

Help us build a new NHS in south west London

Issues Paper: a summary



What is this paper for?

This paper is published for discussion. It is a summary of our full issues paper, which is available via the contact details on the back page. It is not part of a formal consultation process – it is published to set out the challenges facing the local NHS and our initial response to them, for further discussion with local people.

We have published a plan for local health services and we are discussing the next steps with local hospitals, mental health trusts, community services, GPs and other health professionals, local councils and local people. This paper is published to summarise our current thinking and test it with the people of south west London.

The paper is published on behalf of the following NHS organisations: Croydon CCG, Kingston CCG, Merton CCG, Richmond CCG, Sutton CCG, Wandsworth CCG, NHS England, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St George's University Hospitals NHS Foundation Trust, Royal Marsden NHS Foundation Trust, Hounslow & Richmond Community Healthcare NHS Trust, Your Healthcare, South London & Maudsley NHS Foundation Trust, South West London & St George's Mental Health NHS Trust and London Ambulance Service.

Background

The six south west London NHS clinical commissioning groups (CCGs) – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth – and the health commissioners from NHS England (London) are working together with hospitals, mental health, primary and community care services, local councils, local people and patients on a five-year plan to improve health and services for everyone. The partnership between the CCGs and NHS England is called South West London Collaborative Commissioning.

In June 2014, we published an outline strategy for south west London. We are now discussing the best way to implement this strategy and what it means in practice for each of our health services. As well as colleagues in the NHS in south west London, we are also talking to local councils and to neighbouring bodies such as Surrey Downs CCG, who commission services at one of our trusts. Should these

discussions lead to proposals for major service change, we would carry out a full public consultation on the options available.

We are seeking to address a number of challenges, many of them common across the NHS and some specific to south west London. We have been talking to local people about these challenges and how we might tackle them for the last three years. We want patients to have the same high quality care wherever they access services and we want to create safe and sustainable services that meet the needs of a population that is changing.

We know things need to change. We expect to deliver more care in community settings and less care in hospitals and we will have a bigger focus on making services joined up, helping people to stay well and making sure that all patients consistently get the highest standards of care.

Why things need to change

There are five broad reasons why the local NHS needs to change the way it works.

- **Quality of care.** All patients should get the best possible care, but the quality and safety of all our health services varies enormously and depends on where and when you are treated. For example, senior doctors are not always available round the clock for patients admitted to hospital in an emergency. This can cost lives. And people can't always get help when they need to, for example from their GP or another health professional.
- **Changes in what patients need.** The needs of our population have changed, so we need to deliver health services differently. For example, people live longer and many more people are living with long term conditions such as diabetes, heart disease or dementia. This means we need more care outside hospital and more support to help people stay well.
- **Financial and workforce challenges.** We do not have the money or staff to go on as we are. The cost of delivering health services is rising much faster than inflation and without changes being made, the local NHS will not be able to afford what it is delivering today in five years' time. There is also a national shortage of qualified staff such as GPs, midwives, district and community nurses and specialist children's doctors.
- **The need for joined up services.** Patients need services that work together and across professional boundaries. This does not happen effectively enough now and means care can be fragmented.
- **We can provide better care with the same budget.** While the financial and staffing challenges are huge and urgent, there is compelling evidence that if we spend our money differently, we can get services that are both better and more affordable.

Quality of care

All patients should get the best possible care but the quality and safety of our health services varies enormously depending on where and when they are treated

- People tell us that the way we provide services in the community needs to change and that they have difficulty in getting a GP appointment. Community-based services are under-resourced and often struggle to meet demand, meaning that the outcomes for patients are inconsistent and that not all services meet the standards of care we would expect. It is important that services outside hospital – such as those provided by GPs and community-based services like physiotherapy, podiatry, district or community nursing and speech and language therapy – all meet the highest standards, everywhere in south west London.
- A recent audit found that none of our hospitals meet all of the clinical standards for London, known as the London Quality Standards. These standards include the need for senior doctors to be present in emergency departments 16 hours a day, in maternity units 24 hours a day and in children's services 14 hours a day. There is clear evidence that having senior doctors (consultants) on these hospital wards leads to better outcomes and that services decline in safety when there is no consultant present. Currently people taken ill at weekends or in the evenings are less likely to see a senior doctor in hospital. These standards are a challenge for all London hospitals, but we know they would save lives.
- In mental health, too often we do not provide the support people need at an early enough stage. This means that service users can become more seriously unwell and need to be admitted to a mental health hospital, when earlier support could have prevented this.
- In cancer services, we also need to diagnose and treat people much earlier in order to give them the best chance of survival. We also need to improve the way we look after people who are nearing the end of their lives.

