

Transforming Services Together

Report of engagement

July 2016

What is Transforming Services Together?

- A partnership between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health NHS Trust involving multiple other organisations and stakeholders
- Aims to deliver safe, sustainable, high-quality services to improve the local health and social care economy in east London – in line with the challenges of the NHS Five Year Forward View and the established case for change
- 13 high priority initiatives which are an important part of the CCGs' commissioning strategy



The case for change

Our population is growing rapidly: we expect another 270,000 people on top of the existing 861,000 over the next 15 years

Without change, this would:

- Require over 25% (550) more beds and 1 million more primary care appointments
- Burden us with a £400m+ financial shortfall
- Continue the variable quality of care (some world class services, but also significant challenges)
- Fail to address life expectancy and health inequalities challenges
- Result in continued workforce challenges



Because of population growth and growing demand, closing an A&E/maternity unit is not an option. Building 550 beds is not an option either. We need to manage with the existing bed base

High impact initiatives

Care close to home

Improve access, capacity and coordination in **primary care**

Expand **integrated care** to those at medium risk of hospital admission

Put in place an integrated model of **urgent care**

Improve **end-of-life care**

Strong sustainable hospitals

Establish planned care **surgical hubs**

Establish **acute care hubs** at each hospital

Increase the proportion of **natural births**

Working across organisations

Reduce **unnecessary testing**

Transform the **patient pathway and outpatient services**

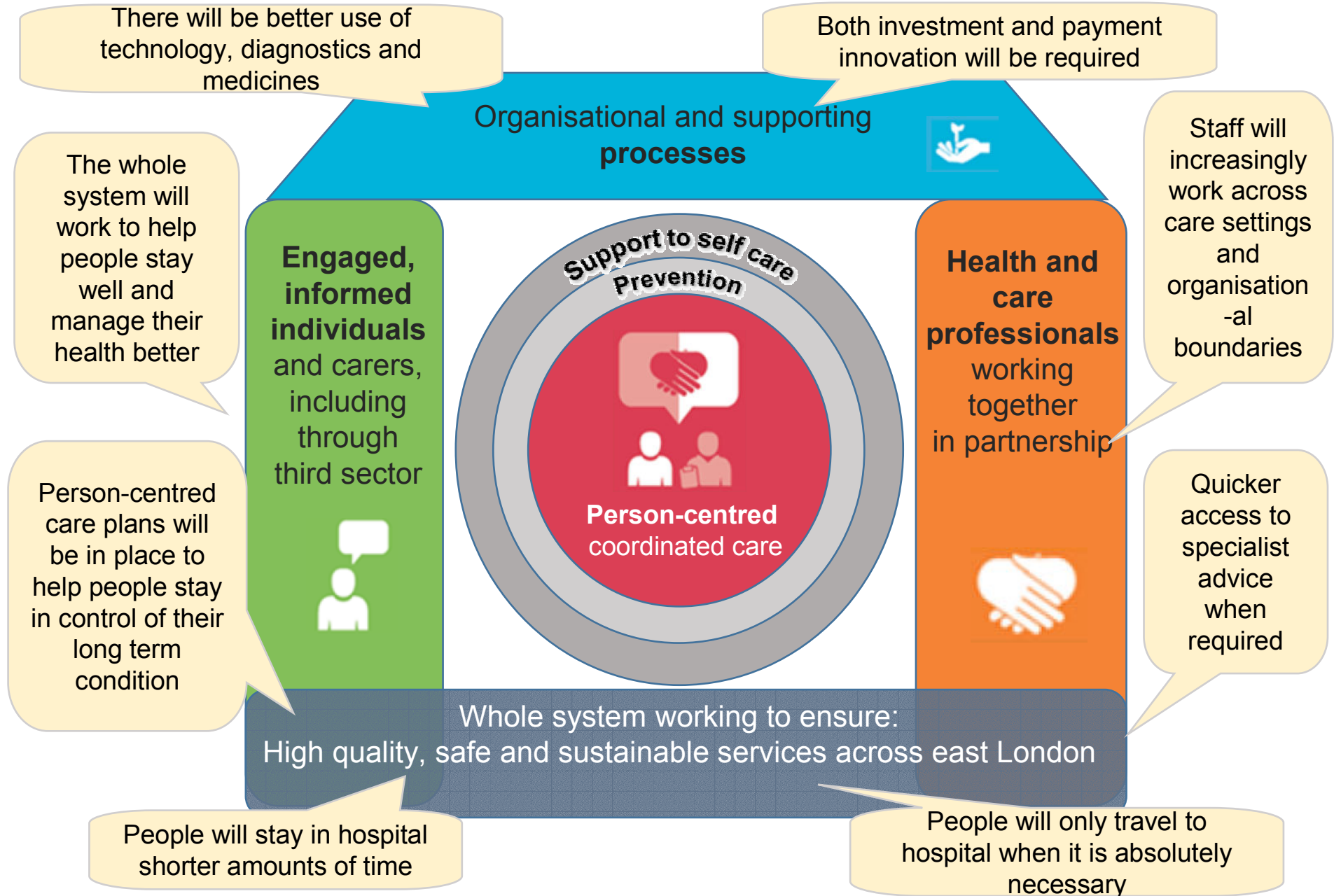
Develop a strategy for the future of **Mile End Hospital**

