Bedfordshire and Milton Keynes Healthcare Review

Case for change - a summary

9 April 2014
1. Introduction

As clinical leaders in Bedford Borough, Central Bedfordshire and Milton Keynes, we have been charged by our patients and the public to make sure the healthcare they receive helps them live the lives they want to lead.

Meeting local people’s healthcare needs means providing safe and effective healthcare services that deliver good patient experience.

We are finding that, given the changing shape of our population and what we know about how best to deliver the healthcare they need, it is becoming increasingly difficult for us to be certain that local healthcare services can continue to provide the quality of care we expect and our patients deserve, without support and reshaping. Patients and the public have told us that services are difficult to navigate through, are often impersonal and that people fall through the gaps between different providers. Evidence shows that today’s local healthcare services are fragmented and inefficient, and do not deliver the best possible outcomes for patients.

If we do nothing, the situation will worsen. We will have old-fashioned models of care that do not attract and support NHS staff to do the jobs they are best at, services that become increasingly overstretched and unsafe, and growing financial pressures that cannot be addressed. Most importantly, patients will not receive the quality of care that they could and should.

Therefore, Bedfordshire Clinical Commissioning Group (CCG), Milton Keynes CCG and NHS England have decided to work together to work out how best to plan local healthcare services for the future. This collaboration does not imply a single approach to healthcare across Bedford Borough, Central Bedfordshire and Milton Keynes, and any decisions will be made independently by each CCG on behalf of its own local population.

Given the scale of this review, the CCGs and NHS England are working with two national bodies – Monitor (the sector regulator for health) and NHS Trust Development Authority (the regulator of NHS Trusts in England).

This booklet explains the challenges we face. It is also our request to you to tell us what matters to you. In doing so, you will be helping us design a local healthcare system fit for the needs of today’s and tomorrow’s patients.
2. The aims of this review of local healthcare services

This review aims to produce, by July 2014, a range of options for delivering high quality healthcare, both now and in the future, for the people of Bedford Borough, Central Bedfordshire and Milton Keynes.

These options will then be taken through a formal consultation process with the public and other local stakeholders to inform the CCGs' and NHS England’s final decisions on the best services to buy for our patients within our available resources.

From the outset, our purpose as commissioners is clear. We aim to redesign services so that:

- People are able to take better care of themselves and lead healthier lifestyles, as well as knowing where to access the professional support and advice they need to manage their own conditions.

- Older, frailer people are supported to maintain their health, dignity and independence at home.

- People can easily access their doctor or other primary care clinician when they need urgent healthcare by phone, email and face to face consultations in local, easily accessible facilities.

- Any specialist, community and remedial services support that is needed will be arranged in a timely way and co-ordinated on behalf of the person who needs it.

- If people need to be admitted to hospital, it will only be when they require acute specialist care that can’t be delivered in community settings. Care will be delivered in properly maintained, up-to-date facilities, seven days a week, by highly trained specialists with the relevant skills.

To develop the options, we will:

- Assess local people’s current and future healthcare needs.

- Work with local clinicians to understand what does and doesn’t work well with existing local healthcare provision.

- Seek out and listen to the opinions and feelings of local people about the priorities and preferences they have for their healthcare.

- Learn from examples of healthcare services in the UK and abroad that provide high quality care and good outcomes for patients.

- Taking all this into account, develop options for improving our local healthcare services.

It is highly unlikely that leaving things totally unchanged will be one of the options to emerge from the review. For all the reasons detailed in this booklet – differences in provision of care and in the outcomes we achieve for patients, the growing NHS workforce shortages and the lack of effective co-ordination between providers – it is becoming increasingly difficult to provide high quality healthcare that matches the best that is being delivered in other parts of the country.

The changes that we aim to deliver will have implications for general practice, community-based care and hospital-based care and will mean our local healthcare system can deliver better outcomes for more people, more of the time. That is what we are aiming for.
3. How local healthcare services are coping with patients’ needs today

The NHS operates as a dispersed network of services across Bedfordshire and Milton Keynes, providing care in people’s homes, GP surgeries, community clinics and a number of public and private hospitals in and around the area. The review does not focus on mental healthcare and social care, but these are inextricably linked with the areas of healthcare being covered by our work, and the impact on these services will be considered.

While care provision is generally good, there are signs of strain and a feeling that services are not always as joined up as they could be. As with the rest of the country, services are being challenged by staff shortages in critical areas and increasing financial pressures.
Current issues in local services

Care provision from all services is meeting the most basic standards, with some examples of best practice, but it is not consistent.

- Quality of and access to GP services vary significantly.
- There are noticeable gaps in the services being offered in the community and a risk that some services are being duplicated by hospitals.
- Hospitals have struggled to meet NHS waiting time targets in key areas of A&E and orthopaedics.
- The small scale of some local hospital services is impacting on the services they can offer.

Quality of care

Overall, our healthcare services are not providing consistently joined up and effective care.

- People can find it difficult to make GP appointments when they need them and either don’t seek help or go to A&E instead.
- Delays in diagnosis, especially for long-term conditions, can mean opportunities for early intervention are missed.
- Unpredictable peaks in demand for emergency care stretch hospital resources and have a knock on effect on their ability to deliver planned care. It can also create unnecessary risks for patients when services are under pressure. Discharges can be poorly co-ordinated with other services, increasing the risk of patients failing to get the support they need and being readmitted to hospital.