Changes in what patients need

The needs of our patients have changed, so we need to deliver health services differently

The NHS is treating more people than ever before and advances in medicine mean that the treatments available are much better than they were in the early days of the NHS. There are some great success stories and we want all our patients to have access to the best care available. But local doctors, nurses, therapists, midwives and other clinicians know that an NHS system built for the 1950s and 60s is often not giving their patients the care they need in the 21st century.

Advances in medicine and changes to the way people live and work mean people live much longer than they used to – though often they are living with ongoing physical or mental health problems. One in three people is living with one or more long term illness, including conditions such as heart disease, dementia, diabetes and asthma.

This means that the demands on our health services are greater than ever and that the

way in which we deliver services needs to change. We need to make sure that people can get the highest standard of care whenever they need it, when they need it.

More and better joined up services need to be provided outside hospitals – in GP surgeries, community services and, where appropriate, in people's homes. We need to support people sooner, to prevent them becoming physically or mentally ill enough to need specialist hospital care.

We need to get much better at working with people to help them live healthier lives and avoid becoming ill. Prevention of illness will be a much stronger focus in our future health services. For people with long term illnesses, we need to work with them and their carers

to monitor and manage their condition, with the support of doctors, nurses and therapists based in their community. The different parts of the NHS need to work much more effectively together and to work with local councils and, where appropriate, the voluntary sector, in supporting people to keep well, prevent avoidable hospital admissions and support those coming out of hospital in a joined up way.

Our hospitals should be specialist centres of excellence, equipped to treat people who really need them, while our GP practices and other community-based services need to provide more services in the community, closer to where people live and working together with the social care services provided by local councils.



Financial and workforce challenges

We do not have the money or staff to go on as we are

NHS spending has not been cut. It has risen slightly above the inflation rate every year since 2010. But the costs of providing care are rising much more quickly than that, due to innovative but costly new technologies and rapidly increasing demand from a rising and ageing population. This means that there is an emerging 'financial gap'.

If we do nothing, the CCGs in south west London, who hold the budget for local health services, will have significantly less money than current services are expected to cost by 2018/19. Within five years, we would not be able to pay for the services we currently provide.

In addition to this gap in the budget for local services, local hospital trusts and mental

health services have also identified significant financial challenges. Local councils have also faced cuts to their social care budgets, meaning it is more important than ever that the NHS and social care work closely together, with the people using our services at the centre of all we do.

In addition to the financial challenge, there is a workforce challenge. There is a national shortage of key specialist staff and nurses, so getting the right staffing in our services is a major challenge. For example, there are not enough staff available for all of our hospitals to meet the quality standards in emergency, maternity or children's services. There is also a national shortage of GPs, midwives, district nurses and specialist children's doctors.



The need for joined up services

Patients need integrated services that work together and across boundaries - this does not happen effectively enough now

NHS and social care professionals talk a lot about 'joined up services'. In simple terms, what we are saying is that the many services people use do not work well enough together. They are not always based around the needs of the people who use them and patients often complain that they have to keep providing the same information to different people, or that they are passed from pillar to post without the different services seeming to talk to each other.

This has to improve. We need all of the services that people in south west London use – GP services, hospitals, mental health services, community services, ambulance services and the social care provided by local councils, as well as voluntary sector services, to work much more closely together.



We can provide better care with the same budget

While the financial and workforce challenges are huge and urgent, there is compelling evidence that we can get improved services that are also more affordable for the NHS, if we spend our money differently

Changes to stroke, major trauma and heart attack services in London - with acute care of these conditions concentrated in specialist centres while local hospitals provide care during rehabilitation – have transformed outcomes in London in these clinical areas, from among the worst in the country to the best. More people survive strokes, major trauma injuries and heart attacks in London than ever before.

These changes have transformed clinical care and outcomes for the better. They are also less expensive for the NHS. We know that by spending our money differently and planning service changes carefully with local people, we can replicate this success across the local NHS.



How the NHS nationally and in London is responding

The NHS Five Year Forward View was published in October 2014. It sets out a vision for the future of the NHS. It has been developed by the bodies that deliver and oversee health and care services nationally, including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. You can read the report online at www.england.nhs.uk/ourwork/futurenhs/5yfv-exec-sum/

Our vision for the future is in line with the key points set out in the Five Year Forward View and we will work with NHS England and the national leadership of the NHS as our plans develop.

What changes are being put forward in south west London?

