 have been combined around the concept of co-production and equal partners. Equity based care has been combined with the need to maximise all skills and resources, which takes into account the 'only do what only you can do' principle. In addition, variation in practice has been linked to transparency and consistency. The order of the principles has also been updated, starting with the need to engage the public as equal partners, through to treatment and evidence based care. This has also been reflected in the overall term 'a prudent approach to health' and referral to the principles as 'prudent health' principles not prudent 'healthcare' principles.

The feedback received has also indicated that the principles are also relevant and could be applied to other services such as housing and education. They are based upon the fundamental needs of people, not the system, the service or the professional. They will require public, organisational and professional ownership and accountability and engagement with people for whom the resources have been identified, to meet both individual and collective needs.

Principles alone will make little difference if not applied in practice at scale and pace. Everyone needs to take responsibility; the public, patients and professionals, for their adoption and application to the nature and manner of care or support received.

### **Prudent Health Principles**

- 1 - Achieve health and well being with the public, patients and professionals as equal partners through co-production.**
- 2 - Care for those with the greatest health need first, making the most effective use of all skills and resources.**
- 3 - Do only what is needed, no more, no less; and do no harm.**
- 4 - Reduce inappropriate variation using evidence based practices consistently and transparently**

## The 4 Prudent Health Principles

### **Principle 1 – Achieve health and well being with the public, patients and professionals as equal partners through co-production**

#### **Definition**

This means that when people and professionals work together as equals, responsibility to find the best solutions to improve health and well being is shared. Co-production refers to a way of working whereby decision makers and citizens, or service providers and users, work together to create and deliver services. This includes consideration of broader social, economic and cultural issues to avoid unnecessary medical and therapeutic interventions to resolve health care needs.

#### **Aim**

The aim here is to avoid illness and treatment where at all possible by working with people to help them gain greater control over their own health and well being and that of their families and friends. Professionals will need to work differently with the public helping them to make life or care and treatment choices that best suits their needs, taking account the wider social cultural and economic environment in which they live. The public will also have to play their part in protecting their health, using NHS resources wisely and helping to design and sometimes deliver the services they use.

#### **Actions**

Individuals should be supported to become partners in their own health and well being, working together with clinicians and other professionals to achieve mutually agreed outcomes. This includes preventing health problems arising as well as supporting joint decision making about the treatment or care they wish to receive and the way services are provided. Health professionals will need to work openly and transparently in a genuine partnership with people not just do things to or for them. In adopting the prudent approach to health we need to change the relationship between the citizen and the state, between professionals and the public. We need to move from education to motivation and passive acceptance to proactive engagement, using wider societal solutions to better health and to turn good intentions into actions.

The Prudent approach to health is not just about how many tests or interventions we can do. Too often, the NHS seeks to apply clinical remedies to problems that are not amenable to such an approach. This ‘medicalisation’ of social and other issues is often the result of a simple lack of availability of better alternatives; it can also be because people are not assisted to adapt and cope with problems that can never be entirely removed (supported ‘self care’). It is also about how we can work at a

community level so that we can engage local people in protecting their health and as and when necessary provide the appropriate good quality services. Addressing the underlying determinants of health using local assets to create healthier communities will be essential. The NHS will need to work much better with its partners in social care, housing, education, and others, especially those in the third sector, to make sure that appropriate alternatives are available and skills, knowledge and resources are combined to help people live with those aspects of their lives for which there is no other remedy. Resources may be relatives, friends, neighbours & friendly & professional societies which could all be of benefit to a person's health.

The Prudent approach to health provides the ethical framework for co-producing health with people. Having the right conversations and reframing the message around 'what can we do together to address the problems you have?' rather than 'what can I do for you?'. This will reinforce people's own strength and maximise their own abilities.

The NHS and its partners will need to ensure it places appropriate emphasis on addressing the underlying causes of ill health, developing new models of care, motivating and supporting people to help themselves and live healthy lives.

#### **Examples**

- NHS using experience based service co-design – planning, designing and delivering services with the people using them (e.g. mental health services)
- Adopting greater co ownership models in health and social care (e.g. NUKA)
- Community volunteering – wide range of support given across communities particularly to those who are most vulnerable and in greatest need
- Engage members of the community to maximise the uptake of immunisation and screening services and access to health and self help information
- Time banking – encourages people to give their time to support community interests which can be exchanged for other services and support
- WVS – 'Red Robin' Scheme – provides volunteer support to patients in hospitals and on discharge home
- Education for Patients Programme – structured volunteer led education programme to help patients self manage their conditions

## **Principle 2 - Care for those with the greatest health need first, making most effective use of all skills and resources**

### **Definition**

Prudent healthcare provides us with a way of matching need and resource most fairly. This includes the skills and wider assets held by patients and communities as well as by professionals. This means that care should be focused on those with the greatest and most serious health needs first and prioritised for care, treatment or targeted interventions, proportionate to need, irrespective of time or place.

