

Next steps on 'Getting Healthcare Right for the future'

Presentation to Buckinghamshire
Overview and Scrutiny Committee
7th December 2007

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Chief Executive
Janet Fitzgerald
Chair
Stewart George

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Key focus on Sustainability

- We have ambitious plans for our population
- But we are currently consuming more resources - overspend in 06/07 of £21m
- Have an improved situation but still forecasting a £10m overspend in 07/08.
- Greater efficiency, productivity and improved patient care the key to achieving balanced economy

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3 Key messages

- Buckinghamshire PCT is going to provide the best services that we can afford
- Buckinghamshire PCT will provide appropriate services in the right setting to meet patient need
- Our focus will increasingly be on prevention and early intervention

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Key challenges

Demographic and population changes will place pressures on resources including:

- Aging population
- Increase in the burden of ill health due to rising prevalence of obesity, alcohol misuse and physical inactivity.
- Areas of population growth e.g. Aylesbury

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Our patients can expect services to change:

Current

- Perceived limited access to care outside of GP regular opening hours
- Limited range of services in primary care
- Lack of consistency in referral practices
- Most elective and non elective activity taking place in the acute setting
- Higher proportion of resources spent on hospital care resulting less investment in preventative services

Future

- Improved access to primary care services through urgent care centres
- Expanded range of services in the community including diagnostics (Xray, ultrasound, blood tests)
- Clear and consistent protocols for referral to specialists
- High quality care in the community significantly reducing need for hospital admission and improving health outcomes and improving value for money
- Shift of healthcare spend from hospitals to out of hospital care focused on prevention to improve health of population

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Examples of how we will change services

- Urgent Acute Care
- Non Urgent Acute Care
- Prescribing
- New care settings in community
- Role of Practice Based Commissioning

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Non Urgent Acute Care

- Greater range of intermediate services providing a closer link between hospital and primary care and shift of treatments previously done in outpatients
 - Dermatology services in the community
 - Gynaecology / Urology services
- Minor procedures & diagnostic procedures conducted locally where suitable and cost effective
- Appropriate Clinical Challenges / patient pathways
- Choice of hospitals
- Key link with GPs and PBC

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Urgent Acute care

- GP in A & E
- Urgent care centres
- Robust telephone triage to direct patients to most suitable care
- Easier access to specialist opinion through telephone/email advice
- Ensuring easy, visible access to primary care through longer opening hours
- Greater access to diagnostics in primary care (e.g. in a central facility or in “anchor” GP practices) where suitable & cost effective
- Community assessment centres (within community hospitals)
- Expansion of preventative services e.g. falls, LTC management

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Prescribing

- Important part of healthcare provision
- Not just about drugs
 - Reducing deaths from CHD by better screening and use of drugs
 - Guidelines for minor ailments
 - Dressings - efficiencies by bulk buying

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Potential new care setting in the community

 Central Hub for
local GP
practices

• Description of services

Urgent care centre at acute hospital

- Urgent care centre

Community hospital with overnight beds

- Step down facilities – active rehabilitation
- Step up 48 hour assessment beds
- Social care beds
- Therapy services and base for community care services
- Diagnostics, specialist outpatients and minor ops facilities

Extended GP practice (anchor practice)

- Open up to 16 - 18 hours a day, 6-7 days a week providing access to urgent care
- Active health improvement
- Routine primary care services
- Management of LTC
- Diagnostics, specialist outpatients and minor ops facilities
- Base for community care services

Standard GP practice

- Active health improvement
- Routine primary care services
- Management of LTC (together with community care services)

New entrants

- Tendering for services in line with new vision
- Likely to include PBC provider arms and third party providers

In addition, community based care services LTC, home-based rehab and other homebound services*

Primary Care Hubs

- Based on existing hospitals or new facilities
- Provide varying range of services including:
 - Intermediate services
 - Therapy services and base for community care services
 - Diagnostics and minor ops facilities

