Transforming Services Together

Strategy and Investment Case

Part 1: Summary

About Transforming Services Together

The Transforming Services Together programme, established by Newham, Tower Hamlets and Waltham Forest Clinical Commissioning Groups (CCGs) proposes working in partnership to deliver high-quality, safe and sustainable services for local people.

The CCGs have developed these plans with patients, the public and their representatives and over 300 health and social care staff (for instance surgeons, pharmacists, midwives, nurses, GPs, practice managers, healthcare assistants and managers) in Barts Health NHS Trust; neighbouring CCGs – in particular, City and Hackney CCG, Barking and Dagenham CCG, Havering CCG and Redbridge CCG; Homerton University Hospital NHS Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust; local authorities (including public health teams) – in particular the London Boroughs of Newham; Tower Hamlets; Waltham Forest; and Redbridge; NEL Commissioning Support Unit; NHS England – responsible for specialised commissioning; and the Trust Development Authority.

We will be testing our ideas with staff, local communities, partners and patient representatives, through meetings, workshops and other methods of engagement.

To make your views known please contact us:

Phone: 020 3688 1540
Email: TransformingServicesTogether@nelcsu.nhs.uk
Website: www.transformingservices.org.uk

or fill in the questionnaire at the back of this document. Whilst we will continue to discuss these proposals throughout their development, we will be finalising this Strategy and Investment Case early in the summer of 2016, so if you would like to contribute to this, we need your comments back by **22 May 2016** at the latest.

To view the full document please take a look at our website or contact us for a copy.

This document is intended to stimulate debate. We look forward to hearing from you.

Note:
East London is the term we use for the boroughs of Newham, Tower Hamlets and Waltham Forest. This is the focus of this strategy.

Contents

Proposed Foreword

Transforming Services Together was established to improve the local health and social care economy in Newham, Tower Hamlets and Waltham Forest – very much in line with the challenges of the NHS *Five Year Forward View*[1], local and regional plans and guidance[2].

Celebrating success

Whilst this document focuses on where we need to improve, it is worth recognising some of the huge achievements of the NHS over the past 20 years and appreciate the efforts made by everyone working in health and social care. We have one of the best trauma centres (at the Royal London) not just in the country, but in the world. We have improved the quality and accessibility of primary care services; our services for Tuberculosis, mental health, carers, our websites and management have been recognised nationally. Stroke care is second to none and mortality ratios at our hospitals (a key measure of how safe services are) are some of the best in the country. By working together we are ensuring local people are far more likely to survive diseases such as heart disease than people in many other parts of the country[3].

A partnership approach

But, we also recognise the complex challenges: a rising population; financial and workforce pressures; and in some cases poor patient care, estates and infrastructure.

Where we live, our environment and socio-economic situation is critical for wellbeing. We recognise the responsibility that local authorities have for the health and wellbeing of their populations and the potential this has to reduce the burden on the health service. Together we have developed proposals to respond to some of the challenges and take advantage of the opportunities we face. Clinicians have led the discussions, in partnership with key stakeholders and members of the public. We welcome the honesty that everyone has shown in reflecting on what is wrong with the existing system and their dedication in developing new ideas on how to make the changes that are clearly necessary.

We are encouraged by the enthusiasm for change, the willingness of all partners to work together and the strong belief that solutions can be found. Thank you to everyone who has taken part so far (over 1,000 of you). We want to develop a new partnership with local people. It is your NHS, and we know it is a much valued and respected institution. The health service, staff, partners, patients and residents need to work very differently with each other and everyone has a part to play.

Our plan

This document outlines the key health and social care changes and investments needed in East London. We have set out a credible plan to transform the services that almost one million people (and rising) rely on. We must ensure that we provide the patient experience that our populations expect, and the services that keep them well and safe. Most importantly these changes would set the system onto a path towards financial sustainability. We look forward to hearing from you.

Signatures

[1] NHS England www.england.nhs.uk/ourwork/futurenhs/
[2] London Health Commission www.londonhealthcommission.org.uk/better-health-for-london/
[3] Health and Social Care Information Centre. January 2015 www.hscic.gov.uk/pubs/shmijul13jun14

1. The challenges we face

The future challenge means the NHS and social care has to change

- **Our population is projected to grow considerably.** Over the next 15 years, the population of Newham, Tower Hamlets and Waltham Forest will probably grow by 270,000 – the size of a new London borough. We anticipate thousands more births each year and, as people live longer, so their health and social care needs will also increase.

  But we are approaching the capacity of our buildings if we continue with the current configuration and ways of working. Our hospitals face unprecedented demand for services and population growth will require a further 550 beds over the next 10 years if we don't change the way we work. Extra funding from the population increase will not cover this cost, and in any case it would be misplaced. We need to redesign services to keep people out of hospital in the first place.

- **There are changes underway that will impact how our services operate.** King George Hospital's emergency department is expected to close, which will mean an increase in demand at Whipps Cross and Newham hospitals. We need to develop new partnerships; new forms of finance and payments that encourage innovation and efficiency; and new organisations to integrate care.

Existing challenges

On their own, these future issues would require considerable focus and attention to address, however the NHS in our area is already facing a number of major challenges.

- **Health and social care budgets are being squeezed.** The spending freeze to NHS budgets, and spending cuts to local authority budgets will place a greater financial strain on services – in particular in areas of care where integration between health and social care is so important. Whilst CCG finances are currently in balance, they are predicted to deteriorate rapidly over the next five years and Barts Health already has the largest expected deficit in the NHS at about £135 million.

