

Transforming Services Together

Report to the Inner North East London Joint Health and Overview Scrutiny Committee

17 November 2016

Context

Agenda agreed with JHOSC chair and vice-chair at a meeting with CCG chief officers

7 November

- Introduction
- Financial implications
- Workforce implications

17 November

- **Self care**
- **Elective care**
- **Movement of services and patient journeys (acute patient pathways)**

Self-care

Case for change

Supporting people to take an active role in managing their own health and staying well is critical. There are significant opportunities. For example:

- More people are dying young from a range of common causes of death such as heart disease, stroke and cancer
- Hospital stays for alcohol-related harm; the incidence of diabetes, tuberculosis, and sexually transmitted diseases; and the proportion of obese children are all significantly above the national average
- On average, people are living in ill-health for about 20 years
- 5-8% of hospital admissions are the result of avoidable, medicine-related illnesses.
- 21% of people who attend hospital but aren't admitted require no significant treatment
- 5-10% of people do not attend their GP appointments and 19% don't attend hospital outpatient appointments
- Social, economic and environmental factors tend to lead to poor health in our boroughs

Our vision: A culture of health with empowered citizens

There will be better use of technology, diagnostics and medicines

Both investment and payment innovation will be required

Organisational and supporting processes



The whole system will work to help people stay well and manage their health better

Staff will increasingly work across care settings and organisational boundaries

Engaged, informed individuals and carers, including through third sector



Coordinated / Integrated Care
Prevention / Self-care

Person-centred care



Health and care Professionals working together in partnership



Person-centred care plans will be in place to help people stay in control of their long term condition

There will be quicker access to specialist advice when required

Primary care

Third sector

Pharmacies

General practice

Community services

Social Care

Acute services

Services

People will stay in hospital shorter amounts of time

People will only travel to hospital when it is absolutely necessary

Self-care examples

Scheme	What is working well
Newham self-management support programme	<ul style="list-style-type: none">• This scheme is a new health coaching and signposting service provided by community pharmacists, supported by primary care. This intervention supports people at moderate risk of hospital admission to develop a well-being plan and provides them with the tools, skills, confidence and support to enable and encourage them to take a more proactive role in managing their own health and wellbeing
Newham telecare monitoring	<ul style="list-style-type: none">• By using telecare monitoring of people at high risk of hospital admission, Newham has seen a 20% reduction in emergency admissions and a 14% reduction in planned admissions
Waltham Forest Wellbeing at Home	<ul style="list-style-type: none">• The WB@H service provides short-term non-clinical support to link vulnerable and socially isolated people at risk of unplanned admission to hospital with a range of services. Support is limited to 12 weeks. Patients have reduced their healthcare usage for up to six months after interventions. Potential net savings are £400k a year
Waltham Forest pharmacy self-care	<ul style="list-style-type: none">• The CCG has just commissioned packages of self-care from trained local pharmacists

Self-care examples

Scheme	Description – what is working well
Tower Hamlets Assistive Technology	<p>Better Care Fund-supported Assistive Technology (AT) Team provides training and support to social care and health professionals, and pilots and implements new initiatives and projects. In the last six months there were approx:</p> <ul style="list-style-type: none">• 275 requests• 295 installations of equipment• avoided costs of £132,000
Social prescribing in Tower Hamlets	<p>331 referrals in six months. Currently receiving 100+/month.</p> <ul style="list-style-type: none">• Referrals to 29 local services. 70% of referrals were to health programmes, 20% to services for vulnerable people and 10% to employment support, adult learning and/or welfare• 70% said it made a significant improvement in their lives, 75% said that it had resolved or partly resolved the issue, 70% said they would not otherwise have accessed the service. 95% said they would recommend the service to others

Elective surgery

Case for change and benefits

The CQC has inspected all three main Barts sites and found quality issues that need to be addressed.

- **Low volumes for some procedures:** Evidence shows a positive correlation between numbers of patients treated and health outcomes
- **Cancelled elective procedures:** The Royal London in particular can't properly separate emergency and elective services due to unpredictable emergency requirements and high bed occupancy. In some specialties up to 20% of elective operations are cancelled. This is inefficient, risks the spread of infections, wastes patient journeys and causes distress
- **Resource constraints:** Chronic staff shortages and the cost of maintaining specialist equipment means that providing every type of operation at all hospitals is wasteful and inefficient.

