

CARE FOR THE FUTURE



**The developing vision of future
healthcare for Berkshire and
Buckinghamshire**

Next steps

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INTRODUCTION

Care for the Future, launched in November 2009, set out to develop a vision for improving health services for the 1.4 million people living in Berkshire and Buckinghamshire.

This report gives an overview of the Care for the Future programme. It describes the background to the Programme, and why health services in both areas need to change. It summarises the work carried out by doctors, nurses and managers to

look at what we need to do to secure high quality healthcare in future, so that local people have the majority of care as close to home as possible, and access to specialist hospital care when they need it.

The report shows how a wide range of people and organisations were involved in developing the thinking. It summarises the recommendations and describes next steps.

Who was involved?

Care for the Future has been led by the three Primary Care Trusts in Buckinghamshire and Berkshire, who plan and buy health services for local people.

We have had input from a wide range of providers of health and social care services, and the vision which developed

through this work has been shared and discussed with a wide range of clinical and public groups. In the light of the proposed NHS reforms, this has included GPs who, with other clinical colleagues, will be taking over the planning and buying of health services from 2013.

Recommendations

What happens next will be different for Buckinghamshire and Berkshire and the report gives details on the way forward in each area, and how local people and organisations can continue to be involved.

The final recommendations of Care for the future are summarised in this document.

We welcome further comments from staff, patients and the public.

BACKGROUND

The NHS is busier than ever before, treating more people more quickly and to higher standards. But the world doesn't stand still and neither can the NHS.

We know we have some excellent services in our local area, but we know that we could do even better.

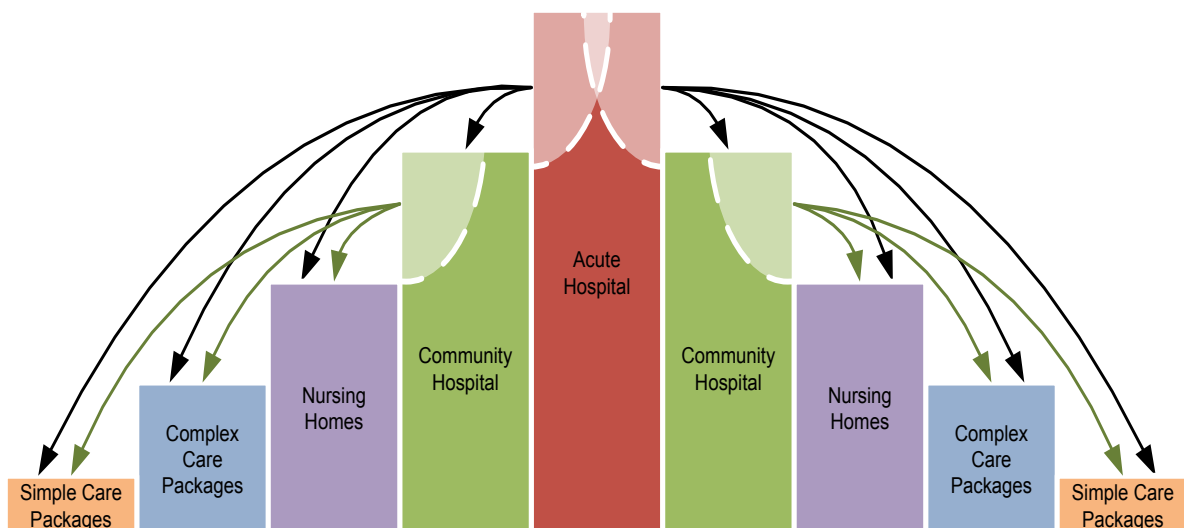
We want everyone to enjoy the very best health and have access to the highest quality services wherever they live or whatever their need. We need to ensure that we use our resources wisely to meet the challenges ahead.

GETTING THE RIGHT CARE

Traditionally, people often think of healthcare as hospital services. However, the vast majority of people's contact with the NHS takes place outside of hospital, for example with their GP or community service.

The diagram below shows that most people maintain their health through self-care, with occasional advice and support from their GP or other NHS clinical staff.

Some people require more continuous medical help, for example, a patient who needs to control their diabetes with the support of their GP or specialist nurse. Then there are the small group of people who need a short spell of more specialist care in hospital, for example, patients who suffer from a heart attack or stroke or who are in need of an operation.



CARE CLOSER TO HOME

Much has been done over recent years to develop high quality, community-based services so people can be cared for in their own homes or much closer to home.

Advances in medicine mean that many tests, treatments and procedures are now being provided for patients more conveniently outside of hospital. Multi-disciplinary community teams who work round the clock are being developed so

that far more people can be supported to stay at home, which is what patients want. Far more work is being carried out to identify patients who have long term conditions such lung disease, and to help them look after themselves with agreed healthcare plans and avoid a hospital admission wherever possible.

Because of these developments, when people are admitted to hospital it is for a far shorter length of time.