- **We need to improve the quality of care and patient experience.** There are issues in access to, and experience of, primary care and other services in the community. Around 40% of respondents to the GP National Patient Survey reported that they could not see a GP of their choice and over 30% found it difficult getting through on the phone. Some of our health services are world class, but too many are not. Barts Health is struggling to meet the London Quality Standards. In June 2015 the Care Quality Commission assessed patient outcomes at Barts Health as being at, or better than, the national average across most medical and surgical at the hospital, but it also highlighted a significant number of areas where improvements are required and rated the trust 'inadequate'[4]. In response, the trust published *Safe and Compassionate*[5] which describes how, by working with staff, patients and partners, the trust will deliver lasting improvements.

- **Our workforce is stretched.** We are struggling to recruit and retain the number of staff we need. For example there is an existing shortfall of more than 730 nurses (around 13% of the total) in East London providers and there is a higher than

[4] www.cqc.org.uk/provider/R1H
[5] www.bartshealth.nhs.uk/media/286492/150915%20BH_Improvement_Plan_FINAL.pdf

average turnover of staff[6] (around 2,800 staff leave our hospitals each year – around 15% of the total). There are significant staff shortages in some critical specialist roles – such as in emergency medicine and paediatrics. There is a shortfall in primary and community care too – over 40% of male GPs in Newham and Waltham Forest are approaching retirement age; we already spend too much on agency staff to plug the gaps.

We need to address the high costs of living, low staff morale in some places and a lack of clear development and training routes.

- **We need to change the social culture of over-reliance on medical (and often emergency) services.** Life expectancy is worse than the rest of England – environmental factors and deprivation are of critical importance and need to be tackled. Supporting people to look after themselves, and better prevention of illness, would make the most significant difference to people's health – and yet we do not prioritise this area of health. We recognise that influencing this change is particularly difficult given the diversity and transient nature of the population.
- **Our facilities and IT systems are not always set up to deliver high quality or efficient care.** We have some of the most modern and high-tech facilities in the country – such as the new Royal London Hospital and the Sir Ludwig Guttmann Centre in Newham. However, many of our community facilities are under-used or inappropriately fitted out, too small, or in the wrong place for the services we need to deliver. We also have many old buildings that require significant investment just to maintain them (Whipps Cross requires over £80m of investment in its buildings).

  Our IT systems are not fit for purpose. Poor equipment and a lack of interconnectivity inhibits delivery of efficiencies and improved services.

If we allow things to continue as they are…

- we will need an extra 550 inpatient beds by 2025 (costing around £450 million to build and £250 million a year to run). Overall our organisations will be in deficit by almost £400 million by 2021/22. We wouldn't be able to recruit the workforce to staff these beds, and we know that hospital is not the right place for many people[7].
- patient experience will decline and patient safety will be put at risk. People will face a confusing health system, and will need to wait longer for operations or travel outside of the area for some planned care. People with a mental health illness will continue to be poorly treated compared with patients with a physical illness. Too many people will continue to die in hospital rather than in a homely surrounding. Patients and staff will have to cope with poor environments. We won't be able to bring care closer to home; we won't take advantage of the opportunities to transform the morale of our workforce and our finances will deteriorate[8].

[6] Compared with the Health Education North Central and East London area. HSCIC workforce statistics July 2015 www.hscic.gov.uk

[7] Audits show that up to 40% of beds are occupied by people who do not need hospital care.

[8] *The Review of Operational Efficiency in NHS Providers* (June 2015) suggested that the NHS overall could save £5 billion a year by making efficiencies in workforce and productivity; and improved medicines, estates and procurement management.

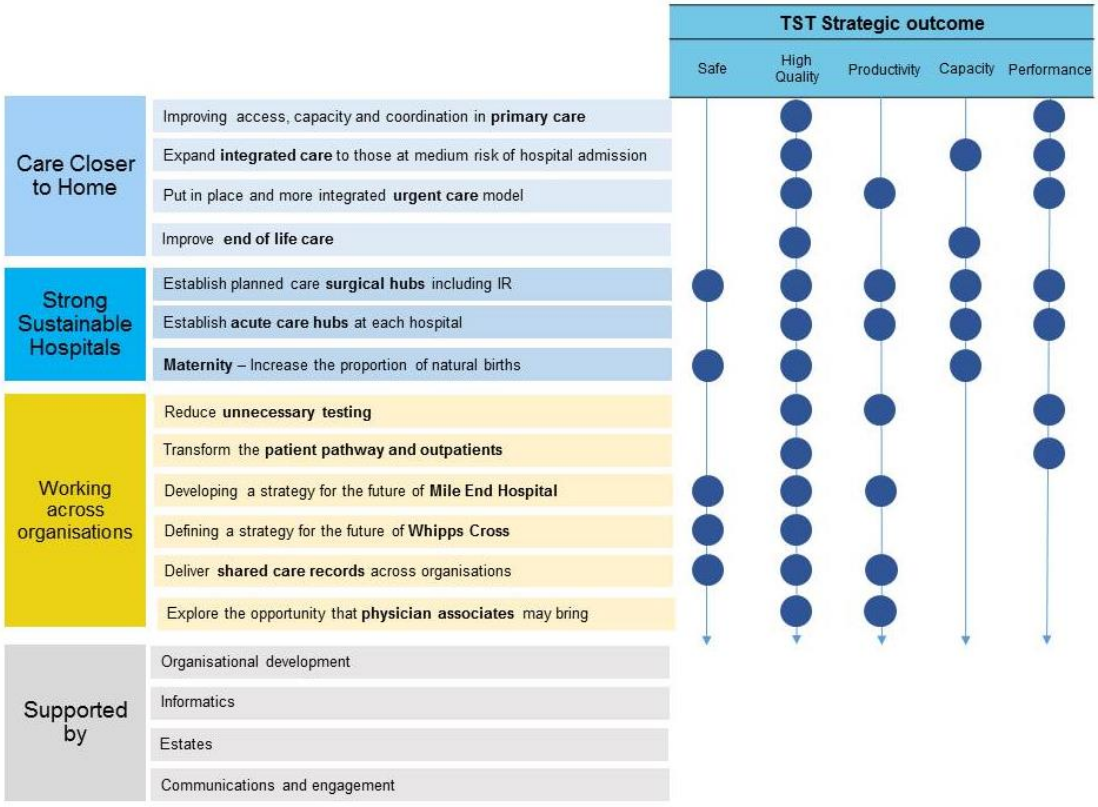
2. How we could create high quality, safe and sustainable services

