FUNDACIÓN BAMBERG

JORNADA DE ESTUDIO SOBRE FINANCIACION SANITARIA

28 de Marzo de 2011

MESA:

"Procesos de transformación y experiencias Internacionales"

FUNDACION BAMBERG

¿Qué podemos aprender de otros sistemas de salud?

José-Manuel Freire

jmfreire@isciii.es

Departamento de Salud Internacional

Instituto de Salud Carlos III

Ministerio de Ciencia e Innovación

ENS Escuela Nacional de Sanidad

Índice

1. Introducción: centrando el tema
2. Flujo de ideas y aprendizaje entre sistemas sanitarios: utilidad y riesgos.
3. Perspectiva comparada los sistemas de salud
4. Temas de especial actualidad en el contexto internacional:
    - Sostenibilidad
    - Gobernanza: buen gobierno
    - El reto de la cronicidad, la vejez y el fin de la vida
    - Formas organizativas diferentes: ¿Medicina industrial? ¿Centros especializados?
    - Potencial de los sistemas de información – TICs
    - Cooperativas en los sistemas públicos integrados
    - Calidad-efectividad
    - Eficiencia y productividad
    - Pacientes más activos e informados
    - Profesionalismo y gobierno clínico
    - Salud pública- promoción de la salud
5. Reflexión final.

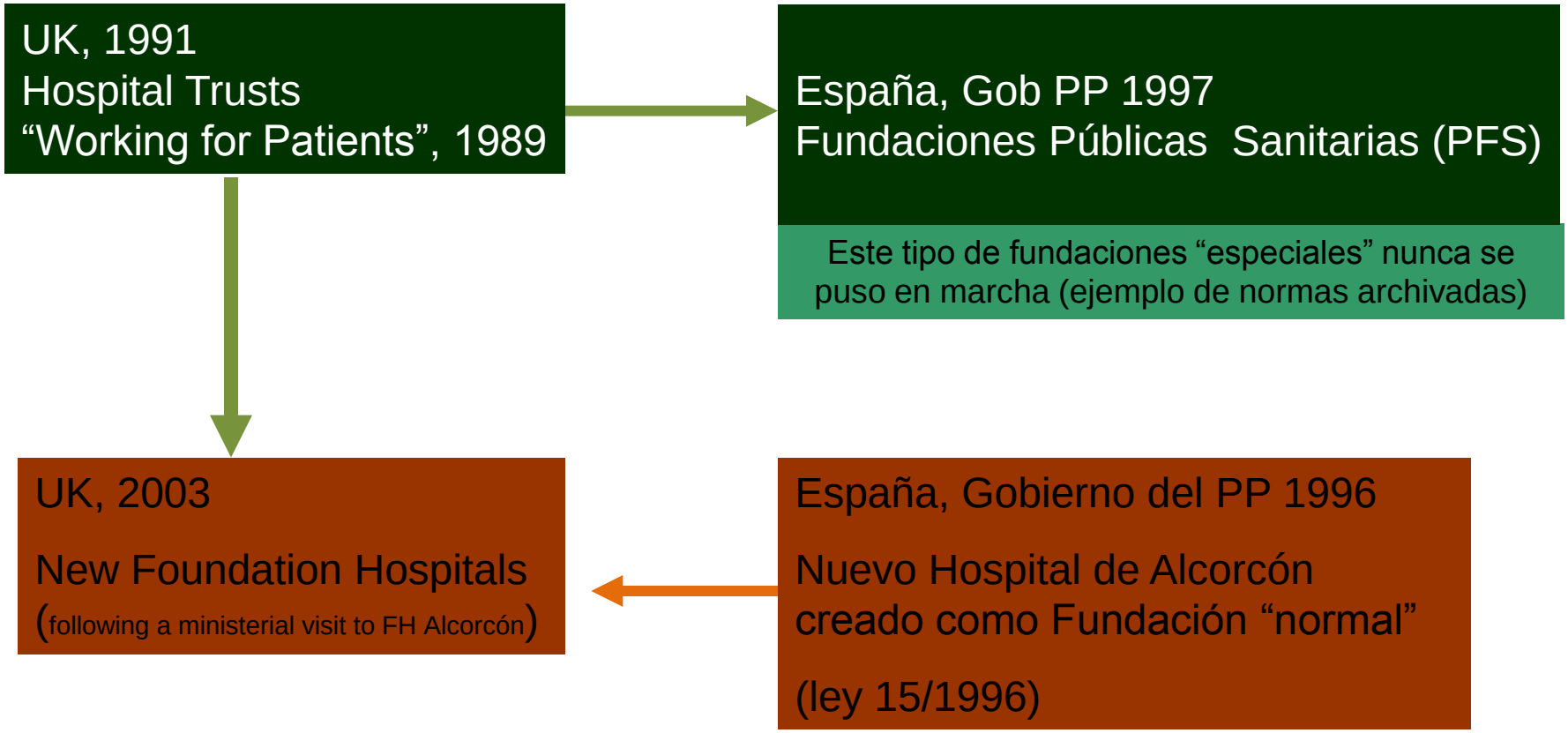
W Beveridge, en Madrid, Marzo 1946

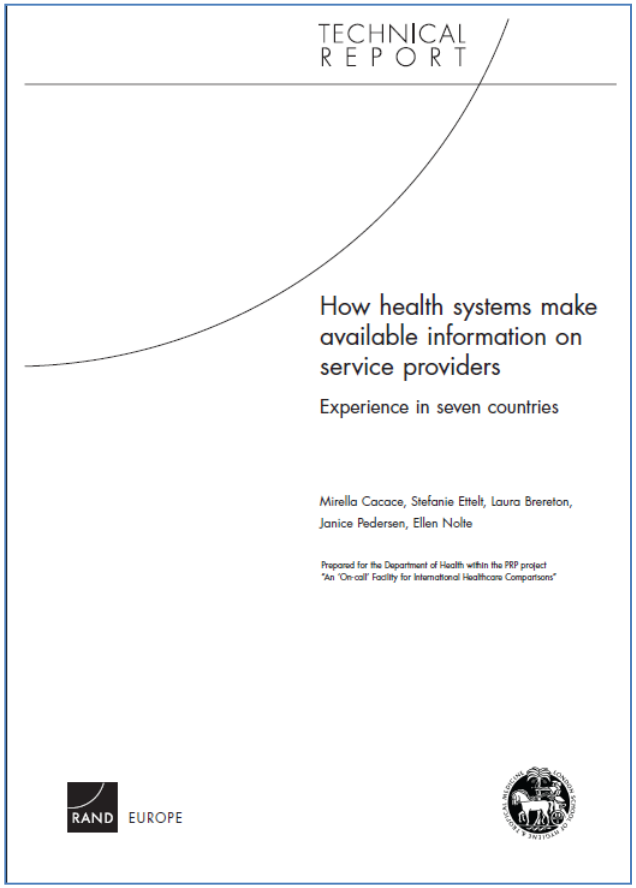
FUENTE: INP, Archivo histórico, Madrid (Arturo A Rosete)

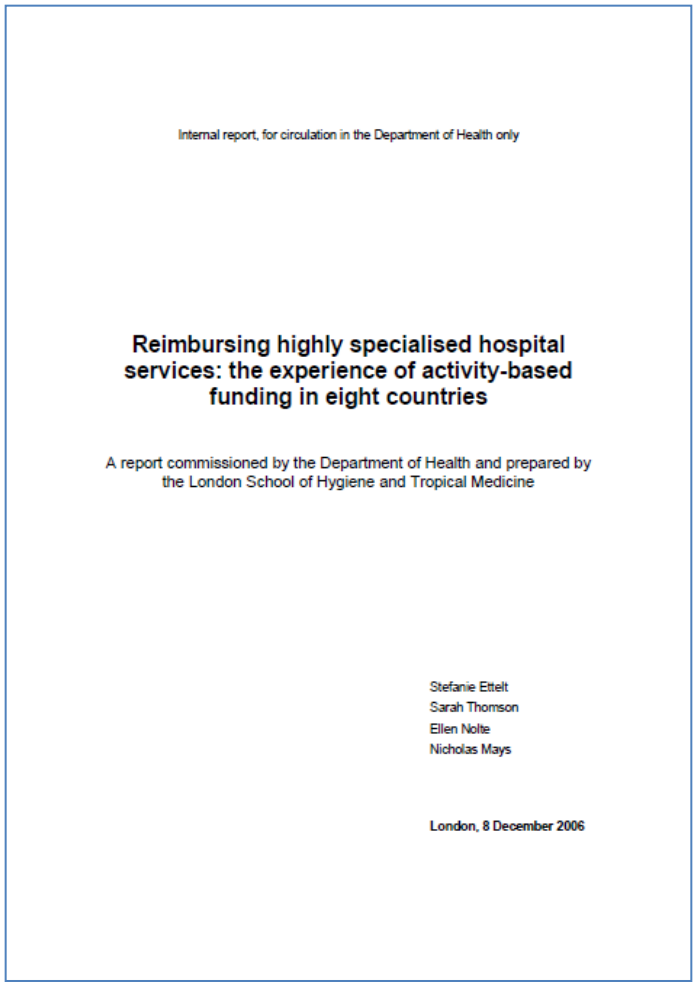
W Beveridge, en Madrid, Marzo 1946

FUENTE: INP, Archivo histórico, Madrid (Arturo A Rosete)

Hospitales Fundaciones: del RU a España y vuelta al RU…




TECHNICAL
REPORT
How health systems make available information on service providers
Experience in seven countries
Mirella Cacace, Stefanie Ettelt, Laura Brereton, Janice Pedersen, Ellen Nolte
Prepared for the Department of Health within the PRP project "An 'On-call' Facility for International Healthcare Comparisons"
RAND EUROPE


Internal report, for circulation in the Department of Health only
Reimbursing highly specialised hospital services: the experience of activity-based funding in eight countries
A report commissioned by the Department of Health and prepared by the London School of Hygiene and Tropical Medicine
Stefanie Ettelt
Sarah Thomson
Ellen Nolte
Nicholas Mays
London, 8 December 2006


IHC
An 'On-call' Facility for International Healthcare Comparisons
Images by Katja Hock © 2007
Home
About us
Publications
Contact us

IHC

An 'On-call' Facility for International Healthcare Comparisons

Home | About us | Publications | Contact us

About us

Research Team

- **Ellen Nolte** (Project Leader): Senior Lecturer, Health Services Research Unit, Department Policy, LSHTM
- **Stefanie Ettelt** (Researcher): Research Fellow, Health Services Research Unit, Departmer Policy, LSHTM
- **Athanasios Nikolentzos** (Researcher): Research Fellow, Health Services Research Unit, Health and Policy, LSHTM
- **Nicholas Mays** (Chair of the Steering Committee): Professor of Health Policy, Health Servi Department of Public Health and Policy, LSHTM
- **Sarah Thomson** (Adviser): Research Fellow, LSE Health and Social Care, London School of Economics and Political Science and LSHTM, and Research Officer, European Observatory on Health Systems and Policies

Funder

The On-Call Facility for International Healthcare Comparisons is funded by the Department of Health. Outputs, however, reflect the views of the authors and not necessarily those of the Department of Health.

Partners

Experts in 13 countries form the International Healthcare Comparisons Network. They contribute to the project by sharing experience of health policy developments, policy evaluations and indications of new policy thinking in their countries. The project also benefits from close cooperation with the European Observatory on Health Systems and Policies

International Healthcare Comparisons Network

Country	Name	Institution
Australia	Dr Judith Healy	Regulatory Institutions Network Australian National University Canberra
Canada	Dr Carl-Ardy Dubois	Faculté des sciences [illegible]

Essay

Learning from other countries: an on-call facility for health care policy

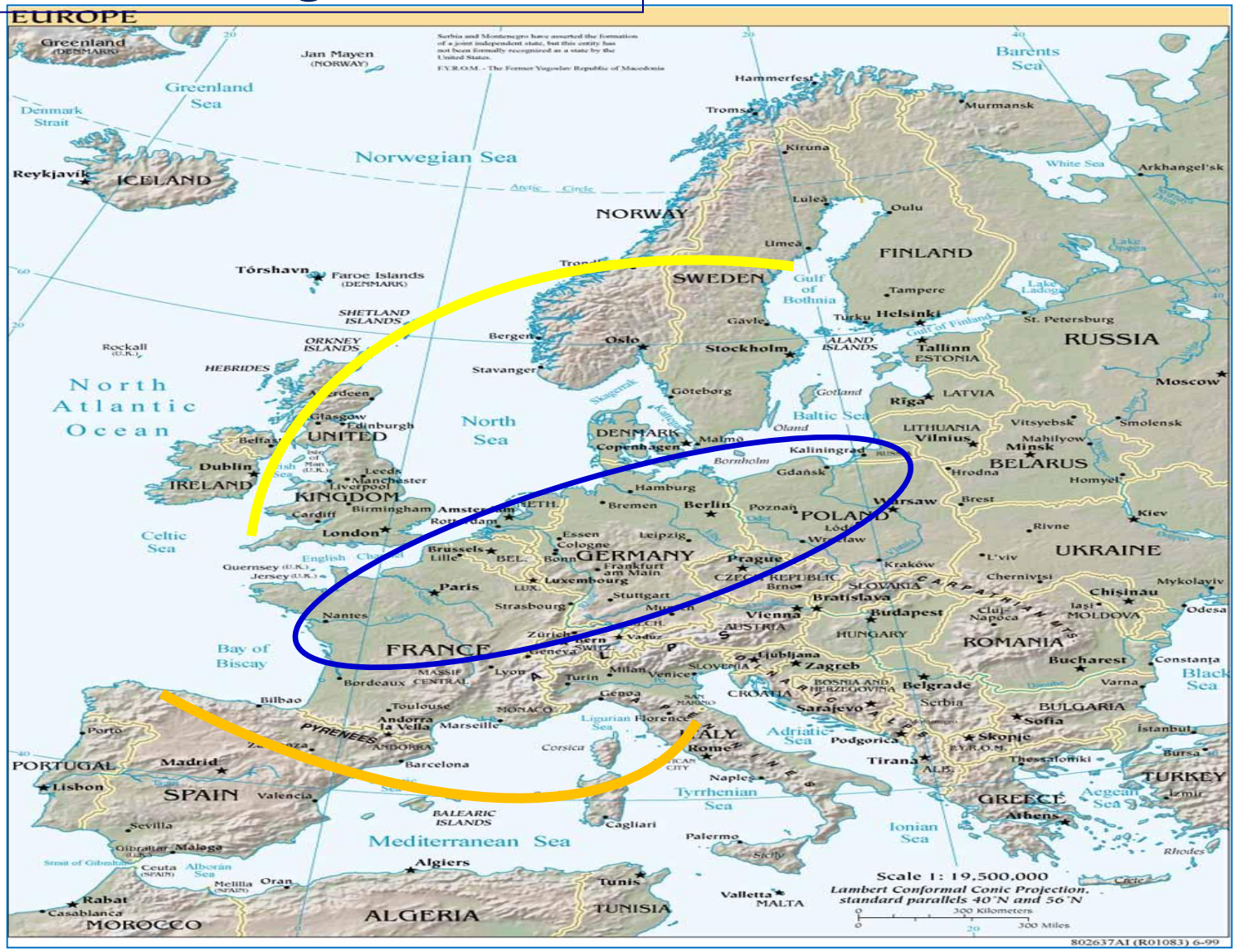
Ellen Nolte, Stefanie Ettelt, Sarah Thomson[1], Nicholas Mays

Health Services Research Unit, London School of Hygiene and Tropical Medicine; [1]LSE Health, London School of Economics and Political Science, London, UK

Recognizing that robust information on health systems in other countries can provide valuable lessons for the English National Health Service, the Department of Health commissioned an academic team to provide an 'On-call Facility for International Healthcare Comparisons' in 2005. This paper describes the work of this novel approach to informing policy and reviews the experience of the first two years. It illustrates the well-documented challenges of comparative analysis of health systems. One important issue is understanding the health system context so as to interpret phenomena and draw appropriate policy conclusions. Other challenges include the potential tension between academic interest and rigour, and the need for timely analysis to inform the Department of Health's rapidly changing policy agenda. The diversity and nature of topics covered, as well as the rapid turn-around time have meant that the Facility has had to balance rigour and timeliness carefully to ensure the value and relevance of reports. A strong research base linked with an international network of country experts promotes the provision of high quality analyses at relatively low costs. However, such an arrangement can only be sustained if it provides scope for additional primary research. A formal evaluation of the influence on health care policy-making in England is not yet available. Such knowledge will be of crucial importance for the development of similar resources elsewhere.

