10 solutions for 21st century healthcare

Innovation Unit

About us

We are the innovation unit for public services. We use the power of innovation to develop radically different, better, lower cost public services. We are innovation partners and innovation experts.

- We radically redesign services
- We coach, challenge and support leaders to implement radical change
- We build the capability of our partners to innovate
- We grow and scale innovations
- We design and deliver whole system transformation

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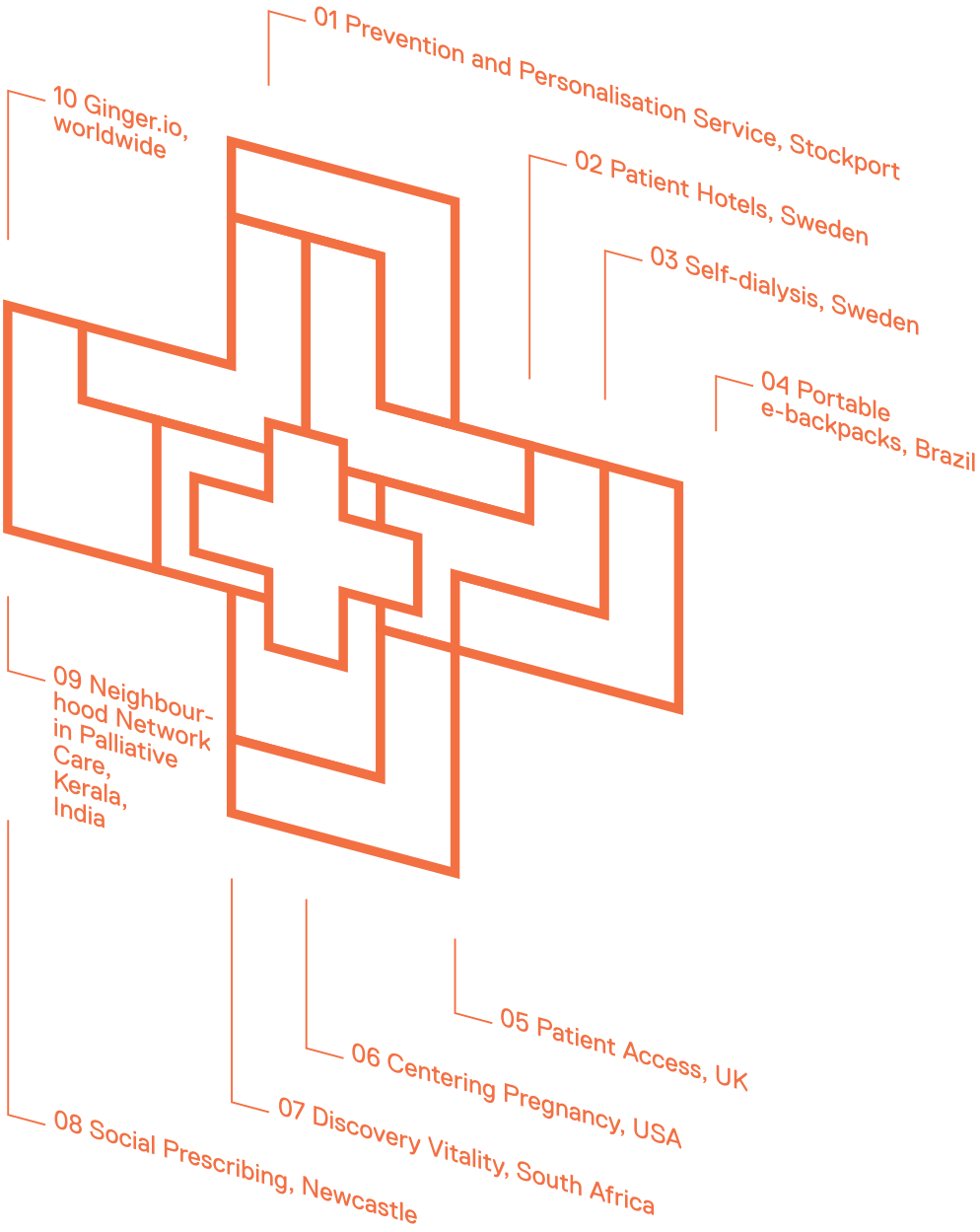
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Introduction

You hold in your hands a collection of healthcare innovations that are beginning to answer some of the most challenging questions in healthcare. In the wake of an unprecedented surge in patients with long-term conditions, how can our health systems motivate people to lead healthy lives? How can they support those in greatest need? How can they best reach those who don't make use of the health services that can help them? And, perhaps the most important of all, how can they deliver radically different healthcare at a lower cost?

These case studies come from all over the world and might, at first glance, seem disparate. But despite their differences they have fundamental principles in common.

None of the examples are about infrastructural changes alone. All involve a significant culture shift on the part of those commissioning, designing and delivering services.

Many of the examples are about a more connected health system. They describe how we can use new models and technology to create a more seamless transition between our health services and the rest of our lives.

They are delivering solutions that fit in and work with people's lives. These are often co-designed with patients themselves and draw on technologies that people use daily.

Perhaps the most important of all is that these solutions recognise that the greatest untapped resource in most health systems is the people who use them. They are working with this, offering personalised healthcare solutions that help people to learn about themselves and their health and to build the knowledge and confidence to look after themselves and others.