Our strategy

Our strategy aims to:

- support the **health and wellbeing** strategies of our boroughs, helping people to stay healthier and manage illness; and to access high-quality, appropriate care, earlier and more easily
- **change the culture** of how we commission and deliver care
- **increase involvement of patients and carers** in co-production and shared decision-making
- **maximise the use of the assets** in our communities and voluntary sector
- commission activity to be in **fit-for-purpose settings of care, often closer to home**
- **focus some surgery in fewer locations** to improve patient outcomes and experiences and drive up efficiencies
- acknowledge the importance of supporting people's **mental health** and well-being
- **ensure the system is flexible** enough to respond to changing demands
- help set our **finances on a path of sustainability** in a challenging environment.

To ensure we will meet these aims, we have established three 'clusters' – which are responsible for the overall delivery of the programme. Each of these clusters has developed specific initiatives to address key priorities for change.



Three important themes are integrated throughout the clusters and initiatives. These are:

- Helping people manage their health better
- Mental health
- Children and young people

The expected outcomes

The impact of these initiatives, if they are delivered through a coordinated, integrated plan over the next five years, alongside productivity improvements, will be:

- a fairer service, treating the needs of everyone in society
- a healthier population and patients who experience better care
- significantly more care being delivered closer to home, in more efficient care settings
- a workforce that is more suited to deliver efficient and effective modern healthcare; staff who better understand their role, who feel supported and who are enthused about their job, healthcare and the NHS
- that hospitals are able to relieve the existing pressure on beds; can cope with the increase in population and long term conditions; and can reduce waiting times, or create opportunities for new income streams
- improvements in clinical quality. We expect these proposals to directly support the *Safe and Compassionate* improvement programme and the transition of Barts Health out of special measures
- net savings from the TST programme of between £104 million and £165 million over five years. By year five the annual saving is £48 million. The most likely position if we deliver the changes described in this document; internal cost improvement programmes (CIPs); and quality, innovation, productivity and prevention (QIPP) programmes, is one of overall balance with some organisations being in surplus and some in deficit.
- A significant reduction in the capital requirement. The TST programme proposes a budget for buildings and infrastructure of £72 million by 2021 (excluding essential estates and IT works), but the requirement if TST is not put into action is £250 million.

3. Getting the basics right

Patients have told us that getting the basics right improves clinical care as well as the patient experience. Patients want to be seen in well maintained buildings; they don't want to have to tell their story to every member of staff that they meet because our IT is not joined up; they want staff to talk to each other and coordinate care, be caring as well as competent, to understand that little things make a real difference, and above all to recognise that every person is different.

The estate

Our aim is for a flexible and fit-for-purpose estate. It will be actively managed and well used, with opportunities taken to share space with other services benefitting the public.

Primary and community care

GP practices are of varying quality and suitability in each borough; the traditional model of small GP surgeries is no longer suitable. We need fewer smaller practices and larger 'hubs', where a greater range of primary and community care services can be delivered in an efficient and modern setting. GP practices should cater for 10-15,000 patients or be working as part of a network, or collocated with other practices. Larger facilities of over 30,000 patients should host on-site minor surgery units, sexual health clinics, enhanced test facilities and community learning environments with access to nutritionists, health coaches and community groups.

> ***Newham:*** The Vicarage Lane site in the north west of the borough would be a good location for a primary care hub. A second hub could be at the Sir Ludwig Guttmann Health Centre in Stratford. Centre Manor Park could be a good location for a third hub with two further hubs in Royal Docks ward and Canning Town.
>
> ***Tower Hamlets:*** The hubs could be at: St. Andrew's Health Centre; Barkantine Centre; East One Health Centre; Blithehale Health Centre with an additional hub in Whitechapel.
>
> ***Waltham Forest:*** Wood Street and Comely Bank could provide a good location for a primary care hub. A second hub could be at St James Health Centre; a third at Highams Hill. A fourth hub could be located around the adjoining Ainslie Therapy/Rehabilitation and Highams Court sites; a fifth hub could be at Thorpe Combe Hospital.

Acute care

The Barts Health estate includes some of the most modern and efficient facilities in London, but includes some of the worst. There are opportunities to improve many facilities, and to consolidate and dispose of parts of the estate that are inefficient or in locations where they hold considerable value to a residential or commercial market.