Develop a strategy for the future of **Whipps Cross Hospital**

Deliver **shared care records** across organisations

Explore the opportunity that **physician associates** may bring

A culture of health, and empowered citizens



Timeline

The TST programme will:

- ✓ plan across the health system and geographical area for the future
- ✓ work collaboratively to provide integrated and coordinated care – patients move across boundaries
- ✓ focus on system savings and joint accountability: moving away from which organisation or borough ‘wins/loses’

Challenge event 8 June

Today

Strategic Investment case

Engagement and project planning

Engagement analysis and business cases

CCG and Barts Health decision-making

Implementation Whipps Cross SOC Organisational Development Benefits realisation

Approved February 2016

29 Feb – 22 May but extended to 31 May 2016

June – July 2016

Sept 2016

October 2016 onwards

Our engagement

- Advertisements in local papers and articles (for example, Evening Standard feature focusing on reduced outpatient appointments, Skype GP consultations and impact of proposals)
- Dedicated TST website with links from CCG and Barts Health
- Social media
- Barts Health and CCGs publicised the engagement in staff newsletters, staff bulletins, on intranets and at staff meetings
- Emails to more than 5,000 people/organisations offering a meeting to discuss the proposals
- Leaflets/documents in libraries, hospitals and council offices

Our engagement

- Public and staff drop-in sessions in Newham, Tower Hamlets and Waltham Forest and in Barts, Royal London, Newham and Whipps Cross
- Discussions at patient meetings including CAMHS event, patient participation groups, health and social care meetings, locality meetings, primary care workshops, end of life survey and focus groups on surgery
- Discussions at Overview and Scrutiny Committees; Health and Wellbeing Boards; hospital management boards, partners such as NELFT, ELFT, Redbridge, West Essex and City and Hackney CCGs, and Local Medical Committees
- Around 100 people attended a feedback and challenge event to mark the end of the engagement period
- More than 1,000 people engaged with us overall.



What we asked

Is the strategy correct?

The strategy

- The vision was embraced by most respondents but there was concern that the plans did not show a clear link and solution for the whole health economy.

No-one can deny the good intentions of the schemes

Tower Hamlets Local Medical Committee

It is clear we have to make changes to cope with the population growth, I think this is a good programme but everyone involved needs a 'we can' attitude to deliver this. There is a lot to do and we need to do this together.

Newham patient and public drop in session

Although the full impact of TST will not be felt for some years, we know you are making progress with some of the key building blocks. Specifically, there are work programmes in IT including an integrated care record, workforce and care pathways that we are keen to remain aware of and tap into when it makes sense to do so.

West Essex CCG

The strategy: our proposed response

What we heard	What we propose to do
<ul style="list-style-type: none">• Almost all respondents were supportive of the proposals	<ul style="list-style-type: none">• We will develop business cases, taking account of the responses
<ul style="list-style-type: none">• The strategy is stronger on the challenges than deliverables	<ul style="list-style-type: none">• Agreed. We are developing business cases which will set out how the challenges are to be addressed
<ul style="list-style-type: none">• It is difficult to assess the plan without knowing the whole picture. The 13 initiatives do not make it easy to understand	<ul style="list-style-type: none">• The business cases will be developed in the context of the whole health economy• The Sustainability and Transformation Plan (STP) will address key gaps (specialised commissioning and productivity)
<ul style="list-style-type: none">• Lack of plans for improving mental health	<ul style="list-style-type: none">• Continue to work closely with mental health colleagues on needs analysis and the development of crisis concordant plans• Consideration of the incidence of people with mental health needs attending A&E

What we asked

Is the investment case correct?

The investment case

- There was concern that the plans were unachievable.

According to the transforming documentation, the population is expected to increase by 270,000 over the next 15 years. An increase of population of that scale would normally require, in the next 10 years, 550 additional hospital beds, a million more GP appointments, 195 additional GPs and 92,000 additional A&E attendances. Moreover King George Hospital A&E is due to close, and social care budgets have been decimated. It is simply not credible that, in this context, the TST programme can achieve 180,000 fewer outpatient appointments, keep A&E attendances at existing levels, and make overall savings of between £104m and £165m over five years.