We do not present these examples so that they can be adopted wholesale as easy, ready-made solutions. But the services and solutions showcased in this publication do serve to demonstrate the potential of healthcare innovation, if we engage with it.

We want to stimulate conversations about the future of healthcare, and the potential for real, radical change in the 21st century. So whether you're a patient, carer, a clinician or a policy maker, we hope that these solutions inspire you to think and do differently.

If you are inspired by the potential of these solutions check out the 'What Next' section at the end of this publication to see how you can help us take them from the margins to the mainstream.

Do you know of an amazing health innovation that we've missed out? What would be your 11th solution? Get involved in the conversation by tweeting us @innovation_unit #inspiringhealth

See our 10 ideas for 21st century health publication for an overview of the underlying principles necessary to create radically different, better and lower cost healthcare.

01

Prevention and Personalisation Service *Stockport, UK*

Run by Mind and user-led social enterprise All Together Positive, the Stockport Prevention and Personalisation Service is redesigning access to mental health services. Its aim is to reduce the use of secondary services and to prevent dependence on medical care, especially when the issues facing them are social or financial, as well as medical.

Why it's a 21st century solution

It supports patients to realise their full potential

Poor mental health is often linked to social and financial problems, and does not necessarily require psychiatric services. That's why Stockport's recovery pathway is attempting to shift the focus of its mental health services. Rather than focusing on a patient's medical history, their condition or their drug regimen, Stockport's redesigned recovery pathway tries to find out what the person wants to achieve in their life and what's important to them. Recovery is not a matter of getting rid of symptoms, but rather about recovering a life with a purpose.

Owen, a young man with a history of drug-induced psychosis, was introduced to Barry Tildsley, a prevention and personalisation co-ordinator. Barry gave Owen emotional support and identified his aspirations for the future. Owen wanted to become a psychiatric nurse, so Barry made finding meaningful employment the focus of the support. Barry and Owen worked together to develop a personalised pathway of support geared to Owen's goal. Owen thought there was "no chance of getting a job" as he could not see himself completing studies. Identifying and addressing this barrier, Barry suggested Owen sign up to a volunteer training programme run by Mind. Owen has now started building skills, confidence and experience through supervised volunteering at a wellbeing centre in Stockport. Like Owen, each works with their co-ordinator to find a personalised pathway towards a better future that is defined by their own goals and supported by the professional.

It creates new professional roles

Barry is a prevention and personalisation co-ordinator, one of the new roles created to support the new mental health pathways. The Prevention and Personalisation team look at the barriers that stop people being discharged, whether related to mental health or other issues. They support people in a variety of ways, from assigning personal budgets to challenging risk adverse professional practice, to helping them access voluntary and third sector services.

Evidence it works

Since the launch of the service in 2012 there has been a significant decrease in the number of people referred to the mental health secondary care Single Point of Access. GPs have also reported a decrease in repeat appointments with service users who had previously accessed the GP on a regular basis but for whom there was no clear referral pathway. The new pathways are ultimately expected to reduce referrals to secondary care by at least 60%, and increase discharge rates into primary care by 25%.

02

Patient Hotels *Sweden*

Initially conceived in Sweden over 25 years ago, Patient Hotels are an alternative approach to healthcare provision that are now found across Scandinavia. Especially designed to meet patient needs, they provide a hotel-like environment where patients capable of managing their own recuperation process are able to do so with the help and support of family, friends and on-site professional treatment.

Why it's a 21st century solution

It changes where health happens

Patient Hotels are just like a normal hotel but all the 'guests' staying at a Patient Hotel – as the name suggests – are hospital patients and all the hotel staff attending to them are trained healthcare nurses.

Patient Hotels offer a less clinical and more relaxing environment for patients who are capable of and supported in managing their own recuperation without intensive clinical supervision. The patient-guests are supported by nurses in the Patient Hotel and by doctors, who remain responsible for supervising their treatment but are not constantly onsite. This way patients and friends or family members who support them enjoy both clinical assistance and an environment that is more conducive to wellbeing than traditional hospital settings.

It empowers patients to self-manage

Patient Hotels are specifically designed to provide an empowering environment for patients to recuperate. As a "guest" of the hotel, patients are given the autonomy and independence to manage their own condition – such as reapplying their own bandages and taking responsibility for their food, while at the same time still being able to access the expertise of nurses, who double as the hotel's staff.

It supports family members and peers to provide support

Family, friends and other guests are crucial resources in supporting hotel residents. Patient Hotels, such as the one in Lund, are designed to accommodate families and friends of guests.

