

The future is not a destination like the source of the Rhein, waiting for our arrival; it is something like the Rhein-Danube Canal that we have to imagine, plan and build

The future is here; it is just not  
evenly distributed

William Gibson

Welcome to the  
Third Healthcare  
Revolution

# Verbote in Trinkwasserschutzgebieten

	<b>Abgrenzung</b>	<b>Verbote (Beispiele)</b>
<b>Schutzzone 1</b>	Talsperre, 100 m Uferstreifen	Verbote der Zonen II und III + Bootsverkehr, Wassersport Baden landwirtschaftliche Nutzung PSM-Einsatz Düngung
<b>Schutzzone II</b>	100 m - Streifen entlang der Zuläufe	Verbote der Zone III + Bebauung Kläranlagen Umgang mit wassergef. Stoffen Düngebeschränkungen
<b>Schutzzone III</b>	Rest des gesamten Einzugsgebiets	Ausdehnung vorhandener Bebauung Einleitung von Abwässern Gewerbebetriebe, die mit wassergef. Stoffen umgehen Massentierhaltung Bergbau

# Doctors' views: greatest innovations in healthcare over the last 30 years

- MRI and CT scanning
- ACE inhibitors
- Balloon angioplasty
- Statins
- Mammography
- Coronary artery bypass graft surgery
- Proton pump inhibitors and H2 blockers
- SSRIs and recent non-SSRI antidepressants
- Cataract extraction and lens implants
- Hip and knee replacement
- Ultrasonography
- Gastrointestinal endoscopy
- Inhaled steroids for asthma
- Laparoscopic surgery
- Non steroidal anti-inflammatory drugs
- Cardiac enzymes

*Innovations above have satisfied diffusion requirements and shown clear, quantifiable clinical benefits*

# The Second Healthcare Revolution has not solved the eight eternal problems of healthcare

- Errors and mistakes
- Poor quality healthcare
- Waste
- Unknowing variations in policy and practice
- Poor patient experience
- Overenthusiastic adoption of interventions of low value
- Failure to get new evidence into practice
- Failure to manage uncertainty

# The Third Revolution is different

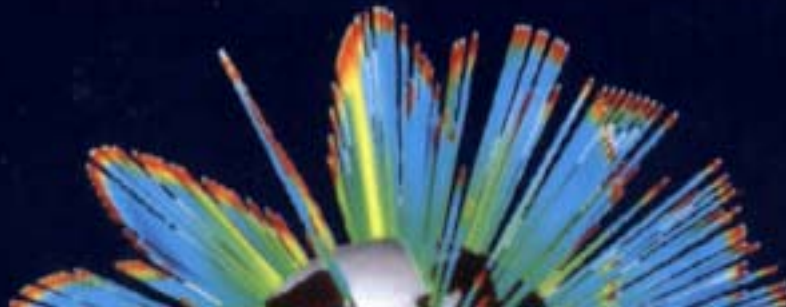
- Flexible
- Information drives technology
- Pervasive
- Inclusive
- Convergent