> ***St Bartholomew's Hospital:*** Complete the phased redevelopment of parts of the site; consider disposing poorly used or unsuitable parts of the site; develop and preserve elements of the historic, heritage aspects.
>
> ***Royal London Hospital:*** Increase the density (and therefore efficiency) and improve the clinical co-location of services on the site; progress the sale and transfer of the old Royal London hospital to the London Borough of Tower Hamlets; progress plans to develop two further plots of land into a life sciences specialist centre, in collaboration with local education partners.

Mile End Hospital: There is an opportunity to consider greater integration of acute[9], community, mental health and primary care services. A system-wide strategy is required to define the most appropriate use of the site.

Newham University Hospital: Develop the Gateway surgical centre to allow greater activity, in particular orthopaedic surgery.

Whipps Cross University Hospital: There is a continuing (and growing) demand for acute and emergency services on the site. Working with local partners, a system-wide long-term strategy is needed for the site.

IT and informatics

The NHS collects vast amounts of data and we can use this much more intelligently, systematically and transparently. Developing joined-up information systems will support more effective, integrated healthcare.

We want people to experience services that are truly seamless, with effective signposting, co-ordination of care and exchange of information supporting every patient's journey. All clinicians should have access to key patient data to make decisions and reduce the risk of gaps and duplications in care. We will focus on ensuring:

1. the infrastructure (computers, cables, services) is up to the job of supporting reliable, fast access to systems
2. wherever a patient is seen or a decision made in the health and care system, the appropriate data from every responsible health and care organisation is available safely in a real-time easy-to-use way
3. we can combine data from every organisation to inform and prompt changes to treatments and care pathways
4. patients get access to their record so they can take control of their own health.

Our workforce

There is a limited labour supply in East London, made worse by high turnover and retirement rates. We struggle to recruit to key roles, such as nurses, social workers, allied health professionals and emergency consultants. Rising costs are making living locally impossible for many nurses and support staff, with few key worker incentives offered, such as affordable housing.

We will address some of these challenges through the introduction of new roles, new ways of working and initiatives such as encouraging:

- recruitment. We will work with universities and other education providers to offer academic courses for new roles (e.g. physician associates and advanced nurse practitioners). We will encourage young people to work in the NHS by working with local schools and education establishments and develop apprenticeships and internships. We will market the attractiveness of working in the NHS in East London.

[9] Acute care is the name we use for care that is normally provided in a hospital for serious conditions needing 24/7 nursing under the direction of a consultant.

- retention of staff through training and development opportunities, flexible working options and financial incentives. These could include ‘golden hellos or handcuffs’, support with the high costs of London living and transport, key worker housing, bursaries or student loans to incentivise hard-to-fill vacancies. We will also look at removing perverse incentives such as high pay for bank and agency staff.

Multidisciplinary teams

Delivering care in multidisciplinary teams is central to a number of initiatives including improving surgery, urgent care and primary care:

- The services available at the front of our emergency departments need to be broadened by bringing together a wider range of staff and facilities. By doing so we will be able to care for a much greater proportion of patients and conditions without having to impact on the emergency department.
- Collaborative working is also needed in the community, with GPs, pharmacies, dental, community health and social care services (all connected by IT systems) working together to provide an integrated urgent care response, closer to where people live.

4. Our proposals in detail

Prevention

People in East London have some of the shortest life (and healthy life) expectancy in the country. We aim to change the existing culture of over reliance on medical/hospital services to one where prevention of ill health is given greater priority, and people take more responsibility for their own health. However this cannot be fixed by health services alone. The NHS must work with all organisations, including social care and the voluntary sector to:

- support people to live healthier lives
- make our schools and workplaces healthier
- identify physical ill health earlier – for instance through screening programmes.

Achieving this would mean a healthier population, with improved quality of life, a reduction in emergency department attendances and admissions to hospital, more supportive patient care, and healthier staff.

Delivering care closer to home

GPs with a registered list of patients need to remain as the foundation of NHS care. Over the next five years the NHS will invest more in primary care. The number of GPs in training needs to be increased as fast as possible, with new ways to encourage retention.

We need to integrate emergency and ambulance departments, GP out-of-hours services, urgent care centres and NHS 111 so people can get the right care at the right place at the right time.

Too many people go into hospital or stay in hospital longer than is necessary. Co-ordinated support early on, focused on a person's wellbeing as well as their health and social care needs, can reduce their dependency on services in the long run and ensure that admission to hospital only happens when it is really needed. Transformation will require new partnerships with local authorities, communities and employers, with decisive steps being taken to break down the barriers between GPs and hospitals, physical and mental health, health and social care.

New integrated providers will enable the NHS to take a more rounded view of patient care. We are also committed to developing local payment schemes and supporting leaders creating innovative solutions to local challenges.

Delivering these changes could deliver significant beneficial health outcomes, reduced health inequalities, radically improve patients' experience of interacting with the NHS, improve efficiencies and enable the NHS to manage the expected increase in attendances:

- Some activity in GP surgeries can be delivered in pharmacies and by supporting self-care
- Around 180,000 outpatient appointments, can be provided in alternative ways that are more convenient to patients
- 92,000 extra attendances expected at Barts Health emergency departments a year (by 2020) can be accommodated by shifting activity to primary care and improving pathways and system efficiencies.

