Redesigning healthcare
Learning from the Nuka System of Care to inform the development of healthcare in NHS Wales

Based on seminars with leading executives from Southcentral Foundation, Alaska

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Executive summary

The Nuka System of Care developed by Southcentral Foundation in Alaska is recognised as one of the most successful and innovative primary care systems in the world.

It has achieved its success through pioneering a community-led model of ‘customer-ownership’, in which users provide regular feedback to inform the development of services that more effectively meet their needs.

Alongside many positive organisational outcomes, including improved quality of services and fully engaged staff, the health outcomes of the community have been significantly improved. The reorientation of services around the customer-owner has also proved cost-effective. Southcentral Foundation spends more on primary care per person, but spends less in total on healthcare per person, while healthcare quality that equals the elsewhere in the USA.

The use of a ‘new terminology’, specifically ‘customer-owner’ instead of ‘patient’ or ‘service user’, has proved more significant than might have been expected. Staff attest to greater user engagement and improved individual motivation to take ownership of health issues.

As a result of the Nuka System redesign, access to medical advice has been reduced from an average of four weeks to same-day consultations. Previously, the majority of entries into the healthcare system were through the emergency department. The restructured service has alleviated the pressure on emergency departments and ensured people receive treatment more quickly in a more suitable environment.

The people-focused healthcare system has resulted in partnership between clinicians and customer owners that has improved overall population health. The focus on issues that matter most to the community has led to the introduction of programmes to reduce domestic violence and child neglect.

The hallmarks of Southcentral Foundation’s internal structures are:

- Longevity and commitment from the leaders and executive team.
- Recruitment based on values and motivation rather than just clinical skills.
- A holistic approach to employee recruitment, taking into account the needs of families.
- Prioritising data as a basis for making decisions, with open access to data to compare clinician performance.

Southcentral Foundation exists in a very different context to NHS Wales organisations, with particular challenges such as extreme geographical isolation. The Nuka System has been developed and delivered through a funding model similar to NHS Wales, in that Southcentral Foundation administers funds that are mainly drawn from the federal government.

However, despite the different context, there are lessons for NHS Wales. These include:
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- The importance of personal, longitudinal holistic care with small teams rather than individuals.
- The development of multi-disciplinary teams with a focus on early intervention and meeting the needs of patients who live with self-limiting illness and chronic conditions.
- The importance of appropriate skills within the team and achieving a balance of skills - these skills include behaviourists (covering behaviour change, managing chronic conditions, coping with bad news), pharmaceutical advice, nursing care, administrative support to co-ordinate care.
- Using thorough, frequent metrics to monitor service provision and individual clinical standards

The drivers behind the success enjoyed by Southcentral Foundation should be explored to identify opportunities to bring improved health outcomes and experience to the citizens of Wales.
Introduction

In February 2014, four leading executives from Southcentral Foundation, Alaska, were the guest speakers at an evening seminar in Cardiff (simultaneously broadcast to St Asaph), and at a workshop the following day. The events were organised by 1000 Lives Improvement and were attended by staff from NHS Wales organisations, academia and Welsh Government. This white paper captures the main points from the event and workshop, with a view to identifying learning that could be applied to NHS Wales.

The event was called ‘The Nuka system of care: Lessons for healthcare redesign in Wales’ and promised to “introduce everyone interested in improving healthcare in Wales to the innovative care system pioneered by Southcentral Foundation in Alaska.”

The Southcentral Foundation is an Alaska Native-owned non-profit health care system, located in Anchorage, Alaska. It was established in 1982 after the Indian Self Determination and Education Assistance Act (1975) had authorised Alaskan Native groups to take over administration of their healthcare provision, which was previously provided by the federal government. The background, history and development of the Nuka system has been explored in several papers, and in the presentations from the event that are available on the 1000 Lives Improvement web-page.

The executive team who presented in Wales were:

- Katherine Gottlieb, MBA, DPS (h.c.) - President and CEO
- Kevin Gottlieb, DDS - Vice President of Resource & Development/Chief of Staff
- Michelle Tierney, MPA, MA - Vice President of Organizational Development & Innovation
- Steve Tierney, MD - Medical Director for Quality Improvement

The development of the Nuka System of Care was driven by including the patients and population in the healthcare system as ‘customer-owners’. This fostered a co-productive environment that values creativity, innovation and continuous quality improvement.

Southcentral Foundation claim the Nuka System of Care has led to:

- 95% of the Alaska Native population now having an integrated primary care team, up from 35% having primary care access.
- Reduction of the 4-week average delay to schedule a routine appointment, to same-day access.
- Staff turnover is a quarter of what it was five years earlier.

These are impressive gains, and NHS Wales could benefit greatly from emulating the approach taken.

