

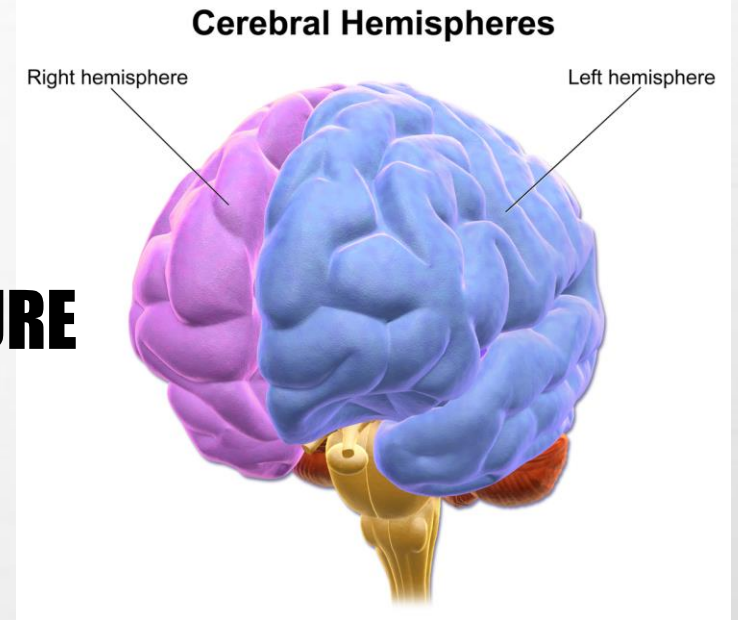


# **THINKING ABOUT THE FUTURE OF HEALTH**

**SOME EXAMPLES**

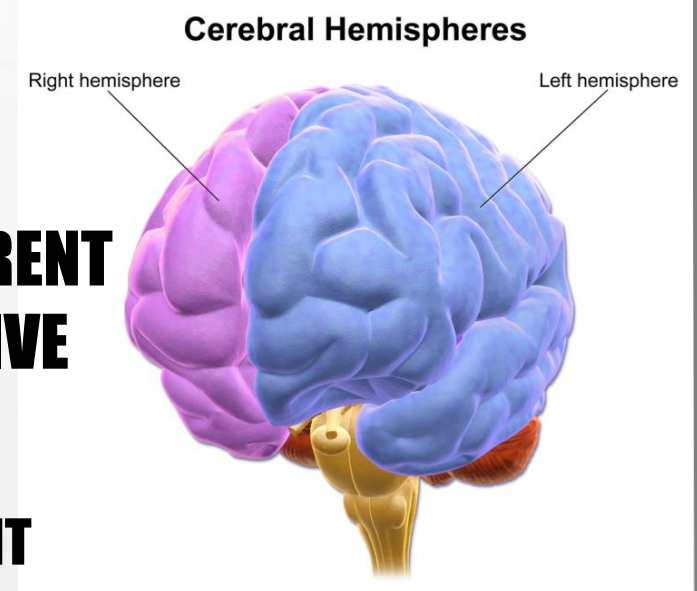
# FUTURES THINKING

- **IS NOT ABOUT FORECASTING AN UNPREDICTABLE FUTURE**
- **IT IS TO PREPARE FOR MANY POSSIBLE FUTURES**
- **AND TAKING ACTION NOW TO PREPARE FOR**
  - **FUTURE TRENDS THAT POSE CHALLENGES AND OPPORTUNITIES**
  - **POSSIBLE CRISES AND DEVELOPMENTS WHICH DEMAND NEW APPROACHES**
  - **FUTURE TRENDS AND CRISES - NEW WAYS OF WORKING – NEW OPPORTUNITIES**
- **THIS REQUIRES BOTH LOGIC AND IMAGINATION**



