E can’t make people live forever so we have to make them happy with their experience and show them that the health system cares,” those assembled at the Healthcare Leaders Masterclass at the Convention Centre, Dublin were told by lauded strategist Professor Richard Rumelt.

Prof Rumelt, a sought-after speaker who works with numerous corporations and other organisations around the world, explained that strategy was the key to success in Irish healthcare as in business.

“Bad strategy really is the lack of a strategy. Bad strategy is when organisations claim they have a strategy but they don’t. A real strategy is problem solving, it’s the focus of energy on attacking your most fundamental problems - or the most fundamental problems that you can actually attack. So bad strategy is when you don’t do that. When you have goals, when you have values, when you have statements of purpose, but none of those are actually problem-solving,” he said.

“Strategy is when you have a difficulty to overcome so bad strategy is when you are not focusing your energies on overcoming that difficulty. So in those cases, if you are a business organisation, you can go out of business, you can disappear. If you are a government agency or an arm of a government, you rarely disappear, you just end up asking for more money. But you don’t accomplish a mission. You don’t accomplish what you set out to accomplish. So strategy is an important discipline.

“It’s not everything, there’s leadership, there’s management, there’s other things that go on but strategy, the focusing of energy on critical issues is particularly important in times of change and when there’s a challenge to be overcome, and sometimes a challenge is positive, it’s an opportunity to be grasped.”

He explained, “People need to know that somebody cares. We can’t make people live forever so we have to make them happy with their experience and show them that the health system cares. That is the priority in national healthcare,” he said.

Prof Rumelt was just one of the speakers at the Masterclass, hosted by the Director General of the HSE, Tony O’Brien, for senior managers and leaders in the Irish health system. Joe Flower, US-based Healthcare Futurist, presented on how to rebuild a healthcare system to provide more and better care for less.

The Masterclass was attended by delegates from professional bodies, public, private, government and business sectors. This year’s theme was ‘Better Strategy, Better Leadership, Better Healthcare’.

Delegates congregated to learn, be challenged and be inspired by international business and healthcare experts in the areas of strategy, healthcare delivery and leadership.

Other keynote presentations explained how to implement transformations whether through mega-project management (Professor Naomi Brookes), better information (Dr Robert Wah) Better Communication Leadership (John Mahony), Patient Reported Health Outcomes (Brenda Dooley and Prof Frank Sullivan).

Also speaking at the two-day event were Timothy J Redmond and Todd Manning, who spoke about delivering science with remarkable patient impact.

The HSE Director General Mr O’Brien, who made the opening address, also sat down for an interview with Dr Sara Burke, health policy analyst, on a range of health-related topics including a quick round question session.

**LESSONS TO BE LEARNED IN DELIVERY OF HEALTH MEGAPROJECTS**

THE delivery of huge healthcare projects can learn lessons from fields as diverse as power plants and transport systems, according to megaproject expert Naomi Brooks.

Ms Brooks, has a global reputation in understanding the management of large infrastructure projects. She is a Professor of Complex Project Management at the University of Leeds in the UK and she is also the Chair of the MEGAPROJECT European research network which brings together over 80 researchers from 24 countries to
understand the design and delivery of major projects.

“It is really important to acknowledge that because there is a huge amount of learning that can come from those areas. When we look at our Mega projects megaprojects cases we involve, we find that you can learn lessons from fields as diverse as power plants, ocean-going liners, transport systems, and they provide a fantastic way to learn how to deliver healthcare infrastructure more effectively,” she explained.

**SMALL INCREASE IN FUNDING CAN ‘TRANSFORM IRISH HEALTHCARE’**

With just a small increase in funding, the Irish healthcare system can deliver massive improvements to its patients, it has been claimed. With over 30 years’ experience, Joe Flower has emerged as a premier observer and thought leader on the deep forces changing healthcare in the United States and around the world. He explained to the assembled Masterclass that while Ireland was used to doing more with less, it is now doing less with less.