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The Nuka approach

In the Alaskan Native language, ‘Nuka’ means ‘strength’. Katherine Gottlieb explains that in tribal tradition: “It is a name given to strong, giant structures and living things, mountains and polar bears. I have an association with this name that relates to [Southcentral Foundation] - it is about Love - it is an association with a deep, long relationship with a living, breathing thing that has life.”

In the events held in Wales, the team from Southcentral Foundation outlined the main elements that differentiate the Nuka System of Care from other healthcare systems. These include terminology, citizen-set priorities, a commitment to same-day access, holistic health and partnership with customer-owners to deliver improved population health.

These elements are supported by an organisational value system that includes stable long-term leadership, value-based recruitment and the transparent use of outcomes data.

Overall, the Nuka System of Care claims to deliver excellent value for money, improved health outcomes and vastly improved patient experience.

A new terminology

When Southcentral Foundation assumed responsibility for delivering healthcare, the organisation took the deliberate step of referring to ‘customer owners’ instead of ‘patient’. Katherine Gottlieb explains why: “Just the word ‘patient’ implies you are passive, that healthcare is something done to you.”

Responses to engagement with the public showed that people using the service thought they were treated rudely. The new terminology encouraged new behaviours for staff and service users. “‘Customer’ sounds different to ‘patient’.” However, it was felt that ‘customer’ on its own was insufficient. “We used ‘customer owner’. Ownership resonated with patients.”

The new terminology helped Southcentral move away from the old doctor-led paradigm, so that clinicians were “not a hero, but a partner.” “We don’t tell patients what to do. Now our providers want to engage with customer owners. They walk alongside you in behavioural change.”

Katherine Gottlieb admits that this new way of relating was difficult for some personnel to get used to. “It was not acceptable to all primary care providers. They were more used to the ‘checklist’ way of giving a person a pill and showing them the door. Instead, the new model was about relationship.”

It was not just staff who needed to get used to the new system. “Customer owners also needed to change and engage with providers.” For example, Southcentral Foundation asked customer owners how they would like healthcare delivered and what changes they think should happen. This system needed customer owners to participate and suggest priorities for the organisation.

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5 Blash, L., Dower, C., and Chapman, S. (2011) Southcentral Foundation—Nuka Model of Care Provides Career Growth for Frontline Staff (research brief). San Francisco: Center for the Health Professions (University California San Francisco)
**Priorities set by citizens**

When Southcentral Foundation began, they made a concerted effort to discover what people thought of the current service, and what people would like to receive from their ideal service. This set the agenda for the Nuka system of care.

There have been several attempts to engage with the people of Wales on issues of healthcare delivery and organisation. The common experience of NHS Wales organisations is that engagement is difficult and the population seem reluctant to engage.

The secret, according to Katherine Gottlieb, is two-fold. Firstly, to admit the current system has problems instead of being defensive. “We acknowledged that people said it was horrible.” This acknowledgement started to build trust between the people using the healthcare system and the people responsible for delivering services.

The second and equally important action is to respond to feedback, explaining what has been done in response to requests and suggestions, and, importantly, giving reasons for things that have not been done. Those reasons may include lack of resource, or more popular suggestions having priority. This ‘you said, we did’ model ensures people know their comments have been heard.

Southcentral Foundation engages through a number of avenues:

- A regular survey, which asks what customer owners like and dislike about the service. The survey results are published.
- Advisory groups of customer owners who examine new initiatives and comment on them.
- A regular newsletter to all customer owners.
- Video communication in waiting rooms.
- A ‘listening post’ with an ‘open mic’ for the community to raise questions and voice concerns. The CEO takes every question. All the Vice-Presidents attend and in-depth answers are provided to every question.
- An opportunity to speak to the top - Katherine Gottlieb’s email address is available and anyone can directly email her as the CEO.
- Health fairs and other special events celebrating achievements.

Katherine Gottlieb describes engagement with customer owners as “a real, realistic relationship.”

Responding to customers to show how they are setting priorities for the organisation helped build ‘ownership’ of the system among the people who use it. This reinforces the use of the term ‘customer owners’ - people do not just use the service, they own it.

“Be transparent and you build trust. Tell me you heard me and if you can do anything about it - and if you are not doing something. You need to respond to what people say and people will trust you if you tell the truth.”

When asked about persuading the public to accept unpopular changes, Katherine Gottlieb explained how their engagement with customer owners had identified very difficult issues
such as domestic violence, child abuse and child neglect as a priority. However, when this 
was presented to the tribal elders, they received a “very reserved response”.

Katherine and her team changed the message to create a specific initiative that would rely 
on men taking the lead as ‘warriors’ protecting their families, a traditional role in Alaskan 
Native culture. The reworked proposal was accepted and funded.