# HEALTH FUTURES THINKING

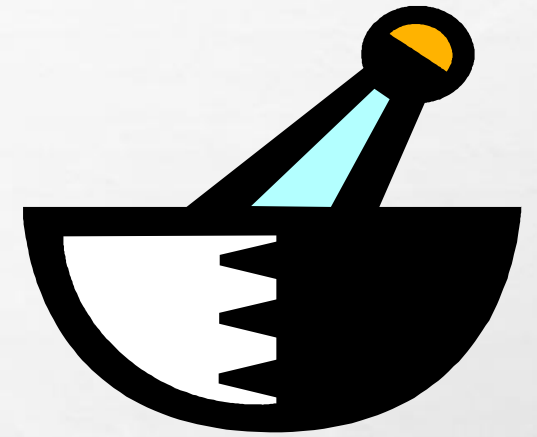
- **HEALTH FUTURES PLANNING STIMULATES SOLUTIONS TO CURRENT AND FUTURE ISSUES BY THINKING FROM A FUTURE PERSPECTIVE**
- **HEALTH FUTURES THINKING INVOLVES**
  - **WHOLE SYSTEM THINKING BEYOND THE BOUNDARIES OF THE CURRENT SYSTEM.**
  - **LEFT BRAIN ANALYTICAL THINKING ABOUT THE CURRENT TRENDS AND UNCERTAINTIES YOU FACE**
  - **RIGHT BRAIN CREATIVE THINKING ABOUT BREAKPOINT WHICH OFFER NEW WAYS OF APPROACHING AND SOLVING PROBLEMS**
  - **THINKING TOGETHER TO DEVELOP A SHARED UNDERSTANDING OF YOUR ISSUES AND HOW TO TACKLE THEM AS A TEAM.**





# PESTLE ANALYSIS

- **THIS IS A FRAMEWORK FOR IDENTIFYING FACTORS THAT AFFECT YOUR FUTURE**
- **YOU CAN ADAPT THIS TO APPLY TO ANY FIELD OR ORGANISATION**
- **YOU CAN GOOGLE FOR EXAMPLES OF THIS APPROACH**



<b>Political</b> e. g. Private/Public, Contracting out	<b>Economic</b> e. g. Growth or Recession
<b>Social</b> e. g. Ageing/ Community Self Help,	<b>Technical</b> e. g. ICT and Medical dev/ AMR
<b>Legal</b> e. g. Government/International Regulation	<b>Environmental</b> e. g. Pandemics, Climate Change impacts

# TRENDS

- **TRENDS AFFECTING HEALTH INCLUDE:**

- **THE ECONOMY –GROWTH OR DECLINE, STABILITY OR VOLATILITY,**
- **CLIMATE CHANGE IMPACTS– ON THE ECONOMY, THE SPREAD OF DISEASE AND HEALTH**
- **SOCIAL TRENDS – FAMILY AND COMMUNITY STRUCTURE, VALUES AND BELIEFS**
- **PATIENT NEEDS – DUE TO AGEING, SOCIAL FACTORS AND EXPECTATIONS**
- **INFORMATION AND COMMUNICATIONS TECHNOLOGY – NEW WAYS OF WORKING**

- **OTHER FACTORS**

- **BEHAVIOUR - SMOKING, DIET, ACTIVITY, ALCOHOL, SEX AND DRUGS**
- **ANTIMICROBIAL RESISTANCE - FAILURE OF CURRENT DRUGS**
- **DISEASE PREVALENCE – MENTAL ILLNESS, CVD, DIABETES ETC**
- **GLOBAL PANDEMICS – COVID, AVIAN FLU, TB, HIV/AIDS, NEW THREATS,**
- **ETHICS AND VALUES FOR HEALTH**
- **AND OTHERS .....**