Surgical hubs would help address these issues and: further reduce lengths of stay; reduce waiting times; support robust A&Es at Newham and Whipps Cross; and enable work to be repatriated back from independent providers. Pre- and post-operative services would be at local hospitals

Defining surgical hubs

Core services support emergency, medical and maternity care and include less complex, elective surgical procedures run in dedicated short stay, day case or outpatient facilities. E.g. low risk emergency general surgery, non-complex gynaecology surgery, pre- and post-op care



Set of procedures delivered across one or two sites:

1. In order to improve outcomes
2. Where specialist equipment dictates
3. Where dedicated capacity and resource improves patient care



Core plus services require concentration of the workforce and dedicated capacity. All three hospitals would have a core plus service, but it would be different at each hospital. E.g. arthroplasties (currently provided at Newham), coloproctology and general breast surgery.

Complex services are required to support the treatment of cases such as complex cancer or trauma. E.g. complex emergency surgery, specialist cancers and high risk elective surgeries



Co-designing surgical hubs

We want to work closely with service users to develop surgical hubs that will best meet their needs. For each hub proposal, we plan to have:

- Weekly core team sessions:
Involves the core team reviewing progress of deliverables
- Fortnightly working sessions:
Involves the core team and others designing a specific surgical hub. Will include representatives from different levels of participating organisations as well as service users
- Community engagement events:
Used to present work already done, present proposals for new surgical hubs and gather feedback



Mythbuster – hospital stays

There is some concern about day-case surgery and shorter lengths of stay in hospital for vulnerable (often old) people, if there are not sufficient community services. This also applies to the next topic regarding our aim to reduce the number of inpatients.

We accept that we need to improve community care and work with social services, however it is worth bearing in mind that when an older person comes into a hospital bed: it restricts their mobility – resulting in muscle weakness and immobility; increases their exposure to infection; can cause incontinence; increases confusion; increases the risk of falls; and reduces appetite.

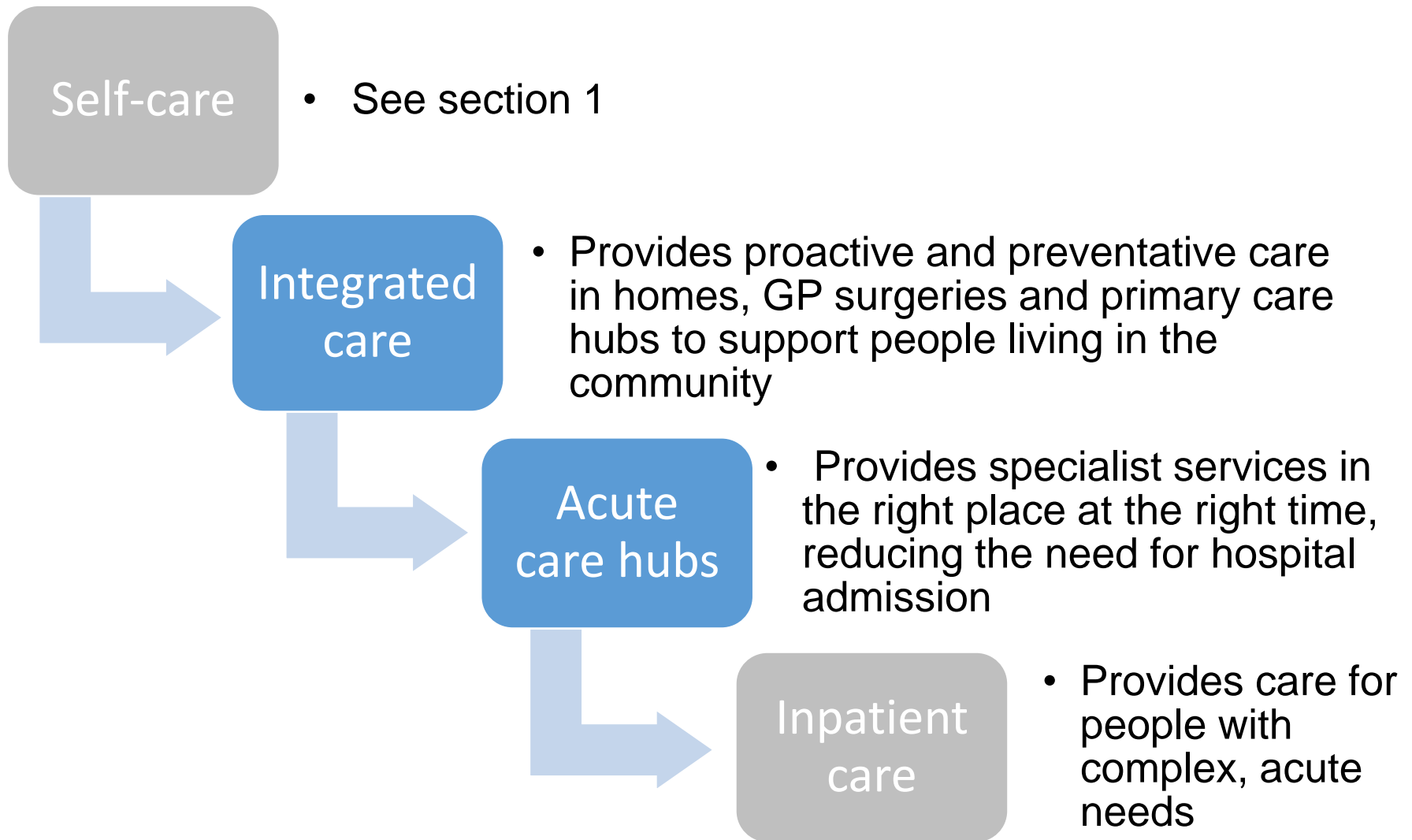
- *Ten days in hospital leads to the equivalent of ten years' ageing in the muscles of people over 80*
- *48% of people over 85 die within one year of hospital admission*