### **Aim**

The intention is to ensure that we maximise all the skills and resources available to us, ensuring that they are allocated where the needs are greatest, at both individual patient and population level. It should allow us to go on preserving and promoting the fundamental Bevan principle, that it is your clinical need and nothing else that matters when it comes to deciding your treatment by the National Health Service in Wales. We currently experience a form of rationing based upon waiting times and lists which does not take account of those with the greatest need. This principle aims to achieve greater equity on the basis of need, not on time, place or targets. It also recognises the requirement to provide the best care needed at the most appropriate facility and time, with a level of expertise to maximise the best outcomes for the patient. This may mean that an individual may be best served by seeing a nurse in their local GP practice instead of a doctor at the nearest hospital.

### **Actions**

To achieve this, the NHS will need to develop an appropriate prioritisation process which targets clinical or public health interventions at those with greatest need, recognising that delay can result in a serious deterioration in health. There will be a pressing need to adjust resource allocation in community services and ensure the system of waiting times more accurately represents need and clinical priorities. Diagnostics and assessment facilities will need to be readily available to relevant health professionals to enable accurate and timely decisions relating to clinical priorities. Public health interventions also need to be targeted at specific populations to address areas of greatest need identified with communities, such as those with a high prevalence of smoking or obesity.

The principle will also demand that all people working for the NHS in Wales should operate at the top of their clinical competence. Nobody should be seen routinely by a consultant, for example, when their needs could be appropriately dealt with by an advanced nurse practitioner. With the workforce accounting for approximately 75%

of the total resources it will be necessary to review and align skills and competencies with need. Workforce planning should also include how it might best use the skills and resources of patients, volunteers and local communities themselves.

Prudent health requires prudent patients alongside prudent professionals, The NHS is there to help us in our time of need but with that comes a responsibility for us all to use its resources wisely and responsibly.

### Examples

- Targeting more vulnerable groups for health, well being or lifestyle interventions; referral management systems based upon clinical need which can help weed out referrals that may be more appropriate elsewhere
- Fast tracking ambulances ensuring that those who are most in need are prioritised.
- Appropriate referrals to relevant professionals, specialist care and treatment.
- Prioritise those in most need of treatment in primary and community care.
- Using all skills to best effect whether generalist healthcare workers, advanced nurse practitioners, GPWSI or specialists
- Appropriate use of services such as accessing pharmacists instead of GPs for self limiting minor illnesses.
- Use community assets such as community health workers, volunteers and the third sector as part of the workforce plan.

## **Principle 3 - Do only what is needed, no more, no less; and do no harm.**

### **Definition**

This means that no intervention should be carried out unless it is agreed, between the clinician and the patient, that the intervention would be better than not adopting that intervention at all. Clinicians will need to be satisfied that any treatment given is the minimum needed to achieve the most benefit for the patient, avoiding measures or interventions that may harm a person physically and/ or mentally, in the short or long term.

### **Aim**

This aims to deliver healthcare that fits the needs and circumstances of the person and actively avoids ineffective, harmful or wasteful care that is not to their benefit. This goes beyond the 'do no harm' approach to one in which an intervention must do more measurable good from the individual's perspective, than not introducing it. It is about using clinical need to determine how or what services are provided. This should ensure that the intervention, on the balance of probability, is likely to result in the most tangible beneficial outcome that will retain optimum health compared with other possible interventions. This should be based on dialogue and agreement between the clinician and patient. Where there are no interventions with clear evidence of efficacy appropriate for the patient and their circumstances, the clinician would provide support and conservative management relevant to the individual's case. Whatever intervention is agreed, it should always be a joint decision, based upon the minimum necessary to bring about the agreed change. The volume of interventions or treatments should not be the touchstone by which we measure our success.

### **Actions**

The principle of treatment should begin with the basic proven tests and interventions, aligning the intensity of testing and treatment with the seriousness of the illness and the patient's own goals. It is not a question of doing all that we can, when doing so may do more harm than good and raise hopes and expectations. Where an intervention is justified, it should always be the minimum and most timely necessary to achieve the agreed change or the patients' own desired outcome. Patients should be helped to think through what outcome they might desire and what is clinically realistic. For example, preventing or delaying further deterioration would be preferable to adopting a more invasive treatment, provided the outcomes met the

patients' needs. The system should also ensure that patients are provided with enough support to take appropriate care of themselves.

Harm can also be done by stripping people of their own abilities, removing their capacities and their ability and confidence to take care of themselves and of others. Prudent health provides an ethical underpinning for conversations with patients, to ensure that we engage with them and avoid putting patients through more treatment than is necessary to address their condition.

This also includes a wider population health focus, targeting the promotion of health and prevention of ill health. The NHS often has to fix problems caused by harmful lifestyle behaviours, such as obesity, smoking and alcohol. Greater effort is needed to support, empower and motivate people to avoid harming their own health and well being in the first instance.

People will need access to reliable information to help them make treatment or lifestyle decisions, with time to reflect on what the evidence means for them and their own personal circumstances. They will need to fully understand the options, risks, likely outcomes and the alternatives with the benefit of expert advice and other appropriate support as part of the decision making process. Greater openness, transparency and public engagement is needed. There is a need to work with people, not to them, so that they feel able to trust and value professional advice and expertise. The NHS has a responsibility to help in the way that the patient wants and is able to understand. This can take time, great inter-personal skills, IT support, and above all, a willingness and ability to respond to the patient.

