Lewisham Healthcare NHS
NHS Trust

LEWISHAM HEALTHCARE NHS TRUST
CLINICAL STRATEGY
Executive Summary
JUNE 2011



Uniting Community Health Services and the University Hospital Lewisham

Introduction

- Our aim is to provide the best possible healthcare in the hospital and the community for the population of Lewisham and other local people. We intend to achieve this by: working independently and with partners; promoting good health in local communities; being a centre of excellence for educating healthcare professionals; and being innovative in service design, development and evaluation. Our mission is underpinned by seven strategic objectives which form the basis of our five year plan and our application to become an independent Foundation Trust. These are:

  - Provide rapid and timely access to a comprehensive range of high quality, safe, patient-focused healthcare services for the population of Lewisham and other local people

  - Create a fully integrated acute and community service organisation that is at the forefront of service transformation for the benefit of patients

  - Develop effective clinical partnership arrangements that ensure our patients have rapid access to, and timely discharge from, high quality specialist services

  - Strengthen and extend our relationships with other local partners and identify innovative opportunities to work together for the benefit of local people

  - Build on our established reputation for excellence in educating healthcare professionals to develop, extend and innovate our education and training portfolio

  - Develop a thriving and adaptable workforce with strong and effective clinical leadership and management

  - Secure the future of the organisation as an independent, well-governed and commercially viable Foundation Trust

Introduction

- Our mission and strategic objectives were agreed at the start of our journey of integrating community-based services and Lewisham University Hospital in August 2010. At the start of 2011, we launched our new integrated organisation structure and appointed five Directors of Service to lead our clinical directorates. We also began a service-led process to develop our clinical strategy in support of achieving our strategic objectives. This process ran between February and June 2011, details of the process can be found in Appendix 1.

- The process generated a wide range of potential initiatives, some of which are already being taken forward, others of which require wider engagement and more detailed planning and consideration. Whilst each directorate has developed its own strategy (covered in the following chapters), this document sets out the key priorities of the overall clinical strategy, the risks to delivery and the next steps to implementing the strategy.

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Our priority developments

- The clinical service strategies represent the directorates' responses to the challenges and opportunities that exist today or are expected to develop over the next 5 years. All services have focussed on how their strategies can further improve the quality of service offered to patients, across the three domains of quality; clinical effectiveness, safety and patient experience. The directorate and service teams have also developed their plans within the context of the constrained funding environment, and the expected move to more clinically-led commissioning along with the other changes proposed by the coalition government.

- Our strategy aims to reflect the financial realities – both value for money and commissioner affordability - as well as meeting the specific needs of the population of Lewisham. We will support our commissioners in the delivery of QIPP plans, aiming to reduce our overall cost base over the next five years, alongside delivering improved patient care.

- The priorities emerging from the clinical strategies are:

1. Increasing access to local and specialist services for local people
2. Realising the benefits of integration to improve patient pathways and avoid acute attendances and admissions
3. Increasing productivity safely
4. Engaging positively with commissioner-led service reconfigurations to promote the best interests of our local population
5. Extending the reach and range of our services where we have clear strengths
6. Maintaining a thriving clinical organisation

Priority 1: Increasing access to local and specialist services for local people

- Within this priority there are three main initiatives being pursued: Increasing the number of births delivered by the trust; improving access to our planned services to increase our market share; and developing pathways in partnership with tertiary providers to bring more specialised services closer to our patients.

Increasing numbers of births at the trust

- In 2010/11 3800 babies were delivered at the Trust in both the new birthing centre and on the labour ward. Our strategy is to increase the number of births to 4600 per year by 2016/17, such that 75% of mothers in Lewisham give birth at the trust and an increasing number of mothers from other boroughs access our facilities. These plans to increase births aim for approximately one fifth of mothers to give birth in the birthing centre, with fewer than 4,000 mothers giving birth on the labour ward. We are refurbishing our maternity facilities and have put in place training and development and a new senior midwife responsible for the experience of mothers giving birth at the trust in order to address legacy reputational issues and support this growth in activity. We are committed to increasing our customer satisfaction and quality of service such that our CNST rating is improved to ensure that our strategy makes financial sense for the organisation over a period where the way births are paid for by commissioners is likely to change. Further detailed planning is being undertaken to ensure that the appropriate levels of both obstetric and anaesthetic consultant cover can be provided cost effectively. This work is being led by the Women's & Sexual Health directorate, with links to Children & Young people for neonatology support, Surgery for anaesthetic support and Specialist Medicine for imaging and pathology. It also involves Estates planning.