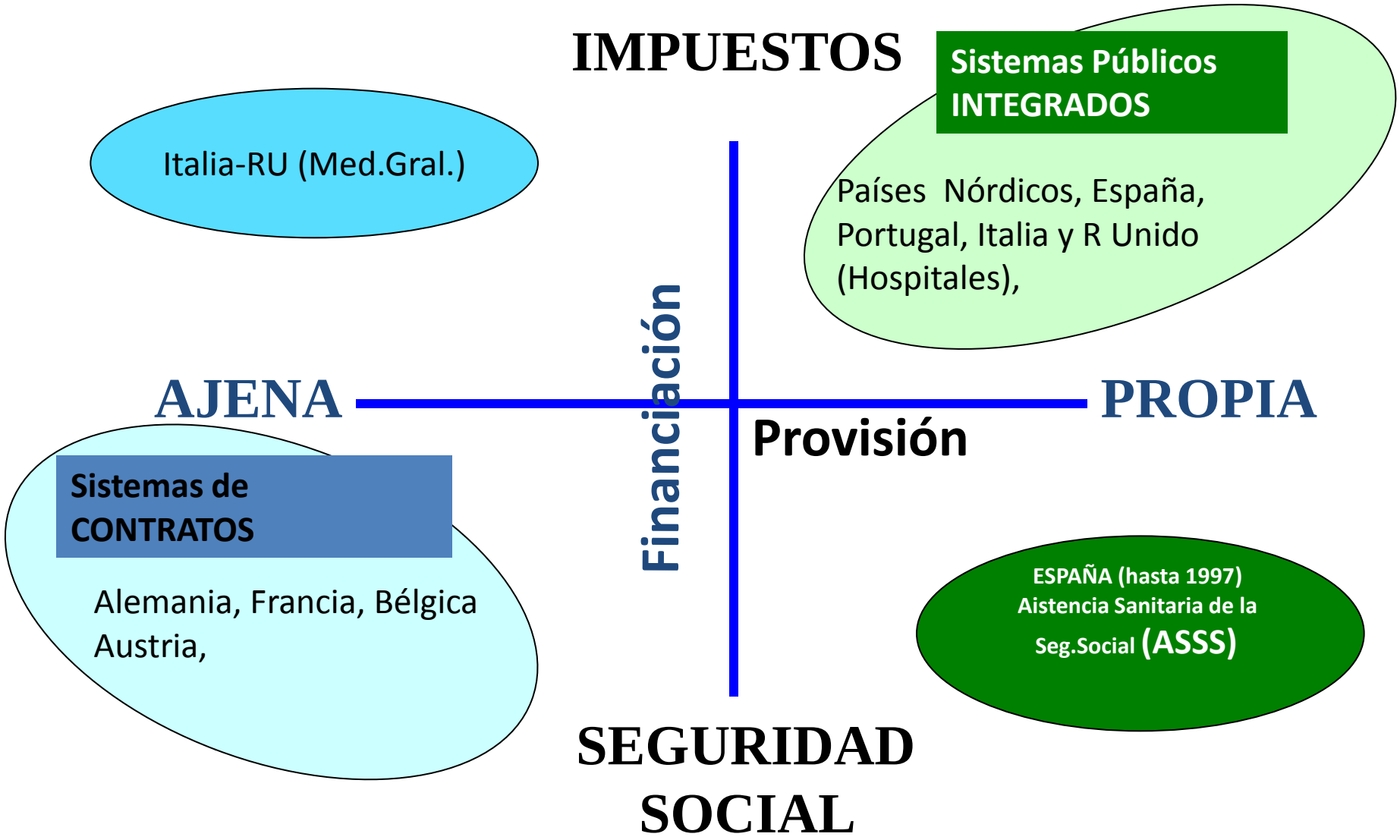
Journal of Health Services Research & Policy Vol 13 Suppl 2, 2008: 58–64

Sistemas Bismarck, de Seguridad Social

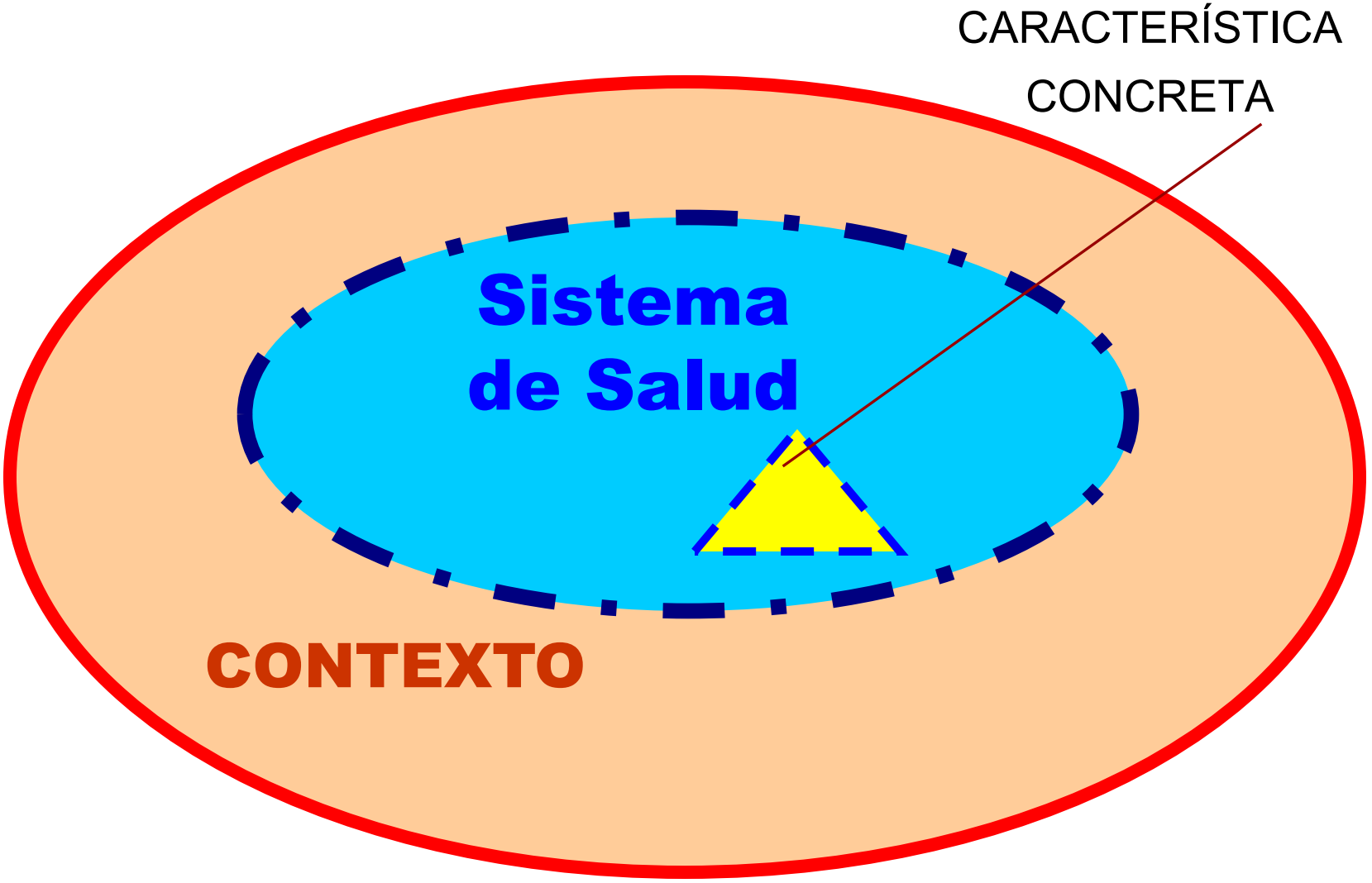


Sistemas Beveridge, Servicio Nacional de Salud (impuestos)

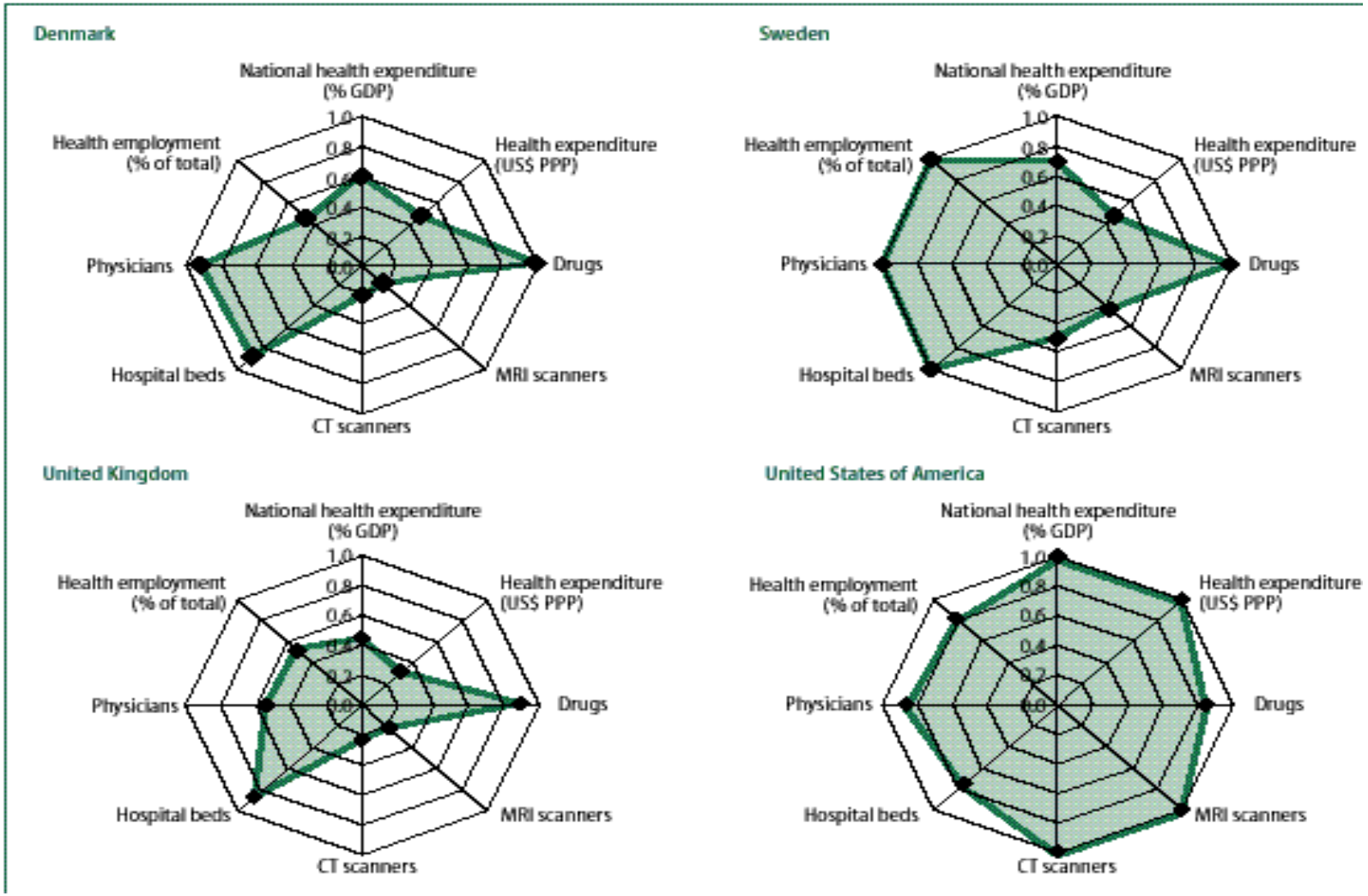
Servicios de Salud en Europa: Coordenadas Básicas



Sistemas de Salud
Comparación Internacional: ¡precaución!



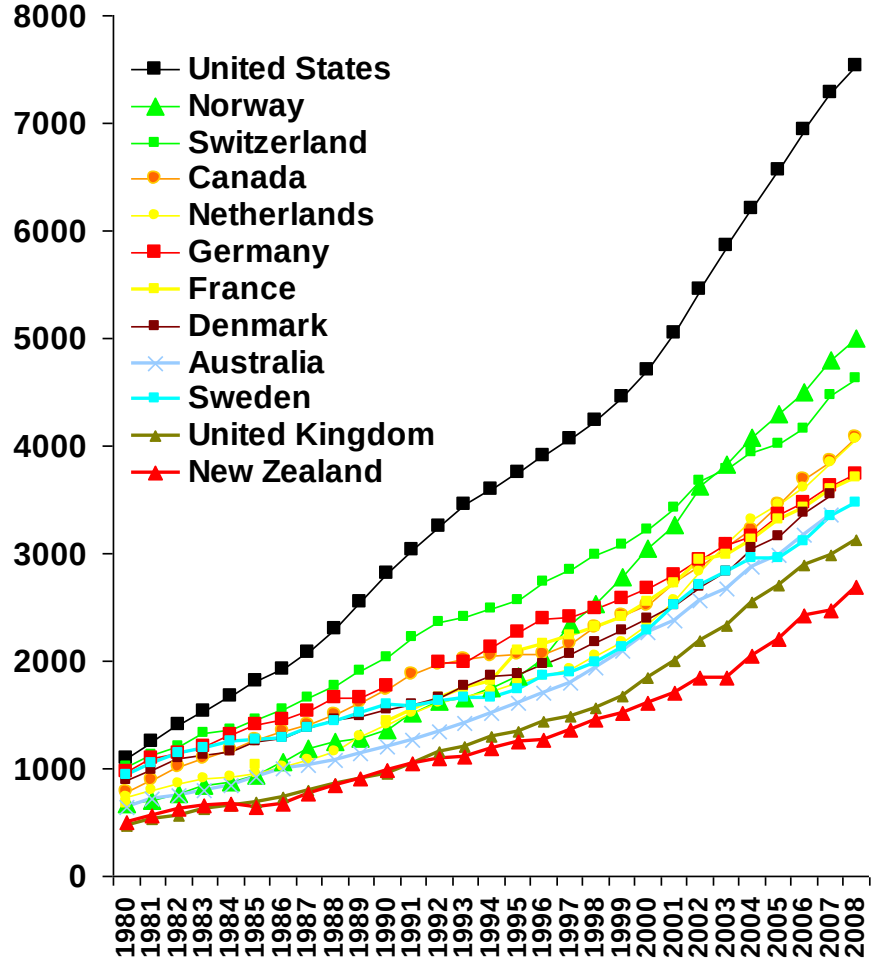
Sistemas de Salud: comparación de recursos