ECONOMY, SOCIETY AND CULTURE

Volume I

THE RISE OF THE  
**NETWORK**  
SOCIETY

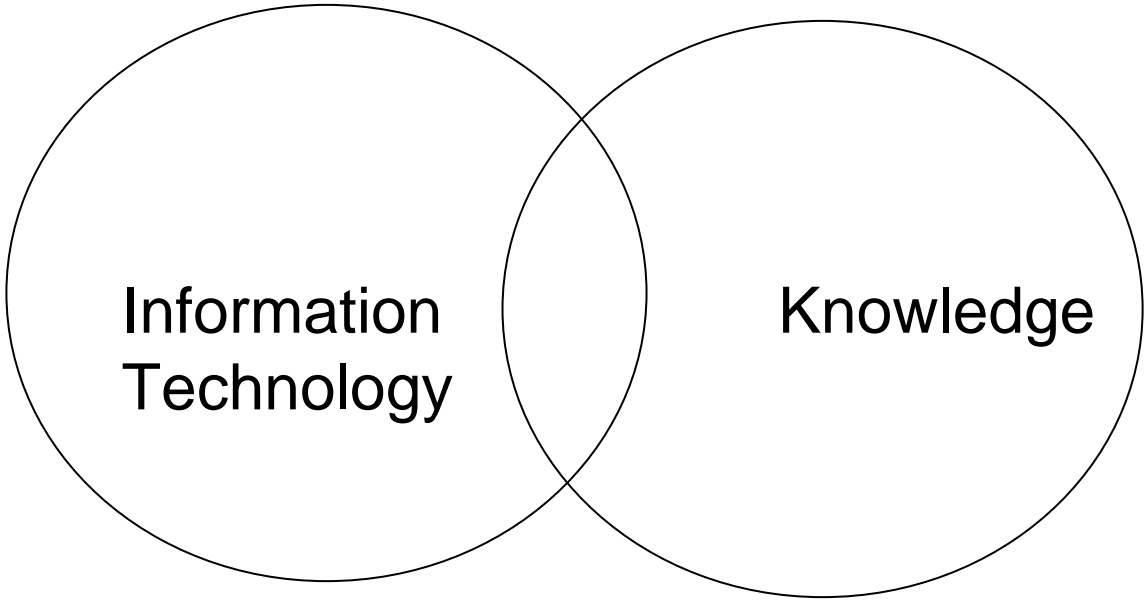
Second Edition





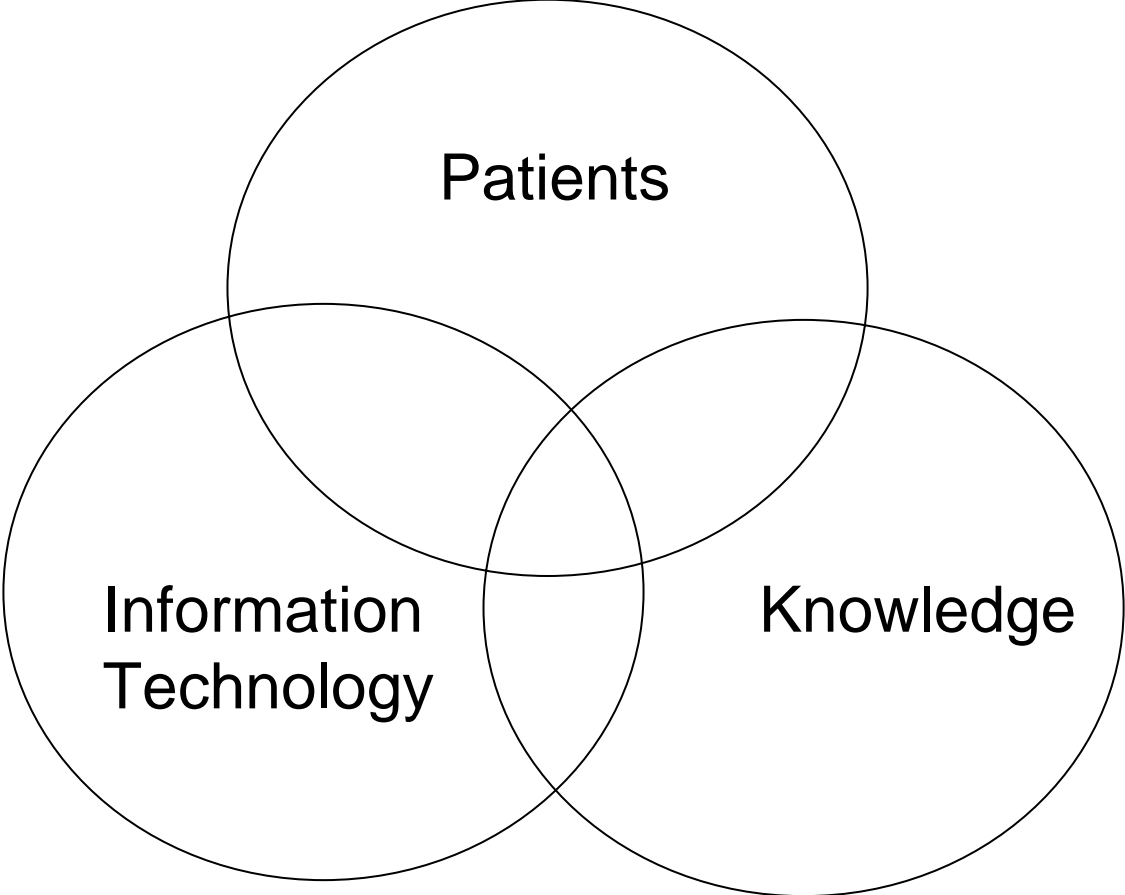


Information  
Technology



Information  
Technology

Knowledge



**Patients**

**Information  
Technology**

**Knowledge**

Patient 2012

Muir Gray has familial hypercholesterolaemia

Every six months he receives an email reminder  
from the lab to have a blood test

He receives 2 SMS reminders if no blood sample  
is received within 2 weeks

If no blood arrives is received his GP receives a  
copy email

If there is a result is sent to the GP and to his  
Healthspace where it is stored in sequence

Appropriate advice and support is automatically  
generated and emailed to Muir who lives in  
Oxford

# Tesco Greener Living Site

Green Living at Work, Home & School Hints, Tips, Experts, Forums &

[www.tesco.com/greenerliving](http://www.tesco.com/greenerliving)

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Name : **Molly**  
Date of Birth : **08/05/2007**  
Colour : **All Black**  
Gender : **Female**  
Price : **£150.00**

#### Contact Details

 **01235527349**

 [Click to Send Email](#)

 [New Interactive Map](#)