Priority 1: Increasing access to local and specialist services for local people

Increasing market share for planned services

- We have been working closely with our local GPs to identify services that local people currently travel to other providers to access and to understand the reasons why. We are developing plans to increase our overall market share by ten percentage points over the next four years (from around 65% to 75%). We have identified particular opportunities to improve local access for local people in: Musculo-Skeletal (MSK) Services, Gastroenterology, Gynaecology, Cardiology, and General Surgery. Over the planning period we are aiming to increase our share of local activity by around £4m, with the largest gains planned for 2011/12 and 2012/13. Our plans are a cross-section of trust-wide initiatives and service specific changes.

- Our marketing strategy includes eight key objectives but fundamentally focuses on improving relationships and communications with GPs; on promoting our services and the significant improvements we have made in recent years; and on building our reputation as an excellent provider of local services.

- A range of trust-wide initiatives include the development of out-reach clinics in key parts of the borough, where the out-flow of activity is the greatest, and better marketing of our services through choose and book and GP liaison.

- Service specific initiatives include reducing our waiting times, and implementing compulsory referral management services in partnership with commissioners (e.g., MSK). We are also working on making best use of technology to provide accurate and timely information for GPs and patients, including through having links to access for senior clinical opinion through our specialty email addresses. This work is being co-ordinated by the Director of Business Development, with the majority of the opportunities being pursued by Surgery, Specialist Medicine and Women's & Sexual Health.

Priority 1: Increasing access to local and specialist services for local people

Developing pathways in partnership with tertiary providers

- There are a number of services that local people will need to travel to tertiary centres for, but we believe that the best care is provided by ensuring that pathways are optimised such that they can stay closer to home for less specialised elements of the pathway and rehabilitation. We are working closely with King's College Hospital (KCH) to further develop our cardiology services at Lewisham so that all local people who require simple pacing can have their treatment with us, and increasingly complex pacing can also be provided here. This will also assist us to improve our share of local cardiology activity, contributing to our plans to increase market share outlined above.

- We are also working closely with the Cancer network to deliver cancer services as close to home as possible, both through Chemotherapy nurses providing services in people's homes and for more complex cases through providing a local breast oncology service so that patients have less distance to travel to receive their chemotherapy. This will also help our cancer services achieve critical mass to support the provision of five day per week on site oncologist cover for local acute cancer patients. This will provide Lewisham oncology patients admitted as emergencies with more rapid specialist opinion and ensure they receive the best care and spend as short a time as possible as an inpatient. Further work is underway with the cancer network to ensure the necessary infrastructure is in place (e.g., electronic prescribing and pharmacy support). These plans for cancer services are also being formed in line with the recent NHS London development of two Integrated Cancer Systems in London (see priority 4 for more information)

- These initiatives are being led by Specialist Medicine, with links to Acute & Elderly medicine for acute oncology and pharmacy support, and IM&T for e-prescribing.

Priority 2: Realising the benefits of integration to improve patient pathways

- We recently (August 2010) integrated Lewisham University Hospital with Lewisham Community services to form one of the earliest integrated trusts in the country. Our integrated acute and community teams provide us with an opportunity to transform our care pathways for patients and reduce demand for hospital beds, allowing us to deliver QIPP benefits to the health economy. Whilst the initial opportunities can be delivered from within our integrated organisation, in particular from within our Acute & Elderly Medicine services, enhancing our close working with Social Care , Primary care and Mental Health will become increasingly important in the future to avoid emergency admissions and reduce demand for inpatient beds.

- In terms of the trust's future, building up our range of local services in this way has enabled us to deliver services more closely with local GPs and to enhance our stability as an organisation.