Workforce and finances

Our local health service is facing the staff shortages seen in other parts of the country, with a growing shortage of middle grade A&E doctors, health visitors and experienced nursing staff. Also, a significant proportion of local clinicians, especially GPs, are approaching retirement.

Like the rest of the NHS, local financial resources are stretched – Bedfordshire’s health economy will have an £9 million deficit in 2013/14 with Milton Keynes around £12 million. This has an impact on investment in new technology and staff numbers.
4. Tomorrow’s challenges

Like other parts of the country, we are expecting significant growth in the numbers of older people with long-term conditions, and need to keep up with advances in care delivery and technology. Together, the strains on today’s services and the challenges of tomorrow add up to a pressing need to update and reform healthcare services in Bedfordshire and Milton Keynes. Existing services can neither absorb the additional population requirements nor afford to implement the models of care that deliver the best quality of care and outcomes for patients.

Demographic changes

- The local population is expected to grow by 84,000 (45,000 people in Bedfordshire and 39,000 in Milton Keynes) by 2021 – an increase of 12.5%.
- The number of over 65s is set to increase by nearly 30% over the next seven years.
- By 2021, an expected 50,000 people will develop long-term conditions that need support and care.
- Modern lifestyles are creating additional health problems – e.g. obesity, smoking and alcohol misuse – which are placing an extra strain on the NHS, especially in socio-economically deprived areas.
- Social deprivation is well below the national average, but there is a growing level of inequality in life expectancy in deprived parts of the area.

Keeping up with advances in care delivery

- Local services have not always kept up with improvements in healthcare delivery seen in other parts of the NHS.
- For planned and emergency hospital care, the best healthcare systems provide access to highly trained clinicians, working in well equipped specialist centres, who treat sufficient numbers of patients to develop their skills and improve outcomes for patients.
- Hospital care can differ significantly, depending on whether patients are admitted on a weekday or at the weekend. Quality of care and health outcomes improve when senior doctors and their teams are available 24/7 to make early diagnoses and decisions.
- New technology can help us make clinical and financial improvements, and provide better communication by changing the way we interact across the NHS. However, technology has not been systematically incorporated across our local NHS – we need investment and training to deal with the 24/7 world we live in and recognise changing patterns of healthcare delivery.

Changing working habits of healthcare professionals

- Working time directives aimed at ensuring safe care for patients and an appropriate work-life balance for staff mean today’s workforce needs to be organised differently to previous generations.
- GPs are choosing salaried posts rather than partnerships, with increasing numbers choosing to work part-time.
- Newly qualified consultants are less experienced than their retiring predecessors - this means that changes to the workforce need to be planned carefully.
Paying for the care we want

- Our two local health economies are under significant financial pressure. This is not unique, but is made worse by services which are not organised efficiently.

- If nothing changes, by 2018/19 the two local CCGs could face a financial deficit of between £50 million and £70 million, just to break even. In addition, over the same period, the two local acute hospital providers face a projected £47 million financial deficit. Therefore ‘no change’ is not an option.

5. Opportunities for improving local healthcare

In planning for change, we want to put the needs of patients at the heart of our NHS and help them to live independent lives at home for as long as possible. These are some of our guidelines.

Prevention and early intervention

Helping people to look after themselves gives them more control over their own lives and is one of the best ways to reduce the growing pressure on local healthcare services. Prevention is also more cost effective than providing care when patients are already unwell.

Learning from elsewhere

By looking at and learning from best practice in other healthcare systems, we can redesign our own services to provide higher quality care and prevent people from going to hospital unnecessarily.

Using the Better Care Fund as a way to join up care

The Better Care Fund is a new, pooled budget, held between the NHS and local councils, that helps healthcare and social care services work more closely together. Its funds come mainly from savings created by reducing emergency admissions to hospitals. It can provide the starting point for redirecting resources to where they can make the most difference.

Rewarding better outcomes for patients

Providers are being paid for procedures or seeing patients, rather than delivering any improvement in outcomes. If we can link payment for care to the benefits produced by that care, providers will be incentivised to improve the quality of the care they deliver and prioritise good patient experience.

Promoting this area as the place to work

All of our local councils are working to attract businesses to the area. As one of the biggest employers, the NHS can work with the councils’ economic development teams and the wider business community to make our area an attractive place to come and work. Furthermore, NHS staff want to work in places that offer them the best opportunity to do their job well, and we want to create those conditions here.
6. Have your say

This booklet is a summary of a detailed ‘Case for Change’ document, which is available from our websites, www.yourhealthinbedfordshire.nhs.uk and www.shapingmkhealth.co.uk

We welcome any comments or suggestions you may have on local healthcare services and the ideas contained in this booklet or in the longer ‘Case for Change’. Please visit our websites or contact us to see how you can take part in our meetings and forums and be kept up to date with the progress of the review.

We want our work to be informed by your views about what you want from your local NHS:

- Does this booklet reflect your perception of healthcare in Bedfordshire and Milton Keynes today?
- Do you think we have been realistic about the challenges local healthcare services face tomorrow?
- What would you most like us to invest in over the coming years and where would you like us to try hardest to make savings?