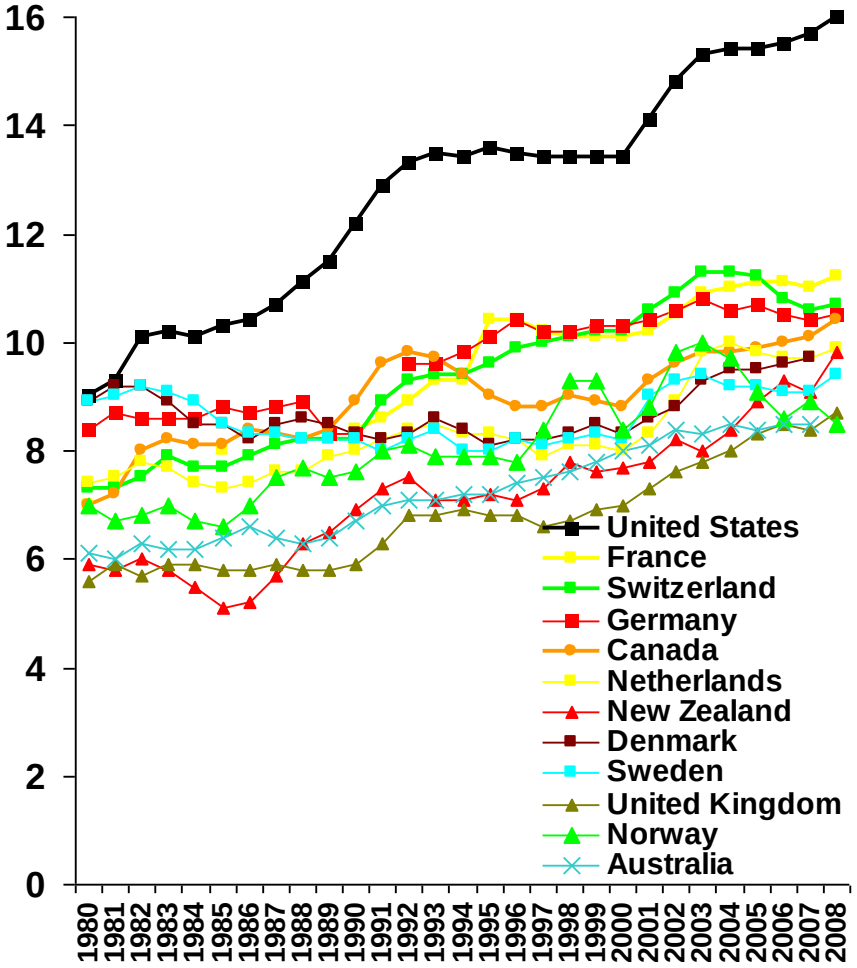
Fuente: Anell A & Willis M, Bull WHO, 2000,78(6) 770-778

International Comparison of Spending on Health, 1980–2008

Average spending on health per capita ($US PPP)

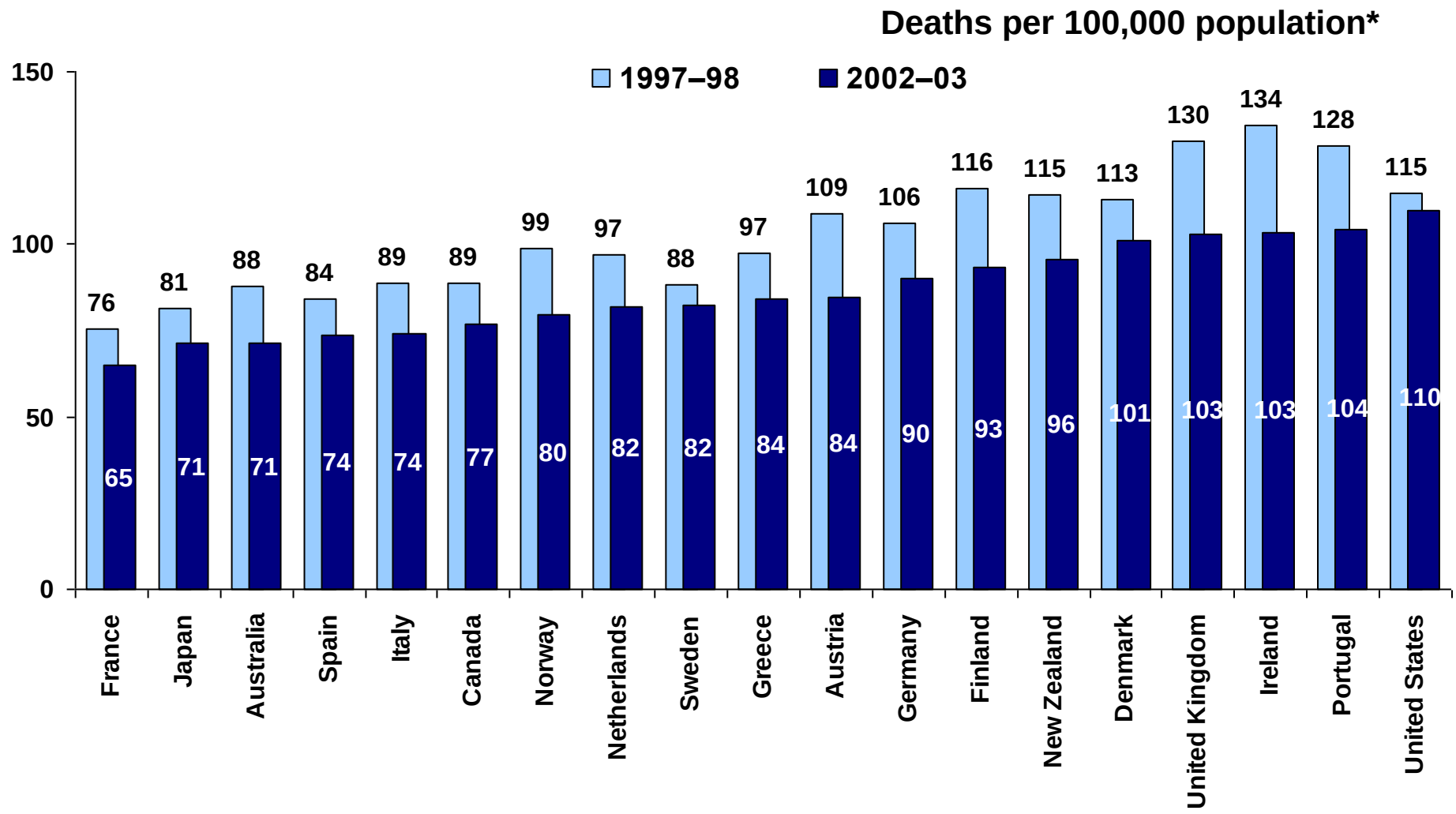


Total expenditures on health as percent of GDP



Source: OECD Health Data 2010 (June 2010).

Mortality Amenable to Health Care



* Countries' age-standardized death rates before age 75; includes ischemic heart disease, diabetes, stroke, and bacterial infections.

Fuente: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008. **Data**: E. Nolte and C. M. McKee, *Health Affairs,* Jan./Feb. 2008 27(1):58–71.

United Kingdom:

An NHS in four nations:

NHS England
NHS Scotland
NHS Wales
NHS Northern Ireland

Diferencias en el NHS: Inglaterra-Escocia

- *"There are in most issues two poles: Scotland and England, with the former running a health service for patients and the latter running one for consumers. England is by far the most radical .. Scotland is the most traditionalist, rediscovering the virtues of the pre-Thatcher NHS …*

Greer (2003)

Mercado interno: Inglaterra lo extiende, Escocia lo suprime.

Evaluación y comparación internacional de salud

- **OMS**: Informe 2000 y Datos estadísticos en los informes anuales: www.who.int
- **OCDE**: Health Data (anual): www.oecd.org
- **Canadá**: *Canada Health Act Annual Report 2009-2010*
  - *http://www.hc-sc.gc.ca/hcs-sss/alt_formats/pdf/pubs/cha-ics/2010-cha-ics-ar-ra-eng.pdf*
  - *Comparable health and health system performance indicators for Canada, the provinces and territories Health Care in Canada 2010*
  - *WWW.CIHI.CA*
- **USA**: *Framework for a High Performance Health System for the United States*
  - *http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=387153*
- **Reino Unido**: Directorate General for NHS Finance, Performance and Operations.
  - *http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_087335*
- **Holanda**: Dutch Health Care Performance Report 2010
  - *http://www.gezondheidszorgbalans.nl/english-editions/*

- **Unión Europea**:
  - EUROBAROMETROS (Salud)
    - http://ec.europa.eu/health/ph_publication/eurobarometers_en.htm
  - EUROSTAT
    - http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home/

- **España**: Informes Anuales del Sistema Nacional de Salud – Sistema de información del SNS
  - *www.mspsi.es*

Health Indicators
2010

Statistics Canada Statistique Canada

Canadian Institute for Health Information
Institut canadien d'information sur la santé

Health Care in Canada 2010

December 2010

Canadian Institute for Health Information
Institut canadien d'information sur la santé

http://www.cihi.ca/

Gasto y Contribución en Salud. Sistema universal por impuestos, Canadá, 1994

Figure 2.1 Expenditure (in millions of Canadian dollars) on publicly financed health care according to pretax income decile (10 is the highest income) in Manitoba, Canada, 1994

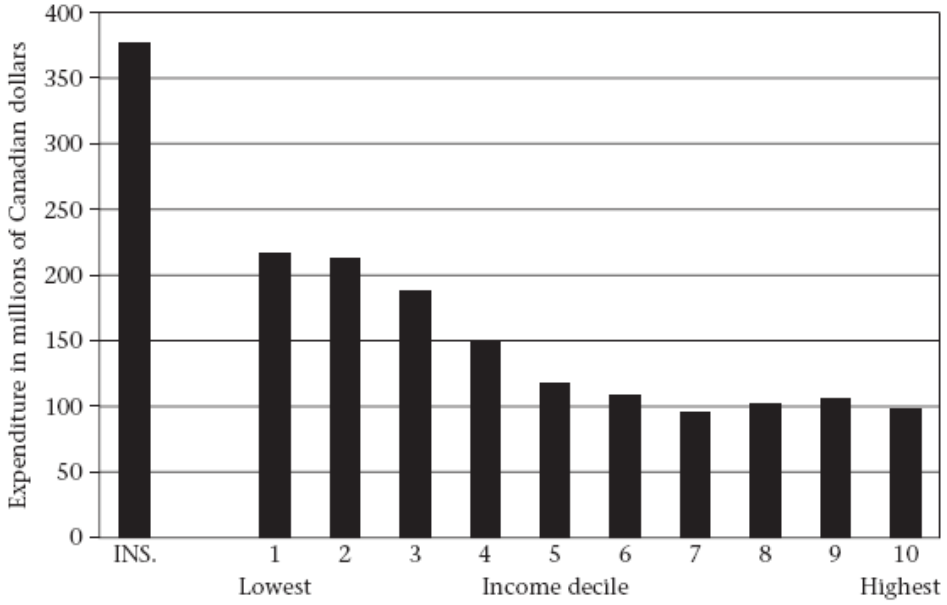
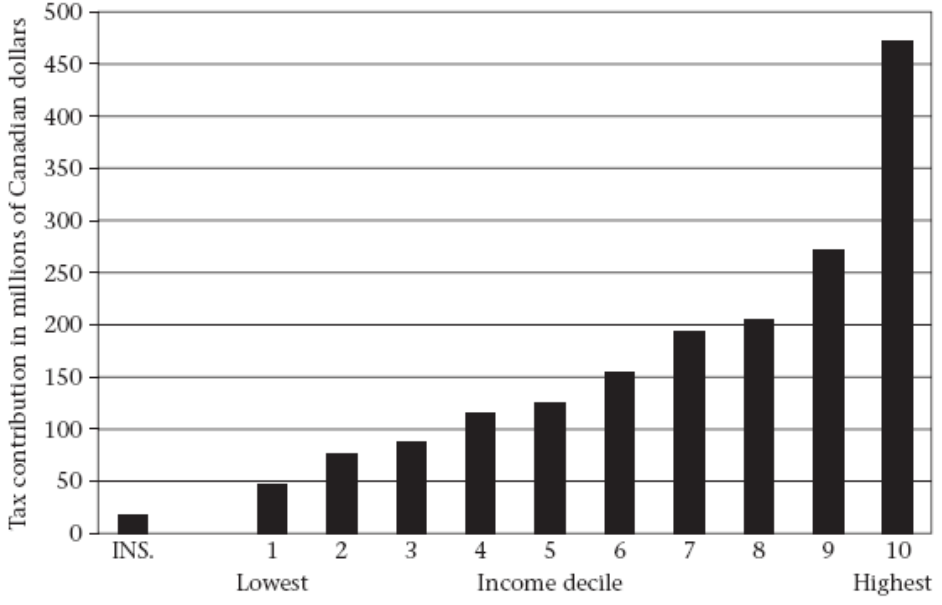
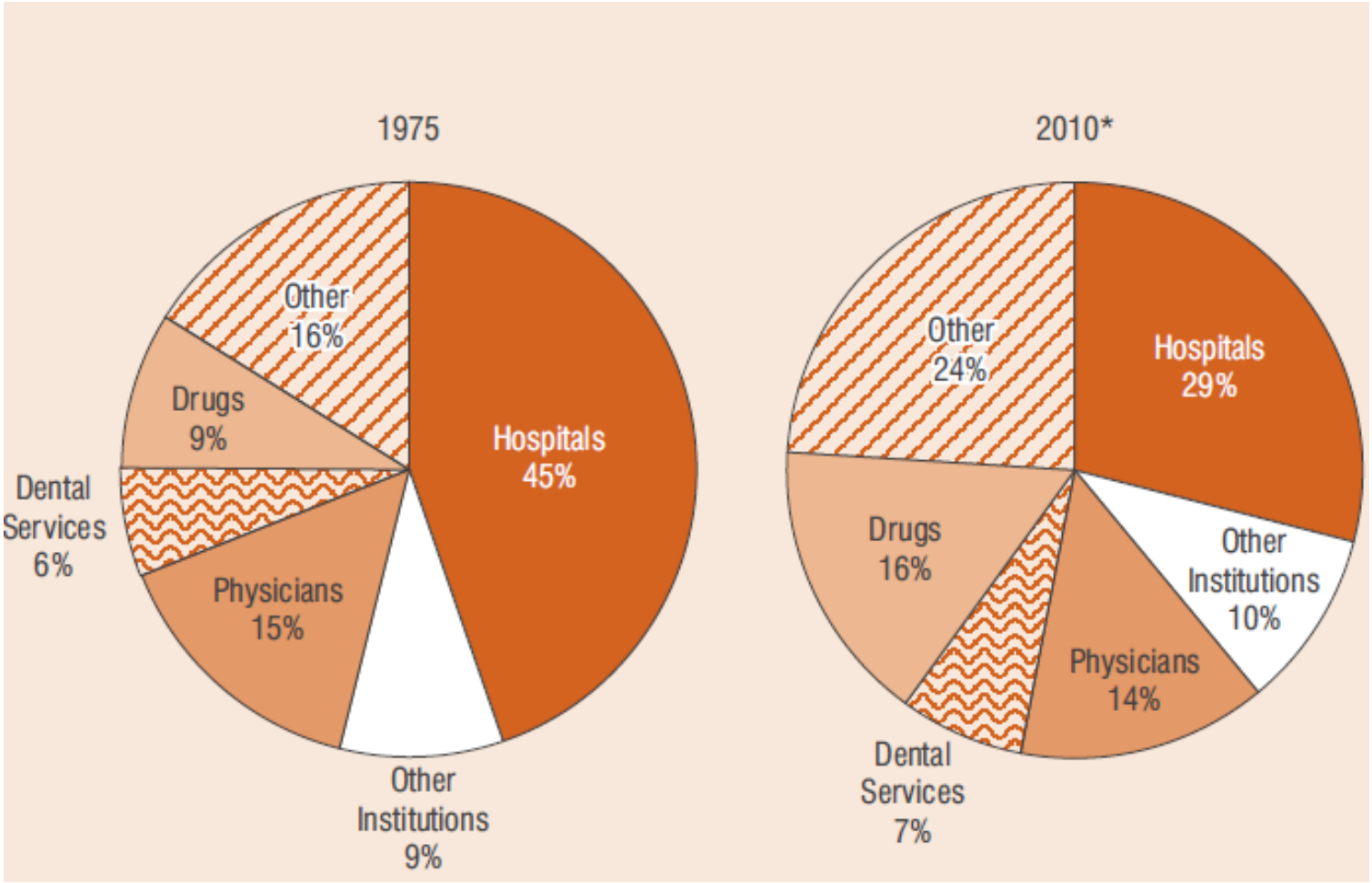


Figure 2.2 Tax contribution (in millions of Canadian dollars) to publicly financed health care according to pretax income decile (10 is the highest income) in Manitoba, Canada, 1994



