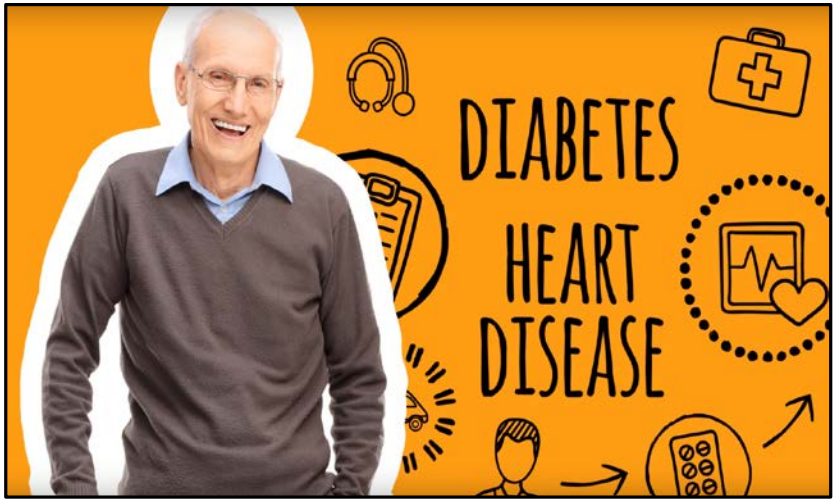
NHS
Richmond
Clinical Commissioning Group

Richmond Clinical Commissioning Group

South west London five year forward plan

Kathryn Magson, Chief Officer, Richmond CCG
7 December 2016



South West London Five Year Forward Plan

Start well, live well, age well

About our five year forward plan

- Following the NHS Five Year Forward View, all regions of the NHS in England are required to produce five year Sustainability and Transformation Plans (STP)

- Our plan is the product of unprecedented collaboration between all NHS commissioners and providers in South West London, working with our six local authorities and GP federations

- A draft plan was submitted to NHS England on 21 October and is available online

- Development of the plan is an iterative process and we now need to discuss further with local people and stakeholders.

Involving local people

- We published an **Issues Paper** in 2015 which was widely distributed across south west London and discussed at large scale events with the public and stakeholders in each borough – **feedback from these informed our five year forward plan and is published on our website**, together with our response.
- In May and September 2016, we wrote to **more than 1,600 local voluntary, community and campaigning organisations** in south west London setting out our emerging STP thinking and asking for their views – these views were considered as our plan was being developed
- We plan further public events early in 2017/18 – these will become regular **bi-annual Health & Care Forums in each borough**. We will produce regular '**You Said, We Did'** reports summarising feedback received and our response
- We are running a large **grassroots engagement programme with local Healthwatch** organisations, leading to events in each borough for groups whose voices are seldom heard. There have been 56 events so far, with about 20 more planned . Feedback will continue to inform our thinking and we hope to repeat the programme in 2017/18.
- Patients and the public are directly involved in each of our clinical workstreams and we have a Patient and Public Engagement Steering Group which oversees our public engagement.
- An early **Equalities Analysis** has identified groups most likely to be impacted by change.

The challenges facing local health services

Darrell has diabetes. He doesn't live a very healthy lifestyle anc says he gets conflicting advice on how to do so. He frequently has to visit his GP for minor ailments. He often ends up in hospital when his diabetes gets worse.

Problem: Too many people end up in hospital when they do nc need to be there. This is not good for patients and puts pressur on our hospitals.

The challenges facing local health services

Michael has dementia. His family care for him, but sometimes he is left alone and he recently had a fall, which led to him ending up in hospital. It took a long time for the NHS and the local authority to agree a plan to discharge him from hospital. During this time, he picked up an infection which became quite serious. He is now back at home, but his family are worried about leaving him alone for any length of time and his daughter has been taking time off work to care for him full time.

Problem: Many frail older people end up in hospital when they could have been better cared for by services based in the community. Reductions in social care budgets impact the NHS. Patients and carers are not given enough support to manage long term conditions.

The challenges facing local health services

Anna is a working mum. Her life is very busy and she worries a lot about her father, often having to take time off work to look after him. She feels like she is constantly saying the same things to different people: GPs, care workers, hospital consultants, nurses or receptionists. She's also worried that she doesn't get to spend enough time with her children. She has become so stressed that she feels on the verge of tears a lot of the time: recently she felt so scared she was having a breakdown that she went to A&E for help.

Problem: Too many people end up in crisis because we have not supported emerging mental health problems quickly enough. Services are not joined up enough and people keep having to provide the same information to different professionals.

The challenges facing local health services

Reuben and Clara are lively, healthy children, but like most kids they sometimes get sick. Anna struggles to get GP appointments for them, so she sometimes takes them to A&E. They have to wait a very long time to be seen and the last time they went, Clara picked up an infection. Anna doesn't know where else to go apart from A&E, she finds the system confusing and just wants her children to be able to see a GP when they need to.