“You need to go back with a different message. Answer the questions. Why are you 
changing? How will it affect me, my baby, my family? How will it make life better?” 
Focussing the discussion around people will make it more likely that people will engage 
and see the need for change.

Engagement does not happen automatically and without hard work. Katherine Gottlieb 
ads: “We had to prod.” Starting engagement can be daunting, but becomes easier as 
organisations get into the cycle of responding to feedback. “Don’t be afraid of an 
avalanche of negative responses. The key is once you have heard it, what are you going to 
do with it? If nothing happens in response to feedback then people won’t engage with you 
in future.”

**Accessible services**

One of the main success stories from Southcentral Foundation is the move to same-day 
access. In the previous structure, access to primary care providers (equivalent to GPs) was 
through the hospital’s emergency room (ER). The new organisation wanted to change this 
as it caused long delays in treatment, rendered the ER ineffective, and was disliked by 
patients. It usually took about 4 weeks for a patient who entered the system through the 
ER to be seen by a primary care provider.

Primary care was office-based and there had been attempts to ‘try to work faster’ and 
increase throughput. However, the service was still degrading. It was a bureaucratic 
system, which patients, staff and management found frustrating.

Both Katherine Gottlieb and Dr Steve Tierney talked about the ‘paradigm shift’ at the start 
of the transformation process. Dr Tierney described this from the point of view of one of 
the original primary care providers who transitioned in to Southcentral Foundation from 
the old federal government healthcare organisation. “We asked ‘Is managing visits the 
way, or should we be managing people?’ Health is a longitudinal journey, not the ‘perfect 
appointment’.”

Southcentral promised its customer owners that they would be seen by their primary care 
provider on the day they contacted them if they got in contact before 4pm. They have 
delivered on this promise, with the majority of patients being seen on the day.

The transformation of this service began with customer owners choosing their provider. An 
equivalent in Wales would be giving people the opportunity to choose which GP they would 
see for all their primary care appointments. This led to every primary care provider (GP) 
having a ‘panel’ of customer owners, numbering between 1,200 and 1,700 people.
Increasing access through channels like text and email reduces the demand for face-to-face appointments. Customer owners are happy to converse via text rather than ask for appointments because they have established long-standing relationships with the doctor they have chosen. This is another key to the Nuka system’s success - building strong relationships between doctors and the customer owners who have chosen which doctor they will see.

The new way of working was supported by the development of primary care teams. Doctors can delegate some work to other clinical members of their team, after discussing it with the customer owner. They are not expected to do everything themselves. Other staff can handle certain queries and undertake some procedures.

Dr Steve Tierney, who is one of the primary care physicians in Southcentral Foundation, revealed that all his patients have his cellphone number and can contact him by text message. Dr Tierney said that sometimes when customer owners text him, he offers them an appointment and they decline because they just wanted to check something quickly by text. “Sometimes people find a text is just enough.”

Dr Tierney noted: “People don’t text me all the time. They use the service much more judiciously than you’d expect.” Southcentral Foundation also provides access through social media, such as Twitter.

Primary care teams in Southcentral Foundation are “rigidly designed” to ensure that all of them contain staff with the same skills and expertise. The organisation has structured primary care teams away from employing specialists doing disease-specific work. This supports a ‘whole person’ approach based on a relationship with one clinician rather than seeing many different professionals.

Dr Tierney believes the emphasis on access has improved the resolution rate of health issues. Primary care providers will spend as much time as needed in trying to get the issue resolved and this reduces repeat demand. “If you can satisfy a need in one appointment then what would have been five appointments is resolved more quickly. Customer owners have a vested interest in resolving too. People don’t want to come to the doctors. They have better things to do!”

“When we opened up the door, the assumption was it would be awful. Actually, visits dropped.”
Dr Tierney questioned the value of applying productivity principles to improve healthcare for ‘complex adaptive systems’, that is, human beings. “You can use Six Sigma to reduce defects when the thing you are manufacturing has no opinion or life of its own. Six Sigma makes sense when a patient is intubated and ventilated and passive.”

“But if you see a patient for one hour a year, the rest of the year they are in control of their health, and Six Sigma won’t work.”

“If we focus on the disease, we assume everyone will respond the same way, but that is an irrational premise. People don’t all act the same.”

Dr Tierney also warned against reductionism – believing that there is one thing that will fix a problem. He illustrated the importance of understanding human dynamics with a description of a five year old boy who needed total oral rehabilitation, the removal of all his teeth due to decay.

“We recommend flossing and fluoride in those cases. But when we looked at a number of cases like this we also see 100 per cent concurrence with addiction and abuse in the family. Flossing and fluoride won’t fix it.”