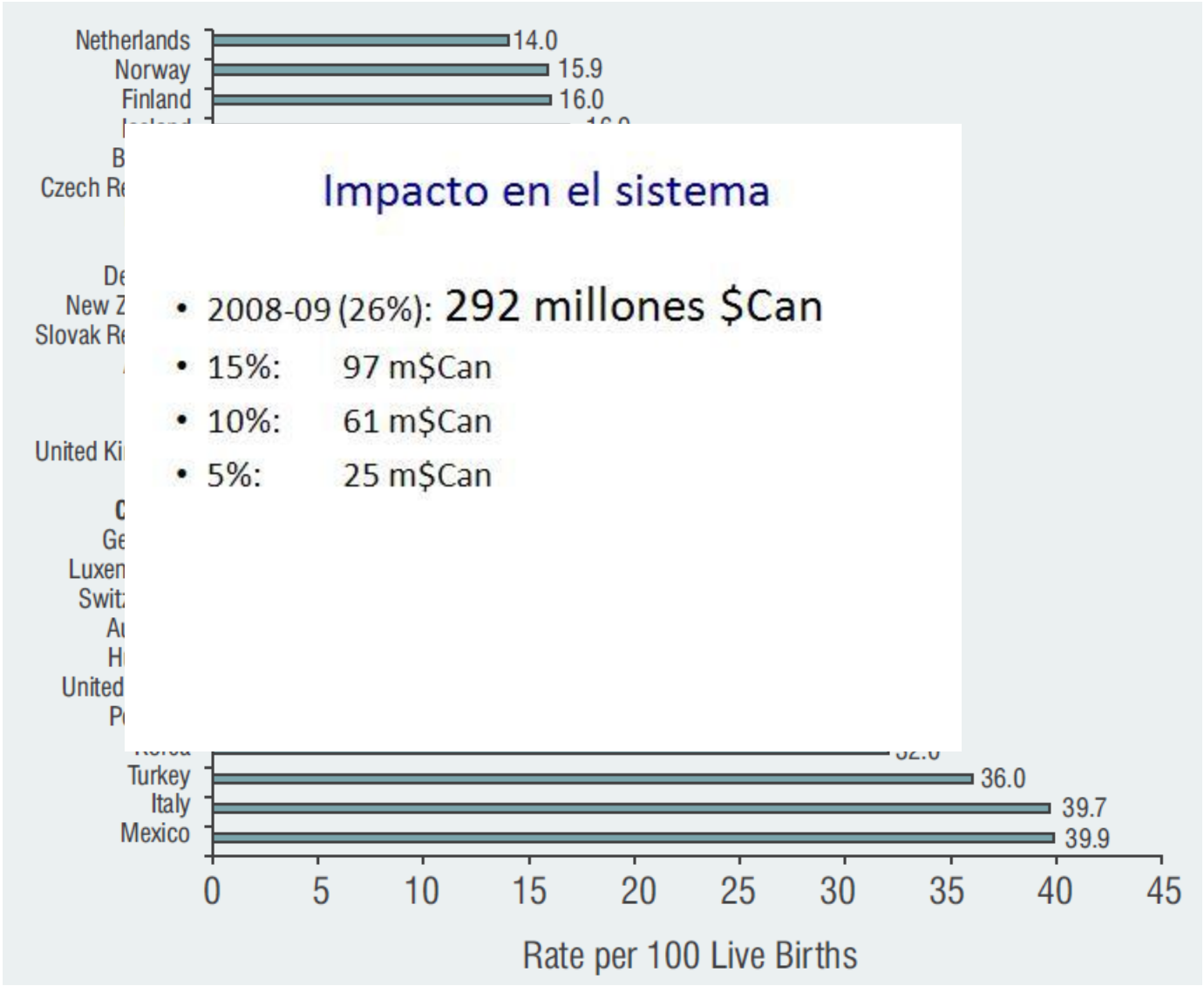
FUENTE: Evans RG. *Financing health care:taxation and thealternatives.* In: Mosialos E (editor) Funding health care: options for Europe. European Observatory on Health Care Systems. 2007

Canadá: gasto sanitario 2075-2010



Fuente: Health Care Canada 2010 (Datos: Nat. Health Expenditure, CIHI)

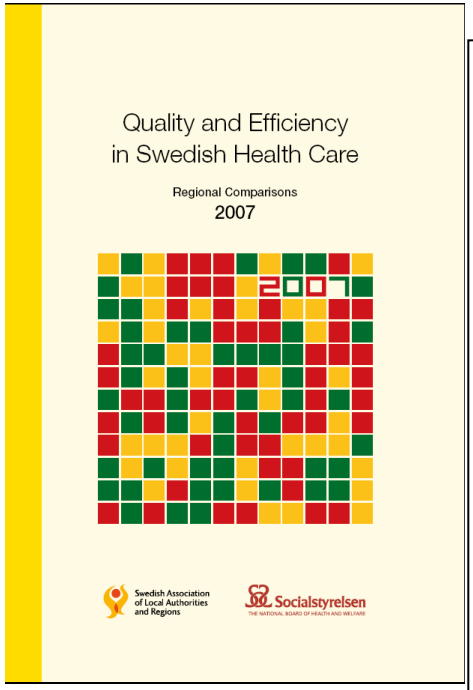
Cesáreas /100 nacimientos, 2007



Fuente: Health Care Canada 2010 (Datos: OECD Health Data2009)

Impacto en el sistema

- 2008-09 (26%): 292 millones $Can
- 15%: 97 m$Can
- 10%: 61 m$Can
- 5%: 25 m$Can



SUECIA

Contents

Holanda

El DHCPR compara a el sistema de salud de Holanda con el de otros países

- Informe anual (2008 el 2ª))
- 110 indicadores para medir:
  - Calidad
  - Accesibilidad
  - Eficiencia
  - Tambien:
    - Satisfacción de la población
    - Reforma 2006
- El Informe es posible por
  - Voluntad política
  - La gran cantidad de fuentes de información disponibles
  - Capacidad técnica del RIVM

http://www.rivm.nl/vtv/root/o33.html

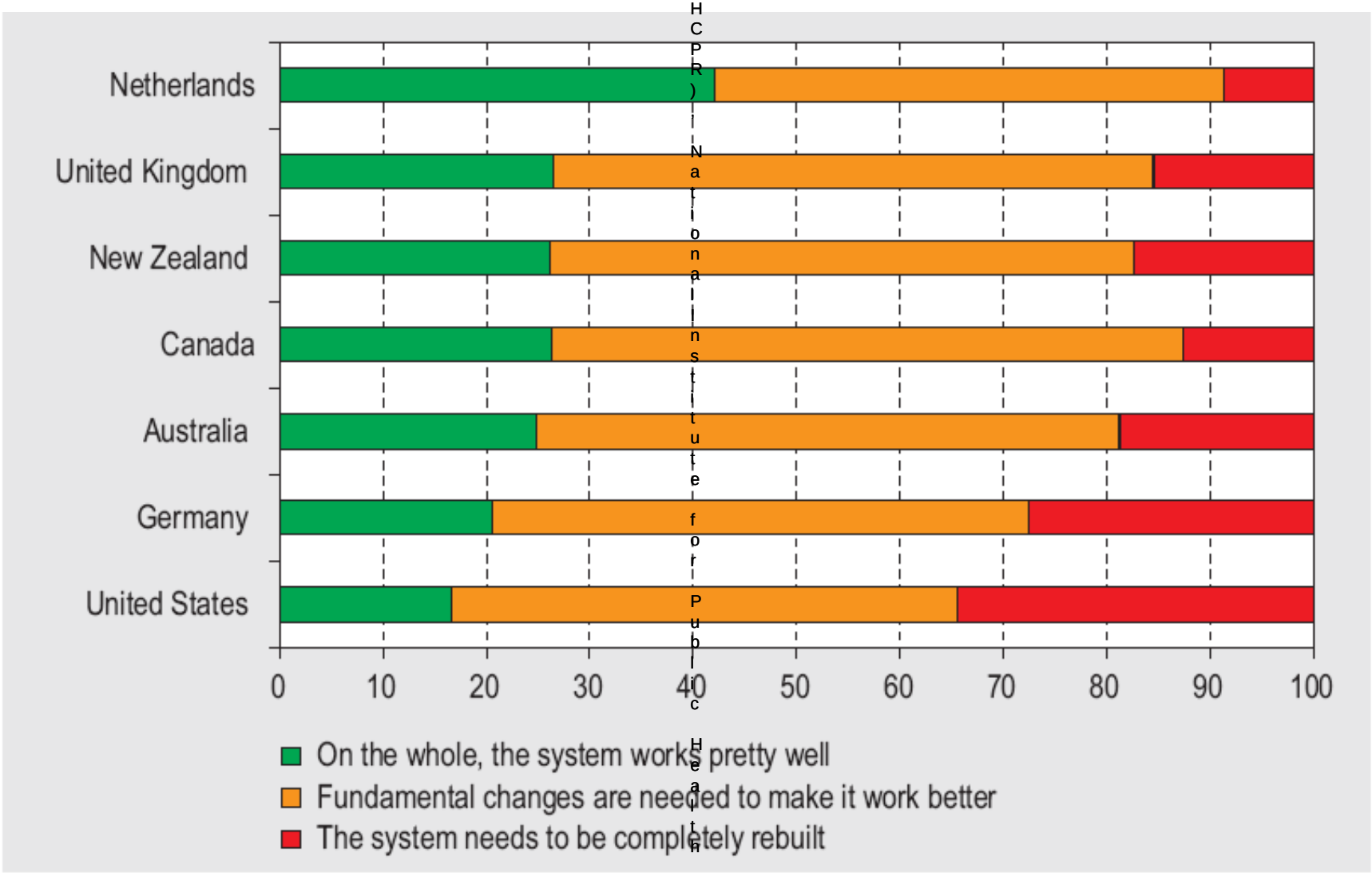


Figure 1: Overall view of the general public on the health care system, in 2007 (%) (Source: Grol and Faber, 2007; Schoen et al., 2007).

FUENTE: Dutch Health Care Performance Report 2008 (DHCPR), National Institute for Public Health and the Environment (RIVM),

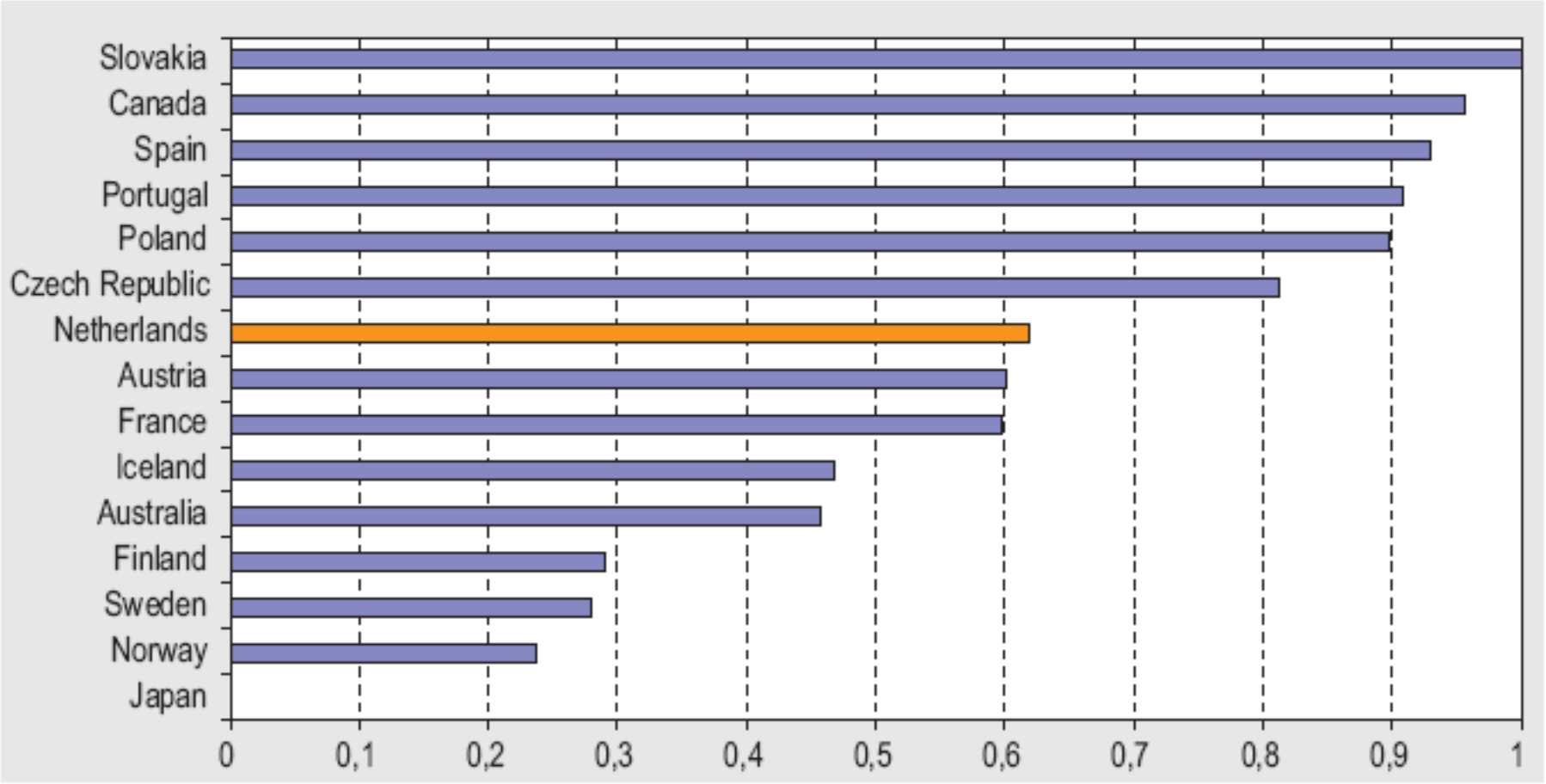


Figure 2.3.6: 30-day hospital mortality rate for acute myocardial infarction, cerebral haemorrhage and cerebral infarction, composite measure (0 = lowest mortality, 1 = highest mortality) (Source: OECD Health Data 2007; data processed by RIVM).

FUENTE: Dutch Health Care Performance Report 2008 (DHCPR), National Institute for Public Health and the Environment (RIVM),

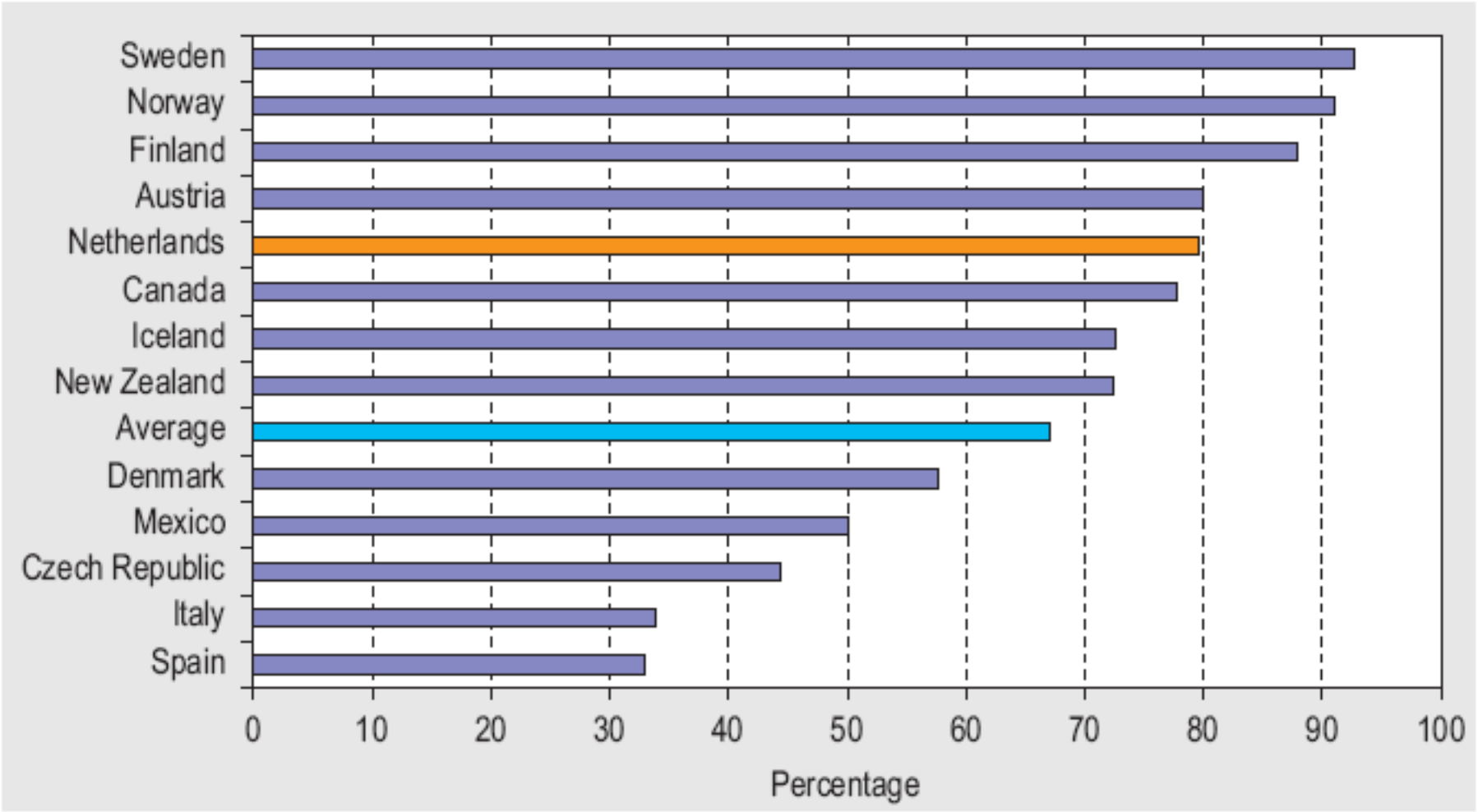


Figure 2.3.10: Hip fractures that are operated on within 48 hours (%) (Source: OECD Health Data 2007; data processed by RIVM).

