NHS
Wandsworth
Clinical Commissioning Group

5 Year Plan for Out of Hospital Care for Adults – Executive Summary

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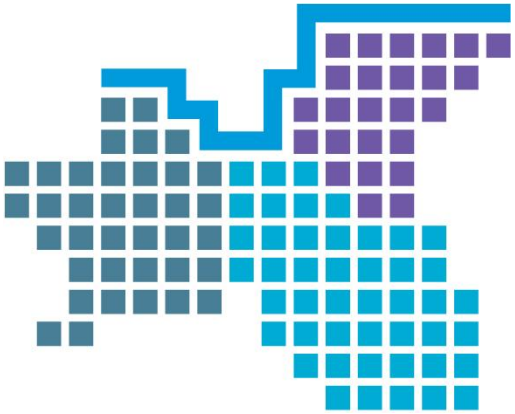

Introduction

The objective of this plan is to describe the approach which Wandsworth Clinical Commissioning Group (CCG) will take in redesigning out of hospital services across the Borough. The plan will be an iterative one, which will evolve throughout the next 5 years as the CCG continues to engage and consult with patients, the public and other stakeholders.

The 5 year for out of hospital care for adults consists of 2 documents:

1. A narrative account describing how care in Wandsworth will be optimised for 'Doris,' over the next 5 years
2. A detailed plan setting out the steps that will be taken throughout 2014/15 and 2015/16 to achieve our longer term aims

Local Context

According to the Wandsworth Joint Strategic Needs Assessment (JSNA), in 2010 there were approximately 91,000 people with one or more long term conditions (LTCs) living in the Borough. A refresh of the JSNA is due to be published in the next few months however early drafts indicate that multiple LTC prevalence has increased.

The JSNA also tells us that the population of over 65 year olds living in Wandsworth is set to rise by around 42% by 2025. The Department of Health (2010) estimate that 3 out of every 5 people over 60 in England suffer from at least one LTC and with the treatment and care of people with LTCs accounting for around 70% of total health and social care spend; the increased burden of ill health in Wandsworth over the next 5-10 years will be significant.

A system-wide transformation of acute and out of hospital care is needed to ensure that services are configured to best meet changing needs. More care, especially for patients with minor illnesses and LTCs, needs to be provided closer to home wherever possible. This will be achieved through improvements in the quality, capacity and consistency of care delivered out of hospital.

This is particularly important in light of the financial constraints under which we are increasingly required to operate and to this end, our ability to demonstrate increased productivity across all areas of service redesign will be vital to ensure we can continue to meet the growing health needs of our population.

Vision

The Wandsworth CCG '5 Year Plan for Out of Hospital Care for Adults' aims to both integrate and streamline out of hospital services, improving patient satisfaction and quality of care and bringing services closer to the community. Ultimately we will make health care more efficient and therefore more sustainable as pressures increase in the long term.

Overarching Strategy

There is a significant and growing body of evidence which suggests that achieving closer integration between health and social care is central to the challenge of improving outcomes for patients and service users and reducing pressures on secondary care. Curry and Ham

(2010) state that integration is especially important for people with LTCs and older people whose needs are rarely just 'medical' or 'social.'

Evidence from integration case studies across the UK and internationally, indicates that sustained, whole system change, incorporating all of the following elements, is essential for realising significant, quantifiable benefits:

- Development of pro-active, anticipatory primary care
- Empowerment of individuals to be in control of their own health
- Commissioning of joined up, integrated community services
- Seamless out of hours services

(The King's Fund, 2011 and The Nuffield Trust, 2013).

In accordance with the evidence outlined above and utilising local learning gleaned from successful pathway redesign programmes, the Wandsworth CCG '5 Year Plan for Out of Hospital Care for Adults' has been structured into the following areas:

1. Primary Care Transformation and Configuration
2. Patient Self-Management
3. Community Services Transformation
4. Urgent Care and Out of Hours Services

A series of 'enablers' are also required to make this plan a reality:

1. Patient and Public Involvement
2. Clinical Leadership and Localities
3. Communication and Engagement
4. Project Management

Primary Care Transformation and Configuration

General Practitioners play a crucial role in co-ordinating chronic disease management, health promotion, diagnostics and early intervention and as such are the bed-rock of a cost-effective healthcare system.

The overwhelming consensus from think tanks such as The King's Fund, Nuffield and The Health Foundation is that GP-led care planning is a key component in improving outcomes for people with LTCs. In 2013/14 Wandsworth CCG launched the Planning all Care Together LES, which radically changed the way that GPs in the Borough look after patients with LTCs by encouraging this care planning approach. However, in order to ensure general practices have the capability and capacity to manage more complex patients effectively in the community, a wider programme of transformation is required:

- Firstly, general practices must be given the opportunity to change the way they work They need to be given the space to reflect on what needs to change and given support from expert change agents working within the practices.
- Secondly an ongoing programme of workforce development is essential to ensure that staff have the right skills to deal with more complex patients, that the staffing model is effective and that issues such as fluctuations in the workforce, use of locums etc. are recognised and addressed.
- Finally, broader issues related to the configuration of general practice must be taken into account. Historically PCTs have commissioned enhanced services such as

diagnostic tests from individual practices. Whilst this has been successful in increasing the range of services available to patients locally, it has also generated inequality between large and small practices. To address this inequality, over the next 5 years, Wandsworth CCG will begin to contract enhanced services through a single GP Federation (of which all practices in the Borough will be members) and in this way the CCG can ensure they are commissioning an equal level of service across the Borough.