Primary care providers in the Nuka system must change their paradigm in order to focus on:

- Outcome not income
- Person not disease
- Population not process
- Service not practice

Dr Tierney’s second example was about asthma care plans. ‘Why do we care about doing asthma action plans? We are looking at the outcome, not the income we will draw from it. We are looking at the person – what will work for them as an individual. We are improving the health of the population, not focusing on doing a good job as if that is all that matters. And we are serving, not practicing on people.’

Viewing healthcare processes from a customer’s point of view is an important step towards better care. Dr Tierney explained this by asking: “Should we make people refill their prescriptions every month if they have been on a stable dose for 15 years?”

“If we put in extra steps, people won’t comply with their medication. Let’s make it easy for people to do what we want them to do.” “The number of events has to be minimal for customer owners.”

Dr Tierney warned “Don’t make rules an operational paradigm.” “You need to outline the outcome and suggest ways to get there, but allow freedom and creativity for clinicians to adjust the rules to reach the outcome.” This relies on trusting staff to choose how to work “as long as the work gets done.”

To support integrated care of customer owners, Southcentral Foundation has a commitment to making data “person-centric not organisation-centric”. All healthcare
professionals, whether in primary care or elsewhere, have access to the data about the patient in front of them. The data travels with the person.

The ‘person-centric’ approach includes working with other organisations, such as education, housing and social care, to ensure people get what they need as a result of those combined efforts. Dr Tierney described this as “a focus on the customer and outcomes, whether they are under one umbrella or many umbrellas”. This reduces redundancy and waste that often occurs in the gaps between organisations.

Despite several attempts to break down the silos between organisations in NHS Wales, this people-centric approach to information has not been realised yet but would bring immense benefit to the people of Wales.

Alongside shared data, there is a commitment across the organisations to work in teams and pool resources. This includes co-location of services where possible.

**Improved population health**

Genuine ownership of the system and trusted relationships with primary care providers have helped deliver improvements in population health. Katherine Gottlieb believes that being a ‘customer owner’ encourages people to take more responsibility for their health, in the same way that people take responsibility for their finances or career. She says: “Ownership is the big thing for changing behavioural health.”

Customer owners generally know what they want - to be healthier. They ask clinicians for advice because they trust them. (Anecdotally, customer owners often ‘check’ advice given from consultant specialists with their primary care provider who they know and trust.) Primary care providers can then refer people to ‘behaviouralists’ (i.e. public health support workers such as smoking cessation facilitators). Because the customer owner trusts the primary care provider, they are more likely to follow advice from the behaviouralist who comes with the provider’s personal introduction.

The public health ‘pitch’ is relatively easy. Healthcare workers ask customer owners ‘What do you want to achieve? Or ‘What do you think is wrong?’ Staff are encouraged to make the case for better health behaviours, for example pointing out the link between alcohol abuse and problems in social and family life.

The organisation can also legitimately ask its ‘owners’ for help by changing behaviours to tackle the health issues that place a burden on the healthcare system. The customer owners have a vested interest in the good performance of the healthcare organisation they own. Promoting a healthier lifestyle is one way owners can influence the performance of the organisation. For example, Southcentral Foundation was the first healthcare campus in Alaska to go smoke-free, a decision made by its customer owners.
Longevity in leadership

A striking difference between Southcentral Foundation and NHS Wales organisations is the length of time Katherine Gottlieb and other senior leaders have been in post. Katherine, herself, has been president and CEO since 1991, having joined in 1987. Her husband, Dr Kevin Gottlieb, is also a Vice-President of the organisation and has worked for Southcentral since before Katherine joined.

Katherine Gottlieb pointed to the leadership model in Southcentral Foundation, citing several facets that she believed made a difference:

- Consensus in decisions, which is an important tribal principle. “You have a say. There is open communication and transparency. You have the authority to challenge and permission to oppose. As CEO, I try to be the last one to speak after having heard everyone. Then we try to make a decision everyone can agree to.”
- Transparency and trust. Katherine Gottlieb has shared her 360° performance review with all staff.
- Employee engagement. Staff are asked what they would change if they could. A hotline for staff was set up. (This can be very instructive to organisational leaders - Katherine Gottlieb said the very first complaint on the hotline was about her!)
- Connectivity and support. “We changed the tone of leadership. We said ‘We’re here to provide air support so you can do your job.’ We get involved in the lives of clinical staff to see it from the inside. We don’t mess with what they know best.”

One ‘downside’ of senior leaders staying in post so long is the lack of opportunity for the next generation of leaders. Both Kevin and Katherine Gottlieb indicated that a large number of clinical and managerial leaders had been mentored and trained over the last two decades, and had gone on to lead in other healthcare organisations. Katherine Gottlieb said this was not considered a problem, as long as those leaders stayed in Alaska, as then Southcentral Foundation’s customer owners would still feel the reflected benefit of other healthcare organisations performing well, with the knock-on effect of general improved population health.