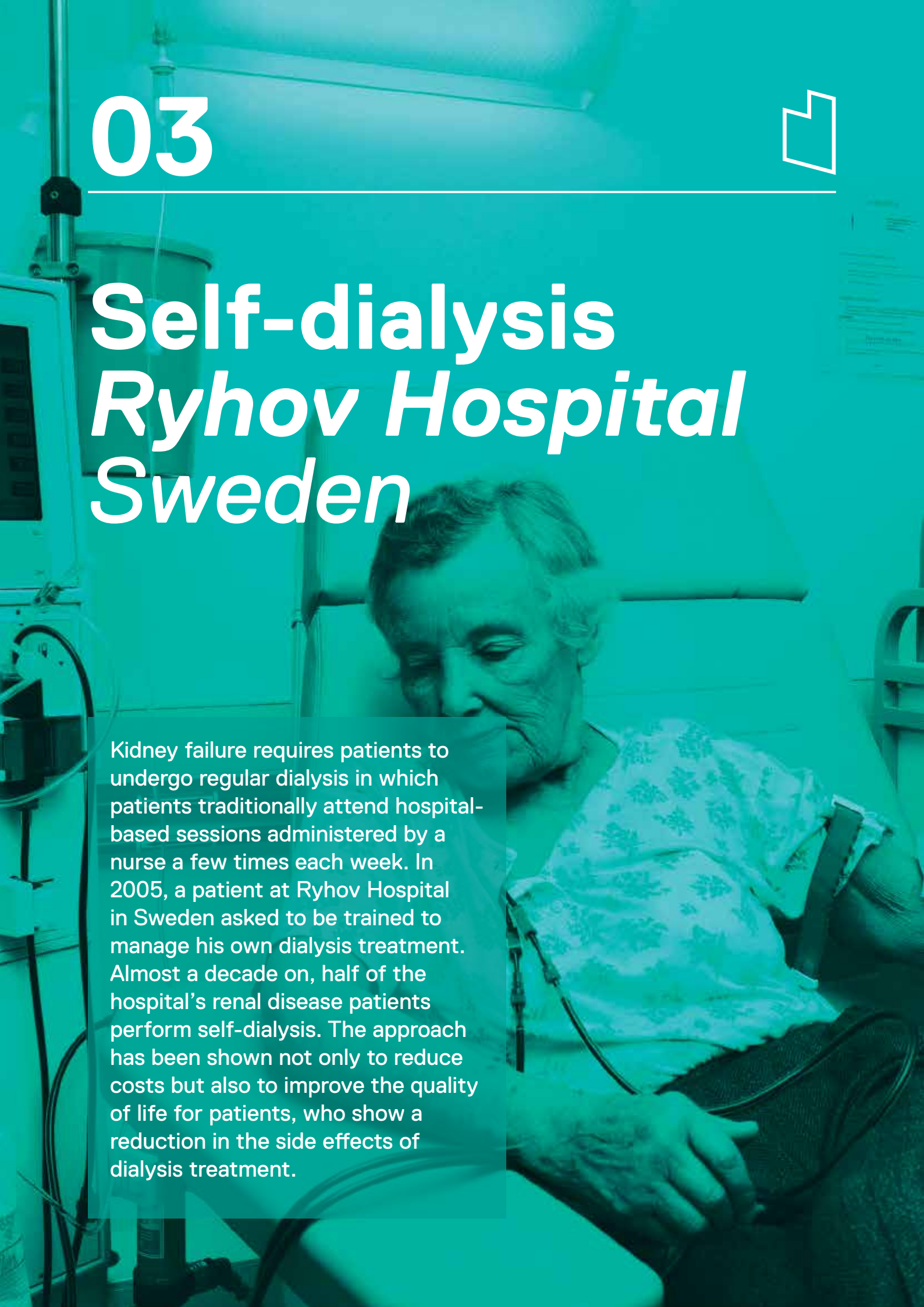
Support from family and friends is of critical importance to the effectiveness of patient hotels, as many patients cannot stay at the hotel without a relative who enables them to be sufficiently mobile to move out of the hospital. Groups of guests also provide important peer-to-peer support, gathering in the communal spaces to socialise and helping one another to manage their conditions.

Evidence it works

Patients recover more quickly and show greater satisfaction. Patient hotels have also been shown to be cost effective. In 2010, the average cost per night for a bed at the hospital in Lund was 3,000 Sek (£260) compared to a hotel bed of 823 Sek (£90) per night. The Patient Hotel model is popular with policymakers as well as with its guests, and the model has been widely replicated across most of Scandinavia.

03

Self-dialysis *Ryhov Hospital Sweden*



Kidney failure requires patients to undergo regular dialysis in which patients traditionally attend hospital-based sessions administered by a nurse a few times each week. In 2005, a patient at Ryhov Hospital in Sweden asked to be trained to manage his own dialysis treatment. Almost a decade on, half of the hospital's renal disease patients perform self-dialysis. The approach has been shown not only to reduce costs but also to improve the quality of life for patients, who show a reduction in the side effects of dialysis treatment.

Why it's a 21st century solution

It gives patients ownership of their own care

Dialysis impacts heavily on the lives of patients and their families, with frequent and lengthy procedures taking place in hospitals.

Self-dialysis gives patients more control over their treatment by improving their understanding of it and enabling them to fit the procedure around their lives. Christian Farman, the original self-dialysis patient at Ryhov Hospital, believed that his side effects could be reduced if he had more control over his life. Nurses taught him, and continue to teach others, to use a dialysis machine, document their care and interpret results from the lab. Patients learn to keep track of their blood pressure, weight, blood flow, dialysis flow and a number of other indicators.