Case Management

- With over 50% of the trust's beds occupied by patients under the care of the Acute and Elderly Medicine directorate, it is the focus for reducing length of stay through better case management, discharge planning and supported discharge. Much of this is initially focused on internal processes and management of individual patient pathways, although the link to social care, especially for frail elderly patients and others with complex social care needs is a key dependency. The employment of case managers will also improve the quality of care for some of our most vulnerable patients. Acute and Elderly Medicine will also lead our efforts to ensure all elderly patients receive exemplary care, irrespective of admitting specialty, by creating an Older People's Advice and Liaison Service. The main link is with surgery, especially Trauma & Orthopaedics, where we will build on our successes in managing frail patients with fractured hips. We will also be working across the trust and with our partners to improve out of hours service availability where there are clear benefits to patients and overall efficiency. We are aspiring to achieve at least upper quartile average length of stay for acute medicine which should enable us to achieve a significant reduction in our bed base.

Priority 2: Realising the benefits of integration to improve patient pathways

Management of Long Term and Chronic Conditions closer to home

- Our integrated specialist teams are focussed on providing care for long term conditions as close to home as is clinically appropriate. We are working in partnership with primary care to deliver the commissioner defined services for diabetes, COPD and heart failure, in some instances by providing services on behalf of primary care where appropriate and desired by primary care colleagues (for example tiers 1 and 2 diabetes services). We are also providing an educational programme and further support in development of specialist skills. Our position as an integrated trust will allow us to improve outcomes and manage our costs across different settings as required by the developing NHS external agenda.

- The roles of the district nursing team and community matrons are particularly crucial to delivering more integrated care and we will be supporting these teams through a programme of 'up skilling'. We will also work with commissioners to ensure that the financial incentives for activity undertaken across different settings are aligned with the best outcomes for patients and the health economy. The pathway design work will be led by the relevant teams within Specialist Medicine, working in close partnership with Acute & Elderly Medicine for service delivery and benefits realisation. This type of service redesign will provide a further reduction in bed demand alongside other service redesign initiatives.

Priority 3: Improving productivity safely

- The need to increase productivity across the NHS has been widely articulated and Lewisham Healthcare is no exception. In addition to the stretching efficiency requirements embedded into national tariff and increasingly into commissioning contracts (e.g., non-payment for emergency re-admissions), our strategy process highlighted the urgent need for increased efficiency within a number of services. In particular, despite achieving very high day case rate across all surgical services, our surgical specialties have, almost without exception, reference costs above 100 (indicating they are less efficient than the national average). We are exploring in more depth why this is including also reviewing efficiency of anaesthetics and theatres which are provided as a clinical support service to other directorates (especially Women's & Sexual Health). All our service directorates are exploring productivity opportunities through their developing Cost Improvement Programmes and through the trust wide Service Redesign Programme. The work to reduce length of stay outlined in priority 2 will also make a contribution.

Outpatients (across specialties)

- A number of services showed a worse than expected reference cost index for outpatient services. Further work is required to understand this and other 'outlier' reference cost indices to establish whether these are genuine efficiency opportunities or cost allocation or coding anomalies.

Surgery

- We intend to improve productivity of the individual specialties in a way that will increase access for local people and improve the quality of service provided both for patients and GPs by; streamlining our surgical pathways and removing unnecessary steps; and providing services as day cases or outpatient appointments where clinically appropriate. We will also build on our enhanced recovery work and provision of therapy support out of hospital to minimise length of stay for patients undergoing inpatient surgery.

Theatres and anaesthetics

- Theatres make up approximately 1/3 of the cost base of our surgical directorate. We will improve their productivity over the next five years by focussing on accurate scheduling and preparation; ensuring that lists start and finish on-time; providing extended working during the week; reviewing our on-call anaesthetics provision to ensure dedicated cover for maternity services.

Priority 4: Engaging positively with commissioner-led service reconfigurations

- The Trust is very familiar with both the opportunities and threats that come with commissioner-led system level reconfigurations through implementation of 'A Picture of Health' (APOH). The Urgent Care centre and Birthing Centre are both exciting opportunities that have come out of APOH. However, we are also aware of the service and financial consequences of service transfers out of the Trust through the recent move of specialised paediatric surgery to Evelina Children's Hospital, which was also a recommendation of APOH strategy. There are a range of current London-wide reviews being considered which may impact on the range of services delivered by Lewisham Healthcare in the future and we intend to continue to engage positively with these processes in support of the best interests of the population of Lewisham.