# Mrs A is worried about familial breast cancer and phones for a GP appointment

The healthcare assistant asks if Mrs A would like to tell her the nature of her problem

On learning it, she

1. Ascertains her access to NHS Choices
2. identifies the relevant page on NHS Choices
3. Sends it to Mrs A

Mrs A consults the site which

1. Ascertains her preferred reading level
2. Ascertains her knowledge of genetics eg the meaning of the term mutation
3. Offers information about genetics and familial breast cancer including the experience of other women in DIPEX
4. Allows her to complete a family risk assessment
5. Stores all this information on her Healthspace

# New style consultations

Patient learns about condition from NHS Choices at home at the suggestion of the GP or receptionist



Patient interacts and informs using patient data entry



Face to face consultation



Patient works through options using a patient decision aid, considering likely outcomes against their values



Face to face consultation



Patient reflects at home , drawing on the values of other patients from the Database of Individual Patient Experiences

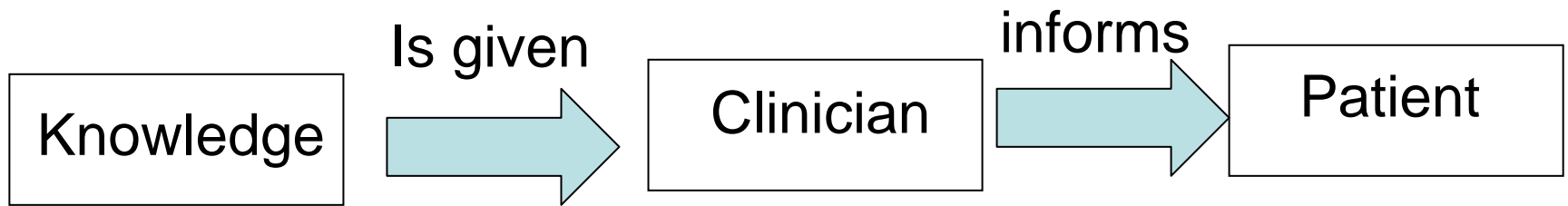


Traditional history taking misses  
'50 % of psychosocial and  
psychiatric problems'  
'54% of patients' problems'  
"31% Of essential history items" □