Although there is huge benefit to the organisation from having the same leaders in post for a long period of time, Katherine Gottlieb was keen to point out that “Our sustainability is not dependent on us, but on what we have created; the procedures we abide by. Sustainability in governance is a rich blessing, but the key things are the policies and procedures, the values and the operational principles.”

Customer owners also like what they currently receive. Even if the leader changes it would be hard to change what people like. The customer owners will protect the Nuka system from any attempt to diverge from its vision and guiding principles.

“The next leader can add to and enhance the system, but won’t break it. 64,000 Alaska Natives won’t let people break it!”
Recruitment based on values, not clinical skills

Dr Steve Tierney highlighted the Southcentral experience that the difference between high-performing teams and teams that are performing less well is not caused by levels of experience or clinical technical ability. “Personality is more important than experience.”

Southcentral Foundation has a hiring process and ‘on boarding’ process for new staff that focuses on organisational values and the priorities of the organisation. New members of staff are interviewed by the entire team they will be working with to assess how well they will fit.

Michelle Tierney is the Vice President of Organizational Development and Innovation at Southcentral Foundation, and is responsible for recruitment and HR. She says “It is important to pick people who will fit into the philosophy.” Interviews do not focus on clinical qualifications or professional achievements, as these have already been reviewed during the job application process. Instead, interviewees are asked about teamwork and working relationships. Michelle Tierney says: “We interview applicants with a team of people and ask them to share their story.”

Michelle Tierney explained how the organisation had learned the importance of “recruiting for lifestyle.” There are no medical schools in Alaska, so all doctors are trained elsewhere and come in to the state, usually from the ‘lower 48’ (the other mainland American states).

“We are selling people on living in Alaska. We are looking for adventurous people.” Initially the organisation discovered that while they were able to recruit, they found it more difficult to retain staff.

“It’s possible their family would not like it. So now we make them bring their family to the interview. We also ask them what their spouse does, and see if we can find them a job with us as well.” This integrates both partners in the family into the local community, so they both build links and friendships.

Investment in staff is not confined to management and clinicians. All levels of staff are inducted the same way with one week of orientation, two weeks of training and a six week internship, which acts like a probationary period. All staff have to attend a mandatory three days of training with the CEO and leadership team exploring the values and operational principles of the organisation.

Southcentral typically ‘over-hires’ by 20 per cent more staff “to avoid being short-staffed and to cover during the training period. This strategy also allows the organization flexibility for large scale training.”

Michelle Tierney says this sets Southcentral Foundation apart from other health organisations. “People say we are crazy, but when clerical staff are not trained we had a high churn rate.” Staff turnover is now down to between 10 and 11 per cent.

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Katherine Gottlieb explains this unity among staff is key to Southcentral Foundation’s success: “Everything is linked to the vision. We all speak the same language, from the CEO to admin support.”

“To achieve whole system change you need to tie your values to everything. Every individual employee evaluation, in every role, is linked to values so the employee knows they are working towards achieving the organisation’s mission and vision.”

“When everyone speaks the same language, everyone knows what we are trying to achieve and how we are going to achieve it.”

**Knowing how the system is performing**

Knowledge is power and in Southcentral Foundation data has been key to driving change. Katherine Gottlieb emphasised this point several times, saying: “We love data. We measure everything.”

This includes measuring employee and customer owner satisfaction through a mix of quantitative and qualitative approaches. Over a 10 year period, Southcentral Foundation has recorded employee satisfaction at 94 per cent, with a response rate in 2013 of greater than 95 per cent, which partially explains the low churn rate in staff.

Southcentral Foundation records a satisfaction rate of 93 per cent among its customer owners, with a higher than average response rate for customer-owners responding to customer-satisfaction survey. Customer feedback is canvassed through a number of methods (as detailed previously in this paper). This is a crucial way for flagging up issues and informing improvement.

Southcentral Foundation also advocates an ‘open data’ approach. Performance data can viewed by all clinicians and staff in the organisation. This acts as a driver towards improvement because clinicians know how they are doing compared to their colleagues and can seek ways to improve if they feel they are comparing unfavourably with their colleagues in terms of performance and outcomes.

Dr Steve Tierney explained that data is compiled in Southcentral Foundation by a dedicated data department “so providers don’t become statisticians.” “We look to reduce the number of keystrokes for providers.”

Data is provided with an emphasis on variance, not aggregate performance. This helps identify the staff who are performing well.
Value for money and improved patient experience

The team from Southcentral estimate the organisation spends twice as much on primary care as other healthcare organisations in Alaska, but half as much on any individual person’s care.