Elective surgery - example

Scheme	What is working well
Barts Health Orthopaedic Centre (Newham)	<ul style="list-style-type: none">• Increasing joint replacements from 100 to 600-700 a year.• It has one of the shortest lengths of stay (LOS) in the country. LOS for hip and knee replacements have reduced from around one week to 2-3 days• The last CQC inspection rated the centre as an area of outstanding practice: <i>“The Centre’s environment design, layout, equipment and integrated care with members of the multidisciplinary team was recognised as meeting patients needs and delivering excellent outcomes. The Centre supported new pathways of care and achieved one of the best day care rates in the country.</i> <i>“ward and theatre environments were visibly clean and maintained. Patients told us they were satisfied with the standards of cleanliness. At The Gateway Surgical Centre, one patient told us, “It is absolutely spotless here.”</i> <i>Patients told us, “I’ve chosen to travel here rather than use my local hospital, as it has an excellent reputation for hip surgery,” and “The care on this ward is outstanding.”</i>

Movement of services and patient journeys (acute patient pathways)

Acute care hubs and ambulatory care



Integrated care – examples

30,000 integrated care plans. Developing 35,000 more this year for those at medium risk of hospital admission. The projected savings from integrated care over the next five years are between £4.2million and £6.6million.

Scheme	What is going well?
Blood pressure and cholesterol management: Newham and Tower Hamlets	Patients who have had a stroke, have diabetes or have heart disease and need their blood pressure and cholesterol managed benefit from one of the country's best services in Tower Hamlets and one of London's best services in Newham
Rapid Assessment, Interface and Discharge	This service supports specialists in acute settings working with people with mental health conditions. Mental health (including alcohol and dementia) is the third most common reason for emergency hospital admission
Waltham Forest heart failure test	GPs can now test for heart failure using B-type Natriuretic Peptide testing , saving patients a trip to the hospital

Integrated care: future diabetes care



Harjit Singh is 59, he has type 2 diabetes controlled by tablets and insulin.

He has high blood pressure, heart and mobility problems which have led to the development of leg ulcers.

He has regular appointments with his GP and nursing team and requires repeat prescriptions.

Harjit doesn't fully understand his condition and finds it hard to eat healthily. He lives on his own but his daughter cooks for him on a regular basis. She doesn't exactly understand her father's requirements.

Current treatment

- On Fridays, Harjit travels 0.75 miles to his GP practice to see the nursing team based at his practice one day a week.
- He has his blood pressure and sugar levels checked and his dressings changed. Once a month he also sees the podiatrist to have his feet checked.



- Every third Tuesday, Harjit travels to his GP practice so his GP can check his blood is clotting correctly and to change his medication if necessary, otherwise Mr Singh could suffer a stroke.
- He collects his prescription from the pharmacy 0.25 miles from his home.