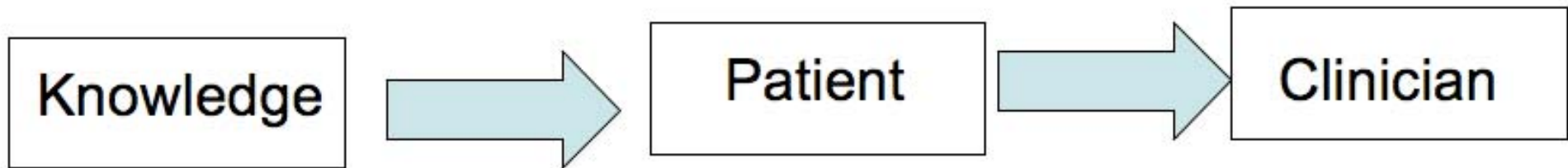
Bachman J.W. (2003)

The patient-computer interview  
Mayo Clin Proc 78'; 67-78 □

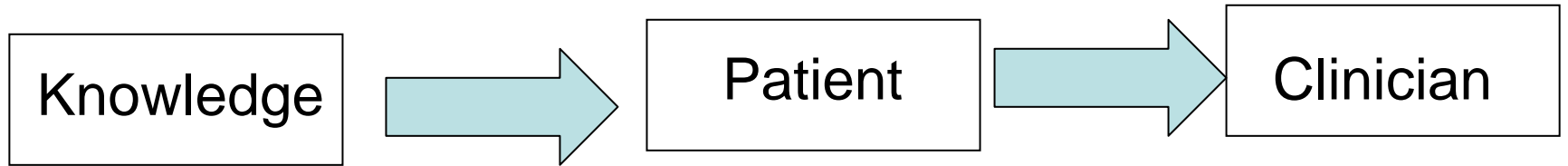
## 20th Century knowledge flow



## 21st Century knowledge flow



# 21st Century knowledge flow



Offers reflection

Knowledge

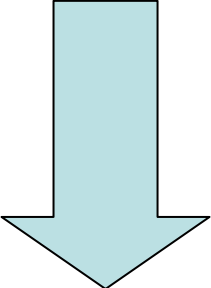


Patient



Clinician

Seeks advice



WWW



[www.nhs.uk](http://www.nhs.uk)

Need medical help now?  
Call NHS Direct: 0845 4647

- Full search
- GPs
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- Dentists
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Search



## How NHS Choices can help you today



Watch this video to see how to:

- Compare hospitals
- Plan treatments
- Find services from GPs to gyms
- Plan a healthier lifestyle

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Use our Health A-Z to:

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- Find facts on more than 700 conditions
- Plan treatment options



[Go to Health A-Z](#)



### Behind the headlines

- [Pedometers make those steps count](#)
- [Disease "epidemic" on the way](#)
- [Stem cells 'breakthrough' excitement](#)

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## Compare hospitals

- For a treatment you need
- By the facilities they offer
- Or book an appointment

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"Hear my advice on coping with cancer" [Watch the video](#)



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## Keep your mind fit

Depression, anxiety, phobias, panic attacks: how to deal with mental health problems

[Find out more](#)

# Healthcare 2012

Tertiary care

Secondary care

Primary care



Self care

Primary

Secondary

3y

Community



All serious health problems  
are managed by more than  
one bureaucracy and always  
will be.