# UNCERTAINTIES, CRISIS POINTS AND NEW TECH

- **TRENDS CAN SELDOM BE FORECAST EXACTLY, THEY ARE UNCERTAIN**
  - **TRENDS INDICATE POSSIBLE CHANGES THAT MAY OCCUR AT SOME POINT**
  - **DEPENDING ON WHEN TRENDS ARE RECOGNISED AND ACTED UPON**
- **UNCERTAINTY IS ALSO INTRODUCED BY CRISES SUCH AS:**
  - **PANDEMICS OF ZOO NOTIC DISEASE (CORONAVIRUS, AVIAN FLU, EBOLA)**
  - **RECURRENCE OF DISEASES DUE TO ANTIBIOTIC (ANTIMICROBIAL) RESISTANCE**
  - **CLIMATE EMERGENCIES, FLOODING, STORM DAMAGE**
  - **ECONOMIC DEPRESSION, A MAJOR IMPACT ON MENTAL HEALTH**
  - **THE IMPACT OF MAJOR CONFLICT, INCLUDING WARS, TERRORISM AND MASS MIGRATION**
- **POTENTIAL TECHNICAL DEVELOPMENTS ARE ALSO UNCERTAIN E.G.**
  - **MEDICAL DEVELOPMENTS – GENETICS, NANOTECHNOLOGY, CURES FOR CANCER, ALZHEIMER'S**
  - **DEVELOPMENTS IN TECHNOLOGY – ROBOTIC SURGERY, MEDICAL DEVICES, REMOTE MEDICINE**



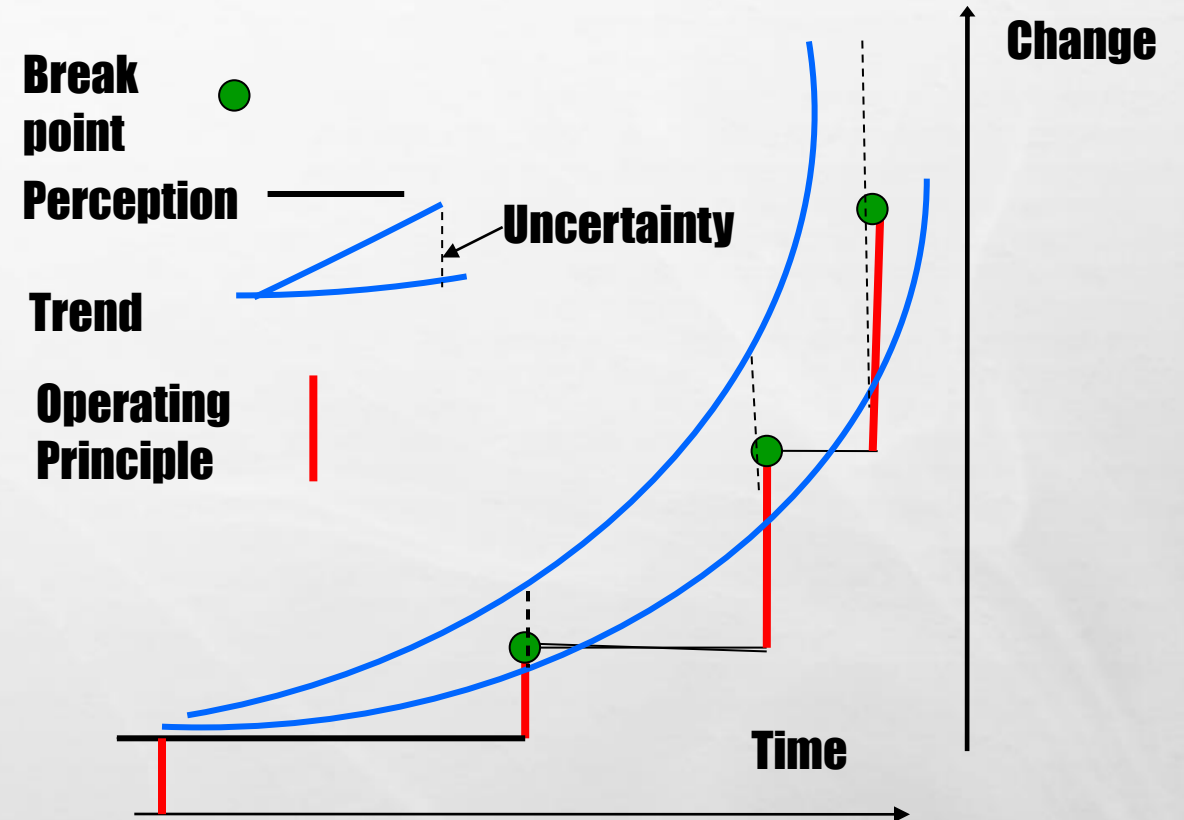
# **OPERATING PRINCIPLES: THE WAY WE DO THINGS**