9
miles a month

Currently Harjit travels around 9 miles a month to see healthcare professionals

New treatment

Harjit is healthier and more satisfied with his treatment

■ The primary care hub offers Harjit health and wellbeing advice including access to a dietician. He and his daughter have been on a diabetic education course so they better understand his illness and know how to eat more healthily. This has increased Harjit's confidence and ability to manage his diabetes.

■ Harjit has been put in contact with other diabetic users and he now attends a fitness class which is improving his mobility, his ulcers and his health.

■ All of Harjit's healthcare professionals have access to his medical records which means he doesn't have to repeat his medical history at every appointment. If he has any questions or concerns, he can ring his GP or nurse.



Harjit finds healthcare more accessible

■ Harjit has been taught to take his own blood pressure which he now does from home.

■ He can get his anti-coagulant blood tests and dosage adjusted at his pharmacist.



■ He travels once every three months to the hub (which is a mile from his home) as he can book appointments to see his GP, nursing team and podiatrist on the same day because they are all based there full time.

■ His nurse comes to visit him to change his dressing and check that his blood sugar levels are correct.

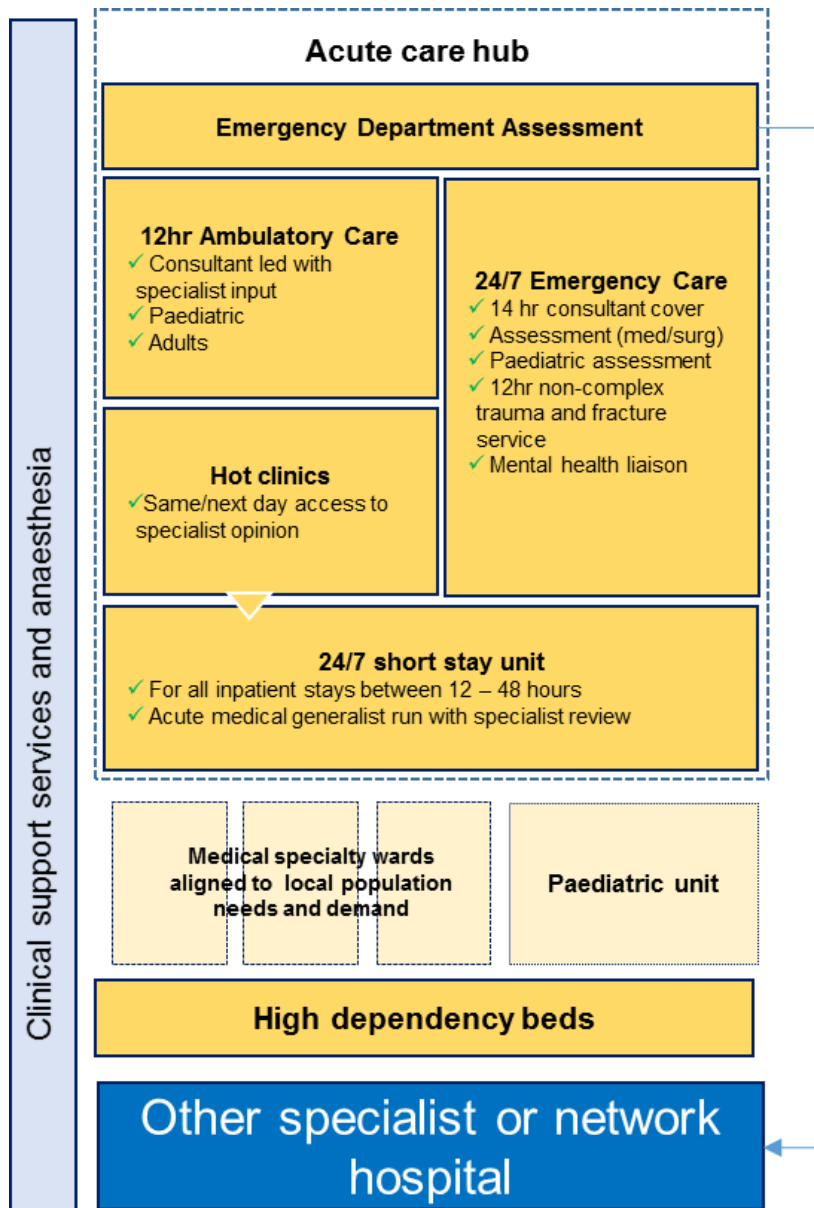


less than
1
mile a month

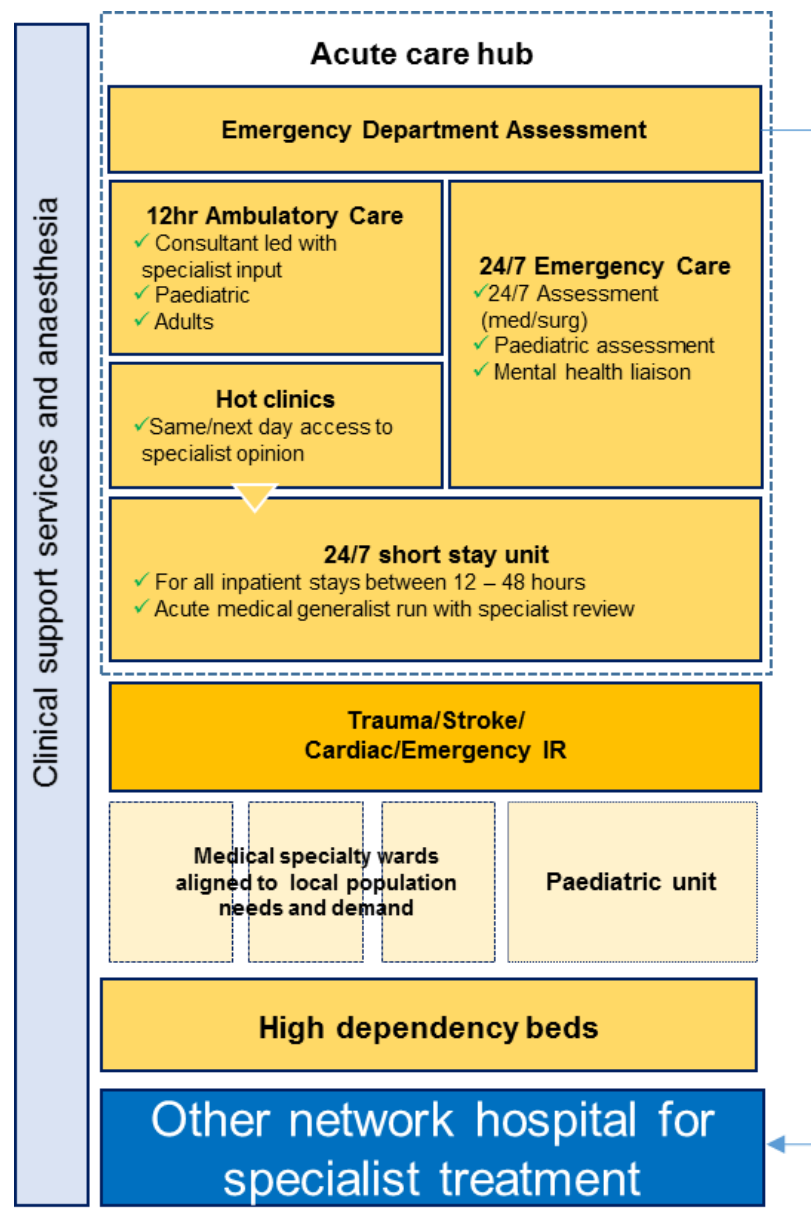
On average Harjit now travels less than a mile a month to see healthcare professionals