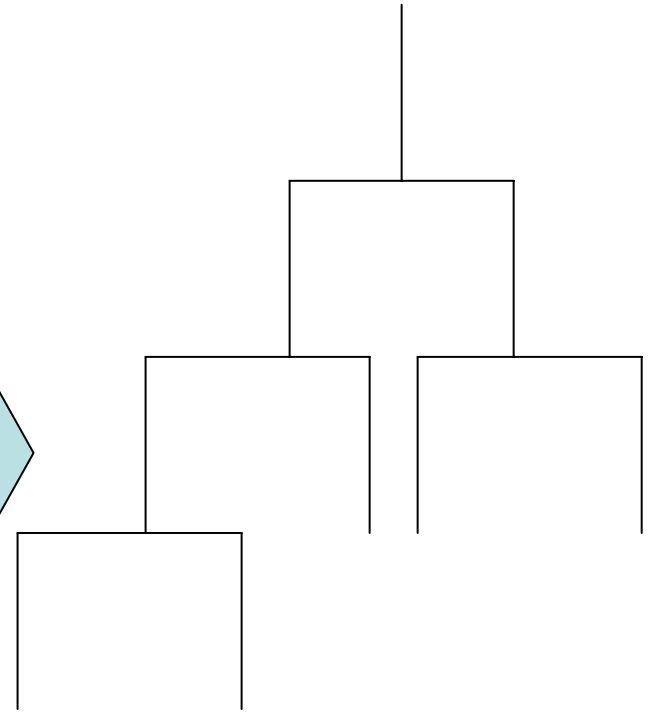
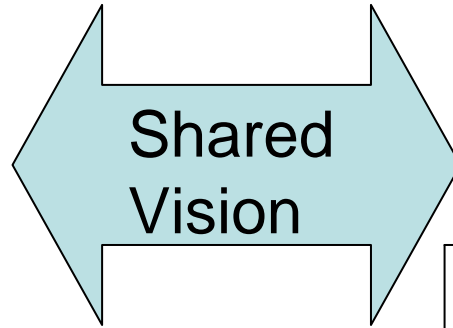
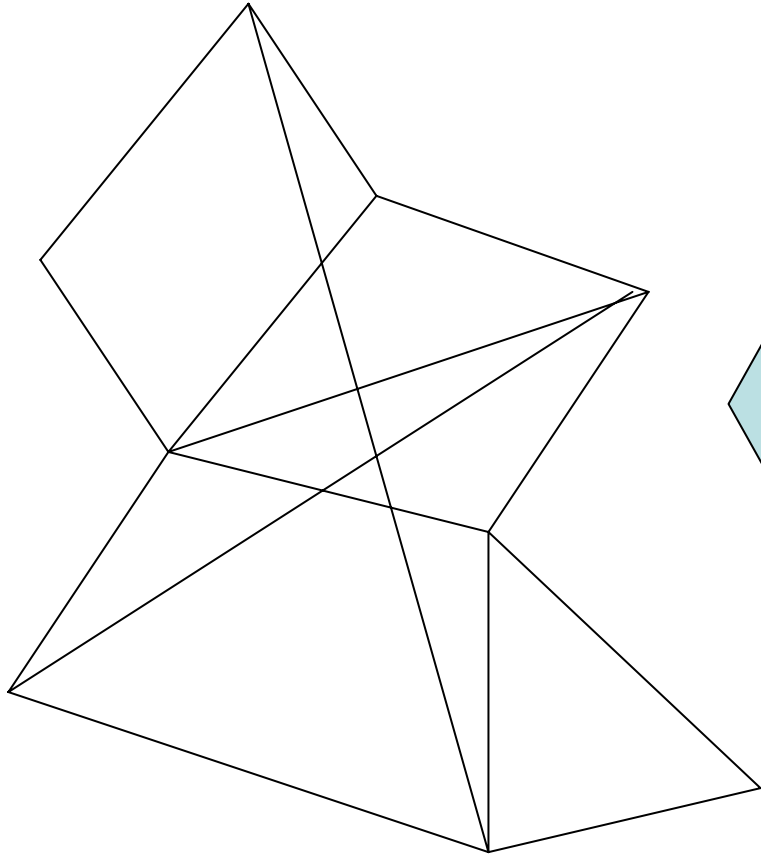
They are managed by clinical  
networks which cross many  
bureaucracies.

“A business organisation should have a nonhierarchical, self-organizing structure working in tandem with its hierarchical formal structure.....As business organisations grow in scale and complexity they should simultaneously maximise both corporate level efficiency and local flexibility...the most appropriate name is the ‘hypertext’ organisation”

Ikujiro Nonaka and Hirotaka Takeuchi

The knowledge creating company

OUP 1995



Hypertext organisation  
(Nonaka & Takeuchi OUP 1995 ;  
The Knowledge Creating Company

Bureaucratic Organisation

# The National Inflammatory Bowel Disease Service

# The National IBD Service has

A National set of objectives, criteria and standards - the BSG guidelines

A nationally agreed templates of a care pathway expressed using the Map of Medicine