- **HEALTHCARE OPERATING PRINCIPLES ARE BASED EXPERIENCE OF WHAT WORKS**
  - **TRUSTED BY DOCTORS AND NURSES BUT ALSO POLITICIANS AND THE PUBLIC**
  - **REFLECTING EXPERIENCE OF HEALTH TRENDS, CRISES AND MEDICINE AND TECHNOLOGY OVER MANY YEARS**
  - **WHILE SOME CRITICISE THEIR HEALTH SYSTEM, MOST TRUST IT AND WOULD RESIST CHANGE**
- **HEALTH FUTURES HELPS THINK ABOUT HOW TRENDS AND CRISES MAY CHANGE THIS**
  - **TO LOOK AT POSSIBLE FUTURES IN WHICH BETTER ALTERNATIVES MAY ARISE OR**
  - **CURRENT OPERATING PRINCIPLES MAY BE INADEQUATE FOR CHANGED CIRCUMSTANCES**
- **AND SOME OF THESE POTENTIAL CHANGES MAY BE RELEVANT NOW**
  - **IF WE HAVE THE IMAGINATION NECESSARY TO RETHINK THE FUTURE**
  - **IF THE PUBLIC CAN BE PERSUADED OF ITS ADVANTAGES**
  - **AND ITS ETHICS**



# TRENDS, UNCERTAINTIES, BREAK POINTS, OPERATING PRINCIPLES

- TRENDS ARE OFTEN CONTINUOUS
- BUT WE HOLD ON TO OPERATING PRINCIPLES THAT WORKED WHEN CONDITIONS WERE DIFFERENT
- LOOKING FAR ENOUGH INTO THE FUTURE HELPS TO RESPOND TO TRENDS AND UNCERTAINTY
- TO IDENTIFY BREAK POINTS AT WHICH CHANGES TO OPERATING PRINCIPLES BECOME OBVIOUS
- VERTICALS IN DIAGRAM ARE WHAT KUHN CALLED PARADIGM SHIFTS, WE CALL THESE BREAK POINTS AT WHICH NEW “OPERATING PRINCIPLES” CAN BE ADOPTED



Thomas S Kuhn the Structure of Scientific Revolutions, The University of Chicago Press, Chicago, 1962