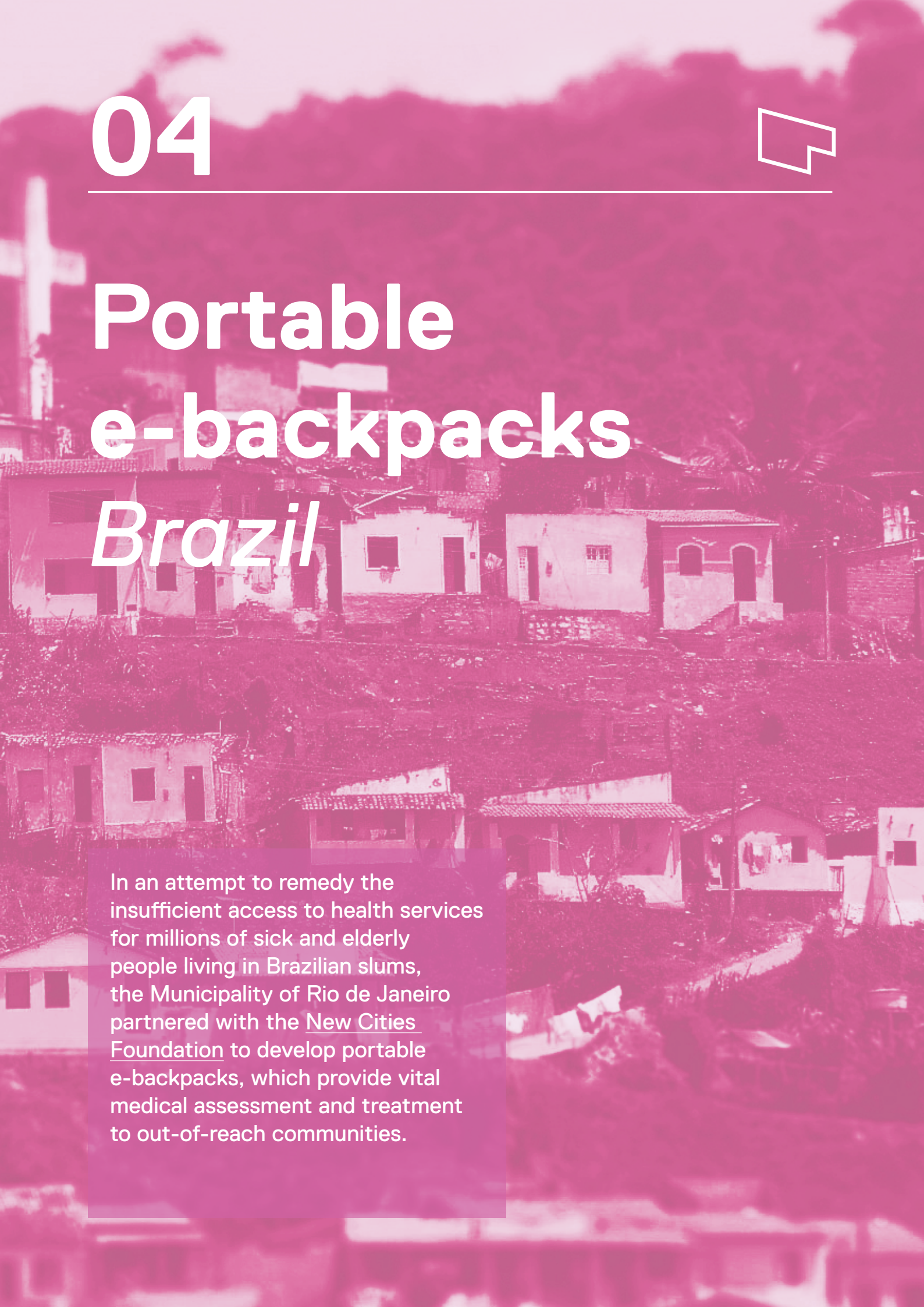
It creates new roles for professionals

Self-dialysis moves patients away from a feeling of helplessness and dependency. Patients are empowered and encouraged to gain a sense of control, but as the self-dialysis is set in a medical environment, in this case Ryhov Hospital, health professionals are on hand to provide clinical support where needed. The relationship between patients and professionals has been transformed. Patients take a more active role in their health and professionals play a teaching and facilitation role alongside their clinical practice. Care is patient-driven and professional-supported.

Evidence it works

Having started from a single self-dialysis patient, Ryhov Hospital has continued to train people to manage their own treatment. Currently half of patients do their own dialysis, with ambitions to reach 75% of all dialysis patients. People have reported a reduction in side effects such as nausea or hypertension and infection rates have declined. A number of other hospitals have introduced in-site self-dialysis.

Self-dialysis benefits the patient, the health professionals and the hospital. The cost per patient is as little as half that of traditional dialysis treatment, largely due to reduced need for physician expertise.



04

Portable e-backpacks *Brazil*

In an attempt to remedy the insufficient access to health services for millions of sick and elderly people living in Brazilian slums, the Municipality of Rio de Janeiro partnered with the New Cities Foundation to develop portable e-backpacks, which provide vital medical assessment and treatment to out-of-reach communities.

Why it's a 21st century solution

It changes where health happens

Across Rio de Janeiro 1.4 million people live in slum settlements known as favelas. The city's mountainous terrain and disparate health services make it hard for the sick and elderly in favelas to access the right healthcare. This means that health inequalities in the area are highly pronounced. Moreover, diagnosis and treatment left until people are seriously ill leads to costly interventions and hospitalisation.
An easily transportable e-health backpack enables clinicians to produce a comprehensive diagnosis of elderly patients in the area suffering from chronic disease by conducting home visits quickly and easily, breaking down the logistical and physical barriers preventing access to healthcare.