A National Dataset - from Do Once and Share

A single specification for all information system providers - from Do Once and Share

A National knowledge base updated annually by the National Library for Gastrointestinal Disease

A National community of practice, including patients

[www.ibd.nhs.uk](http://www.ibd.nhs.uk)

X local services, where X is  $>1$  and  $<150$

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+ Small intestine

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+ Inflammatory bowel disease

+ Liver

+ Biliary tree & gallbladder

+ Pancreas

+ Disease Prevention

+ Recent additions

## Inflammatory bowel disease week evidence update 2007 - introduction

The inflammatory bowel disease evidence update highlights knowledge published in the last two years in the presenting this information in an easily accessible format, we will provide busy healthcare professionals with

The evidence has been split into the following sections:

- [Diagnosis](#)
- Treatment
  - [General](#)
  - [Drugs: aminosalicylates](#)
  - [Drugs: corticosteroids, immunosuppressants & cytokine inhibitors](#)
  - [Other](#)
  - [Surgery](#)
- [Risk factors](#)

Click on the sections above to find links to critically appraised systematic reviews, expert commentaries and The IBD annual evidence update has been put together by the Gastroenterology & Liver Diseases Specialist commentaries provided by our IBD topic leads. These are:

**Dr Stephen Grainger**, Chair, British Society of Gastroenterology IBD Committee.

**Prof. David Rampton**, Centre for Gastroenterology, Barts & the London School of Medicine & Dentistry.

**Isobel Mason**, Gastroenterology Nurse Specialist, Royal Free Hospital, London.

[Methods for retrieving and evaluating the evidence](#)





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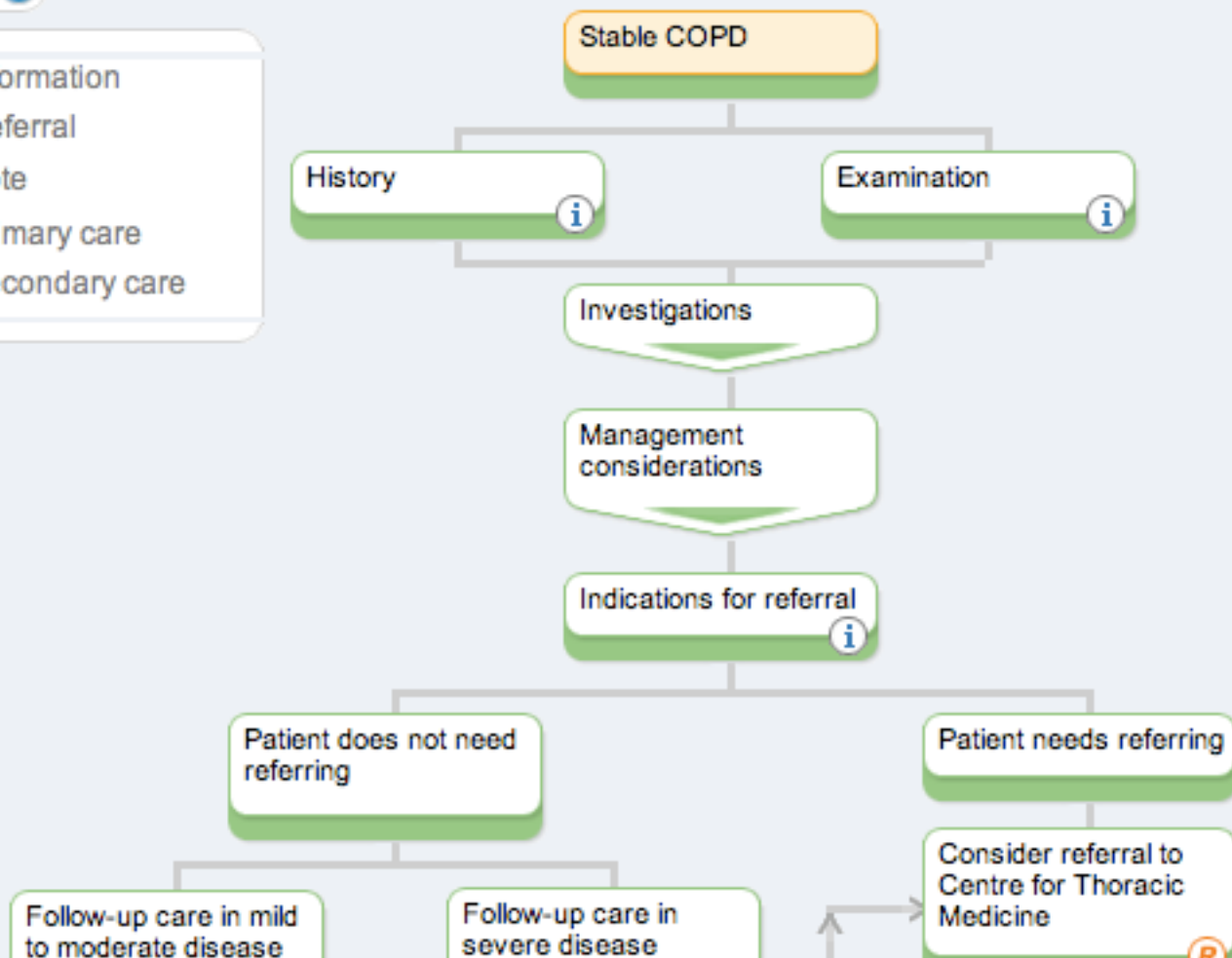
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# Stable COPD