See <http://www.emory.edu/EDUCATION/mfp/Kuhn.html>



# FOR EACH OF THESE ISSUES WE CAN IDENTIFY

- **TRENDS**

- **THE DIRECTIONS IN WHICH THINGS ARE HEADING**

- **UNCERTAINTIES/CRISES**

- **DIFFERENT POSSIBILITIES**
- **WHICH COULD LEAD TO ALTERNATIVE FUTURES**



- **BREAK POINTS**

- **WHEN CURRENT OPERATING PRINCIPLES BECOME**

- **UNAFFORDABLE**
- **UNACCEPTABLE**
- **UNFEASIBLE**

- **OR NEW POSSIBILITIES ARISE**

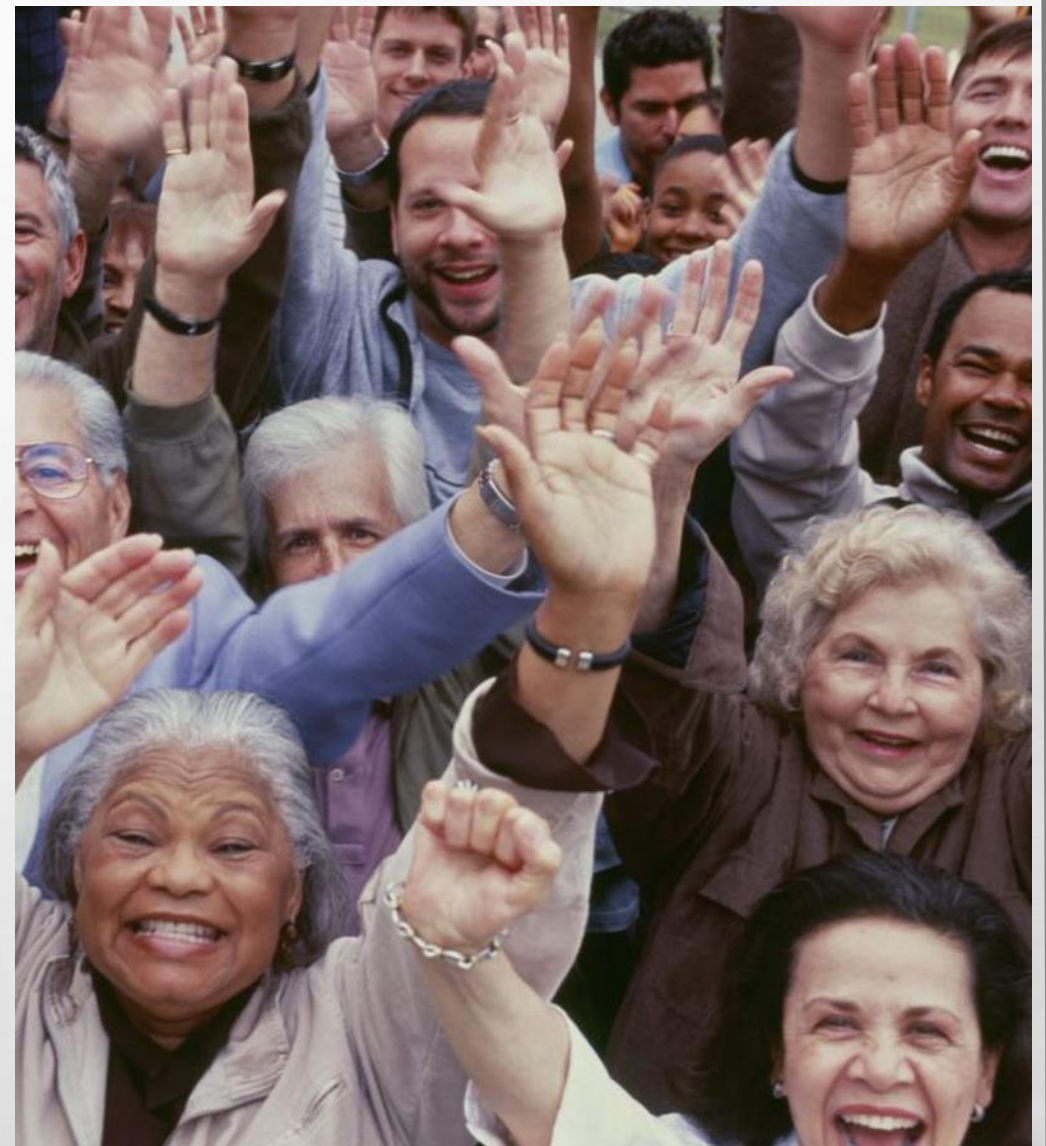
- **NEW OPERATING PRINCIPLES**

# TRENDS: EXAMPLE AGEING

## TRENDS:

- **SUCCESS OF HEALTH SYSTEMS MEANS**
- **NUMBER OF PEOPLE OVER 80 WILL DOUBLE**
- **HOSPITAL DEMAND BY ELDERLY 5 X AVERAGE**
- **MORE FIT ELDERLY (70-80) AND MORE INFIRM (80+)**
- **ELDERLY LIVING ALONE INCREASING BY 30%**
- **FAMILY CARE (70%) REDUCED DUE TO AGE OF CARERS**
- **MENTAL ILLNESS INCREASING BY 20%**

See more detailed analysis [here](#)



# AGEING – TRENDS LEADING TO NEW OPERATING PRINCIPLES

## • UNCERTAINTIES

- WILL HOSPITAL DEMAND GROW TO UNAFFORDABLE LEVELS
- WILL HOME CARE DECLINE AS CARERS GET OLDER
- HOW WILL SOCIAL CARE BE FUNDED?