It makes smart use of technology

The model addresses the social, physical and economic barriers to healthcare with cutting edge technology catered toward specific demographics. E-health holds the potential to close the health inequalities between neighbourhoods and socioeconomic groups and ensure that even the poorest communities have meaningful and high quality access to healthcare.

The backpack includes various diagnostic tools with the capacity to detect up to twenty different conditions, and also records patient data. But while in most clinics patients may wait several weeks for their test results, the technology within the backpacks can generate results within minutes. This allows diagnoses to be made on the same visit, creating a more efficient use of time and allowing clinicians to build trusting relationships with their patients.

Evidence it works

The mobile treatment led to hundreds of thousands of dollars' worth of savings to Brazil's public health system by helping prevent serious ailments like strokes and heart failures that may require hospitalisation. Savings derived from reducing hospitalisations of patients with cardiovascular diseases were around USD $136,000 per 100 patients. And the savings created from avoiding other clinical interventions ranged from $4,000 for heart failure to $200,000 for kidney dysfunction per 100 elderly patients in the e-health program.

05

Patient Access *UK*

Patient Access was set up by a group of GPs to help surgeries and practices across the UK to transform access to their care into a same-day experience. Their model allows patients to speak with their GP over the phone within an hour of contacting their practice and, if necessary, book a same day appointment to see their GP.

Why it's a 21st century solution

It provides easy access into services

Trying to access a GP can be time consuming and frustrating. Patient Access uses a simple method to radically transform this process. In surgeries that use the Patient Access model, patients are able to access same-day care from the GP of their choice, no matter what time of day it is. The Patient Access method is simple: rather than phoning to make an appointment, patients request a call back from the doctor to discuss their care needs. This request is recorded by the receptionist, and passed on to the GP. On average, GPs call back within an hour. This route enables patients to have a same-day appointment if necessary, or to receive advice or assistance from the GP over the phone instead. The service is available to patients throughout the day; rather than being restricted to ringing up at set times for batch-released appointments.

It improves the consultation itself

Using the Patient Access method GPs are no longer tied to 10 minute appointments. GPs are able to help many patients over the phone, without the need for them to visit the surgery. This frees up a substantial amount of GP time, which can be allocated to other patients who might benefit from a longer consultation. GPs often carry out follow-ups over the phone to discuss progress, raise concerns or arrange another appointment if they feel it is necessary.

This model makes better use of everybody's time and offers efficient opportunities for continuity of contact between GPs and patients.

Evidence it works

Since being set up, Patient Access has helped over 60 surgeries across the UK transform services for over 500,000 patients. The wait to see a GP at these surgeries has been shown to decrease on average from 6 days to 1. Patients surveyed say they experience a better, quicker service, and in the majority of areas using Patient Access there has been a noticeable decrease in admissions to nearby A&E departments, sometimes by up to 49%.

There is also a sizeable decrease in the number of "did not attend" cases at surgeries using Patient Access. This creates tangible cost savings, as valuable GP time is not wasted. In some surgeries, such as Thurmaston Health Centre, Leicester, the time saving was so great, they no longer needed to hire an additional GP, saving around £90,000 as a result.

06

Centering Pregnancy *USA*

CenteringPregnancy is a model of group-based antenatal care founded in the United States. Operating in more than 200 sites in the USA and with pilots in the UK and Australia, it is transforming antenatal care from individual-focused sessions into group care experiences that are holistic and relationship-based. Parents are prepared for the physical and psychological aspects of pregnancy and parenthood.

Why it's a 21st century solution

It enriches the care women receive during pregnancy

Whereas traditional antenatal care consists of a series of 15 minute consultations, Centering sessions use group appointments that connect groups of eight-to-twelve women and last for up to two hours, allowing more time to share information and experiences. Women are encouraged to choose the topics they would like to cover, there is more time to hold in-depth discussions, and guest speakers such as dieticians are invited to speak with the group.

It shares ownership of care between health professionals and expectant parents

In traditional models of antenatal care, the health professional is positioned as the 'expert', while pregnant women are seen as passive recipients of information. In contrast, CenteringPregnancy recognises women's ability to self-manage. Each of the ten CenteringPregnancy sessions includes a 'self assessment' element where women are taught to perform their own blood pressure and urine tests and to monitor their weight and learn about the significance of these indicators.

It opens up consultations and harnesses the power of peer-to-peer learning

The model creates a context for discussion and learning among peers, allowing information to flow not only from clinician to parent but from parent to parent. Instead of repeating small chunks of information over and over in one-on-one sessions, clinicians are able to have more meaningful interactions with expectant mothers. This creates opportunities not only to address bio-medical risks but also to hold conversations about wider aspects of health and wellbeing to which peers can make valuable contributions.

Evidence it works

Randomised control trials have indicated positive outcomes of the group-based antenatal care, including reduced risk of premature births and improved antenatal knowledge compared with individual antenatal care. Women consistently express satisfaction with CenteringPregnancy, believing that they are better prepared for the pregnancy journey as well as the birth and parenthood. There is also evidence to suggest that CenteringPregnancy can improve the mental health of mothers, even in vulnerable groups and that it can reduce social isolation and increases the level of health care compliance among pregnant adolescents.