Acute care hubs and ambulatory care

Newham and Whipps Cross options



The Royal London Hospital options

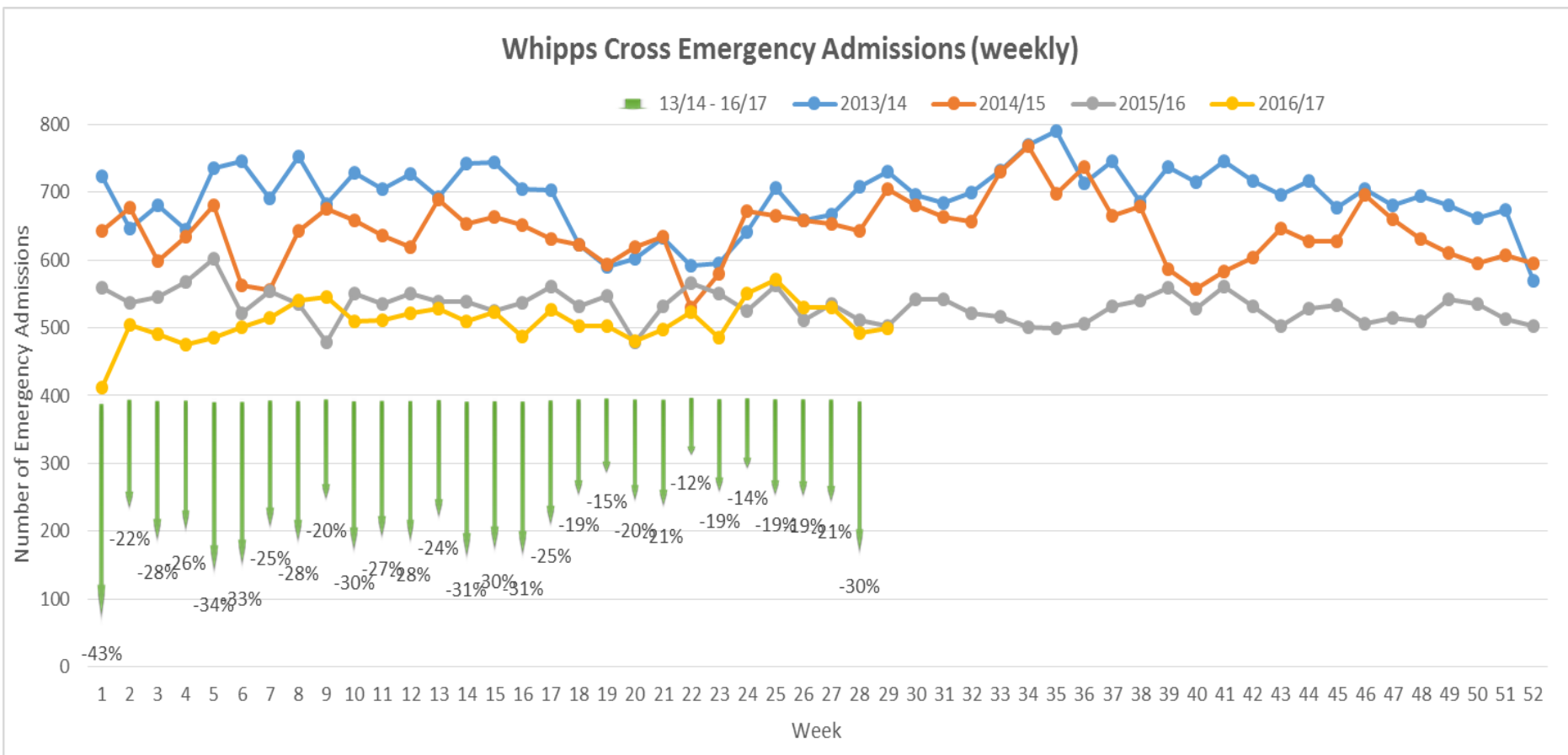


Whipps Cross: ambulatory and acute care

Scheme	What is going well?
Emergency gynaecology unit	Provides one-stop diagnosis. This has halved associated emergency attendances and reduced waiting time breaches by 80%
Ambulatory care	Pilot in 2015/16 recorded 4,410 visits: <ul style="list-style-type: none"><li data-bbox="465 554 1843 654">• Of the 2,636 visits that were not follow-up appointments, over 700 admissions (24/week) were avoided<li data-bbox="465 668 1843 882">• In Royal London a similar scheme is avoiding 28 inpatient stays a week. Newham already has a ambulatory scheme which has avoided 90% of admissions with projected lengths of stay under one day<li data-bbox="465 896 1862 1168">• In the Whipps Cross pilot, there were noticeable improvements in A&E performance and patients scored (out of a max 5)<ul style="list-style-type: none"><li data-bbox="562 1068 1418 1110">✓ 4.9 for 'Did the unit serve your needs'<li data-bbox="562 1125 1296 1168">✓ 4.6 for 'Would you attend again'

Whipps Cross: reducing emergency admissions

25% reduction in emergency admissions over three years



Whipps Cross: reducing unnecessary length of stay

60% reduction in Delayed Transfers of Care (DToC) in 2016/17