## • BREAK POINTS

- WHEN WE RUN OUT OF CAPACITY /FUNDING TO PROVIDE CARE FOR PEOPLE WITH PHYSICAL AND MENTAL INFIRMITY

## • NEW OPERATING PRINCIPLES

- SUPPORT FOR COMMUNITY AND FAMILY BASED CARE AND SELF CARE
- MENTAL WELLBEING ACCEPTED AS AN ASPECT OF HEALTHCARE



# TRENDS: EXAMPLE OBESITY

## TRENDS

- **INCREASE IN SUGAR AND JUNK FOOD CONSUMPTION**
- **ADULT AND CHILD OBESITY NOW RISING TO 30%**
- **OBESITY LEADS TO PHYSICAL AND MENTAL ILLNESS**
- **TYPE 2 DIABETES AND FOOD RELATED CONDITIONS**
- **HEART DISEASE AND BOWEL CANCER BUT ALSO HIGHER SURVIVAL RATES**
- **INCREASING NEED FOR CHRONIC CARE**





# OBESITY: TRENDS LEADING TO NEW OPERATING PRINCIPLES

- **UNCERTAINTIES**

- **CURES FOR OBESITY RELATED DISEASES**
- **IMPACT OF PUBLIC HEALTH BEHAVIOUR CHANGE NUDGES**



- **NEW OPERATING PRINCIPLES**

- **HOLD FOOD COMPANIES RESPONSIBLE**
- **SOCIAL PRESCRIBING FOR WELLBEING**

- **BREAK POINTS**

- **WHEN OBESITY IS RECOGNISED AS A PERSONAL AND SOCIAL RESPONSIBILITY**
- **WHEN GOVERNMENTS SHOW LEADERSHIP ON THIS ISSUE**

# TRENDS EXAMPLE: TECHNICAL DEVELOPMENTS

## TRENDS

- **DISCOVERIES IN GENETICS AND STEM CELL RESEARCH**
- **NEW PREVENTION AND CURE POTENTIAL,**
- **PERSONALISED MEDICINES**
- **MINIATURISATION BRINGS NEAR PATIENT DIAGNOSTICS**
- **GROWING USE OF DIAGNOSTIC ALGORITHMS**
- **USE OF DIAGNOSTIC PATIENT DEVICES**
- **ONLINE CONSULTATIONS DURING PANDEMIC**
- **BUT GROWING ANTIMICROBIAL RESISTANCE**



# TECHNICAL TRENDS: LEADING TO NEW OPERATING PRINCIPLES



- **UNCERTAINTIES**

- **WILL WE BE ABLE TO CHANGE WORKING METHODS?**
- **WILL PERSONALISED MEDICINE BE AFFORDABLE?**
- **WILL ONLINE DIAGNOSIS AND CARE BE ACCEPTED?**

- **BREAK POINTS**

- **WHEN MUCH OF WHAT IS POSSIBLE IS NOT AFFORDABLE**
- **WHEN DOCTORS CANNOT KEEP PACE WITH MEDICAL CHANGES**

- **NEW OPERATING PRINCIPLES**

- **GREATER USE OF ONLINE HEALTH SERVICES**
- **ROLE OF DOCTOR CHANGES TO INTERPRETATION AND PERSONALISATION OF ALGORITHMS**



# **FUTURES THINKING IS A TEAM SPORT**

- **IT THRIVES ON DIFFERENT PERSPECTIVES AND IDEAS**
- **BRAINSTORMING, EDWARD DE BONO'S 6 HAT THINKING, IMAGINEERING, MIND MAPPING, FISHBONE ANALYSIS, AND BLUE SKYS THINKING SESSIONS CAN ALL HELP (GOOGLE THESE OR SEE WARM UP)**
- **BUT ONLY ONCE YOU HAVE BUILT TRUST IN YOUR TEAM**
- **BEST OF LUCK IN YOUR FUTURE THINKING**