There is a clear benefit to investing in primary care, as evidenced by improved health outcomes, life expectancy, and healthier lifestyles in the population. This includes excellent performance in diabetes management and a 25 per cent increase in child immunisations. For the majority of Health Effectiveness Data and Information Set (HEDIS) national clinical outcome standards, Southcentral is at or above the 75th percentile.\(^7\)

The Nuka system of care has achieved:

- 75 per cent reduction in hospital admissions since 1999.
- 71 per cent reduction in hospital days per 1,000 people, since 1999.
- 36 per cent reduction in outpatient visits per 1,000 people, since 1999.\(^8\)

Engagement with customer owners allows for discussions around cost. Pharmacy costs have been raised with customer owners, with a drive to reduce unnecessary drug prescribing. The importance of relationships has been used to reduce missed appointments. Katherine Gottlieb points out this conversation was tied to culture: “It’s not polite. We say ‘Your provider was waiting for you at that time’. Tribal culture values politeness.”

Along with targeting wastage, the Nuka System of Care has delivered improved patient experience. This includes the replacement of the old government-built hospital buildings with new, aesthetically-pleasing buildings. The old hospital building was described as “looking like a maximum security prison” by Dr Steve Tierney who added “What message does that send?”

In arguing for attention to be paid to the infrastructure within which healthcare is delivered, Dr Tierney said “the place must ooze health.” “It can’t look bad. Even the smallest thing must fit in with our operational principles.”

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Applying Southcentral’s lessons to Wales

The achievements of Southcentral Foundation are impressive, but the big question for NHS Wales is whether those achievements are replicable in Wales. Southcentral Foundation serves a population of about 60,000 people, which is equivalent to the populations served by the newly developed GP Cluster networks in Wales. Southcentral’s experience can inform expectations of what could be delivered by adopting new ways of working based on the development of services in local areas.

There are similarities in the two systems. Whilst there is some contribution via medical insurers, the majority of Southcentral funding is provided from Government, and in a sense they experience the same ‘fixed income’ issues as NHS Wales with the need to deliver improvements and innovation within their funding parameters.

In Wales we already have a strong primary care network with established GP teams, Community Nursing and Primary Mental Health Care teams. Access to primary care advice is available within 24 hours for urgent problems and delivery against many indicators, such as population coverage for childhood immunisation and screening is comparable.

For major chronic conditions the Quality and Outcomes Framework reports high levels of identification and management. There is also a range of community resources from the statutory and voluntary sectors that could be aligned to provide more effective support for holistic, community based care.

There have been several challenges for Southcentral Foundation to overcome, where Wales would have an advantage. Although the majority of Southcentral Foundation’s customer owners live in the relatively urban areas around Anchorage, the population they serve also covers extremely rural settlements. 35 out of 55 villages they serve are not on the road system.

Even the most isolated village in Wales is connected to the rest of the country by at least one road. This is not the case in Alaska. So, it would appear that the seeming advantages of Southcentral Foundation’s small population served compared to Welsh health boards is offset by the geographical challenges faced by the organisation.

The primary care community cites rising workload, lack of investment and lack of engagement from health boards as barriers to change. Recruitment is recognised as an increasing challenge across NHS Wales, and especially among GPs\(^9\). In turn, health boards are frustrated by the perceived complexity of contract management and feel unable to drive modernisation in primary care because of the independent contractor model.

It is worth noting that Southcentral made the decision to prioritise same-day appointments and the primary care physicians had to make that decision a reality. Health boards in NHS Wales are in a slightly different position. Southcentral Foundation directly employs its primary care practitioners. They are not self-employed contractors, unlike most GPs in Wales, who may not agree to altered working arrangements being introduced.

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\(^9\) McWatt, J. (2014) Fresh concerns raised about GP recruitment after figures showed more than 40% rise in number of GPs over age of 55 in past decade. Western Mail, 27 March 2014.
There is no easy solution to the interface between health boards and primary care teams that are often based around GPs. However, the Southcentral experience indicates that involving the users of the service and asking them to prioritise the way that service is delivered may help both health boards and primary care teams work together to identify what needs to change.

Prudent healthcare, patient focus and co-production

The Welsh Government Minister for Health and Social Services, Professor Mark Drakeford AM, has declared 2014 the ‘year of prudent healthcare’, which he defines as “healthcare that fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patients benefit.”¹⁰ In other words, how do we use our limited resources in ways that generate the greatest results?

This question forms the basis for the paper ‘Achieving prudent healthcare in NHS Wales’, published by Public Health Wales with support from 1000 Lives Improvement in 2014¹¹. The principles of prudent healthcare have been defined as:

- Minimise avoidable harm.
- Carry out the minimum appropriate intervention.
- Organise the workforce around the “Only do, what only you can do” principle.
- Promote equity between the people who provide and use services.
- Remodel the relationship between user and provider on the basis of co-production¹².