Medicine / Thoracic Medicine / COPD

Key ×

- i Information
- R Referral
- Note Note
- Primary care Primary care
- Secondary care Secondary care



The National Down's Syndrome Screening Programme is a healthcare system a knowledge based organisation, a hypertext organisation, which ensures 600,000 women get a consistent service from hundreds of bureaucracies more than 40,000 thousand professionals

Most of healthcare is Brownian motion

- [FAsP](#)(fetal anomaly screening)
- [CPD](#) (professional development)
- [NHS Screening](#)

## Down's Syndrome Screening Programme

A national programme offering screening to all women

Antenatal  
Screening

Last u

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## Home

What's New?...[click here](#) to see what is new....

The Government announced on 30 April 2001 a Down's Syndrome Screening Programme. This is part of new initiatives to modernise neonatal and antenatal screening.

Note Programme [change of address](#) below

### National Screening Committee

The UK National Screening Committee (UK NSC) was established in 1996 to advise Ministers of England, Northern Ireland, Wales and Scotland on screening issues.

The work of the UK NSC is complementary with that of the National Institute for Health Research (NIHR) Clinical Excellence (NICE), the professional Colleges, and the Health Technology Assessment (HTA) panel.

The Fetal, Maternal and Child Health Screening Sub-Group of the UK NSC review the evidence for the implementation or cessation of antenatal screening programmes. The conclusions are forwarded to the UK NSC for ratification.