Pathology

- Lord Carter of Cole's reports (2006 and 2008) called for 20% reductions in Pathology costs across the country. We are developing a pathology strategy for the Lewisham service so that the trust can deliver its share of the reductions whilst maintaining high quality services for our patients and service users, particularly our local GPs.

Vascular surgery

- In 2011, the trust received notice that arterial surgery would be formally decommissioned at the trust. We are working to develop our partnership service model so that local people do not suffer reduced access to services and that our staff have fulfilling and sustainable roles.

Priority 4: Engaging positively with commissioner-led service reconfigurations

Cancer

- As outlined in priority 1, the proposed cancer model would see further local delivery of chemotherapy and increased acute oncology provision for admitted patients at Lewisham. It also emphasises the importance of the bowel screening programme and successfully implementing the age extension. There are also NHS London led proposals for two Integrated Cancer Systems in London, which our plans and working with the cancer network will take into account. We would be part of the system stretching from SE to NW London and incorporating Guy's & St Thomas'/Kings College Hospital, The Royal Marsden and Imperial College Hospital as cancer centres.

Emergency services

- The NHS London review of emergency services is due to publish its recommended model of care in the summer of 2011. Given the prior recommendations of APOH for reduced emergency surgery which was overturned by Independent Reconfiguration Panel, there remains a risk to provision of 24/7 emergency surgery at the Trust if it is unable to meet the commissioning requirements in a cost effective manner. We are closely engaged with the process, with the Medical Director (a general surgeon) being a member of the review; we will assess any implications with local clinical commissioners as the proposed model of care is finalised. There is a similar review of emergency medicine although the potential consequences for whole-scale service provision are not assessed to be as significant for Lewisham Healthcare Trust.

Children's Inpatient unit

- The Commissioning Support for London (CSL) reviews of Paediatric services and the Royal College of Paediatrics Strategy (Facing the Future) indicate a direction of travel in service provision that reduces the number of inpatient facilities, centralising more specialised services in locations with critical mass to provide for all complexities of care. We believe that our inpatient facility is an important part of service provision for children and young people in Lewisham over the short and medium term. We are committed to developing our services for children as close to the home as possible, in line with national strategy and building on our strong existing community provision, while ensuring that transition is managed without a reduction in access for local people. We are increasing our day-case activity and managing our capacity across SCBU and children's inpatient in order to ensure that services are both of high quality and delivered cost effectively.

Priority 5: Extending the reach and range of our services where we have clear strengths

- The focus of our mission and supporting strategy is local services for local people but our work has also identified a small number of opportunities to leverage our strengths to either widen our catchment for certain services or to start new services. Our Children's & Young People's directorate have a strong starting point. They already have a strong integrated model of care and have historically provided a wider range of services than would be expected from a trust of our size. We are also the ENT hub for Lewisham, Bexley and Greenwich, with potential to expand our catchment. In Sexual Health and HIV and Renal dialysis we are aiming to expand services to better meet the needs of local people. Our aim is to provide a bigger base of services to support the longer term sustainability of the trust and to stay alert to future developments and opportunities. Examples of this could include;

  - ***Exploring the possibility of an adult and child neuro-rehab service: (in partnership with Evelina Children's Hospital);*** as there is a national shortage of this type of specialist rehabilitative care

  - ***Opportunities to expand our ENT catchment;*** *building on our existing strengths as an inpatient hub.*

  - ***Implement TOP services;*** Patients requiring termination of pregnancy currently have to travel to voluntary organisations outside Lewisham borough to receive treatment. This also frequently requires them to travel long journeys on public transport whilst in a vulnerable condition.

  - ***Enhance HIV service provision*** Lewisham has an HIV prevalence five times higher than the national average with 30% of HIV sufferers estimated to be undiagnosed. As a result we are developing our sexual health services to offer a more comprehensive service (with level 3 GUM capacity) for the population of Lewisham.

  - ***Renal dialysis:*** There is an upcoming opportunity to develop a renal dialysis service at Lewisham to improve access in South East London, when an existing service contract with another provider comes up for review. We will work with commissioners and Guy's & St Thomas' to scope this potential enhancement to our service portfolio.