The Nuka System of Care offers a helpful insight into rebalancing the way a healthcare system spends money to improve outcomes and patient experience. Southcentral Foundation operates both a secondary care facility and its primary care service.

The patient focus in the Nuka System is admirable. As customer-owners, patients clearly expect and are expected to be active partners in the design and delivery of healthcare.

Katherine Gottlieb outlined at length the process of gaining approval from the tribal leadership for a programme combating domestic violence and child neglect. The programme could not proceed without authorisation from the community, as located in the tribal leadership. Similarly, the many means of gathering feedback, and the commitment to use feedback as a basis for action, shows how important the community is in shaping the Nuka System.

The commitment to building a patient-centred, person-centred, or citizen-centred care system has been expressed many times in NHS Wales. Despite some progress towards putting patient needs first, the healthcare systems currently operating are still arranged around the needs of the organisation, clinicians and Welsh Government.

¹² http://www.prudenthealthcare.org.uk/
The difference in the Nuka System is that customer-owners don’t just have a ‘voice’, they effectively have a ‘vote’ and the organisation responds to the priorities they set.

The improved outcomes and quality of service make the Nuka System of Care a world-leading case study of how to conduct primary care, so it is noteworthy that this has been achieved when the organisation’s leaders handed over control and priority-setting to its customer-owners. In the taxpayer-funded system in Wales, there is a valid moral argument for giving citizens, who ultimately fund the system, more say in how services are designed and delivered. The experience of Southcentral Foundation provides the business case for doing this more.

One area of possible contention for Southcentral Foundation was the prioritising of customer-owner wishes for same-day access to primary care clinicians, over the concerns of the doctors and other clinical staff employed. The scepticism of clinicians to changes was emphasised several times by the Southcentral Foundation’s executive team at the events. However, the subsequent results indicate many of the concerns raised by clinicians did not materialise, and the resulting level of work did not overwhelm the system.

Some work has been done in Wales to develop listening mechanisms and to use citizen feedback in transforming healthcare services. The 1000 Lives Improvement white paper, *The Listening Organisation*[^13], contains examples of mechanisms that could be used to collect citizen feedback. Creating a person-centred system through the use of a paradigm patient is another way NHS Wales organisations could develop the Nuka approach and apply it. The white paper, *Person Driven Care*[^14], explores this further and has informed work in some NHS Wales organisations.

The experience of NHS organisations engaging the public in Wales has not always been successful. It has sometimes resulted in adversarial conflict, rather than co-productive partnerships. It can be difficult to engage interest with more than a minority of individuals within any given community. This may improve if there was more commitment to act on feedback, along the lines of the commitment given by Southcentral Foundation when they engage in their feedback exercises. If people feel their input makes a difference, this becomes a ‘virtuous circle’ where people recognise the need to contribute to the discussion and can feel confident their contribution will be valued.

**Getting our side right - leadership, HR and quality**

Moving the focus of our healthcare systems to prioritise the needs of the people using the service instead of the people working in the service will require some changes in organisational and professional culture. Some of this has been addressed in the 1000 Lives Improvement white paper, *Doctors: Leaders of change*[^15].

There are several areas that NHS Wales will need to commit to change to achieve similar successes to Southcentral Foundation. While much of the Nuka System’s success is

dependent on building genuine partnerships with an engaged population, there are also some areas that are entirely within the organisation’s control and for which they take full responsibility.

**Leadership**

The stable, long-term leadership of the organisation by the same executive team, coupled with a commitment to train up the next generation of leaders, is not reflected in NHS Wales. Chief executives and organisational directors move on regularly and Chief Executives in particular tend to have a short tenure. Southcentral Foundation has a clear value-laden organisational philosophy, but this continuity of vision is rooted in continuity of leadership.

**Organisational development**

The HR practices of Southcentral Foundation are based on their values. The organisation over-hires to account for training needs. All staff go through an induction process that introduces them to the values of the organisation and inductions are led by the executive team - introducing all staff to the leaders of the organisation.

Although it was not stated by the Southcentral Foundation executives at the events, the involvement of executives in the induction process sends a clear message that values matter at every level of the organisation.

NHS Wales does not have any explicit hiring policies that prioritise attitude and values. Induction processes in NHS Wales organisations vary in quality, depending on location, individual teams, and what level the new employee is starting at. It is rare for frontline and junior staff to have any interaction with senior leaders in an organisation, and unheard of at induction unless they are directly supporting the leadership team.

This could change, but it would need to be HR-led, in partnership with senior executives to make the discussion on values a priority at every level in the organisation, but particularly among new staff.

**Clinical engagement**

The patient-focus that characterises the Nuka System of Care is just one aspect of a commitment to quality which shines through the work of Southcentral Foundation. This quality ethos is informed by the collection and scrutiny of performance data and citizen feedback.