To deliver care closer to home, we have prioritised a number of key initiatives:

Initiatives and the case for change	*Proposals*	*What we will deliver in five years*
Integrated care Too many people go into hospital or stay there longer than necessary.	Integrated care provides co-ordinated health and social care in patients' own home or in the community to help them stay well or manage their illness. We want to improve our services and extend integrated care to those at moderate risk of hospitalisation (it is currently only available to those at high risk of hospitalisation).	People with moderate risk of hospitalisation will manage their health better, stay well, be able to live in their own home or the community (rather than have long spells in hospital) and reduce their reliance on urgent care services.
Urgent care People find it difficult and confusing to access urgent care – so they often end up going to emergency departments or calling an ambulance, which diverts attention away from people with more serious and life-threatening issues.	Simplify and integrate urgent care by: - developing a simple online directory of services - integrating NHS 111 with the urgent care system so there is a single place where people can get advice, book urgent appointments at a primary care hub (see below), their GP or other providers - replacing standalone walk-in centres with primary care hubs which will provide a greater range of services. Provide more urgent care appointments in the community (including in the evenings and at weekends). Provide a more comprehensive service in urgent care centres at the front door of emergency departments.	Patients would get the care they need in a timely, easily understood and convenient fashion, helping them get back to health without the need to visit an emergency department. Around one in four patients attending an emergency department will be treated in an urgent care setting, meaning emergency departments are able to provide the best possible care to those most in need.
End of life care One in three people admitted as emergencies to a hospital are receiving end of life care. However most people would like to die in their usual place of residence.	Earlier identification of the need for end of life care, supported conversations and recording and sharing preferences and: - better sharing of care plans - more community and end of life services - better partnership working across the health, social care and voluntary sector – including making more use of community facilities such as hospices.	People will be able to make better choices about their end of life care and their experience of end of life will improve. A 30% reduction in bed days during the last year of life. Half the number of emergency hospital admissions.

Primary care There is an increasing (and ageing) population and a rising burden of disease; a shortage of GPs; and patients find access and quality of care unsatisfactory. The population has some of the poorest public health outcomes in the country (for example survival of cancers and cardiovascular disease and life expectancy).	Improve *access* to general practice, pharmacies, dentists and optometrists, for instance by providing supportive online tools or Skype appointments. Establish *proactive care*, by empowering patients to take more control of their health and by offering wellbeing inductions for new patients. *Coordinating* care. We will make sure 20% of appointments are longer, to suit the needs of patients with complex conditions; we will continue to connect our IT systems. We believe this type of care can only be delivered in: - primary care practices serving over 10,000 patients - smaller practices working together in networks, or in collocated facilities at primary care hubs by a broader range of professionals (for example by creating physician associate roles or by having pharmacists working alongside GPs).	The whole population will be healthier. People will find appointments are more convenient, so minor ill health can be resolved quickly and easily. More services will be available in the community, often in the same building so patients will have less need to go to hospital. We will have more primary care staff and patients will be more able to choose a female or male GP. We will reduce patient complaints by 50%.

Strong sustainable hospitals

Even though our focus is to help people stay fit and healthy and to provide care closer to home, we need to make sure that when people do fall seriously ill or need emergency care, there are strong, safe and sustainable services in local hospitals.

We know that there needs to be a continuous focus on quality and safety. Some of our proposals are small and will cost nothing to implement, others require organisations, staff and the public to work together to deliver improvements.

We need to change the way we work if we are to cope with the extra activity expected. The existing emergency departments and maternity units will need to be retained to deliver high quality local care but we need to change the way they work:

- **Improved local care with specialisation where this improves outcomes and delivers safer care**

  In order to effectively provide care for the growing populations we need to make sure that Newham and Whipps Cross are able to deliver high quality care for the vast majority of conditions in their local population. We also need the Royal London to function effectively to serve its local community and a wider population in its role as a specialist centre. This doesn't really happen at the moment as the site is often too busy treating emergency and very unwell patients to cater for the day-to-day needs of local people. This results in large amounts of planned surgery being cancelled and patients staying in hospital longer than they should, affecting local people and patients who have been transferred from further away.

- **More integration with community and social care**

  Our hospitals need to be better integrated with the community as well as forming stronger partnerships with charitable and voluntary organisations. We need to work to make sure that local services run as effectively as possible alongside other clinical teams both on and off the hospital sites to deliver the best care.

- **Working in networks across our sites and more widely**

  We need to be far better at organising and simplifying the acute and emergency care system and network arrangements. Our proposals will achieve both of these, standardising and improving the system and the standards of care.

  The three main acute sites do not consistently meet London quality standards. For example, we know that no site other than the Royal London offers access to emergency interventional radiology in under an hour. Our approach outlines where we need to look across sites and in some cases change configurations to improve arrangements for life- or limb-saving specialist services.