MORE SPECIALISED HOSPITAL SERVICES

As more of what used to happen in hospitals takes place in the community and in people's homes, hospital services, and the staff which provide them are becoming increasingly specialised.

Advances in medicine, equipment and medical technology mean that new and innovative treatments are available. But all the evidence suggests that patients get better results if they are treated by staff with specialist knowledge in specialist facilities and who are keeping their skills

by seeing more patients. This means that specialists are increasingly working together in clusters of clinical excellence or 'networks' to ensure that all patients get access to the care they need, even if not at their local hospital.

As a result, patients may sometimes need to travel further for this specialist care, but whether this is in an emergency or for planned care, evidence shows that this will be safer for them and lead to better outcomes. Care will be localised when possible and centralised when necessary.

USING PUBLIC RESOURCES WISELY

The way health services have been organised and provided in the past isn't always appropriate now and there are ways we know we can become more efficient.

For example, patients sometimes spend too long in hospital because the discharge system is not as efficient as it could be or alternative support and care in the community is not in place when needed. We also know that people do not always use the NHS appropriately. A third of people using A&E could have been treated elsewhere and a fifth of people seeing a GP could have treated

themselves. Our Choose Well campaigns aim to give people better information about the services available to them and help people to make other choices, often more local to them.



THE CHALLENGES

As well as these changes, the NHS in Buckinghamshire and Berkshire is facing a number of challenges:

- The population is growing and people are living longer. While this is good news, it also means that the NHS is providing much more long term care for people with age-related illnesses such as high blood pressure.
- Unhealthy lifestyles, high levels of obesity, excess alcohol consumption and smoking are all putting the health service under greater pressure. Although our local populations are generally healthy, among some groups of people these issues are a major cause for concern because of the impact on their health.
- New drugs and treatments mean that we can provide better patient care. However, some of the advances are expensive and not all drugs and treatments work for everybody. We have to make careful decisions about how we get the best value for money to achieve the best possible outcomes for our patients.
- Some of our hospital sites have developed in unplanned ways over many years. Not all of our hospital buildings are fit to provide the modern, specialist care which patients' need, which is a challenge in the current economic climate as significant money would need to be spent to bring them to an acceptable level and able to provide 21st century healthcare.
- The additional number of doctors needed to provide around the clock specialist care. Increasingly specialisation among doctors and modern working practices which reduce the hours they work for safety reasons, mean that acute hospital services may need to be provided on a larger scale on fewer sites.
- While many of our local health services are excellent, there is far more we need to do to ensure that all patients get access to the highest quality care.

The demand for services is steadily increasing at a time when funding is affected by the economic downturn. Public services are receiving less funding as we try to reduce the national debt. Although the national NHS budget is being 'ring-fenced' to protect it, it will not grow as it has in the past. At the same time, we have rising numbers of patients and the increasing costs of drugs and treatments. We've estimated that if we don't take action now, we could face a shortfall of up to £350 million in Buckinghamshire and Berkshire by 2013/14.

WORKING TOGETHER TO MEET THE CHALLENGE

In response to the challenges facing the local NHS, Primary Care Trusts came together in 2009 with other colleagues to look at how we can ensure high quality, patient-centred services for our local populations, now and into the future.

Our four aims were to:

1

Develop a shared vision of the best possible healthcare for our local population

2

Improve people's quality of life and life expectancy, within the resources available to us

3

Focus on preventing ill health as well as providing treatment

4

Manage our financial resources more effectively so that we can reinvest in further improvements for patients

HOW WE DEVELOPED OUR THINKING

Phase 1 of Care for the Future was a ten week programme of work launched in November 2009 and involving doctors, nurses, other clinicians, social care colleagues and managers.

Four working groups were set up to discuss the question **‘what do safe and sustainable NHS services that residents can rely on in the next five years look like?’**.

The four working groups looked at:

- Planned care
- Emergency care
- Long term conditions (e.g. lung disease)
- Paediatric and maternity care

INVOLVING OTHERS

Several large scale and a number of smaller scale events were held, to get a range of views on what health services should look like in the future.

These included:

- An event in December 2009 which included hospital doctors, nurses, GPs, other healthcare professionals, social care staff and representatives of patient groups. At this event, the initial ideas from the clinical working groups were discussed.
- A follow-on event in January 2010, also involving hospital doctors, nurses, GPs, other healthcare professionals, social care staff and patient representatives at which the

recommendations from the clinical working groups were presented for further discussion.

- A stakeholder event in May 2010 at which the Phase 1 work was presented by the clinical professionals involved to a large group representing doctors, nurses, patients, social care staff and managers.

As well as these meetings, the Care for the Future work was presented to and discussed with a wide variety of groups in Buckinghamshire and Berkshire including Overview and Scrutiny Committees, local government bodies and voluntary and patient organisations.