Groups made up of doctors, nurses, midwives, therapists, pharmacists and managers from the local NHS, representatives of local councils, patients and members of the public, have been set up to discuss the challenges and put forward some possible solutions. This work was informed by the feedback from extensive public engagement over the last three years, which will continue.

Since our strategy was published, we have started to take forward some of the work

that could be progressed immediately, such as improving services based in the community. We are also discussing with local hospitals, mental health trusts and community services the best way to achieve the parts of the strategy that they will deliver and what role each of them could play. Should these discussions lead to proposals for major changes to local services, we would carry out a public consultation on the options available before making any changes.

Some of the ideas we are thinking about

- Local GPs should work in practice networks that take a collective responsibility for the health of their population. GPs, primary care teams, community services, social care, mental health services and specialist services should work jointly, to provide coordinated care for patients with long term conditions or complex needs. We should offer better support for people with long term conditions and their carers, making them better able to manage their condition on a day-to-day basis and to seek help when they need it.
- Transforming our workforce so that we can deliver much more care outside hospital – in the community, at GP surgeries and where appropriate, in people's homes. We should work much more closely together as 'one system' with patients at the centre – community, primary care, social care and community-based specialists need to be more 'joined up'. This includes making sure that hospitals and local authority social services and housing departments work more closely together. It would also mean that patients may see different professionals, as we want to make better use of nurses and pharmacists and to have more 'care navigators', whose job is to support patients through their care and help them to get the help they need from the right person in the right place. We also need to explain better what role different professionals can play – for example, the critical role of paramedics in treating or stabilising people picked up by ambulance and taking them to the right place, whether a hospital or a community-based service.





- Future health services should have a much stronger focus on promoting healthier lifestyles, working with people to prevent them becoming ill and supporting people earlier enough to prevent their condition getting worse.
- Specialist hospital care should be available when needed from senior doctors seven days a week – for a minimum of 16 hours in emergency departments, 14 hours on inpatient children's wards and 24 hours in acute labour wards.
- We should develop more resilient children's community services and closer work between the NHS and local authorities to develop integrated services that keep children well, happy and out of hospital unless they need to be there.
- Easier access to high quality obstetric care for women with complex needs and easier access to midwife-led care for low risk women. Increased availability of midwife-led care and home births for those women who want these options.



- No planned surgery in south west London should be cancelled due to emergencies elsewhere in a hospital. We should develop centres of excellence in different surgical specialties, based on the South West London Elective Orthopaedic Centre at Epsom Hospital, which is jointly managed by our four local hospital trusts.
- People heading towards a mental health crisis should have access to appropriate and timely support, with a plan in place to prevent any crisis developing. Service users should be able to expect much better quality of and access to mental health services in the community, which help people to stay well and out of hospital where possible, and to have better access to crisis care in an emergency.
- Greater focus on prevention of cancer, early diagnosis and better patient experience, with an emphasis on patient choice and care provision in the community during active treatment, recovery, and, where necessary, improved support during the end of life phase.



Your views

We would welcome your views on the questions below or any views or queries you have about the issues raised in this paper.

- What is working well in local health services now that we can build on? What do we need to improve?
- What is your view on the ideas set out above? What would make them work or stop them from working?
- What support do you and your family need from the different health services listed above?

There are many more questions in the full issues paper, available on our website www.swlccgs.nhs.uk or by emailing swlccgcomms@swlondon.nhs.uk

Get involved

You can read our outline five-year strategy at www.swlccgs.nhs.uk/wp-content/uploads/2014/06/SWL-5-year-strategic-plan.pdf. This strategy sets out the direction of travel, but the detail of how we implement it is still being discussed.

We have already started work in each borough, improving and increasing the care available in community settings and supporting these services to work more closely together. But we are still considering what our strategy means for each of our local hospitals, for community services and mental health services. Should we come to the conclusion that we need to develop proposals for major service change in any of our local hospital services, we would put these forward for public consultation.

Local clinicians and local people have helped us develop our outline plan. We would like this to continue. We will be taking the advice of The Consultation Institute and following NHS best practice guidance to ensure that our public engagement on these issues follows best practice. If you have any comments on the questions raised in this briefing, or if you want to respond to any or all of the questions in the full document, you can either complete the online feedback form at www.swlccgs.nhs.uk, contact your CCG or write to the programme team directly.

Email us: swlccgcomms@swlondon.nhs.uk

Write to us: **South West London Collaborative Commissioning, 120 The Broadway, Wimbledon, SW19 1RH.**

Visit our website: www.swlccgs.nhs.uk

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South West London Collaborative Commissioning

Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth NHS Clinical Commissioning Groups and NHS England (London)

‘Working together to improve the quality of care in South West London’