FUENTE: Dutch Health Care Performance Report 2008 (DHCPR), National Institute for Public Health and the Environment (RIVM),

Coste medio de algunos procesos, € ppc 2005

Table 5.3.3: Average expenditure per procedure per condition, in nine countries (€, adjusted for cross-country price differences), in 2005 (Source: Busse, 2008).

	Hip replacement	Stroke	Acute myocardial infarction	Appen-dectomy	Cataract
Denmark	4401	2501	-	2011	602
England	5274	5674	4647	1888	623
France	5680	4038	5508	1887	909
Germany	6047	3283	2723	1826	741
Italy	6795	4465	7251	1589	1087
Netherlands	5328	6533	5323	1804	500
Spain	3965	2128	2050	654	611

FUENTE: Dutch Health Care Performance Report 2008 (DHCPR), National Institute for Public Health and the Environment (RIVM), www.healthcareperformance.nl

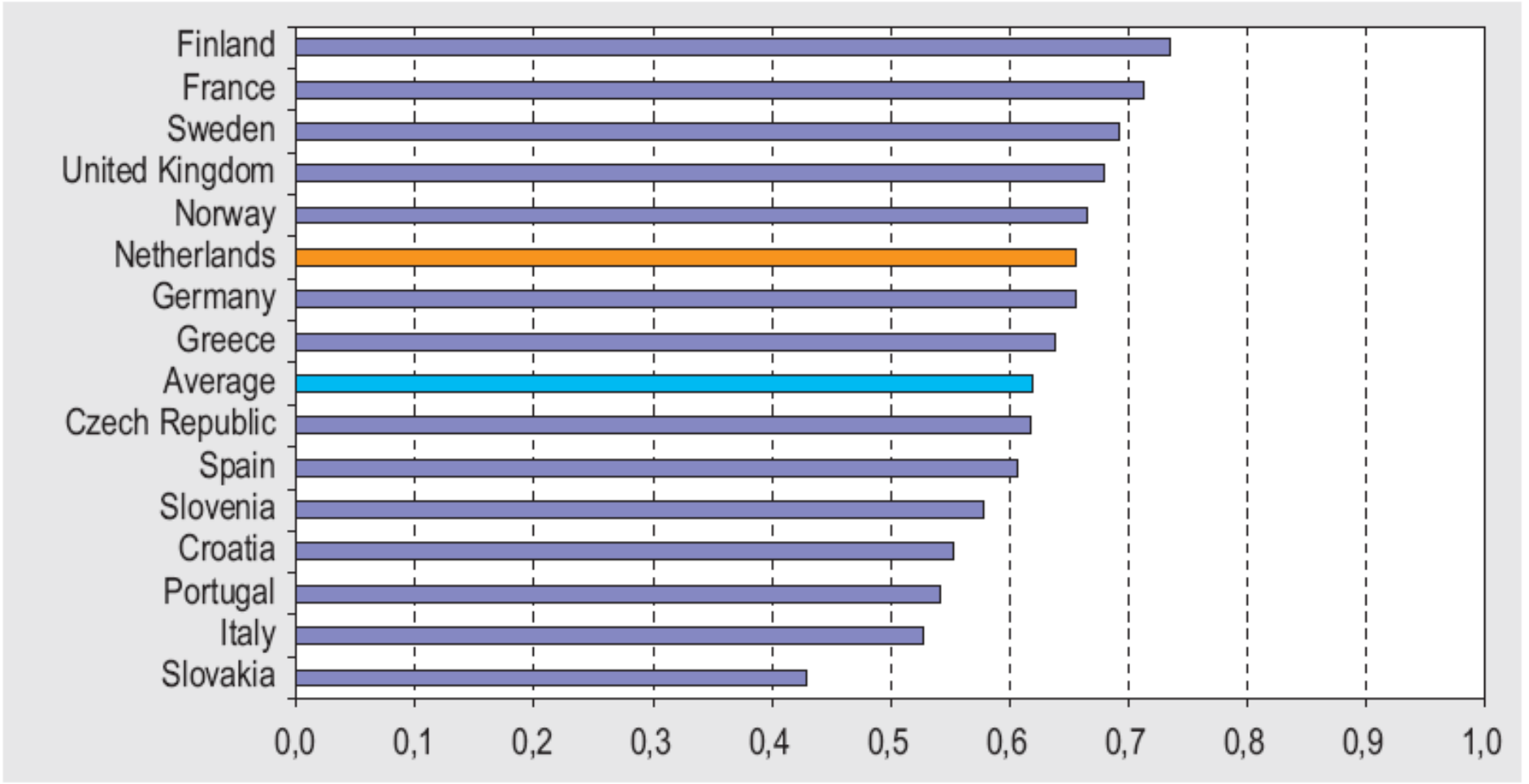


Figure 5.2.6: Responsiveness score, per country (scale 0-1), in 2002 (Source: Kok, 2008).

FUENTE: Dutch Health Care Performance Report 2008 (DHCPR), National Institute for Public Health and the Environment (RIVM),

Índice

1. Introducción: centrando el tema
2. Flujo de ideas y aprendizaje entre sistemas sanitarios: utilidad y riesgos.
3. Perspectiva comparada los sistemas de salud
4. Temas de especial actualidad en el contexto internacional:
    - Sostenibilidad
    - Gobernanza: buen gobierno
    - El reto de la cronicidad
    - Calidad-efectividad
    - “Factory medicine”
    - Cooperativas en los sistemas públicos integrados
    - Empoderacimiento de los pacientes: pacientes más activos e informados
    - Potencial de los sistemas de información – TICs
    - Efectividad-Calidad
    - Profesionalismo y gobierno clínico
5. Reflexión final.

Sostenibilidad

- ¿Qué queremos decir con sostenibilidad de los sistemas públicos de salud?
- ¿Cuándo/por qué decimos que un sistema público de salud es o no es sostenible?
- 2 Dimensiones de la sostenibilidad:
  - Social–política: Apoyo y aceptación popular (y de las elites)
  - Económica (recursos)
    - ¿Lo podemos pagar? (*Affordability*)
    - Eficiencia Macro económica

Sobre la sostenibilidad …

Canada's publicly funded health care system, as it is currently organized and operated, is not fiscally sustainable given current funding levels

(Kirby, 2002)

Medicare … is as sustainable as Canadians want it to be

(Romanow, 2002)

SOURCE OF QUOTES: Prof. Alan Shiell, Markin Institute, University of Calgary

Sostenibilidad de los sistemas públicos de salud en perspectiva global

- Reto permanente: la calidad de la practica médica y un modelo adecuado de atención a las enfermedades crónicas:

  "The health care model in the developed world is not sustainable with the rising tide of chronic disease".

  (Sir Liam Donaldson, CMO UK, May 2004)

- Hay un gran campo para mejorar la eficiencia (calidad y productividad) de los sistemas de salud
  - IOM, 2008: *Knowing What Works in Health Care.*
  - *IOMA 1999: Roadmap for the Nation; To err is Human);*

Sostenibilidad: la pregunta correcta

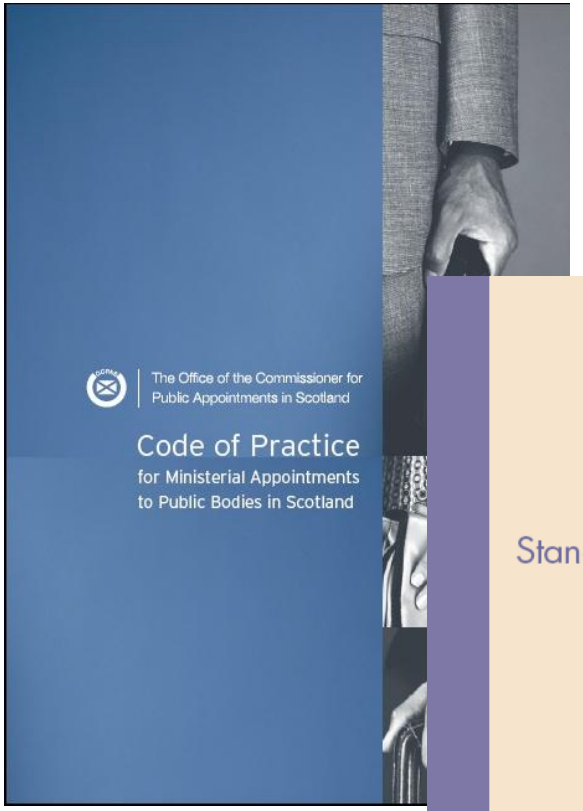
- La cuestión clave no es si los sistemas públicos de salud son sostenibles para la sociedad, si no al revés:
  - ¿hay alguna sociedad democrática que se pueda permitir no tener un buen sistema público de salud?
- Ello nos lleva a la pregunta correcta: ¿Cómo hace sostenibles los sistemas públicos de salud?

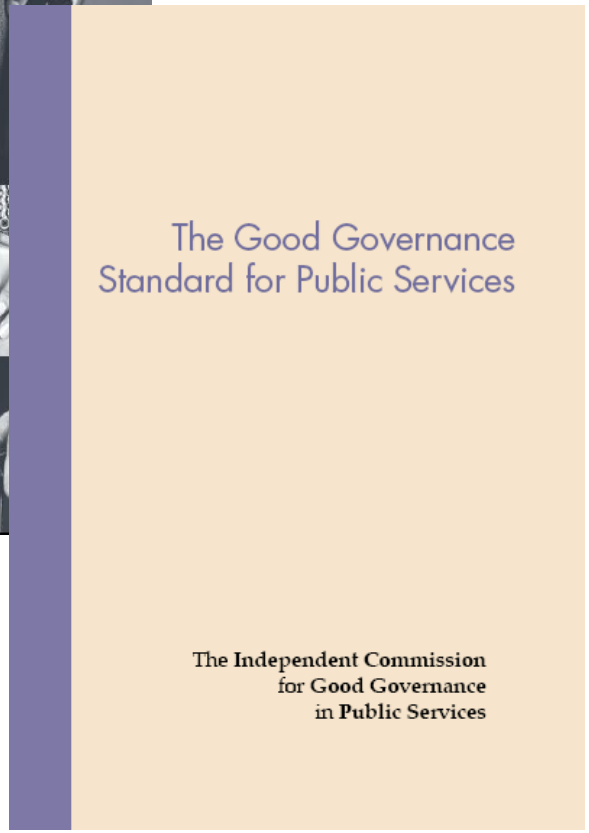
Sobre la sostenibilidad

"At its core, then, the debate over health care, in the United States as elsewhere, is less a pure macroeconomic issue than an exercise in the political economy of sharing."

(**Uwe E Reinhardt.** Health Affairs, 23, no. 3 (2004): 10-25. doi: 10.1377/hlthaff.23.3.10)

Buen gobierno





Buen gobierno corporativo de los servicios públicos de salud

1. Existencia de un órgano colegiado de gobierno (Consejo), diferenciado de la Dirección ejecutiva (órgano gestor);
2. Consejos con características que la experiencia ha demostrado que contribuyen a su efectividad:
   - (a) compuesto por miembros sin poder ejecutivo en la organización e independientes, sin intereses personales en ella;
   - (b) tamaño adecuado,
   - (c) consejeros con competencias relevantes para la organización,
   - (d) funcionamiento de un subcomité de auditoría y de otros subcomités formados por los consejeros según necesidades.;
3. Dirección ejecutiva (o Dirección-Gerencia):
   - (a) seleccionada por procesos transparentes,
   - (b) retribución con incentivos por desempeño.
4. Reglas de funcionamiento del Consejo y de la dirección ejecutiva, así como de la relación entre ambos, que respondan a estándares de los códigos de buen gobierno y buena gestión.

Alberta Health Services

CONFLICT OF INTEREST BYLAW

health • care • people

Queensland Health

Code of conduct

March 2006

Queensland Government
Queensland Health

Queensland the Smart State

Ocho características de buen gobierno y desempeño en sistemas de salud públicos integrados

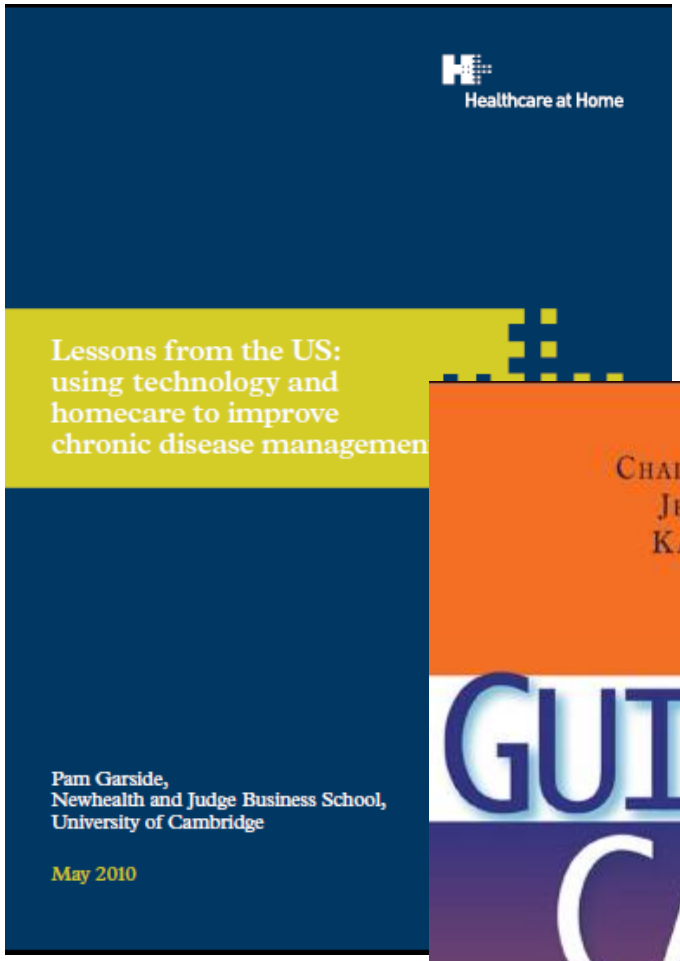
	Reino. Unido	Países Nórdicos	Nueva Zelanda	Italia	España	Portugal
Servicios públicos de salud con personalidad jurídica propia, diferenciada de la Administración pública.	Si	Si	Si	Si	Si	Si
Organización territorial descentralizada (Áreas/Distritos/hospitales).	Si	Si	Si	Si	Si	Si
Órganos colegiados de gobierno (Consejos) ante los que rinden cuentas los gestores.	Si	Si	Si	No	No	No
Gestores profesional, no nombramientos discrecionales (políticos).	Si	Si	Si	No	No	No
Alto nivel de autonomía, a nivel central respecto a la administración general, y local (incluye contratación del personal propio).	Si	Si	Si	Si	No	Si
Atención Primaria fuerte: Médico General/de Familia (puerta de entrada, lista de población a cargo)	Si	No (Suecia)	Si	Si	Si	Si
Regulación y organización de la profesión médica (regulación, aspectos sindicales y conocimiento-competencias).	Si	Si	Si	No	No	Si
Desarrollo de la gestión contractual en cascada (intraorganizativa, o entre financiadores y proveedores) hasta el nivel de unidades clínicas.	Si	Si	Si	Si	Si	¿?