We have prioritised a number of key initiatives to develop strong, sustainable hospitals:

Initiative and the case for change	*Proposals*	*What we will deliver in five years*
Acute care hubs Too many people are admitted to a hospital ward as this is the only way to access rapid medical specialist opinion and tests. This means that patients who do not need 24/7 nursing care sometimes stay in hospital unnecessarily.	Bring together the clinical areas of the hospital that focus on initial assessment, rapid treatment and recovery at each site to work as 'acute care hubs'. This would mean that the majority of patients would be treated without needing to be admitted. Only patients needing 24/7 nursing/medical care would be admitted to a specialist ward.	Fewer patients would need a hospital bed – avoiding unnecessary stays in hospital. More emergency consultant cover and quicker treatment. Improved care for adults, young people and children with physical or mental health problems.
Maternity (increase the proportion of natural births) Over the next 10 years the number of births will increase **–** thousands more births every year. Women report some of the worst experiences of care in London. Too many women don't have real choice of where they have their baby – often giving birth in an obstetric-led ward which place women at higher risk of interventions and operations compared with planned midwife-led births.	Introduce new ways of working that provide more informed choice and promote more natural delivery. We want to ensure women have real continuity of care so they are supported throughout their pregnancy and can have a more natural birth in midwife-led settings.	Women will feel better supported through their pregnancies with an improved experience of care. Better, safer care and a reduction in unnecessary interventions. A third of women choosing to have a midwifery-led birth rather than an obstetric-led birth. The ability to care for women and their babies without having to build additional hospital capacity.
Surgical hubs The quality of surgery could be improved. Too many people stay longer in hospital than necessary. A lack of coordination means that planned surgery sometimes impacts on emergency surgery and vice versa.	Create surgery centres of excellence (hubs). Newham, Royal London and Whipps Cross would each specialise in a number of specialties. This would: - reduce waiting times and the number of patients having to go outside of the area to have surgery - improve emergency and planned surgery	Improved quality of care. Better use of specialist equipment and staff; shorter waiting times for patients; and fewer cancelled operations. Better patient experience, for example a 10% reduction in length of stay for planned admissions.

Many patients are waiting far too long for operations.	- reduce the number of cancelled operations. New pre-operative pathways will deliver care as locally as possible and focus on recovery and long term health improvement.	Better efficiency, for instance theatre utilisation improved by around 12%. Emergency and maternity services, and less complex surgery at each of the three hospitals would be properly supported.

Case study – surgical hubs

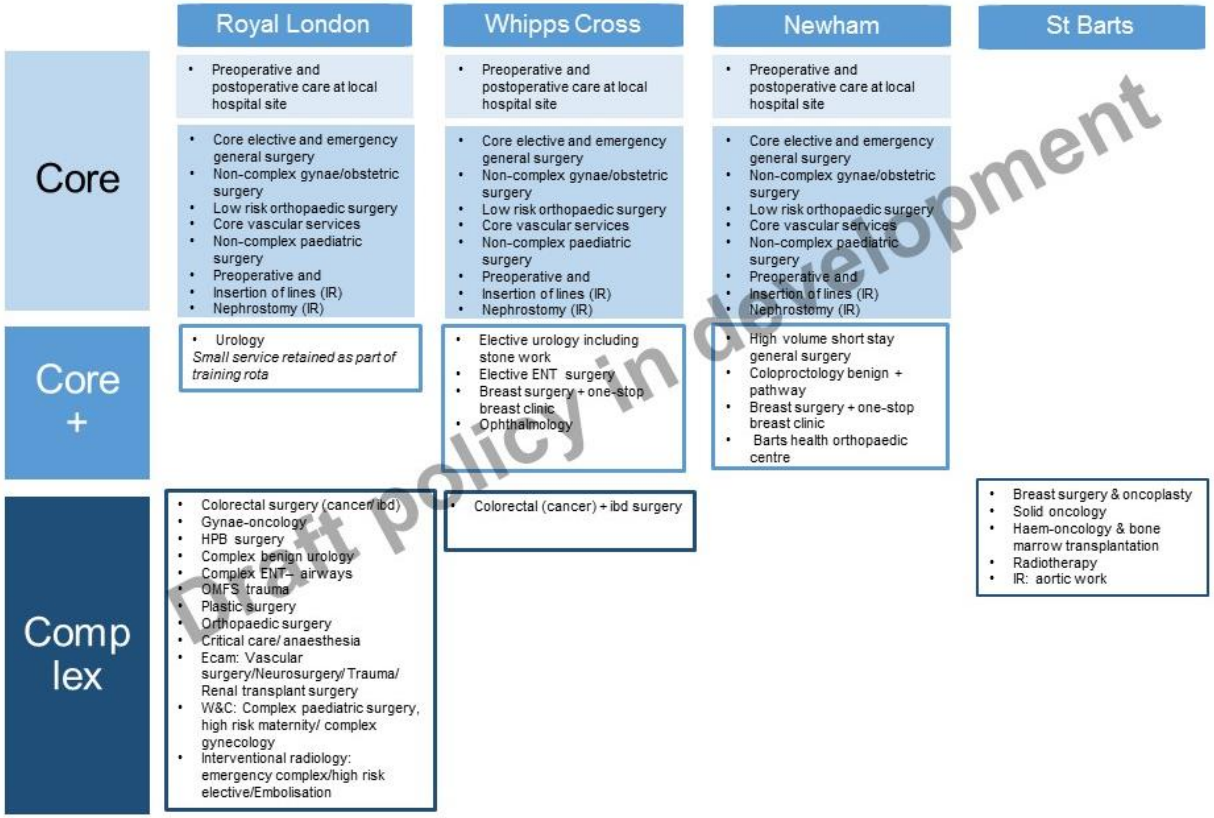
Describing ***surgica***l services as 'core', 'core plus', and 'complex' provides a way of describing how they could be provided across East London.

'Core' services support emergency, medical and maternity care and should be available on all sites.