Joint Response of Newham and Waltham Forest Save our NHS
and Tower Hamlets Keep our NHS Public

A lot of changes are needed at Whipps Cross so there are not delays to appointments, unnecessary prescriptions and tests. These changes need investment, but the NHS is in a dire financial situation. Patient records need to be handled more efficiently between departments and organisations.

Whipps Cross Hospital drop-in session

The investment case: our proposed response

What we heard	What we propose to do
<ul style="list-style-type: none">• It is unclear why these proposals are going to succeed• How are you going to change hearts and minds of the public, stakeholders, clinicians and staff; bring down the artificial walls between professions and the real barriers between organisations• Too much ambition and too many efficiencies needed• There will be a time lag between capitated income and the need for expenditure• Too little time means the proposals are unrealistic• Good patient care at home is not cheap	<ul style="list-style-type: none">• We recognise the NHS often struggles with delivery, but in east London we have always risen to the challenges. For instance in improving stroke and trauma care, blood pressure and cholesterol management, 7 day-a-week Adult Respiratory Care and Rehabilitation Service in Tower Hamlets, care home support reducing admissions in Newham and WF and a 20% reduction in hospital admissions at Whipps Cross. The NHS is much better than 10 years ago.• The changes are ‘whole system’, involving all partners – all of which have committed time and resources to improve• We recognise that some plans may not be fully achieved but we should still aim high• We will regularly review the plans so we can instigate changes if necessary

What we asked

Are the 13 high impact initiatives correct?

The 13 high-impact initiatives

- Overall support, however respondents felt some concern over travelling for surgery, and that there was insufficient focus on organisational development and workforce planning, mental health, prevention and self-care.

I am very interested to hear that you will be looking at recruitment as it's something most professions are experiencing difficulty with and it is easy to say but hard to achieve. My own practice is finding it hard to recruit.

Newham Health and Social Care Network meeting

We would not support the proposals as they were previously presented. Why couldn't the specialist teams travel, rather than patients and relatives. We are worried about vulnerable groups having to travel longer distances.

Tower Hamlets Healthwatch

It saved time instead of bouncing from one place to another.

Ambulatory care pilot patient at Whipps Cross Hospital

It is not worth waiting for a long time in the hospital for a consultation when the appointment only takes a few minutes. Anything that seeks to make the process more efficient is to be welcomed.

Drop in engagement event in Tower Hamlets

What we heard: Care Close to Home

What we heard	What we propose to do
<ul style="list-style-type: none">• There is insufficient focus on prevention and self-care	<ul style="list-style-type: none">• Prevention and self-care are at the heart of the strategy. We are working with partners to develop initiatives which will also be in our Sustainability and Transformation Plan
<ul style="list-style-type: none">• The plans will fail if there is no integration of social, primary and secondary care budgets	<ul style="list-style-type: none">• Integrate health and social care by 2020• We have integrated care plans for over 30,000 people and plans for 35,000 more this year
<ul style="list-style-type: none">• Insufficient focus on workforce e.g. GP recruitment /staff accommodation	<ul style="list-style-type: none">• We have expanded the physician associates initiative – one of a range of approaches – to include a broader range of workforce issues
<ul style="list-style-type: none">• Primary care hubs/federations welcomed, but transport is a concern. There is insufficient detail for all GPs to sign up	<ul style="list-style-type: none">• We will develop case studies of success and more evidence
<ul style="list-style-type: none">• One urgent care point of access may not suit everyone	<ul style="list-style-type: none">• Plan to tailor single points of access to local requirements
<ul style="list-style-type: none">• End of life care must be 24/7. Not everyone wants to die at home	<ul style="list-style-type: none">• Providing 24/7 care is key to implementation• Business case being developed to ensure 24/7 care is provided in the community

What we heard: Strong Sustainable Hospitals

What we heard	What we propose to do
<ul style="list-style-type: none">• There needs to be better investment in information and communications e.g. projections for non-obstetric births are too ambitious as women will not make these choices without better knowledge.	<ul style="list-style-type: none">• Across all workstreams, we will fully develop our communications plans so that patients are well-informed and able to make the best choices possible• East London has recently been selected as a pioneer to improve maternity services – part of which includes better information provision• Intensive information sharing within primary care partners is being planned
<ul style="list-style-type: none">• Hospital can be a far more attractive prospect than living alone in an empty, cold, unadapted home with no primary or social care. Need to ensure care in the community is a) better and b) ready for any shift.	<ul style="list-style-type: none">• Our plans involve using a Multi-Disciplinary Team (MDT) approach to holistically view each person's needs and to ensure that all partner agencies proactively assess those needs at every aspect of a patient's recovery
<ul style="list-style-type: none">• Administration is always poor. Clinics run late or get everyone to turn up at the same time.	<ul style="list-style-type: none">• Agree. This is partly addressed by the outpatients workstream and the Barts Health outpatient improvement groups