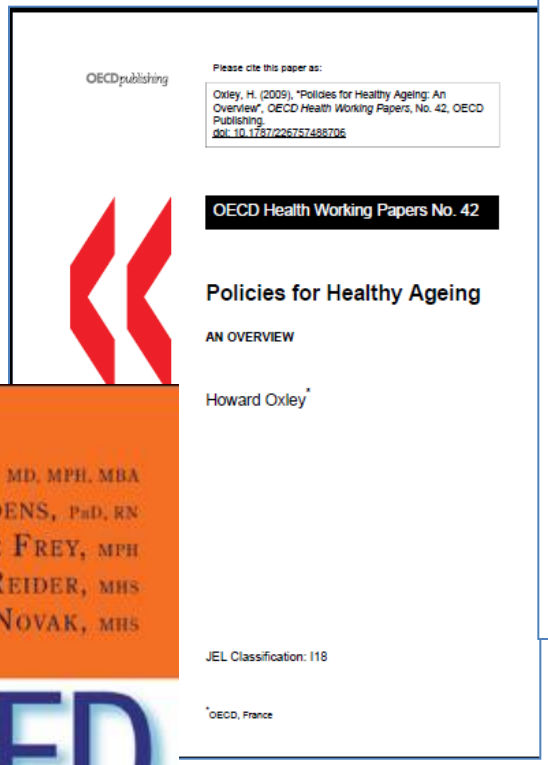
El reto de la cronicidad … y del fin de la vida

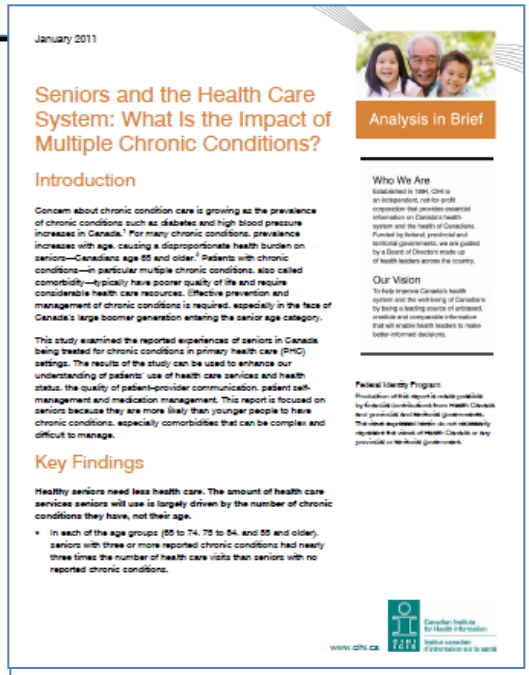
"The health care model in the developed world is not sustainable with the rising tide of chronic disease".

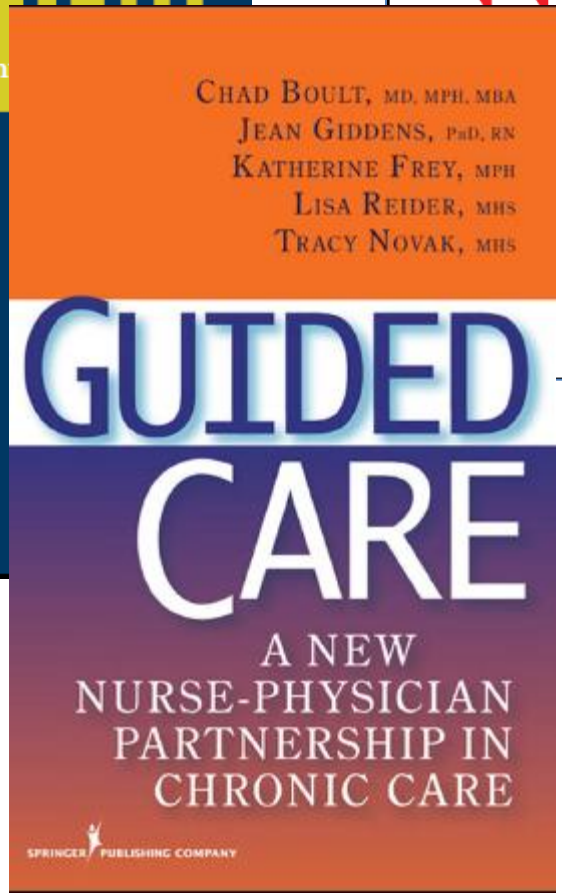
(Sir Liam Donaldson, May 2004)

Pacientes crónicos









Seniors and the Health Care System: What Is the Impact of Multiple Chronic Conditions?

http://secure.cihi.ca/cihiweb/products/air-chronic_disease_aib_en.pdf

- The 24% of seniors who reported living with three or more chronic conditions were responsible for 40% of health care use among Canadian seniors.
- Seniors with three or more chronic conditions reported using three times as many health care services as Canadians age 65 and older with no chronic conditions. Those with three or more chronic conditions also reported more than twice the rate of visits to a family doctor as seniors with only one chronic condition.
- Similar patterns of health care use existed among adults age 45 to 64; those with three or more chronic conditions made six times as many health care visits as those with no reported conditions.
- Seniors with three or more chronic conditions made three times as many visits to emergency departments as seniors with no reported chronic conditions.

- **This report focuses on what options exist** for changing the picture in the future through better health, lower morbidity and a more efficient health- and elderly care system; i.e. a focus on the <u>efficiency gap instead of the funding gap</u>.
- SESIM Model (Ministry of Health and Social Affairs, Sweden)
  - It simulates how 300 000 individuals age from year to year up to 2050 what role their health plays for their future needs for health care and care for the elderly.

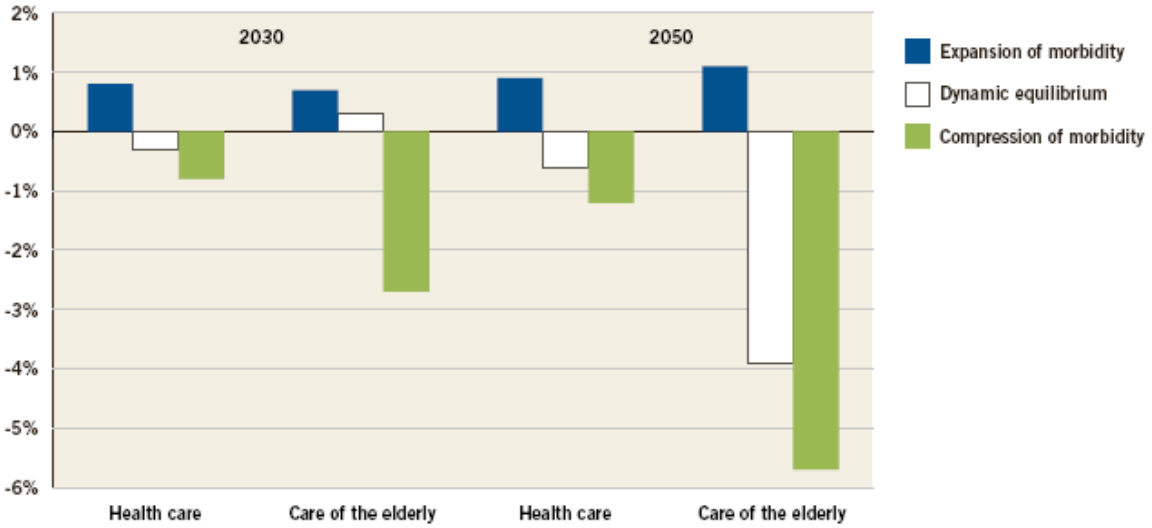


Figure 9. Percentage difference in age-standardised consumption of care and social services per individual in 2030 and 2050 in relation to 2010. Age standardisation means that the population in the three different scenarios has the same size and age composition.
Source: Calculations by Ministry of Health and Social Affairs.

Patient-Centered Care and Human Mortality

The Urgency of Health System Reforms to Ensure Respect for Patients' Wishes and Accountability for Excellence In Care

Report and Recommendations of the
Massachusetts Expert Panel on End-of-Life Care

Submitted to:

Deval L. Patrick, Governor

Timothy P. Murray, Lieutenant Governor

JudyAnn Bigby, MD, Secretary of Health & Human Services

October 2010

"To allow people the deaths they want, end of life care must be radically transformed…"

DYING FOR CHANGE

Charles Leadbeater
Jake Garber

DEMOS

IMPLEMENTING THE END OF LIFE CARE STRATEGY

Lessons for good practice

Rachael Addicott
Shilpa Ross

The King's Fund

CMAJ RESEARCH

Defining priorities for improving end-of-life care in Canada

Daren K. Heyland MD MSc, Deborah J. Cook MD MSc, Graeme M. Rocker DM MHSc, Peter M. Dodek MD MHSc, Demetrios J. Kutsogiannis MD MHS, Yoanna Skrobik MD, Xuran Jiang MD MSc, Andrew G. Day MSc, S. Robin Cohen PhD, for the Canadian Researchers at the End of Life Network (CARENET)

Previously published at www.cmaj.ca

ABSTRACT

Background: High-quality end-of-life care should be the right of every Canadian. The objective of this study was to identify aspects of end-of-life care that are high in priority often hampered by inadequate definitions of quality of care and by suboptimal tools for measurement.[6-8] In a recent, large cross-sectional survey, the Canadian Researchers at the End of Life Network defined what matters most to seriously ill patients as

Patient Safety

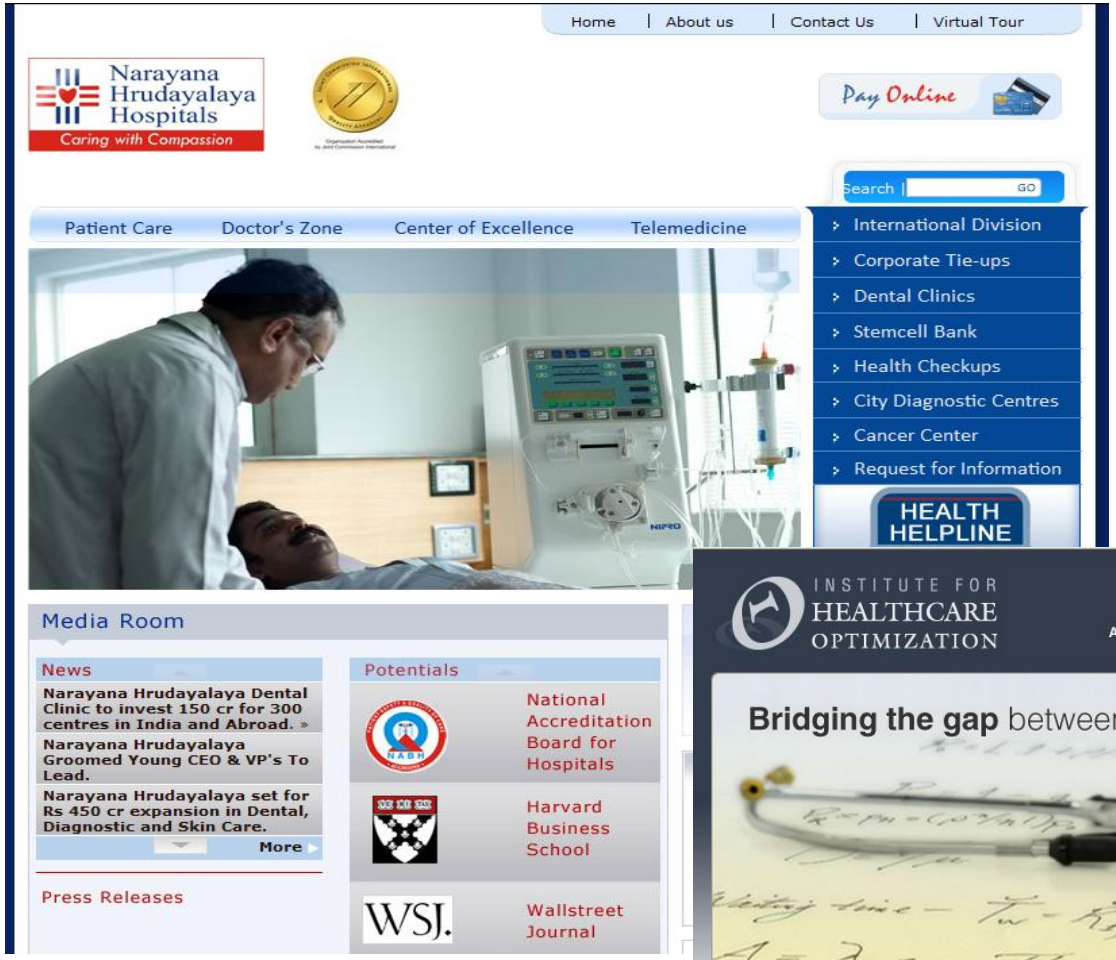
INSTITUTE FOR HEALTHCARE IMPROVEMENT

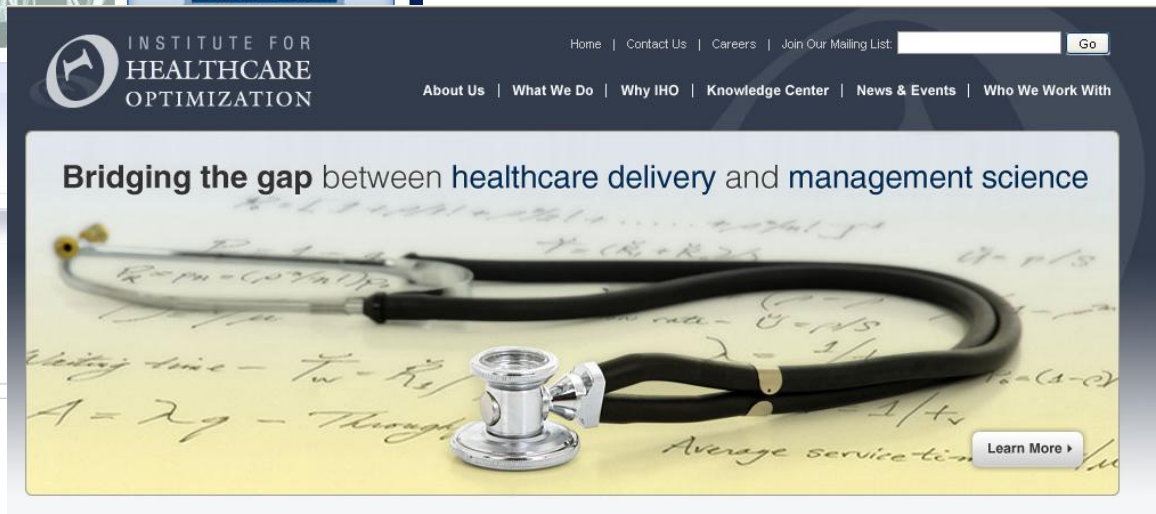
End-of-Life Care: 6 Leadership Actions

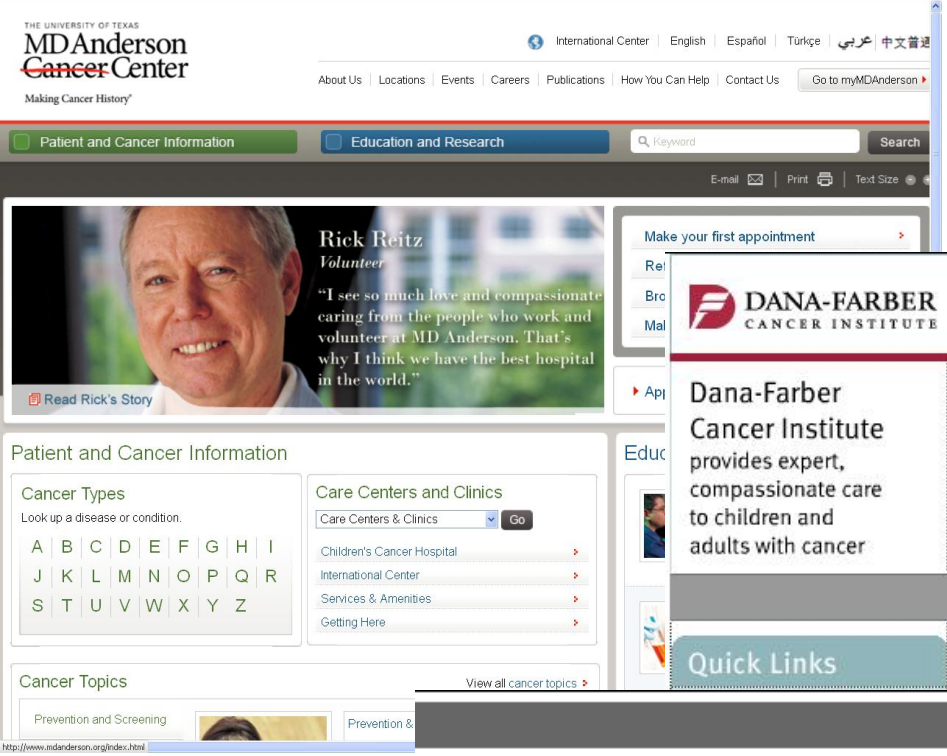
Executives play a key role in initiatives to honor preferences of patients with advanced illness.