In some areas further evidence will be needed on the longer-term outcomes, as experienced by the patient, and ultimately how the intervention actually improves their quality of life over time. All interventions should be considered in the light of their experience through patient-reported outcome and experience measures (PROMS/PREMS). These should be routinely gathered by Health Boards as part of monitoring the quality of the care provided. If the NHS gets this right, patients themselves will become the biggest drivers of prudent healthcare; get it wrong, and patients lose their beneficial influence on the care provided.

## Examples

- Avoiding unnecessary admissions of elderly patients to hospital which causes serious harm, dependency and post discharge syndrome.
- Challenge poly-pharmacy that causes adverse events such as iatrogenic disease and unnecessary hospital admissions.
- Back surgery, knee surgery and shoulder surgery in isolation are controversial as without proper physiotherapy and after care the outcomes are poor
- Avoiding unnecessary use of hypnotics and anxiolytics both in hospital and in the community which can lead to falls and other avoidable harms.
- Early supported discharge following a stroke.
- Avoid unnecessary surgery, referral or delays e.g. bowel polyps - or if necessary, use less invasive surgery such as colonoscopy
- Access to services such as rapid diagnostics, clinical management advice (GP/Consultant dialogue), rehabilitation particularly musculoskeletal Enhanced Recovery After Surgery Programmes (ERAS)

## **Principle 4 - Reduce inappropriate variation using evidence-based practices consistently and transparently**

### **Definition**

This means that patients should be able to access high quality health care easily and consistently across Wales. It means we should be looking at the performance of the different parts of the health service in Wales, identifying and spreading effective practice and discontinuing ineffective practice where it is being undertaken.

### **Aim**

The aim is to ensure that the people of Wales, regardless of their locality, are able to consistently access high quality care. By making comparative data and information easily accessible it will be possible to compare practice in one area with another and thereby help local systems share best practice. The aim is to inspire and support local systems to improve quality and reduce inappropriate variation. Where we have clear evidence of effective treatments then they should be used as a matter of course – to adopt or justify. Where evidence shows that a treatment or intervention is not effective then they should not be undertaken. Where a treatment or intervention has been initiated, for which there is limited evidence for its continuation, there will be a need for professionals to discuss and agree with the individual how its discontinuation may be best managed. The NHS must be transparent and engage the public in prudent healthcare. To achieve this it will need to openly publish and make easily accessible data and information that can be used by the public. The principles themselves provide a sound basis for future practice and greater clarity on what services can be provided and what cannot be provided. By progressively identifying and spreading best practice we will steadily raise the effectiveness, efficiency and acceptability of the NHS in Wales.

### **Actions**

Transparent and shared data, peer review and open performance management will need to be in place to ensure this happens in practice consistently across Wales.

NICE has a catalogue of 'do not do' recommendations that lists practices that should be discontinued completely or should not be used routinely. In addition, Interventions Not Normally Used (INNU's) consists of interventions that are no longer clinically worth doing. Where these are still being undertaken in Health Boards action will be needed to address this inappropriate variation.

Where evidence is questionable there needs to be a cascade or graduation of the treatment in relation to the strength of evidence and reflecting the consensus of medical judgement and opinion. Even for those areas where the evidence is strong, in some individuals there may still be limited benefit or tangible outcomes. In such

circumstances a discussion should take place with the patient as to whether this should be continued and whether there are any other appropriate interventions likely to benefit or not.

The use of techniques for determining priorities must become the norm in informing decisions relating to the provision and delivery of interventions and treatments and should be made transparent. Where robust evidence is lacking for alternative service solutions then steps should be taken to try out, test and evaluate interventions sharing results widely with others.

### Examples

- Publish and share patient reported outcomes and experience measures and other comparable service and clinical information such as e.g. pressure ulcers, hospital infections, falls, hand hygiene and prescription errors.
- Inappropriate therapeutic management of chronic pain has resulted in a dramatic increase in the prescription of medications for which the evidence of success in the context of an individual patient is wanting.
- Greater utilisation of 'stopping rules' to cease treatments that have no or minimal effect at individual patient level – examples of expensive medications being continually prescribed without regular monitoring of the impact on the patient
- Excessive or inappropriate use of CT/MRI scans
- Building upon schemes such as Choosing Wisely to support patient engagement in evidence based practice
- Questioning current practice e.g. do we need to ask for non urgent tests at night?; are we using the most cost effective prosthesis for joint replacements?; are we doing too many unnecessary follow ups in the clinics

## **In Conclusion**

- The Prudent Health Principles should be adopted wholeheartedly across Wales.
- They should underpin our work to ensure that we are using all skills and resources to best affect both within and outside of the NHS, to achieve the best possible outcomes for people and patients.
- Everyone has a responsibility to use resources and public funds wisely, avoiding waste, harm and variation. No one is exempt.
- We must inform and educate each other to ensure that between us we are confident that the decisions we make are based upon sound and prudent principles.
- More accessible versions of the final Prudent Health Principles should be developed to ensure that the public and professionals are able to engage fully.