Problem: People tell us they can't always get a GP appointment when they need to and find out of hours services confusing. Many people go to A&E because they know they will be seen. Understandably, worried parents often go to A&E. But they could be seen more quickly outside hospital and this would also reduce the intense pressure on our A&Es.

The challenges facing local health services

Anna had a brief period of post-natal depression when Clara was born. Throughout the pregnancy, she had been telling different midwives and doctors how stressed she was and that she was worried about the impact on her baby. While Clara was born healthy, Anna found the birth traumatic and did not feel she got the right support in the weeks after giving birth.

Problem: There is no consistency of support for pregnant women, who see a range of different midwives and doctors at different points in pregnancy. Emerging mental health problems are not always picked up.

The challenges facing local health services

When **Michael** was in hospital, he picked up an infection. He complained that it was cold in the wards and his family were worried that it took him so long to get better.

Problem: Some of our hospitals are very old and in poor repair. They need major investment to bring them up to the standards required to deliver modern healthcare. This makes infection control much more of a challenge and means a less comfortable environment for patients.

The challenges facing local health services

Anna took Clara to hospital as she had a fever. While the problem turned out to be nothing serious, she had to wait a long time to see a children's specialist.

Problem: There is a shortage of a number of clinicians, including paediatricians. This can mean long waits to see certain clinicians and means it can be difficult to provide every service in every hospital.

The challenges facing local health services

People are living longer and this is great news. But it means we have an ageing and increasing population, with more people living with long term conditions and rising demand for health services. This is exacerbated by reductions in social care budgets and the fact that the NHS is not spending its budget in the most effective way to help patients.

Problem: If we continue as we are, we will not have enough money in five years' time to provide the services we currently do.

How can we achieve all this?

We can deliver these improvements to our services…but it means fundamental change in how care is delivered to patients.

If we use our budget differently – to focus on keeping people well, treating them earlier and joining services together more effectively – we can deliver higher quality services for the same money we spend now.

Our Five Year Forward Plan aims to:

- use our money and staff differently to build services around the needs of patients
- invest in more and better services in local communities
- invest in our estates to bring them up to scratch
- try to bring all services up to the standard of the best.

This will tackle the four big challenges we face: money, workforce, estates and quality of care.

How will we do this?

- **Locality teams** in your community will be responsible for the care of at least 50,000 patients. Virtual teams of GPs, nurses, pharmacists, social care staff and other professionals. Teams will work with patients to keep them well where possible, diagnostics will be available in the community and the locality team will work together to support timely and effective hospital discharge.

- **Immediate care** in the community for people in crisis, treating them at home or in the community where possible and supporting them to return home if they have been in hospital. 8am-8pm appointments 7 days a week. Improved 111 service.

- **People with long term conditions** to be better supported in the community and supported earlier before their condition gets worse.

- **Prevention and early intervention –** keeping people well and supporting them sooner will be central to new ways of delivering care

Better support for people with long term conditions

Darrell would be supported by his locality team. They would provide him with consistent information about his diabetes and how to manage it, including living a healthier lifestyle. He may be able to use an app on his phone to support this.

He would be supported not just by his GP, but by his local pharmacist and practice nurses, as well as a specialist diabetes team in his community. He would know who to ring when he needed help.

As his condition is better managed, he would not need to go to hospital very often, if at all. When he did, he would be seen quicker.

Better support for frail/elderly people

Michael would have on-going support from his locality team, including expert mental health support for his dementia, and good advice on preventing falls, working with Anna as his carer.

He would have been admitted to a specialist unit for frail elderly people after his fall, where he would be helped to recover.

Closer working with social services through the locality team would enable him to go home sooner, with the right support in place.

More joined up care in the community

Anna would be supported by a Care Navigator, who would advise her where to get help when. A revamped 111 service would be able to provide her with advice when she needed it out of hours.

Anna would be provided with support from her GP or mental health team, via the locality team, to help her manage her stress and prevent mental health problems escalating. Dedicated mental health support would have been available had she gone into crisis and ended up at A&E, but this should be avoided by helping her sooner.

Better access to GPs and other professionals

It would be easier for **Reuben** and **Clara** to get a GP appointment when needed, as more appointments will be available between 8am-8pm. Anna may also want to make use of Skype appointments which her surgery is starting to make available.

When they don't need to see a GP, Anna could seek advice from the local pharmacist about what medicine they might need or talk to the practice nurse about their condition.

If they did need urgent care in hospital, they would be seen quicker.

Bringing our buildings up to scratch

We are developing a South West London Estates Strategy which aims to bring all our buildings up to the standard of the best. We want all our buildings to be suitable for delivering 21st century healthcare.

What does this mean for local hospitals?

Every hospital does not have to provide every service. We will explore which services are provided on each site and how we might use clinical networks, get remote support from specialists or a lead site providing shared cover at quiet times .