The Improving Quality Together national learning programme has begun to embed quality improvement methodology in all NHS Wales organisations16, and this is mirrored by a greater understanding of and commitment to quality among leadership teams. However, there is still a long way to go in using data on a day-to-day basis.

The difference between the dependence on data in Southcentral Foundation and the usage levels in NHS Wales is one of the biggest points of divergence between the two. This will

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only change if attitudes change from the very top, with a commitment to learn from what is actually happening in the organisations, combining hard process and outcome data with the experience of staff, and more importantly, patients.

**Next steps for Wales?**

Hywel Dda University Health Board has expressed interest in piloting the Nuka themes in local practices, and this work may be carried forward. It would be useful to test the Nuka principles in other health boards with continuing engagement with Southcentral to inform the work.

Linking the learning from the Nuka model with the emphasis on prudent healthcare suggest some areas for action, namely:

- A greater emphasis on patient-set goals and priorities.
- Exploring lifestyle interventions and support instead of medical responses.
- Developing opportunities for patients to lead on healthcare priorities across the system - i.e. understanding what matters most to people who use the service and delivering that.

There is also key work to be explored by heads of Human Resources, Workforce and Organisational Development around creating a values-driven working culture. This may include changing recruitments methods to fill vacant posts. Southcentral uses the many benefits of living in Alaska to recruit, and this marketing tactic could be valuable to NHS Wales.

Ultimately, Southcentral’s focus on relationships is what has made it one of the most successful healthcare systems in the world. Relationships may need to change in NHS Wales, particularly relationships between health boards and primary care teams, but most importantly the relationship between the NHS and the public, which needs to be of greater parity. This could begin with simple engagement along the lines of Southcentral’s ‘Open Mic’ nights.
Conclusion

Southcentral Foundation’s vision is to create:

“A Native Community that enjoys physical, mental, emotional and spiritual wellness.”

This multi-faceted approach informs a holistic service with the overall aim of wellness. NHS Wales offers a national ‘health’ service, but often this is reduced to treating sickness and disease, and limiting the impact of disability.

The Nuka System of Care offers NHS Wales a gold standard to aspire to. Emulating the success of Southcentral Foundation will require committed change to the way NHS Wales does business, and especially in the relationship with people using the services NHS Wales provides.

The use of ‘customer-owner’ is not part of the planned health system in NHS Wales. However, the question must be asked, if instead of patients or service users, there was a term that captured a stronger sense of ownership or partnership, would this reinforce a different commitment to better health as well as better care?

Ultimately, NHS Wales is paid for by the people who use the service. They are customer-owners already. Developing a sense of shared responsibility may be a way forward in Wales and one which builds on the idea of prudent healthcare.

For further reading & research

Presentations and video interviews capturing the insights of the team from Southcentral Foundation when they visited Wales are available online at www.1000livesplus.wales.nhs.uk/nuka

Achieving prudent healthcare in NHS Wales - a paper from Public Health Wales exploring the application of prudent healthcare principles and how this might benefit the people of Wales.

Select 1000 Lives Improvement publications

Person Driven Care - a study of the Esther Network in Sweden and the lessons that can be applied to enable NHS Wales to become a person-centred healthcare system.

The Listening Organisation - an introduction to the idea of gathering patient feedback for improvement.

Doctors: Leaders of Change - this white paper includes information on compacts between clinicians and organisations, and asks whether compacts would aid genuine staff engagement.

Co-producing services; co-creating health - an improvement guide written for all healthcare staff interested in developing genuine partnerships with the public.

All these publications are available at www.1000livesplus.wales.nhs.uk/publications
About the authors

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Ruth was appointed Chief Medical Officer for Wales in September 2012. In her role she is responsible for leading public health policy and programmes, with the aim of improving health and reducing health inequalities. She is responsible for leading the clinical contribution in Wales to improve the quality of healthcare and patient outcomes. She has a key role in medical regulation, education and training, standards and performance.

Katherine Gottlieb, MBA, DPS (h.c.) is the President/CEO of Southcentral Foundation (SCF). Katherine joined Southcentral Foundation (SCF) in 1987 and has served as the CEO since 1991.

Katherine is a tribal member of the villages of Old Harbor and Seldovia, and is an honorary member of Eklutna village in Anchorage. Under her direction and guidance, SCF has become a leader among the nation’s health care organizations. She was a founding board member of Cook Inlet Native Head Start, serves on the National Library of Medicine Board of Regents, and is active at the national level in Alaska Native and American Indian policy issues.

In 2004, she was a recipient of the MacArthur “Genius Award.” In 2005, she received an honorary doctoral degree, a doctor of public service, honoris causa, from Alaska Pacific University in recognition of her extraordinary public service.