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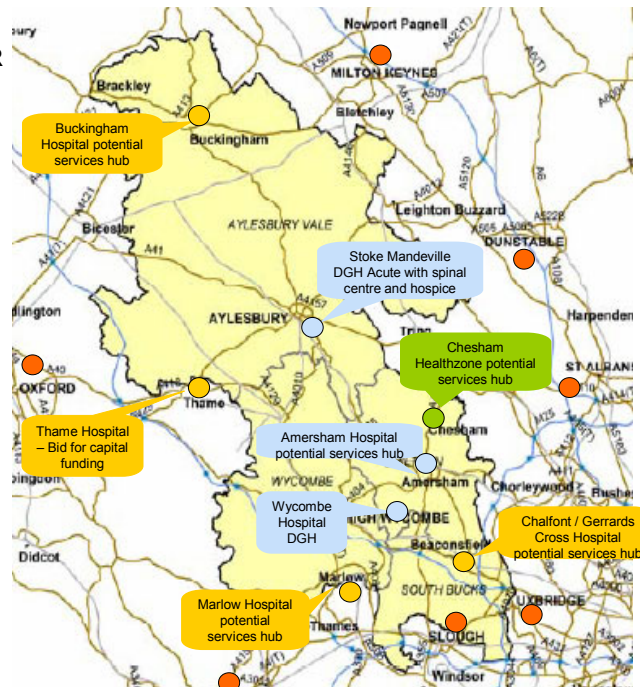
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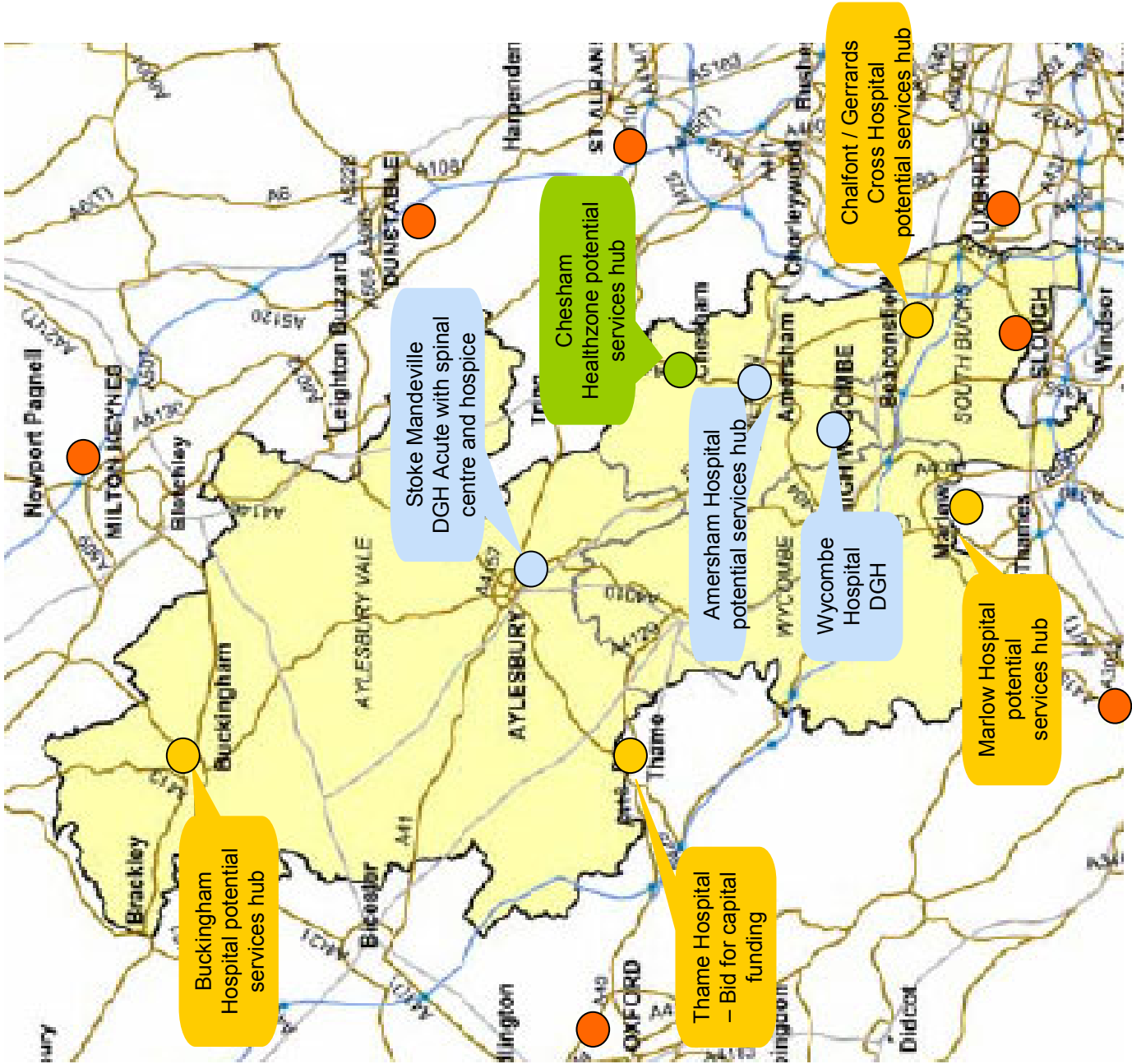
HOSPITAL AND MAJOR COMMUNITY HEALTH FACILITIES IN BUCKINGHAMSHIRE

-  Community hospital – potential hub for services
-  Chesham healthzone - potential hub for services
-  Acute hospitals –urgent Care / Outreach potential
-  Major Acute hospitals – surrounding Bucks



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Potential bases for Primary Care Hubs

- Chesham Healthzone
 - Intermediate care
 - Children's and Families linkage opportunities
- Thame Hospital
 - Bid for capital redevelopment with GPs
- Buckingham Hospital
 - Working with local GPs
- Chalfont and Gerrards Cross Hospital
 - Working with local GPs
- Amersham Hospital
 - Working with local GPs and Buckinghamshire Hospitals Trust

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Practice Based Commissioning

- Practice Based Commissioning (PBCs) is about GP practices taking on delegated indicative budgets from the PCT to become more involved in commissioning decisions for their patients.
- By building upon practices' knowledge of their patients, it is designed to deliver a higher standard of patient care through improved commissioning, the redesign of services and the more efficient use of resources.
- Every GP practice has been given an indicative budget by the PCT.
- Coupled with greater information on clinical activity, this allows them to review how their patients are using health resources and look for areas of improvement.

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Redesigning services

- Practices then have the opportunity to redesign services that better meet the needs of their patients
- Practices can put forward a plan to redesign services within their indicative budget.
- This plan must be agreed by the PCT in order to assure the quality and value for money of new services commissioned or provided by practices

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Practice Based Commissioning

- Three groups in Buckinghamshire
 - Buckinghamshire Primary care Collaborative
 - United commissioning
 - The Practice
- Commissioners, and
- Providers

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Conclusion

- Developing strategy for improved Healthcare for Buckinghamshire population
- More detail late spring
- More discussion with local groups
- Work to maximise benefit for each area with PBC commissioners and other stakeholders

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