07

Discovery Vitality *South Africa*

Discovery Vitality is an incentive based wellness programme run by Discovery, a South African insurance company, which offers Vitality points to its clients for engaging in healthy behaviour. Vitality points can be redeemed for travel, shopping and lifestyle rewards. The programme encourages people to understand, improve and take ownership of managing their own health.

Why it's a 21st century solution

It encourages people to stay well rather than curing illness

The Vitality reward scheme aims to make healthy living an easier, more enjoyable and more rewarding option for their clients.

Discounts and cash back schemes aim to reduce financial barriers that keep clients from doing things that are good for them, such as choosing healthy food, joining the gym and buying fitness gear. The Vitality scheme also allows users to redeem reward points for things they love, such as holidays, leisure activities and lifestyle goods.

It covers the whole spectrum of health in one service

Vitality clients are incentivised to take various medical and mental health assessments, including cancer screenings or glaucoma and HIV tests, increasing the likelihood of serious conditions being caught early. The scheme also focuses on holistic health and wellbeing. Clients earn points with every visit to the gym and every healthy purchase they make. They can set personal goals, such as losing weight or running 10k, and are rewarded if they achieve them. And if they purchase (at a heavily subsidised rate) fitness and health technologies, such as digital exercise trackers, they are rewarded every time they use them. Vitality's menu of local professionals, who have expertise in medicine as well as fitness, diet and nutrition, also help clients to better understand their health.

It utilises digital technology

Living Vitality is an interactive platform which enables users to monitor their levels of fitness, access health and wellbeing support and manage their healthy lifestyle from mobiles and on the web. It also gives clients access to a community of like-minded Vitality members with whom they can share tips, experience and support to meet goals.

Evidence it works

A research study of 300,000 people across 5 years showed that the cost of healthcare for people who were engaged with Vitality were reduced compared to non-engaged clients. Moreover, the likelihood of being admitted to hospital and the length of average stay in hospital were also reduced in patients who were engaged with Vitality.

08

Social Prescribing *Newcastle*

Newcastle has implemented a city-wide approach to social prescribing where social, non-clinical sources of support are prescribed by GPs, either alongside or instead of traditional medical interventions to improve patients' confidence and health through tailored community support.

Why it's a 21st century solution

It enables GPs to prescribe more than just medical interventions

It is commonly recognised that long term health conditions like COPD and diabetes have social, as well as medical, causes. This means that effective solutions will need to address both dimensions. In Newcastle, social prescribing links patients who have long-term conditions with non-clinical sources of support within the community. Patients are referred to Health Trainers by their GP as part of a social prescription in exactly the same way they would receive a prescription for medicine.

The role of Health Trainers is to support referred patients to improve their health and wellbeing by linking them to existing community services. Health Trainers help patients to think about their goals and plans and understand their options. Their support interventions are tailored to the need of their clients and range from signposting services to more intensive and ongoing support, like accompanying clients to activities or even just supporting them to build up the confidence to socialise with other people.