What we heard: working across organisations

What we heard	How we propose to respond
<ul style="list-style-type: none"> • Need to encourage greater third sector involvement. Insufficient focus on patient engagement, poor use of existing knowledge; little feedback 	<ul style="list-style-type: none"> • We will seek to develop a tri-borough approach to working with the third sector and patient engagement across providers and commissioners
<ul style="list-style-type: none"> • Appointments online are essential. Shared care records must be under the control of patients but may increase the inequality gap if the NHS doesn't provide support 	<ul style="list-style-type: none"> • Implementation of shared care records integral to all workstreams • Work on sharing records with pharmacies under way
<ul style="list-style-type: none"> • There is a lack of evidence. There needs to be clear monitoring to check whether things are going to plan 	<ul style="list-style-type: none"> • We have established a joint steering group to objectively assess proposals and monitor their implementation
<ul style="list-style-type: none"> • Physician associates were not seen as a high impact initiative. There needs to be greater focus on other workforce issues 	<ul style="list-style-type: none"> • Case study to be produced on how physician associates will work • Other workforce issues being considered at an event in August
<ul style="list-style-type: none"> • Plans for Whipps Cross welcomed. The strategy must be real – work on the possible not what would be nice. Need to build on TST models of care 	<ul style="list-style-type: none"> • Barts Health establishing a programme including patient involvement to develop a strategic outline case, which will take this into account

Surgery proposals

Engagement with staff has been positive. The idea of centralising surgical procedures of certain types onto fewer sites as a means of improving quality was originally suggested by surgical consultants. Having tested this more widely among clinicians and other staff across all sites it is clear there is strong support.

Public engagement has shown some concern from residents in Tower Hamlets regarding travel, but overriding support for better surgery and shorter waiting times, particularly if the NHS:

- works to improve transport
- ensures that patients are informed about their right to choose (which has often not happened in the past)
- provides assurance with regard to the quality of service provision at alternative sites that would be less familiar to patients
- honours the commitment that other aspects of services (e.g. outpatient and diagnostics, in particular post operative appointments) would continue to be offered at the patient's local hospital (again this has often not happened in the past).

Surgery proposals

To ensure improved quality our proposals (which will be considered by the local NHS in September) are:

•**Colorectal surgery**

Expand capacity at Newham through increased theatre efficiency and more staff so that around 100 more operations per year could be done there instead of at RLH or Whipps Cross. Patients would still be able to choose to have their operations at any of the three hospitals. Currently there are around 4,400 day cases a year (500 at RLH; 2,500 at WXUH; and 1,400 at Newham).

•**Urology surgery**

Use increased medical staff and underutilised theatre capacity at Whipps Cross so that around 400 operations could be done there instead of at RLH. Patients would still be able to choose to have their operations at any of the three hospitals. Currently there are around 3,200 day cases a year (1,600 at RLH; 500 at WXUH; and 1,100 at NUH).

•**ENT, adenoid surgery and tonsillectomies**

Use unused theatre capacity at Whipps Cross so that the c.100 operations we do each year could be done there instead of at RLH. RLH would retain ability to perform this surgery but would not routinely offer it.

Newham and WF Save our NHS and Tower Hamlets Keep our NHS Public response

Whilst many comments are included earlier, the following provides a summary of their concerns:

- proposals present a shift in demand from hospitals to primary care and cuts to provision in hospitals that represent a threat to future health and well-being
- proposals amount to a major reorganisation of services
- cuts in government funding will mean that there are operational failures as demand increases
- consultation is flawed as it has not been properly advertised. Drastic changes are lost in the documents
- proposals threaten A&E and maternity services at Whipps Cross and Newham
- specific proposals lack overall coherence and timescales are unrealistic
- proposals take no account of social care cuts and the impact on carers
- impact of disability, mental health, substance abuse and socio-economic effects have not been taken into account when developing self management proposals
- reliance on IT to drive change is misplaced given previous IT failures and raises data protection issues
- proposed inter-hospital transport, especially at night makes 'stabilise and transfer' proposals problematic and there will be no consultant supervision of acute hubs for up to 10 hours a day
- estates should not be sold without proper public consultation, that sold land should be used for the benefit of the community, and that any sale should be subject to independent scrutiny

We would agree with many of the aspirations expressed in the plans. However, to try to implement them with budgets cut, and to unrealistic time-scales, will put an already stretched and stressed workforce under even greater pressure, is likely to further destabilise struggling services, and put patients at risk.

Next steps

- Initial findings presented to CCGs, Barts Health and JOSCs during July.
- August: develop the full report on engagement and a paper on how TST will respond, looking at, for instance:
 - Do CCGs accept the outcome of engagement?
 - Has anything changed since the start of engagement that would make us change our plans e.g. STPs?
 - Have we heard anything in the engagement that means we should change our plans?
- September: Bring back the engagement report and the TST response to CCG boards and Barts Health for decision.