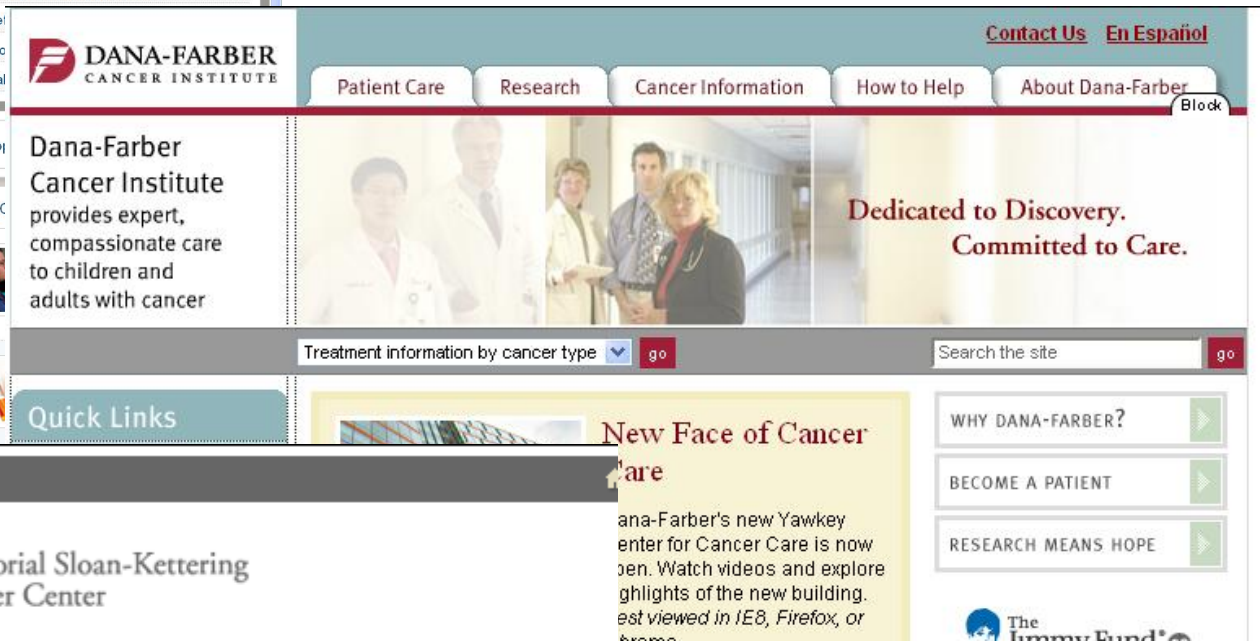
Formas organizativas diferentes:

¿Medicina industrial? ¿Centros especializados?



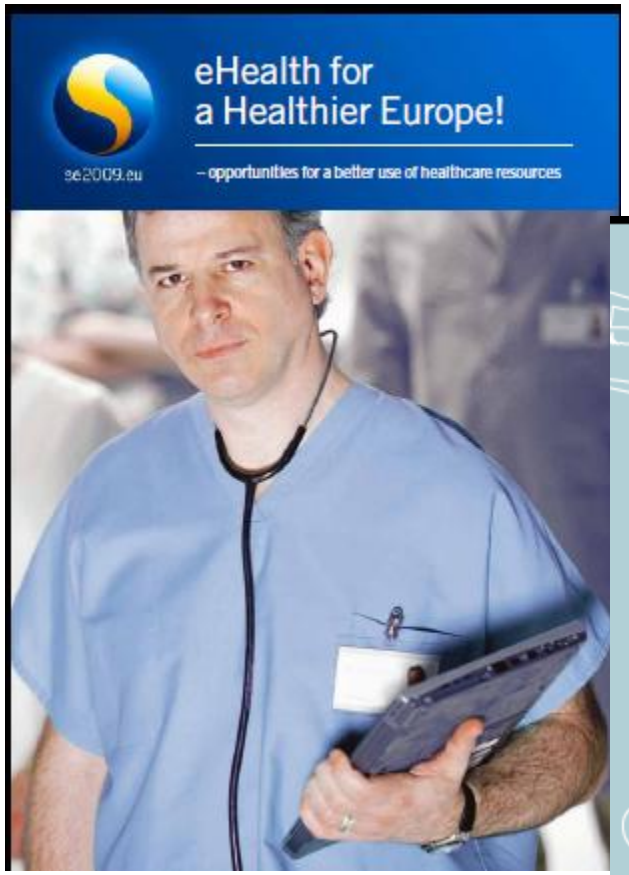


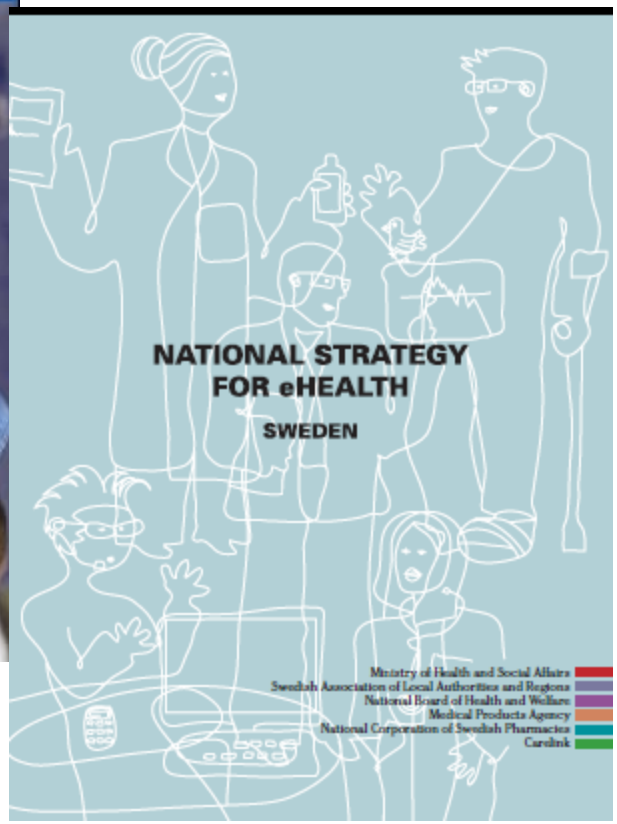

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®
International Center | English | Español | Türkçe | عربي | 中文普通
About Us | Locations | Events | Careers | Publications | How You Can Help | Contact Us
Go to myMDAnderson
Patient and Cancer Information
Education and Research
Keyword
Search
E-mail | Print | Text Size
Rick Reitz
Volunteer
"I see so much love and compassionate caring from the people who work and volunteer at MD Anderson. That's why I think we have the best hospital in the world."
Read Rick's Story
Make your first appointment
Patient and Cancer Information
Cancer Types
Look up a disease or condition.
A B C D E F G H I
J K L M N O P Q R
S T U V W X Y Z
Care Centers and Clinics
Care Centers & Clinics
Go
Children's Cancer Hospital
International Center
Services & Amenities
Getting Here
Cancer Topics
View all cancer topics
Prevention and Screening
http://www.mdanderson.org/index.html

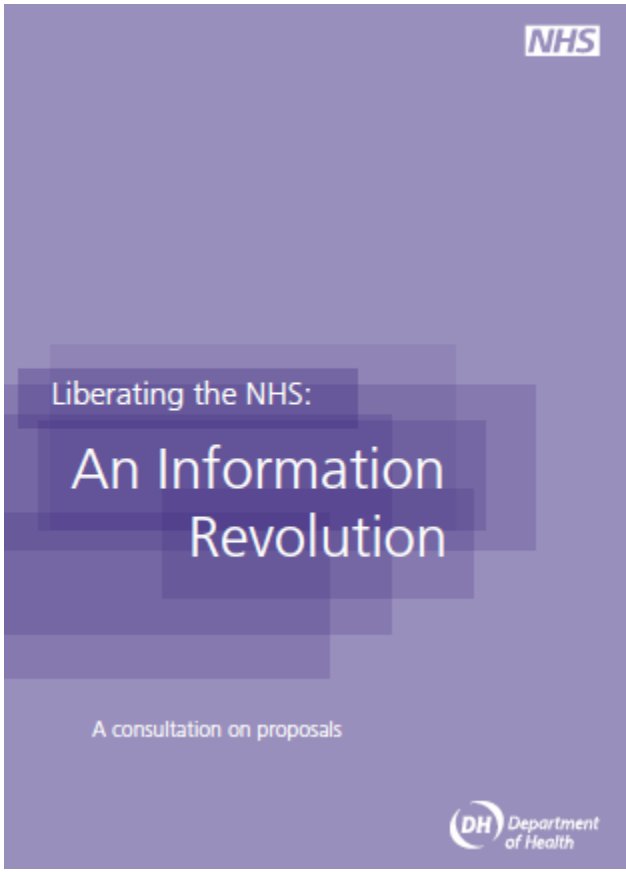

DANA-FARBER CANCER INSTITUTE
Contact Us
En Español
Patient Care
Research
Cancer Information
How to Help
About Dana-Farber
Block
Dana-Farber Cancer Institute provides expert, compassionate care to children and adults with cancer
Dedicated to Discovery. Committed to Care.
Treatment information by cancer type
go
Search the site
go
Quick Links
New Face of Cancer Care
ana-Farber's new Yawkey enter for Cancer Care is now pen. Watch videos and explore ghlights of the new building.
est viewed in IE8, Firefox, or
WHY DANA-FARBER?
BECOME A PATIENT
RESEARCH MEANS HOPE
The Jimmy Fund


Memorial Sloan-Kettering Cancer Center
SLOAN-KETTERING INSTITUTE
SLOAN-KETTERING INSTITUTE
Research Programs
Postdoctoral Training
Graduate Education
Summer Undergraduate Research Program
Core Facilities
Collaborative Research Centers
OUR LABORATORY RESEARCH
Comprised of eight innovative resea programs, which are home to more t laboratories, Sloan-Kettering Institut dedicated to advancing the understa the biology and management of canc
Select a Lab Head
STAFF SPOTLIGHT

Sistemas de Información -TICs







¿Cooperativas?

EDITORIALS

Employee ownership in the NHS

Mutual models may help to deliver higher levels of performance

Although the coalition government's plans to put general practices in charge of commissioning have attracted widespread interest and comment, its proposals for provider reform are equally radical. By 2013 it is expected that all NHS trusts will have become foundation trusts, and that providers from the independent sector will play a bigger part in delivering services to NHS patients. The government also wants to encourage employee owned healthcare providers, with the aim of creating "the largest and most vibrant social enterprise sector in the world."[1]

These plans are part of a broader programme of public service reform, at the heart of which is a concern to move

commitment to allow foundation trusts to go down this route. The white paper on NHS reform published in July stated that, "As all NHS trusts become foundation trusts, staff will have the opportunity to transform their organisations into employee-led social enterprises that they themselves control, freeing them to use their front-line experience to structure services around what works best for patients."[1] The implication is that, in future[illegible] tion trusts will take different forms, with some ret[illegible] current governance model involving multiple stak[illegible] while others become employee owned.

Several practical barriers may sit in the way [illegible]

http://www.bmj.com/content/341/7784/Editorials.full.pdf

Power to public sector workers

Employee owned co-operatives to enable public sector workers to become their own boss and deliver

the conservative co-operative *movement* ?

Executive summary

A Conservative government will give public sector workers a powerful new right to form employee owned co-operatives to take over the services they deliver. This will empower millions of public sector workers to become their own boss and help them to deliver better services.

http://www.conservatives.com/news/news_stories/2010/02/~/media/Files/Downloadable%20Files/powertopublicsectorworkers.ashx

The King's Fund

Working paper

APRIL 2006

Social Enterprise and Community-based Care

Is there a future for mutually owned organisations in community and primary care?

Richard Lewis

Peter Hunt

David Carson

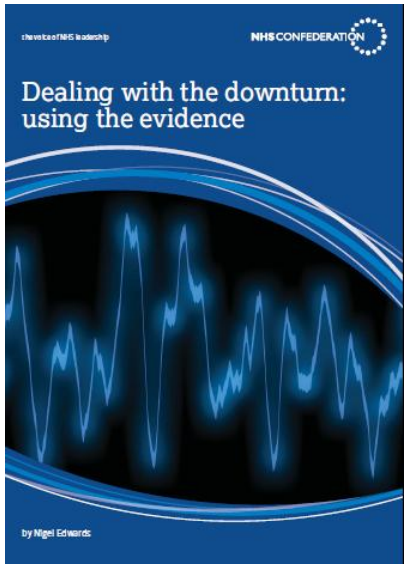
The Nuffield Trust
FOR RESEARCH AND POLICY STUDIES IN HEALTH SERVICES

NHS MUTUAL

ENGAGING STAFF AND ALIGNING INCENTIVES TO ACHIEVE HIGHER LEVELS OF PERFORMANCE

Jo Ellins and Chris Ham

Efectividad - Calidad



http://effectivehealthcare.ahrq.gov/index.cfm/news-and-announcements/

http://www.whynotthebest.org/

Providing Saskatchewan residents the highest quality of health care:

Aligning priorities, accelerating improvement

HEALTH QUALITY COUNCIL

Strategic Plan 2007-2010

THE COMMONWEALTH FUND

Why Not The BEST?

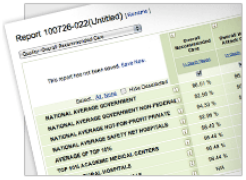
A health care quality improvement resource

Returning Users Log-In to access your saved reports. Forgot Password? | Register

Email Address | Password | LOG-IN

Compare Hospitals | Maps | Improvement Tools & Resources | Methodology | About

Comparative Health Care Performance Data



- See how well U.S. hospitals perform on measures of evidence-based care, patient experience, readmission and mortality rates, and costs
- Compare a hospital's performance with peer organizations and national benchmarks
- Find case studies and tools to help improve the quality of care

CREATE A REPORT...

1 Choose Hospitals to Compare:

By Name | By Location/Characteristics...

Begin typing the name of a hospital...

You Have Selected...

This window will remain active.
Use it at any time to add more hospitals.

CONTINUE

2 Choose Benchmarks

3 Compare

Featured Reports

Bloodstream Infections: San Francisco, Denver and Miami	New Hampshire Hospitals: AHRQ Data	Baldridge Winners: 2007-10
VIEW REPORT	VIEW REPORT	VIEW REPORT

Featured Tools and Resources

"The process of adopting safety concepts from aviation could in itself **alter the culture of health care teams** if the interventions dissuaded heroic actions, increased common knowledge or encouraged safety by design."

