

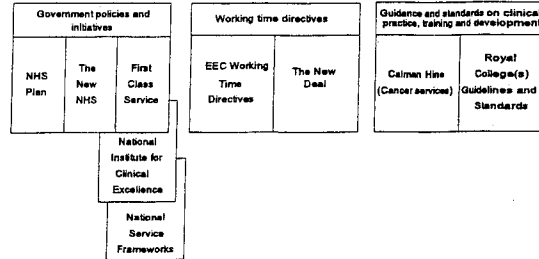
Buckinghamshire Health Authority

Modernising local health services

The Need For Change
in mid and south Bucks

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Health Authority

The National Agenda



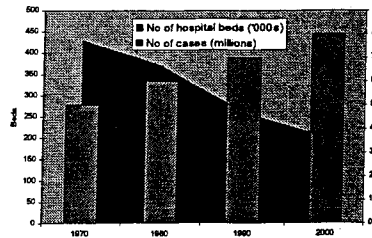
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So What Are The Drivers?

- Changing hospital care
- Need for viable and safe and sustainable services
- Sub-specialisation
- Junior Doctors Training Standards
- EU Working time directives
- Achieving good outcomes for patients
- Introduction of Primary Care Trusts
- Improved efficiency
- Clinical teams are expected to serve large populations

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Changing Hospital Care



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Safe and Sustainable Services

- All services need a minimum level of activity to be viable. Known as the "critical mass"
- Services are becoming more specialised. Each sub-specialty developed requires its own critical mass.
- Single handed sub-specialties no longer acceptable
- Hospitals serving less than 350k need to team up to provide services

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Standards for Junior Doctors Training

- Junior doctors an important part of the hospital medical team
- Hospitals are obligated to provide quality training, education and experience.
- Royal Colleges accredit each service before approving junior doctor posts.
- Failure to achieve accreditation makes it difficult to recruit doctors and leads to the collapse of the service.

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EU Working Time Directives

- Working hours are being reduced for all medical staff.
- Interim target is to achieve a max 56 hour week falling to 48 hours in 10 years.
- The solution cannot just be to recruit more doctors [as the work is not available].
- Need to explore new ways of working to achieve targets

Good outcomes for patients

- NHS has implemented a range of initiatives:
 - Clinical governance
 - NICE - National Institute for Clinical Excellence
 - CHI - Commission for Health Improvement
 - NSFs - National Service Frameworks
- Achieving good outcomes often requires services to be delivered in different ways

Changes in Primary Care

- Introduction of primary care trusts...
- ...gives commissioning and associated clinical governance responsibility to PCTs
- ...may result in some services transferring from secondary to primary care.
- ...may require the roles of community hospitals and community health clinicians to be reviewed.

Improved Efficiency

- Financial considerations are NOT the main driving force behind acute service pressures.
- Where appropriate, hospitals should collaborate to minimise unnecessary duplication.
- Working together can achieve reduced overheads

Why change local hospitals?

- As services are provided in more specialist centres...
- ...or closer to patients homes...
- ...the role of local hospitals needs to be reviewed.
- Almost all hospitals serving populations of up to 250,000 are seeking to collaborate with other neighbouring organisations.

How many patients are seen

Yearly Activity	Stoke Mandeville	South Bucks
Inpatients	25,000	28,000
Day Cases	9000	8500
Outpatients	125000	164000
Beds	531	369 – Wycombe 205 - Amersham
Catchment	200-250,000	200-250,000

Why no change is not an option

- Single handed consultants
- Junior doctors hours
- Recruitment and retention
- Maintaining accreditation
- On-call rotas
- Dedicated emergency cover

Next Steps

- Complete analysis
- Involve local people
- Explore options
- Consult

And finally....

- Content of presentation
- What role should local authorities play?
- What role should the Scrutiny Committee play?