Meiosis

### Information for women

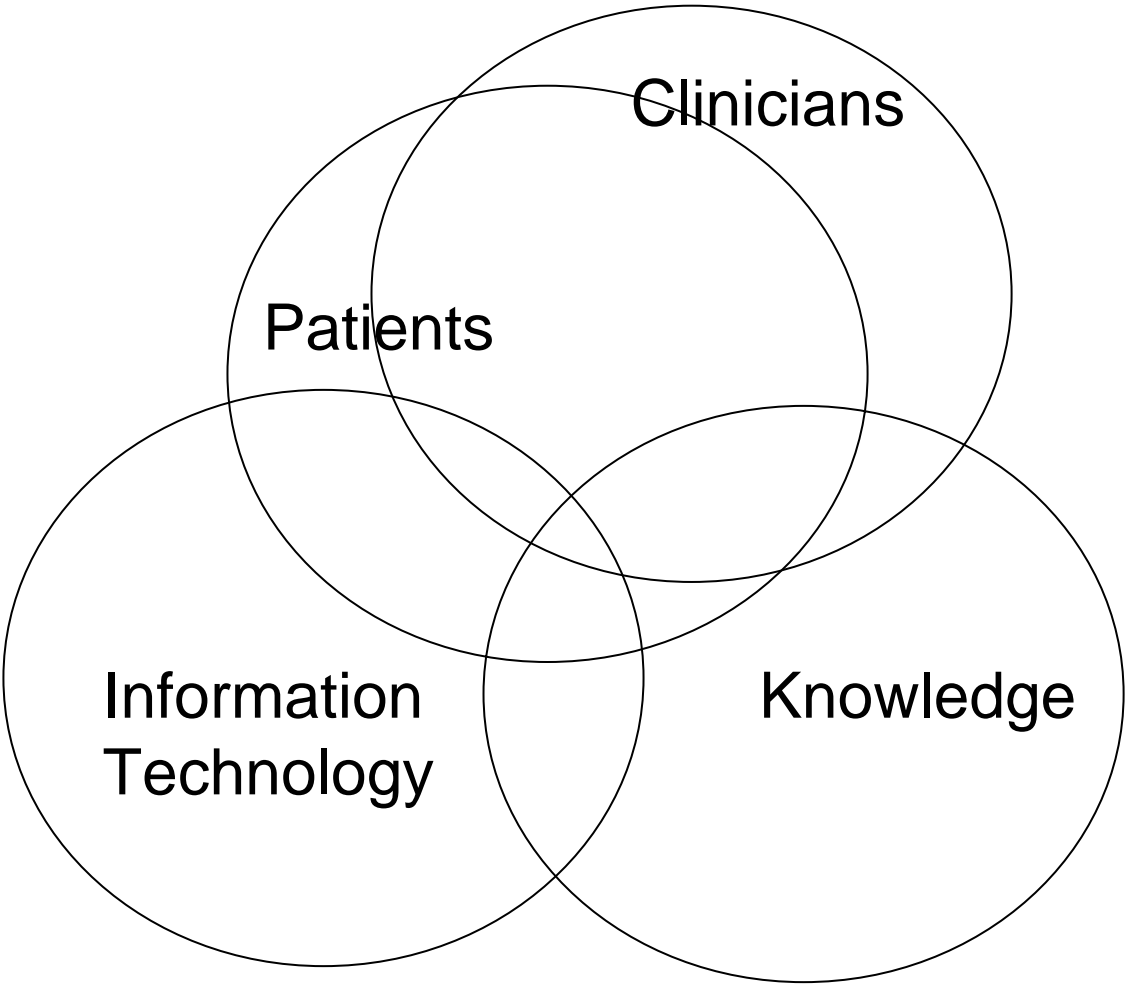
[Leaflets](#) [support groups](#)

## Newborn Screening for Sickle Cell Disorders Programme Standards

NEWBORN PROGRAMME OBJECTIVES:	CRITERIA	STANDARDS	
		Minimum (Core)	Achievable (Developmental)
<b>Programme Outcome</b>			
Best possible survival for infants detected with a sickle cell disorder by the screening programme	Mortality rates expressed in person years	Mortality rate from sickle cell disease and it's complications in children under five of less than four per 1000 person years of life (two deaths per 100 affected children)	Mortality rate in children under five of less than two per 1000 person years of life (one death per 100 affected children)
<b>Programme Outcome</b>			
Accurate detection of all infants born with major clinically significant haemoglobin disorders*	Sensitivity of the screening process (offer, test and repeat test)	99% detection for Hb-SS 98% detection for Hb-SC 95% detection for other variants	99.5% for Hb-SS 99% for Hb-SC 97% for other variants



Information  
Technology



Clinicians

Patients

Information  
Technology

Knowledge

DEATH

PROFESSIONS, VICES, AND

OF THE

THE ADVANCE OF CAPITALISM

GUILDS

FROM THE PAST

UNTIL THE PRESENT

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Presented by  
**Sir Muir Gray**



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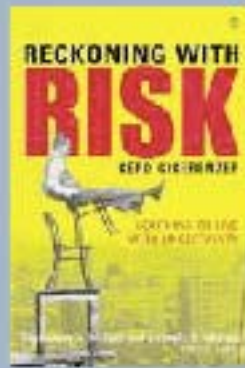
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