THE COMMONWEALTH FUND

In the Lit

Highlights from Commonwealth Fund-Supported Studies in Professional Journals

Counterheroism, Common Knowledge, and Ergonomics: Concepts from Aviation That Could Improve Patient Safety

March 22, 2011

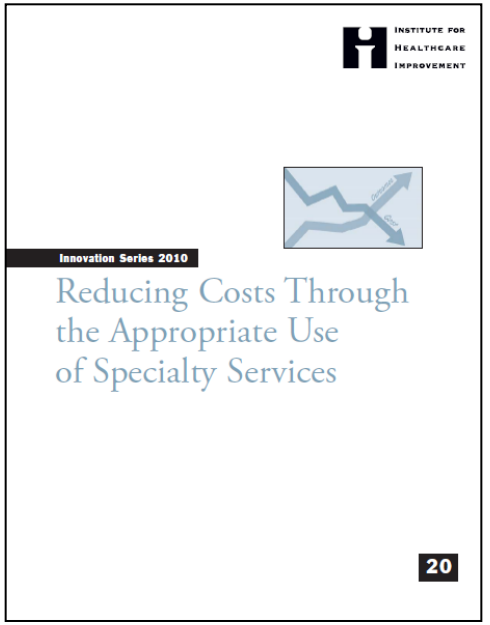
Authors: Geraint H. Lewis, M.A., M.Sc., F.R.C.P., F.F.P.H., Rhema Vaithianathan, Ph.D., Peter M. Hockey, M.B.B.Ch., M.D., F.R.C.P., Guy Hirst, M.D., P.E., and James P. Bagian, M.D.

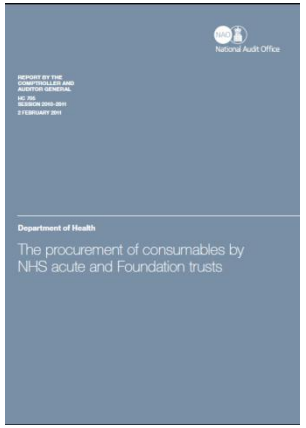
Journal: *Milbank Quarterly*, March 2011 89(1):4–38

Contact: Geraint H. Lewis, M.A., M.Sc., F.R.C.P., F.F.P.H., Senior Fellow, Nuffield Trust, Geraint.Lewis@nuffieldtrust.org.uk, or Mary Mahon, Senior Public Information Officer, The Commonwealth Fund, mm@cmwf.org

Access to full article: http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2011.00623.x/abstract

Más eficiencia y productividad





http://www.aomrc.org.uk/component/search/?searchword=productivity&ordering=&searchphrase=all

http://www.nao.org.uk/publications/1011/nhs_hospital_productivity.aspx

National Audit Office

Accessibility | Contact Us | Jobs | Press Office

Search Go

Publications Reports, press releases, good practice...

Sectors Defence, Education, Health & Social Care...

Help for public services Good practice, advice, tools...

About us What we do, governance, history...

Home > Publications

Publications

- Work in progress
- Short guides to Departments
- PSA data systems validation 2010
- Archive
- Financial management reports

Health and social care

Management of NHS hospital productivity

Hospital productivity has fallen over the last ten years. There have been significant increases in funding and hospitals have used this to deliver against national priorities, but they need to provide more leadership, management and clinical engagement to optimise the use of additional resources and deliver value for money.

Downloads

Executive summary (PDF - 74KB)

Full report (PDF - 858KB)

Press notice (HTML)

Methodology (PDF - 121KB)

Regression analysis methodology (PDF - 323KB)

"Over the last ten years, there has been significant real growth in the resources going into the NHS, most of it funding higher staff pay and increases in headcount. The evidence shows that productivity in the same period has gone down, particularly in hospitals."

Amyas Morse, head of the National Audit Office, 17 December 2010

Hospital productivity has fallen over the last ten years, according to the National Audit Office. Over the period since the 'NHS Plan' in 2000 there have been significant increases in hospital funding, to deliver improvements in the patient care, and designed in part to increase productivity. Hospitals have used their increased resources to deliver against national priorities, but they need to provide more leadership, management and clinical engagement to optimise the

Related Reports

- NHS procurement...
- NHS Landscape Review...
- Cancer Reform Strategy...
- Short guide DoH...
- More Reports...

Related links

- NHS Pay Modernisation in England: Agenda for Change
- NHS Pay Modernisation: New contracts for general practice services in England
- Pay Modernisation: A new contract for NHS consultants in England

Pacientes más informados y activos

Health Literacy

Universal Precautions

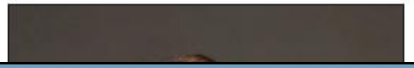
Toolkit

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

NEWS

Accountability key for patient charter

Published at www.cmaj.ca on Feb. 23



AUSTRALIAN COMMISSION on SAFETY and QUALITY in HEALTH CARE

To lead and coordinate the safety and quality agenda in Australia's health care system

Home | About Us | Media & Presentations | Our Work | Publications | Resources | Tenders | Contact Us

Home > Our Work > Australian Charter of Healthcare Rights

Enter keywords Search

Australian Charter of Healthcare Rights

About The Program

The aim of the program was to develop a charter of healthcare rights for all people receiving or seeking health care in all settings in Australia.

On 22 July 2008, Australian Health Ministers endorsed the Australian Charter of Healthcare Rights and recommended its use nationwide.

A media release and the Australian Charter of Healthcare Rights (PDF 376 KB) are available for download.

Australian Charter of Healthcare Rights (DOC 994 KB)

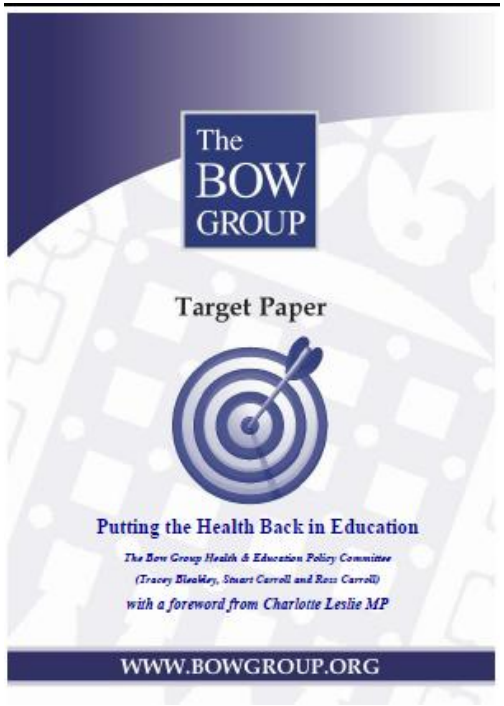
Australian Charter of Healthcare Rights (ZIP 957 KB)

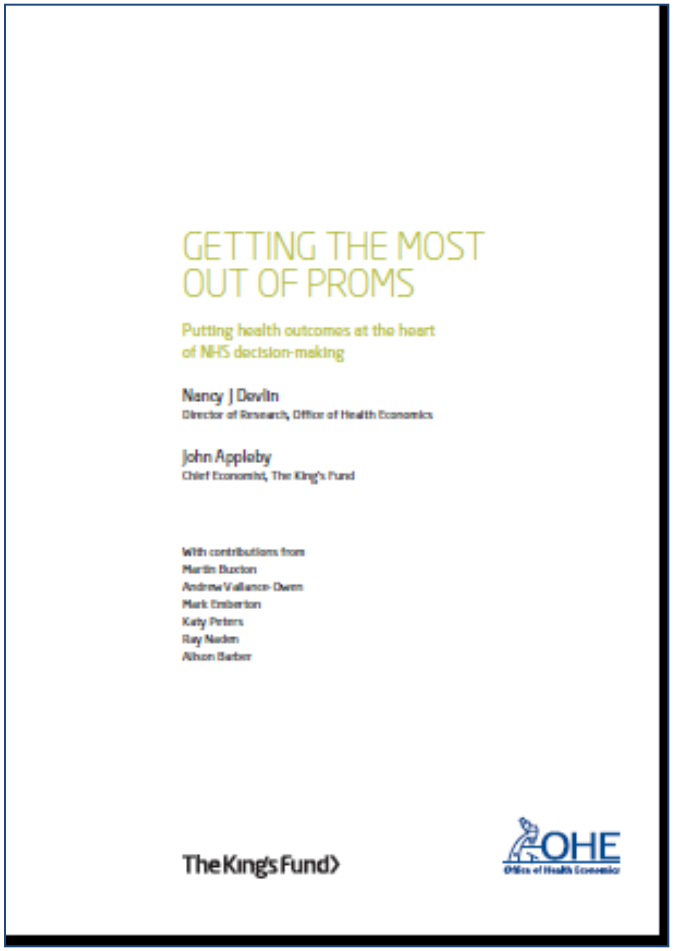
The Commission has also developed additional resource material for patients, consumers, families and carers and healthcare providers and facilities to support the use of the Charter and are available for download in pdf format. Please contact the Commission if you require these documents in an alternate format.

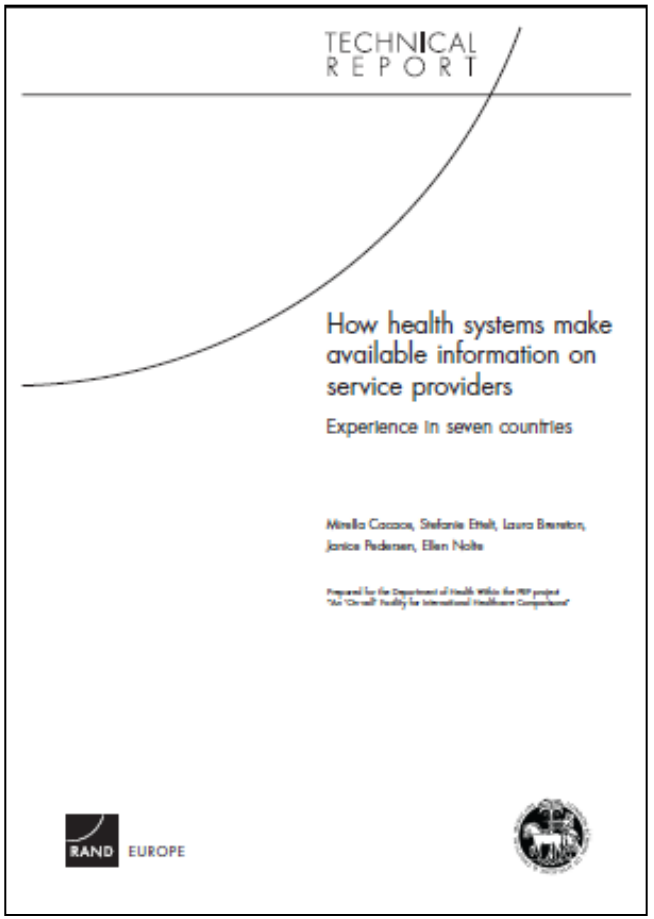
Roles in Realising the Australian Charter of Healthcare Rights (PDF 1232 KB)

Australian Charter of Healthcare Rights Page Links

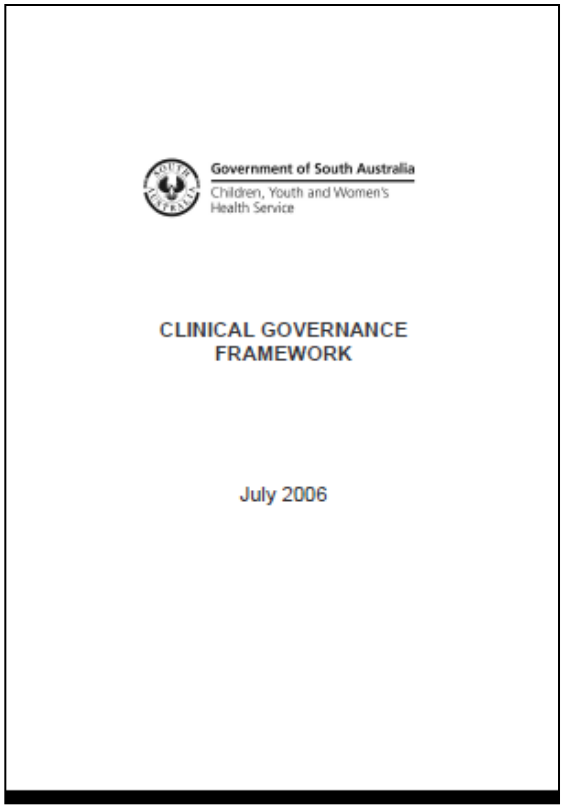
- About The Program
- Australian Charter of Healthcare Rights
- Publications
- Contact


The
BOW
GROUP
Target Paper
Putting the Health Back in Education
The Bow Group Health & Education Policy Committee
(Tracey Bleakley, Stuart Carroll and Ross Carroll)
with a foreword from Charlotte Leslie MP
WWW.BOWGROUP.ORG

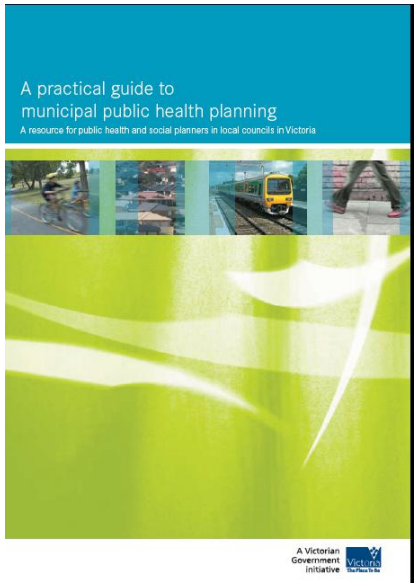

GETTING THE MOST
OUT OF PROMS
Putting health outcomes at the heart
of NHS decision-making
Nancy J Devlin
Director of Research, Office of Health Economics
John Appleby
Chief Economist, The King's Fund
With contributions from
Martin Buxton
Andrew Wallace-Dunn
Mark Emberton
Katy Peters
Ray Naden
Alison Barber
The King's Fund
OHE
Office of Health Economics

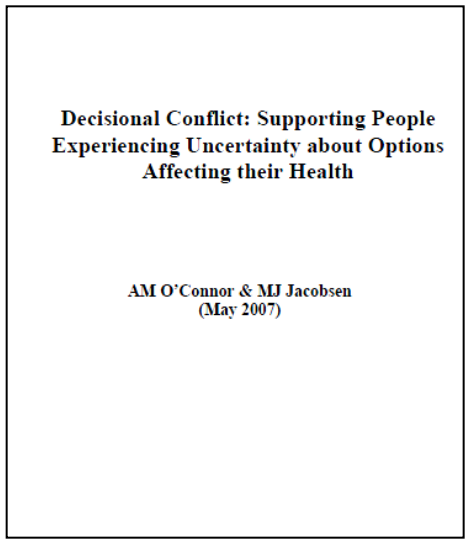

TECHNICAL
REPORT
How health systems make
available information on
service providers
Experience in seven countries
Mirella Cacace, Stefanie Ettelt, Laura Brereton,
Janice Pedersen, Ellen Nolte
RAND EUROPE

Gobierno Clínico - profesionalismo



Salud Pública- Promoción de la salud






Our Future Health Secured?
A REVIEW OF NHS FUNDING AND PERFORMANCE
Derek Wanless
John Appleby
Anthony Harrison
Darshan Patel
King's Fund
Securing Good Health
the Whole Populat
Derek Wanless
February 2004
Securing our Future Health: Taking a Long-Term View
Derek Wanless
April 2002
Assessed "The financial and other resources required to ensure that the NHS can provide a publicly funded, comprehensive, high quality service on the basis of clinical need and not ability to pay."
Built on a vision of future needs and three alternative scenarios

A modo de conclusión

- La evaluación y comparación dentro y entre los Sistemas de Salud están en función del contexto político, social y cultural de cada país: de la calidad de su democracia;
- Importancia de buenos sistemas de información con definiciones comunes;
- Los sistemas de salud son "experimentos naturales" de los que es obligado aprender, conociendo y evitando los riesgos del "contrabando de ideas" (Evans)

FUNDACIÓN BAMBERG

JORNADA DE ESTUDIO SOBRE FINANCIACION SANITARIA

28 de Marzo de 2011

MESA:

"Procesos de transformación y experiencias Internacionales"

¿Qué podemos aprender de otros sistemas de salud?

José-Manuel Freire

jmfreire@isciii.es

Departamento de Salud Internacional

Ministerio de Ciencia e Innovación

Instituto de Salud Carlos III

ENS Escuela Nacional de Sanidad