Priority 6: Maintaining a thriving, integrated, clinical organisation

- The strength of our clinical teams is a key enabler to each of our directorate strategies and our overall clinical strategy, including our drive to improve patient experience and safety, and quality of outcomes. The integration of hospital and community-based services provides opportunities for clinical staff to work in new ways and develop a broader range of skills and experience. This is particularly relevant for therapy and nursing staff but the development of more community based services will also enable medical staff to work in different settings to develop new models of care.

- We have three key areas of opportunity to build on: working with GPs; education and training; and our partnership arrangements with Kings Health Partners.

Working with GPs as partners, commissioners and providers

- Each directorate and clinical service team will work with GPs as care pathway partners and increasingly as commissioners. The nominated Directorate GP liaison leads will build on the work already established by our Director of GP Liaison (who is the ex-medical director of the trust) and the Director of Business Development to provide operational relationship management to ensure that the trust continues to meet the needs of all local GPs. Some specific clinical services are already delivering their care in partnership with primary care in new ways, for example, diabetes and COPD care will increasingly be provided by primary care and our specialist teams are working to support this development.

Priority 6: Maintaining a thriving, integrated, clinical organisation

Education and training

- Lewisham has a long history of providing high quality clinical education and training, for medical, nursing and midwifery students, qualified staff and junior doctors. The trust receives high scores in audits of educational quality and has high levels of student satisfaction. Having a significant educational role is a strategic advantage for the trust, as it attracts high quality senior staff to work at the hospital. We will maintain and develop our clinical education and training activities (including through the new simulation centre) over the next five years, in line with changes to the training and career structures for doctors, nurses and other clinical staff. We are sponsoring a Southwark College initiative to provide extended education and training at the trust.

Our partnership with Kings Health Partners

- Our close proximity and existing clinical links with one of the UK's designated Academic Health Science Centres provides us with an opportunity to shape clinical programmes for existing and new members of staff. This supports service delivery for the population of Lewisham whilst also contributing to research developments. The existing links and future opportunities vary across the directorates. The partnership supports plans that are underway to build and grow our existing clinical research.

Managing the risks

- The NHS is undergoing a period of significant change and uncertainty as a result of the external economic climate, political reforms and underlying demographic and technology developments. In addition, almost all aspects of the strategy have some level of external dependency. As such there are inevitably a number of risks to our clinical strategy to be mitigated or managed. These fall under four broad themes:
  - increased competition limits planned gains in market share;
  - impact of reduced funding of services provided by others (e.g. in Adult Social Care);
  - system-wide commissioning requirements undermine local services;
  - Commissioner strategy (including QIPP savings) undermines the financial viability of services.

Increased competition limits planned gains in market share

- As opportunities for income growth reduce and requirement for efficiency savings increase, all providers are likely to compete more vigorously for retaining or even increasing their share of commissioned activity. This risk would undermine our priority to improve local access for local people and associated income gains. In some cases (e.g., maternity) available capacity may limit how strongly neighbouring trusts will compete and in other areas (e.g., cardiology) the development will be a collaborative endeavour. However for those services where waiting times are a key determinant, realising the planned gains is more at risk and will therefore require effective action plans, implementation and communication of improvements.

Managing the risks

Impact of reduced funding of services provided by others

- Our efforts to integrate services and develop improved pathways with external partners risk being undermined by reduced funding of services, especially social care and mental health. This would limit potential improvements in length of stay and reduced emergency admissions. Given the 24/7 availability of emergency services at UHL, it may even result in increased demand for hospital services as out of hospital services are reduced leading to more 'social' admissions. With current funding arrangements for emergency care likely to remain in place, any growth in activity would only be funded at 30% of tariff; this would create an under-funded cost pressure on top of reduced potential for delivery of Length of Stay based Cost Improvement programmes.