It recognises patients as active participants in their own care

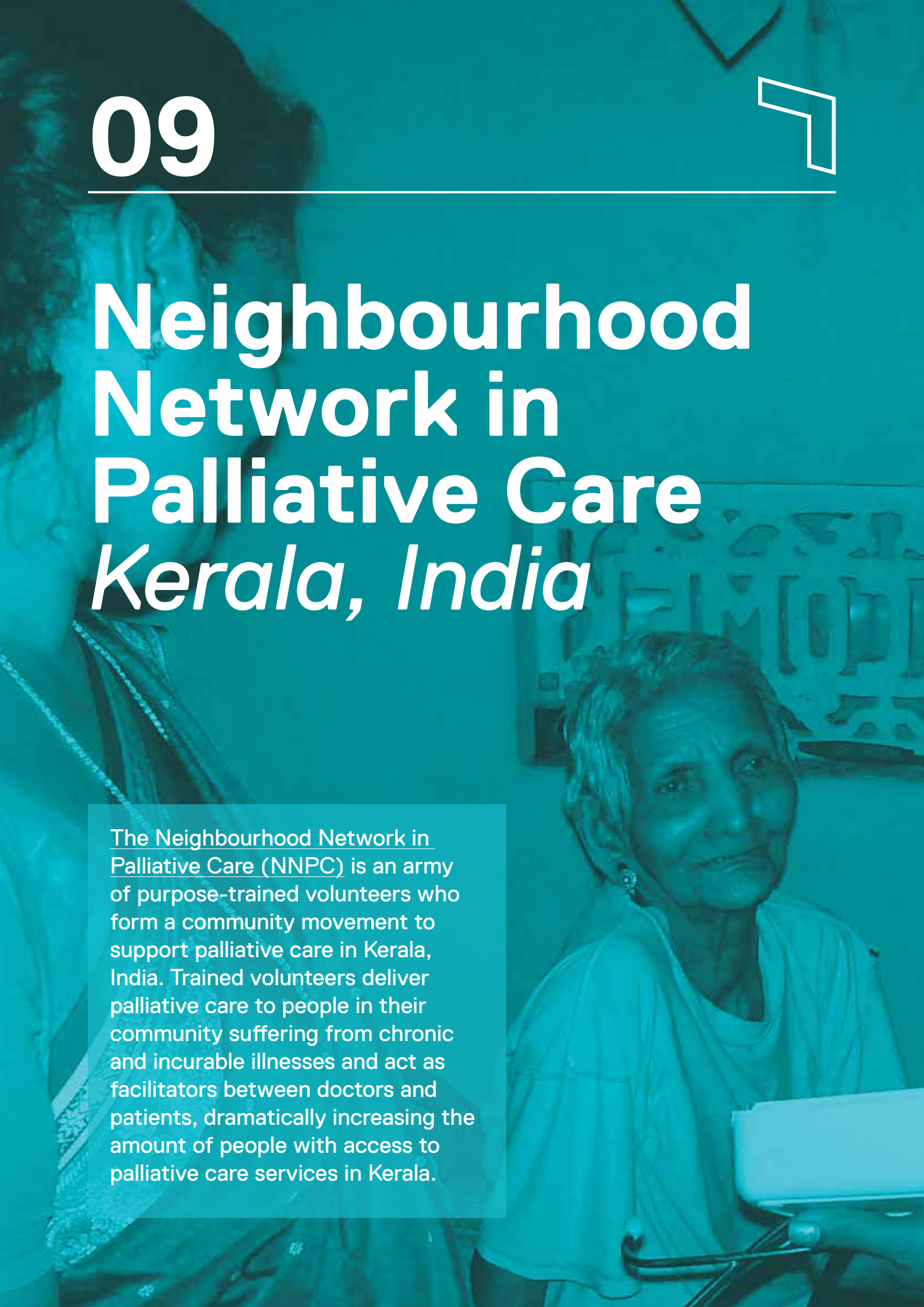
Social prescriptions are part of a bigger-picture individualised care plan, which is co-produced between GPs and patients. Communicating in an equal and respectful manner, GPs and patients figure out together personal interests and health goals, before deciding what sort of care plan would be a good fit. This process enables patients to move from passive recipients of care to active participants. Once their personal goals and aims are established through the care plan, the GP and patient are well-placed to determine whether social prescribing could be of benefit, either instead of, or in addition to, conventional medical prescriptions.

Evidence it works

Although the success of social prescribing and health trainers in Newcastle has led to the idea being implemented across the UK, the benefits of non-medical interventions are hard to measure. In Newcastle, the new pathway aims to reduce the cost per patient by £437 through an 11% reduction in non–elective admissions and reduced outpatient and emergency episodes. Case studies and stories also provide a powerful evidence base for the impact that social prescribing and health trainers have had on individuals, such as the account from Albert, a patient with COPD from Newcastle, illustrates: "The role of the health trainers in the centre itself is one of motivation and inspiration. They ask you how you are feeling, how you are moving, how you are doing. I can now walk 100 yards without stopping, it might not sound like much but at one point I couldn't walk one yard without stopping."

09

Neighbourhood Network in Palliative Care *Kerala, India*



The Neighbourhood Network in Palliative Care (NNPC) is an army of purpose-trained volunteers who form a community movement to support palliative care in Kerala, India. Trained volunteers deliver palliative care to people in their community suffering from chronic and incurable illnesses and act as facilitators between doctors and patients, dramatically increasing the amount of people with access to palliative care services in Kerala.

Why it's a 21st century solution

It harnesses the power of peer support

Just over a decade ago, palliative care was largely inaccessible to the millions of people living in poor communities in Kerala. While the existing hospital-centred services were not designed to support the needs of those suffering from chronic and incurable illnesses, these needs could often be met by people in their communities, families and social networks; if they knew how. The breakthrough came as part of an experiment from four collaborative NGOs in 2000, who developed an approach to better deploy the resources inherent within the communities.

The NNPC trains and empowers community members to reach out to those in need in their communities. Volunteering each week, they work alongside doctors, nurses, and local government to provide basic medical care, such as the prevention of bed sores. They offer a listening ear to patients who can talk about their problems, fears and concerns. And they train their patients' family members in simple nursing tasks, like catheterisation, which can be done easily from home.

Volunteers act as facilitators and go-betweens for doctors and patients, co-ordinating and planning medical care for their patients where necessary. Their knowledge and reach within the communities puts them in an optimum position to recognise the individual needs of residents, to access hard-to-reach demographics through informal networks and to utilise local resources. Volunteers can build personal relationships with patients and their families, supporting them to take more responsibility in managing their condition and to understand the importance of palliative care.

It creates new roles to support doctors

Through the NNPC, volunteers in the community step in to provide much of the care that people with chronic and incurable illnesses need. This approach is not designed to replace professionals, but rather to supplement them where possible to improve access to and quality of care for everyone.
Dr Suresh Kumar, Director of the Institute of Palliative Medicine in Kerala which leads the movement, says of the initiative: "Palliative care is everybody's business. Suffering is universal. It goes beyond boundaries. Also anybody, lots of people, can contribute something that is of value to help their community, whatever their profession."

Evidence it works

Only 1% of those needing palliative care in India have access to it. But in Kerala, with a population of 30 million, the average rate of access rises to over 70%. Expertise around palliative care is democratised, and knowledge is shared within communities and informal networks with the effect that more people than ever know how to care for their neighbours.