'Core plus' services require a degree of specialisation and/or resources. They require a concentration of the specialist workforce and dedicated capacity in order for care to be delivered safely and sustainably.

'Complex' services are required to support the treatment of complex cases, such as complex cancer or trauma. Clinical interdependencies and the input of multiple specialities are crucial to optimise safety and patient outcomes.

Each site would host core services and different combinations of core plus functions. A potential view of what surgical services might look like in East London is shown to the right.



Over the next six months we will test and enhanced this proposal (and other options) through appropriate engagement with the public, staff and local stakeholder groups.

Working across organisations to continually improve care

Many of the initiatives we are taking forward will require organisations to work together more closely than ever before. For example, clinicians from primary, community and secondary care organisations need to work together to agree pathways that speed up patients' diagnosis and treatment. We also need to work together to increase the number of physician associates, and to define strategies for the future of Mile End Hospital and Whipps Cross Hospital.

Two themes are threaded through all our initiatives:

Mental health

- A quarter of the population will suffer from a mental health problem in their life.
- Three quarters of people with mental health problems never receive treatment.
- People with a serious mental health illness die, on average, 20 years earlier than people without mental health problems.

We will prioritise improving services for expectant mothers and their partners; children and adolescents; people in crisis; and people with dementia, whilst we review the whole mental health system and develop a five year strategy.

Children and young people

We recognise that an investment in the health of our children is an investment in the future. A good, healthy start in life is essential if we are to increase life expectancy and the number of healthy years people live. We need to get better at:

- co-ordinating services and joint working. Young people needing healthcare are getting passed between too many people and organisations
- identifying when a child or young person's conditions could be better and more quickly treated in a community setting. There are too many referrals to hospitals
- supporting children and their parents/carers to self-care and access services when necessary.

We will involve children and young people in the design and commissioning of services; we will work with schools, children's centres and youth services which are vital settings for improving health; and we will improve the way young people transition into adult services.

We will redesign children's mental health services to make them less fragmented and work with schools to make sure mental health problems are identified earlier so that young people get the support they need more quickly.

We have prioritised a number of key initiatives to improve the East London health economy:

Initiative and case for change	*Proposals*	*What we will deliver in five years*
Transform the patient pathway and outpatients We are struggling to manage the number of outpatient appointments. However: - up to 20% of referrals to hospitals are not needed - up to 20% of patients do not attend their appointments - the referral process is complicated - the way follow up appointments are arranged can be ineffective – there are often better ways for patients to access specialist advice - we don't always help patients to manage their own conditions.	Redesign the patient pathways for some of the most common: • long-term conditions (for example cardiovascular disease, respiratory disease and type 2 diabetes) • planned care services (for example musculo-skeletal and dermatology). Make better use of technology. Develop new processes for outpatient treatment and follow up, to improve the quality of referrals.	There will be a 20% reduction in hospital-based outpatient appointments as unnecessary ones are not made and alternative ways of meeting patient needs are developed, for example by using phone, email and Skype clinics. Patients will find the system easier to navigate and be better cared for closer to their home.
Reduce unnecessary testing Around a quarter of tests carried out on patients are unnecessary. Some GPs in East London order over 50% more high-cost tests than other GPs. This is wasteful of resources, delays diagnosis and treatment of patients who need tests, and subjects patients to the inconvenience and worry of unnecessary tests.	Standardise processes and reduce unnecessary testing in the community and in hospitals. Consider enabling GPs to refer straight to tests in hospitals (rather than having to wait to see a hospital specialist first). Improve IT to share tests between GPs and hospitals (rather than have the tests repeated).	Patients will not have to attend (and be subjected to) unnecessary tests and appointments. There will be 20% reduction in spend on the top 20 most costly GP-generated tests by 2020/21.
Shared care records There has been significant progress in sharing patient records but there is still:	Better understand what needs to be shared and how it can be made accessible, secure and useful to staff who need it and to patients.	Our shared care record infrastructure will be in place. There will be quicker, more coordinated care.

- a lack of connectivity between all care providers - a need for a more comprehensive system, for example being able to book services through the system, and everyone being able to add information (not just 'read only') - a need to make access intuitive and simple, and to make records up to date and accurate, otherwise health and social care staff will not use them.	Increase the use of shared records. Increase the amount of information available. Increase the number of staff in health and social care organisations who can access shared records. Work with patients to gain their support and consent to view their records.	Patients will not have to keep repeating their 'story' and will be better able to self-care or receive care in their own home. Staff will be able to provide better care as they will have a better understanding of the patient history. We will improve efficiency as we remove our reliance on paper.
Physician associates The area needs an extra 125 GPs in five years and almost 200 in ten years – but there is already a national shortage of GPs. Physician associates can perform a large proportion of a doctor's tasks at a reduced cost – meaning doctors can focus on the patients and illnesses that require their skills.	As well as developing different ways of working and effective ways of recruiting and retaining staff we will introduce more physician associates.	We will have developed the role of physician associate. GPs and other clinicians can spend their time providing high quality healthcare and staff skills will be better aligned with patient needs. This will breathe new life into the workforce, improving staff satisfaction and motivation. Patients will get faster, more effective services.
Mile End hospital The Mile End site offers a range of services from different providers. Barts Health has two acute inpatient wards, but these are separate from the rest of the Royal London site and this makes them difficult to manage and provide high-quality care for patients.	We will continue to provide acute mental health services at Mile End but will seek to change other inpatient services. This would enable Barts and the local health economy to develop a longer term strategy for the site which could include more step-up/step-down facilities, mental health or community service facilities or	A health economy strategy to define the long-term future for the site. Improved efficiencies (for instance reduced clinician travel times and better sharing of facilities). Improved outcomes and patient satisfaction, as clinicians have better