Self-Management

Self-management and the drive to increase choice, control and personalisation has been a consistent feature of NHS policy since 2000 and there is a growing body of evidence demonstrating the positive impacts that self-management can have; on patient experience and quality of life, on adherence to treatment and medication and on reducing demand for health care resources through reductions in unplanned hospital admissions.

The last 12 months have generated significant learning around what a successful self-management programme should consist of. As a result of this learning, the programme has been redesigned for 2014/15, with key elements of the proposal as follows:

- Comprehensive informatics systems and access to information around local resources
- Development of peer support networks through self-help groups and other mechanisms
- Involvement of the assets and resources in the community and voluntary sector;
- Self-management training for the public
- Supporting self-management training for healthcare professionals;
- Roll-out of condition-specific self-management programmes
- Behaviour change and motivational interview training for professionals
- Recognising the specific needs of critical groups such as carers, faith, cultural and community groups and isolated individuals.

These service elements will be delivered via an internal team called the Wandsworth Self-Management Service Hub. The Hub will provide a single point of contact for residents of Wandsworth and health and social care organisations to be signposted to and access the full range of self-management resources.

From 2014/15 it is expected that the Wandsworth Self-Management Hub will take a more central role in the co-ordination and implementation of the various self-management initiatives currently operating through clinical reference groups (CRGs). It is hoped that this will provide a more joined up and strategic approach to the commissioning of self-management services across the Borough.

Community Services Transformation

Over the next 5 years Wandsworth CCG intends to work closely with Wandsworth Borough Council to redesign community health and social services so that excellent care can be delivered in people's own homes wherever possible by a multi-professional, multi-agency, local health and social care team.

Wandsworth envisage that these teams will be co-located in 4 localities across the borough and will operate seamlessly, 7 days a week to provide person centred, pro-active case management of adult service users. Staff will work across each of the functions to ensure continuity of care and each function will contain an out of hours component, accessible via a single point of contact to ensure maximum effectiveness.

Urgent Care and GP Out of Hours

Improving access to primary care has been a government priority since 2008 and the requirements are continuing to evolve with the recent national drive for 7 day working.

The Wandsworth Improving Access to Primary Care Contract 2014/15 introduces more flexibility in how and when additional hours are provided by general practices and encourages a move towards increased use of online facilities such as booking appointments and ordering repeat prescriptions. Integrated system working is also encouraged through the use of special patient notes and the review of post event messages which follow a 111 contact. In addition, the CCG is using this contract as a vehicle to support the move to 7 day working by redistributing funding that has in the past been used for various extended hours schemes across Wandsworth, to each locality for the provision of additional access on Saturdays and Sundays. It is anticipated that these extended hours will be used for both routine and urgent appointments located in 3 or 4 centres across the Borough.

Whilst this emphasis on extended opening hours stems in part from the assumption that faster access to general practice will result in fewer A&E attendances and expensive hospital admissions. It is also acknowledged that this care may not always be required within the normal “core” working hours and interventions will take place from providers that are possibly not familiar with the patient. It is therefore essential that an effective, accessible and seamlessly integrated out of hours and urgent care service is available to prevent the most vulnerable patients from slipping through the gaps (NHS England, 2013).

In 2013/14 Wandsworth CCG launched an integrated 111, urgent care and general practice out of hours service which has been specifically designed to ensure greater harmony between these services and present a seamless patient pathway.

Summary

As referenced above, there is strong evidence that integrated care systems deliver outcome, experience and quality benefits to service users, as well as significantly reducing activity and expenditure in secondary care.

It is however, important to note that each of the areas outlined above are co-dependent and therefore it is essential that they are rolled out and evaluated together in order that the expected benefits can be delivered.

Governance

A programme management approach, utilising both clinical and managerial leadership, will be used to oversee progress on all the initiatives within the out of hospital plan.

Due to the large number of initiatives incorporated within this programme of work and the potential for duplication in assigning benefits at individual project level; it has been agreed

that the overall plan will be monitored on a monthly basis against a set of activity, quality and patient satisfaction metrics, developed to reflect the overarching aims.

This monitoring will be incorporated into the regular reporting cycle for the CCG Delivery Group. Updates will also be provided at the following meetings:

- Clinical Leads Meeting: Monthly progress update
- CCG Management Team: Quarterly progress update
- CCG Board: Annual update

Evaluation

Each of the initiatives within the out of hospital plan will be (or already have been) allocated Key Performance Indicators (KPIs) against which they will be monitored and evaluated (these will be agreed in conjunction with the business intelligence team). Project managers will be responsible for developing and updating project workbooks, which set out the achievements against these KPIs on a monthly basis, as well as the key project milestones, the expected and actual investment and any savings forecasted for the project.

Experts Finnamore have been commissioned to support the CCG in evaluating the large scale investments outlined in this plan, and the out of hospital programme manager will be responsible for collating the project workbooks into a single out of hospital evaluation framework (the South West London Collaborative has recently developed a reporting tool which may be suitable for this).

As described above, the out of hospital plan as a whole will be monitored on a monthly basis against a series of KPIs, agreed in conjunction with the performance team. Activity trajectories are currently being mapped using baseline data, which will enable rapid evaluation of the plan against the expected activity at any given point in time.