SHARING OUR VISION

In September 2010, we published *'CARE FOR THE FUTURE, a developing vision of future healthcare for Buckinghamshire and Berkshire.*

Our emerging findings were:

- While more services are being delivered in people's homes and in the community, far more should be done to develop care closer to home for patients
 - More should be done to help patients to manage their own care, for example by giving them much better information on their conditions and access to support networks
 - Non emergency health advice and support should be available from a single point of access
 - Day surgery should be the norm for nearly all patients. People should only have to stay in hospital overnight if they really need to because of their health needs.
- Specialist hospital services need to be grouped on to fewer sites, meaning that a few patients with specialist needs may no longer be treated in their local hospital.

We circulated our vision document to a wide range of local organisations and made it available on our websites. We also gave presentations to a number of meetings in both Buckinghamshire and Berkshire.

Generally, the idea of providing healthcare to the majority of patients in the community or in their own homes was well received. While some people were, of course, concerned about how local hospitals might change, most people said they would prefer to be treated in their own homes or close to them. In particular, patients and the public told us that the idea of developing innovative ways of providing out of hospital services and more choice for these is very welcome.



PHASE TWO

During Phase 2, we have looked in more detail at issues including:

How specialist services can work together to provide what patients need

What level of services will be needed in the future, in the community and in hospital, to meet the growing demands

How NHS sites and buildings should best be used to provide both general and specialist hospital care

How NHS Trusts can better work together across the local area

How healthcare resources should be spent to make sure the highest quality services are available for the widest range of people.

While the discussions focused on hospital, primary and community care services, the importance of mental health and social care services was also taken into account in the discussions.

Through our discussions, we have developed a set of recommendations

which GPs, clinical colleagues and managers will take into account when they are planning how to buy health services and which organisations providing healthcare will build into their plans for the future.

SHARING OUR RECOMMENDATIONS

Before we go any further forward with our plans, we want to share our recommendations and invite further feedback.

The following are the key recommendations from the report which will be taken forward for further discussion:

- More innovative community based services should be developed as a matter of priority and fewer patients should need to attend hospital for their healthcare. The number of beds in hospitals should reduce as better community based services develop. This will have an impact on what hospital sites look like.
- GPs have a key role to play in providing support for people with long term conditions, and a consistent approach to this needs to be developed in Buckinghamshire and Berkshire.
- Stoke Mandeville, Wexham Park and Royal Berkshire Hospitals should be the main acute sites for local people.
- Wycombe Hospital has a substantial local population and should continue to provide a range of general services and further develop its specialist services. Amersham should continue to provide a range of local health services.
- All hospitals should review their use of sites and buildings, and develop ways to use them more efficiently. This may mean selling off parts of sites or using them for different purposes.
- Hospitals should work together to deliver some services, such as pathology and low volume surgical specialities.
- Community Hospitals will continue to play a valuable role in providing services for local communities.

WHAT HAPPENS NEXT...

... in Buckinghamshire?

The ImPACT Programme is developing new urgent care services for people, with a focus on what can be developed in the community. This work is being developed with the involvement of GPs, hospital staff and representatives of patient groups.

Already, Buckinghamshire Healthcare has set up seven new locality teams to provide community-based care for adults around the clock, including weekends. Other plans include the launching of the new 111 service for non emergency healthcare information, advice and rapid access to services, and more work to help patients with long term conditions manage their own healthcare.

Buckinghamshire Healthcare, in partnership with NHS Buckinghamshire

and Oxfordshire PCT Cluster, is looking at how services should be provided in Stoke Mandeville and Wycombe Hospitals and the links with care provided by GPs and in the community. Hospital doctors and nurses, working with GP colleagues, are currently developing a clinical strategy for the Trust to ensure it can provide safe and sustainable services for patients into the future. They are also looking at how they can develop closer working with Heatherwood and Wexham Park NHS Foundation Trust, which many patients in the South of Buckinghamshire use.

The ideas emerging from this work by our clinicians will suggest changes to hospital services. They will be shared with the public in coming months.

... in Berkshire?

NHS Berkshire and Heatherwood and Wexham Park Hospitals are working in partnership to shape the future of healthcare in East Berkshire. The aim is to establish a financially and clinically sustainable model of care which meets the needs of the local population. The ideas emerging from this work will be shared with the public in the coming months

Berkshire Healthcare Trust and NHS Berkshire are engaging with stakeholders

on the future provision of mental health inpatient services for East Berkshire with a view to further public consultation in the autumn. New 24/7 Reablement Services and End of Life Services have been put in place this year to support people to be cared for at home. Going forward the Clinical Commissioning Groups will further develop the way that people with long term conditions are supported.

STAYING IN TOUCH

If you want to give us your views for **Buckinghamshire** or be put on our mailing list, please email communications@buckinghamshire.nhs.uk or write to:

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3rd Floor, Rapid house
40 Oxford Road
High Wycombe
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If you want to give us your views for **Berkshire** or be put on our mailing list, please email communications@berkshire.nhs.uk or write to:

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This document is available in large print, Braille and on audio tape. If you would like this document in another language or format, please contact us:

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