“There are total opposite problems in the US and Ireland. In the US, we spend obscene amounts of money on healthcare. We have the largest military in the history of the world; we spend more on our military than the rest of the world combined, and we spend five times that much on healthcare in the United States and we still don’t cover everyone. We still can’t take care of old people,” said Joe.

“In Ireland, on the other hand, the amount of GDP that it spends is a bit below average for OECD countries. If we were to go to an idealised healthcare system, the place we could go to in the US would be spending half the amount that it does. But in Ireland, I think you would actually be spending more than you do now but you would be getting massively more and better healthcare.

“Ireland is in a place now where it was learning to do more with less but now it is doing less with less. Look at the statistics, people showing up at A&E, the demands on the system, it’s clear you are doing less with less and you are actually doing way less than you need to do for the good of the citizens.

“So we if we were able to pay for healthcare in different and better ways, and the healthcare institutions responded to that, I think we would be paying more for healthcare but it would be very palpable to the citizens that we are getting much better care than we were before.”

As a healthcare speaker, writer, and consultant, he has explored the future of healthcare with clients ranging from the World Health Organisation, the Global Business Network, and the NHS, to the majority of state hospital associations in the US, as well as many of the provincial associations and ministries in Canada, and an extraordinary variety of other players across healthcare — professional associations, pharmaceutical companies, device manufacturers, health plans, physician groups, and numerous hospitals. He has been a consultant on change and the future with the US Department of Defense, Airbus and ArianeSpace, and a number of governments in China.

Joe insisted that healthcare would improve if more power was given to the patients.

“If we shift to a different kind of funding, in which both the patients and the patients’ caregivers and family and intermediate organisations of various kinds, become customers of the healthcare system, then they can buy healthcare in different ways rather than ‘I’m going to go to the doctor and do what the doctor says’.

“Healthcare could become much more attuned to the needs of the patients it serves if you give that population and the people representing that population more power to make actual choices,” he said.

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**BREAKTHROUGH IN PROSTATE CANCER TREATMENTS**

His experience in the collection of health outcomes in a cohort of men receiving treatment for prostate cancer over the last eight years was described to those in attendance by Professor Frank Sullivan, Clinical Director of Radiation Oncology at Galway University Hospital (GUH).

In particular, the focus was on patients at GUH who have undergone brachytherapy, a treatment for localised prostate cancer. Patients completed questionnaires, validated to measure the Health Related Quality of Life of prostate cancer patients over time, both pre and post treatment. The results of the data analysis, including Patient Reported Outcome Measures (PROMs), were presented. Frank also spoke to the use of activity-based costings in GUH, which he has applied to derive a cost for brachytherapy. Finally, Prof Sullivan reflected on the impact of these initiatives.

Health Economist Brenda Dooley, Managing Director, AXIS Healthcare Consulting Ltd, then spoke on the significance of health outcomes within the context of a healthcare system that is value based, focusing on the instruments which are used for measuring health-related quality of life in patients who have Prostate Cancer. Her session examined how other countries have incorporated patient reported outcomes into their healthcare systems.

The Galway PROMs Project was an audit of Clinical Practice within Radiation Oncology Clinics in two hospital settings utilising two methods of questionnaire completion. Patient Reported Outcome Measure (PROMs) Questionnaires were collected as part of routine clinical practice at patient appointments and by direct mail contact with the patients. Returned questionnaires were scanned onto electronic patient file platforms as PDFs. The aim of this project was to collect the data within the PROMs questionnaires to allow for analysis and interpretation of value.

The PROMs assess the quality of care delivered to patients from the patients’ perspective. They are a measure of health status or health-related quality of life at a single time point and are collected through short, self-completed questionnaires. This information is typically collected before and after a procedure and provides an indication of the outcomes or quality of care delivered to patients.

Frank is also Professor of Radiation Oncology, NUI Galway and Director of the Prostate Cancer Institute (PCI), NUI Galway.

He is highly active in the treatment of prostate cancer and personally treats over 400 patients per year with various radiation techniques. Brenda has over 15 years’ experience in the