	even sale of underused parts of the site for educational or residential use.	sight of patients, and are able to discharge patients in a timely manner.
Whipps Cross hospital - The buildings are old and require around £80 million just to keep them safe and meeting minimum requirements. - The buildings are not designed to deliver modern healthcare and have been developed in a piecemeal fashion over many years. For instance the maternity unit is not connected to the main site, so emergencies require an ambulance to transport mothers and babies. - Whipps Cross has one of the largest sites in London but is used very inefficiently. It is a wasted resource.	We will work with partners across health and social care to develop a robust strategy for the long-term future for the site.	We will have set out a clear strategy, defining the long term future for the site; determined how the transformation will be delivered; and be underway in delivering the changes we need.

5. Finance

The range of expected net savings and costs for each of the 13 initiatives is shown below.

	5-year net savings	
	Upper	Lower
	£m	£m
Care Closer to Home		
Primary Care	34.5	30.7
Urgent Care	5.8	2.5
Integrated Care	6.6	4.2
End of Life Care	3.4	1.6
	50.3	39.0
Strong Sustainable Hospitals		
Acute Care Hubs	35.7	22.6
Surgical Hubs, incl. IR	4.3	0.0
Normalising births	(13.8)	(14.1)
	26.3	8.6
Cross cutting themes		
Pathway redesign	82.4	64.9
Reduce unnecessary testing	25.5	20.7
Shared Care Records	(11.1)	(12.3)
Physician Associates	(3.2)	(11.5)
Mile End Hospital	-	-
Whipps Cross Hospital	(5.1)	(5.1)
	88.4	56.8
Net TST programme impact	**164.9**	**104.4**

By year five the annual saving is £48 million.

6. The health economy

Whilst TST initiatives will go a long way towards solving the big strategic challenges we face, there are a number of other initiatives that need to be delivered in partnership if we are to transform the health of our population and the health and social care system. For instance:

- better prevention of illness – with local authorities and Public Health England
- delivery of other savings. Even if the health and social care economy can achieve the improvements and efficiencies detailed here by 2021 there will still be an historic deficit which will require external investment, as will any rebuilding of Whipps Cross
- delivering changes to other health and social care services, for example specialist services.

7. Next steps

Success in these initiatives will be dependent on the continuation of the strong working relationships we have developed over the past year with all key partners.

Our greatest challenge is in how we develop the enthusiasm, collective responsibility, and clear, achievable plans to implement the solutions that we know people need. From February to May 2016 we will:

- engage with staff, stakeholders, patients and the public to test these proposals
- further develop our ideas and collate any further data that is required
- develop implementation plans with a phased and prioritised programme of change. This will include working on: the interdependencies of the Care Quality Commission improvement plan at Barts Health; the interdependencies between the different workstreams, including IT, estates and workforce; and funding mechanisms/incentives
- assess the impact of our proposals on travel, the environment and equalities
- strengthen the leadership and capability to support the next phase of the programme
- agree how we can measure, monitor and support progress towards the objectives.

We recognise that the content of some of our proposals may have to change, or that external pressures and circumstances will require a refresh of our thinking. It is certain that not every proposal will be able to be developed in the way we describe. The strategy will need to be continually monitored and reviewed as challenges and opportunities present themselves. However we are clear that not taking action now would be catastrophic for the health economy. We believe that the strategy sets the health economy on a path to deliver the changes that are needed to achieve clinical and financial sustainability.

Questionnaire

Questions

We welcome your comments on any aspect of our proposals. However you may wish to think particularly about:

1. **Overall strategy and scope.** Do you think the overall strategy is right? Do the strategy and initiatives focus on where there is most need? Is there anything missing? Are there are proposals you think are not necessary?

2. **The specifics.** Do you agree or disagree with the proposals?

3. **General comments about these proposals**

4. **Comments about the NHS in general**

About you

We would find it useful if you could answer the questions below so we can see what sorts of people are responding and whether they think differently from other groups. We also want to know if any groups are not represented in the responses to this survey.

Name:
You don't have to give us your name if you don't want to and we will still take your views.

Would you like to be kept up to date with information about this engagement?
Yes / No

If yes, please give us your email or postal address (please note that your email and / or postal address will only be used to keep you up to date on this engagement exercise and will not be used for any other purposes)

Gender:
Male / Female / Other / Prefer not to say

How old are you?
Under 16 / 16-25 / 26-40 / 41-65 / 66-74 /75 or over / prefer not to say

Do you consider yourself to have a disability?
Yes/ No / Prefer not to say

Do you identify as:
Heterosexual / homosexual / other / prefer not to say

What is your ethnic background?
White: White British/White Irish/Any other white background Mixed: White and Black African/White and Black Caribbean/White and Asian/Any other mixed background
Asian: Asian British/Indian/Bangladeshi/Pakistani/Chinese/Any other Asian background
Black: Black British/ Black African/Black Caribbean/Any other Black background
Any other ethnic group: Prefer not to say

Which belief or religion, if any, do you most identify with?
Agnosticism / Atheism / Buddhism / Christianity / Hinduism / Islam / Judaism / Sikhism / Other /
Prefer not to say

Thank you for your time