System-wide commissioning requirements undermine local services

- As outlined in priority 4, current and future commissioning decisions have the potential to reduce the scope of services provided locally for the residents of Lewisham and other local people. Vascular and emergency surgery and inpatient paediatric care at Lewisham could all be negatively affected by commissioning decisions. In addition, we are also reviewing the appropriateness of level 3 NICU and dedicated consultant-led paediatric anaesthetics rota following the transfer of specialised paediatric surgery to Evelina. As well as patient access, these actual and potential service changes can have a detrimental impact on the trust's finances as a result of 'stranded' costs – with loss of income greater than the potential to reduce costs. This would further increase the CIP requirement. Our mitigation is to work with commissioners and network partners to develop models of care that provide high quality to patients, preserve access as far as possible and minimise any negative financial consequences.

Managing the risks

Commissioner strategy (including QIPP savings) undermines the financial viability of services

- Commissioners may choose to follow a commissioning strategy that potentially puts the trust at a financial disadvantage, making it harder to deliver our priorities for population of Lewisham and other local people. We will mitigate this risk by keeping in close dialogue with commissioners throughout the commissioning cycle. This risk is particularly apparent as the need to deliver savings across the health economy is clear, so the manner in which these savings are achieved has the potential to destabilise the trust's services. The worst case is where commissioner QIPP savings are achieved through non-payment for activity that has been undertaken. Contractual conditions covering 28 day emergency re-admissions and outpatient follow ups both have potential to have this impact resulting in an increase in cost for no additional income or reduction in income with no potential to reduce costs. Where activity is successfully shifted to community based care, the current community block contract would also result in reduced income to the trust without potential to save an equivalent amount of cost. Finally, where activity is decommissioned, the likelihood of some 'stranded' costs is high as tariff reductions would be at equivalent to average costs which exceed the marginal costs that could be reduced with a loss of activity. The combined impact of these risks is to increase the CIP requirement above the c. 4% embedded in the national tariff and challenge the financial viability of a wider range of services, especially those with high fixed costs. In mitigation we are working closely with clinical commissioners to ensure QIPP plans do not inadvertently destabilise the provision of local services and focus on 'win-win-win' opportunities for patients, commissioners and providers. To this end, we have agreed with commissioners to start the shift to community cost and volume contracts, and we have appointed in Lewisham an experienced director to work across health commissioning and social care to ensure a whole systems approach to delivery of policies, such as re-admission, to ensure that no local organisation is destabilised.

Next steps

- There are a number of key next steps as we transition from strategy development to detailed planning and implementation. These include: testing and iterating with GPs and other clinical stakeholders; building support from Cluster commissioners; engaging the wider organisation in the planning and implementation; and monitoring and reviewing progress.

Testing and iterating with GPs and other clinical stakeholders

- Only limited engagement with GPs was possible during the initial development phase because the process ran concurrently with Lewisham GP Federation becoming established as a Wave 4 GP Pathfinder. Now that elections for key appointments have been held and individuals are taking up their posts, we will work closely with GP colleagues to ensure our priorities are aligned with our future clinical commissioners. This interaction will happen at service, directorate and trust level. The organisation has appointed a senior clinician (ex- medical director) as Director of GP liaison, who works with the Director of Business Development and directorate GP Liaison leads to co-ordinate engagement at trust-level. We will also be working with stakeholders at partner organisations, such as Cancer network lead, on specific developments.

Next steps

Building support from Cluster commissioners

- We are working jointly with the Lewisham Business Support Unit and GP pathfinders, supported by the South East London Cluster, to develop a 24 month QIPP plan that achieves the 'win-win-win' outcome for patients, commissioners and provider. This is key both to our Foundation Trust application and with it our ability to continue as an independent organisation focused on the needs of the population of Lewisham.

Engaging the wider organisation in the planning and implementation

- Whilst each directorate has found different ways to engage its staff in the process to date, this engagement will now intensify as vision and developments are turned into detailed plans and implemented. This will be the responsibility of the directorates, with support from the relevant corporate functions especially on cross-cutting issues. Senior engagement and involvement will continue through Clinical Leaders Group (CLG) and Trust Management Executive (TME).

Monitoring and reviewing progress

- The majority of the ongoing monitoring at trust level will take place through the directorate performance review cycle; with strategy related KPIs fed into the directorate dashboards. The Long Term Planning and Redesign Programme Board will have a regular role in monitoring progress and implementation. In addition, specific areas of improvement or development will be co-ordinated and monitored through sub-groups of the Service Redesign programme and the Marketing and Business Development Programme Board.