We believe the measures we have described will reduce the rising demand for hospital care and that we will use our hospitals differently in future, meaning that people are seen quicker – and that they will only go to hospital when they really need to be there.

Next steps

- We will write up and consider your feedback
- Second meeting in January to discuss evaluation criteria
- Further opportunities to get involved in the Health and Care Forums – one in each borough from January – bi-annual meetings to discuss all aspects of healthcare in south west London

If you have any thoughts or queries please get in touch either by
Email: swlccgs@swlondon.nhs.uk

Or write to us at South West London STP, 5th Floor,
120 The Broadway, Wimbledon, SW19 1RH

NHS
Richmond
Clinical Commissioning Group

Richmond Clinical Commissioning Group

Transforming health services for the people of Richmond

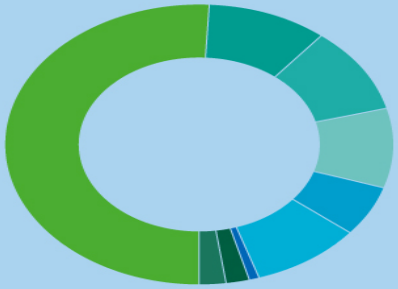
Kathryn Magson, Chief Officer
Dr Kate Moore, Vice Clinical Chair & local GP

Richmond CCG's financial position

NHS
Richmond
Clinical Commissioning Group

- Richmond CCG
  - Who are we?
  - What do we do?

2015/16 expenditure £m



	£m	%
Acute services	119.75	51
Mental health services	22.60	10
Community services	23.39	10
Continuing care	21.25	9
Other non-acute services	13.05	6
Primary care prescribing	21.29	9
Primary care other expenditure	3.33	1
CCG running costs	4.28	2
Other costs	5.16	2
TOTAL	**234.11**	

The CCG's deteriorating financial position

NHS
Richmond
Clinical Commissioning Group

2014/15	2015/16	2016/17
Surplus + £8.6m	Breakeven + £0.2m	Deficit - £10.9m

- Spend increased by 12% in 2 years, not matched by increase in funding.
- We need to achieve approximately £20m of annual savings to get back into financial balance.

What are we going to do?

NHS
Richmond
Clinical Commissioning Group

- Move services out of hospitals into the community
- Make sure we only pay for things once – and at a fair price
- Promote self-care and self-management - keeping people well and stopping them reaching a crisis point
- Apply criteria for treatment to ensure benefit to patient justifies cost
- Closer collaboration and sharing resources with other SWL CCGs

How are we going to do it?

NHS
Richmond
Clinical Commissioning Group

- We need to make sure we only purchase treatments which evidence value to our whole population
- We need to review the limits and rules on which treatments we think offer value to which patients based on clinical criteria
- We are investing in systems and processes to make sure these rules are followed

In Richmond we are calling this *'Choosing wisely'*

Choosing wisely

NHS
Richmond
Clinical Commissioning Group

- We have already set out a number of clinical policies which set thresholds for some treatments and do not fund other treatments except in very limited and exceptional circumstances (e.g. many cosmetic procedures)

- We also have rules about what symptoms should be present and tests should be done before a patient is sent for treatment
- We need to continue to choose to fund treatments that are clinically effective
- We want to ensure there is consistency across south west London

Choosing wisely

NHS
Richmond
Clinical Commissioning Group

- We have worked with GPs and hospital consultants to develop options that are based on clinical effectiveness, financial considerations and what is happening elsewhere in the NHS

- We are considering stopping treatments that have unproven or minimal clinical benefits

- We are compiling a list of medicines that we may no longer wish to fund which include gluten free food, some vitamins and baby milk

- Our policies cannot address every possible case, so we have an individual funding request (IFR) process for patients who believe that they have exceptional circumstances

Significant changes to be considered

NHS
Richmond
Clinical Commissioning Group

Our governing body decided to put the following options in to review – which could in turn lead to a decision in January 2017 to commence formal consultation on:

1. Limiting access to IVF and specialised fertility treatments to a exception only basis
2. Recommending that before a patient is referred to hospital for an operation, patients are referred to other services such as smoking cessation and excess weight management

Next steps

NHS
Richmond
Clinical Commissioning Group

Ongoing engagement

- Gaining local people's views, for example, via a survey to be launched later this month. Closing date 31 January 2017
- We will use the feedback and questions from today's event
- Initial feedback from survey to be used to inform governing body decisions. Next governing body in public is 17 January 2017
- Discussions at previous Health & Wellbeing Board and governing body meetings. Councillor briefings and local political oversight.

Next steps

NHS
Richmond
Clinical Commissioning Group

Ongoing engagement

- Use current engagement methods to share proposals more widely e.g. via the community involvement group and patient participation groups (PPGs). The next PPG network meeting is 24 January 2017
- We will continue to involve our GPs and other clinicians in the ongoing discussions
- Information will be available on the CCG website
- Stakeholder newsletter to be launched in the new year
- Possible formal consultation in 2017