10

Ginger.io *Worldwide*

Ginger.io is a new ‘big data’ digital app developed by a Boston-based health IT start-up. It uses sensors that are in-built in smartphones to track texts, calls and movements. The app uses this data to understand the relationship between an individual’s health and behaviour, generating health insights that allow better management of chronic conditions.

Why it's a 21st century solution

It deploys untapped potential of existing digital technology.

91% of people keep their phone at close reach, 24 hours a day. Your smartphone knows where you go, when you sleep, how often you call and text, when you get up. It can notice small changes in your behaviour that could signal illness.

This has value both for monitoring individual symptoms and for epidemiological studies. If you suffer from depression, Ginger.io through your smartphone functionalities can pinpoint the onset of an episode by noting disrupted sleep patterns and self-imposed social isolation with fewer texts and calls. It can also differentiate an episode of depression from an anxiety attack, in which there tends to be a greater frequency of contact with a small group of people. Often, behaviour will change before you become aware of symptoms, so Ginger.io can warn you, advise treatment and connect you to the relevant professionals, when needed.

Ginger.io has also pioneered behavioural tracking of conditions ranging from diabetes to obesity and flu, providing an analytical tool and early warning system for individuals, governments and healthcare practitioners alike.

It empowers to patients to take control of their own health

Ginger.io arms its users with an understanding and a record of significant factors that affect their health and an opportunity to identify and understand the causes and correlations between them. This can give people a better understanding of what influences their health, empowering them to make positive choices.

Changing roles for professionals

Individual health monitoring through phones can give clinicians more complete insights into their patient's condition, filling in the gaps between check-ups and creating a richer picture. This can then be used to identify triggers and inform behavioural change.

Evidence it works

It's still early days for this app but Ginger.io is already being used by Type 2 diabetes sufferers to manage their condition. And the app is collating all health data so that participation contributes to science overall, improving care for everyone.

What next?

You may have noticed that these services share a common principle: they all involve active participation from service users. They demonstrate that progress towards a better health service cannot be achieved solely by commissioners and policy leaders. These ideas are testament to the assets that lie within patients, communities, carers and families, and prove just how much can be achieved when these assets are unlocked.

Real, radical change can only happen when people are treated as equal partners in the design and delivery of the services that affect their lives. The Neighbourhood Network in Palliative Care is extraordinarily effective, not because it creates more professional roles, but because it empowers everyday people to change their lives and the lives of people around them. Online networks like I Want Great Care and Patients Like Me are successful because they are driven by demand from patients to create services that meet their needs. The role of patient networks in creating a better health service is fundamental and, more often than not, hugely undervalued.

Thanks to technology, our lives and communities are connected more inextricably than ever before. People with common illnesses can connect and support each other across continents. They can access the information to manage their health without leaving their own homes. In short, people need no longer be passive recipients in their care. All people, from clinicians to the man on the street, have assets that can help create better health and wellbeing not just for themselves, but for the people around them. With the right support from professionals, patients can be effective partners in care; co-designers and co-creators of services, peer supporters, and community advocates.

This is a movement with a tremendous opportunity, one that we cannot afford to miss. This is not about ignoring the expertise of professionals, nor is it about expecting patients to do everything themselves.

Ultimately, improved engagement with patients means more effective health services. It means more resources and more time for clinicians, more preventative care and less damage control. Health budgets are diminishing. We cannot continue to invest in century-old health systems in the context of increasingly widespread

levels of long term health conditions. The examples you have read demonstrate what can be achieved when we think and do differently. What might the health services of the 21st look like if these practices were led out of the margins and into the mainstream?

Each service in this publication advocates something radically different for 21st century health services. Seperately, they can be taken as inspiration for how, and why, we should be doing things differently. But we are facing unprecedented health challenges at an enormous scale, the answer to which cannot lie with disparate, uncoordinated innovations, however successful they may be.

Real, radical change cannot be achieved by tinkering at the edges of existing systems and services; we must embed these principles to create change at system level. This means that everyone, from policy makers and commissioners to front-line staff, clinicians to patients, needs to be involved in the process.

So what now?

If you're excited by the potential of these solutions and would like your service or system to explore new and better solutions, then you can:

1. Share this publication.
The more people we inspire the more likely we are to change things.

2. Use this publication to start a conversation.
If you're a professional, consider organising a session with your colleagues to think about what this means for you. If you're a patient, try to get your relevant patient network or organisation to advocate for these ideas with commissioners and providers (CCGs, GPs and hospitals).

3. Get in touch with us.
We work with people and organisations who want to design, deliver or commission 21st century healthcare. Get in touch to speak to one of our managing partners about how we could work with you.

4. Read more detailed information.
The publications below outline how we can create the system conditions for this new vision of healthcare to flourish or how to commission healthcare for the 21st century.

The healthcare solutions we've put before you are still the exception rather than the rule. But they show that it is possible for everyone to change that.

Further reading

People Powered Health Systems Paper
The Business Case for People Powered Health
More than medicine
Redefining consultations
People helping people
Networks that work
By us, for us
People Powered Commissioning

You can download any of these publications at
www.innovationunit.org/health-resources

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