

South East London Sector Health Services Strategy

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June 2009

Introduction

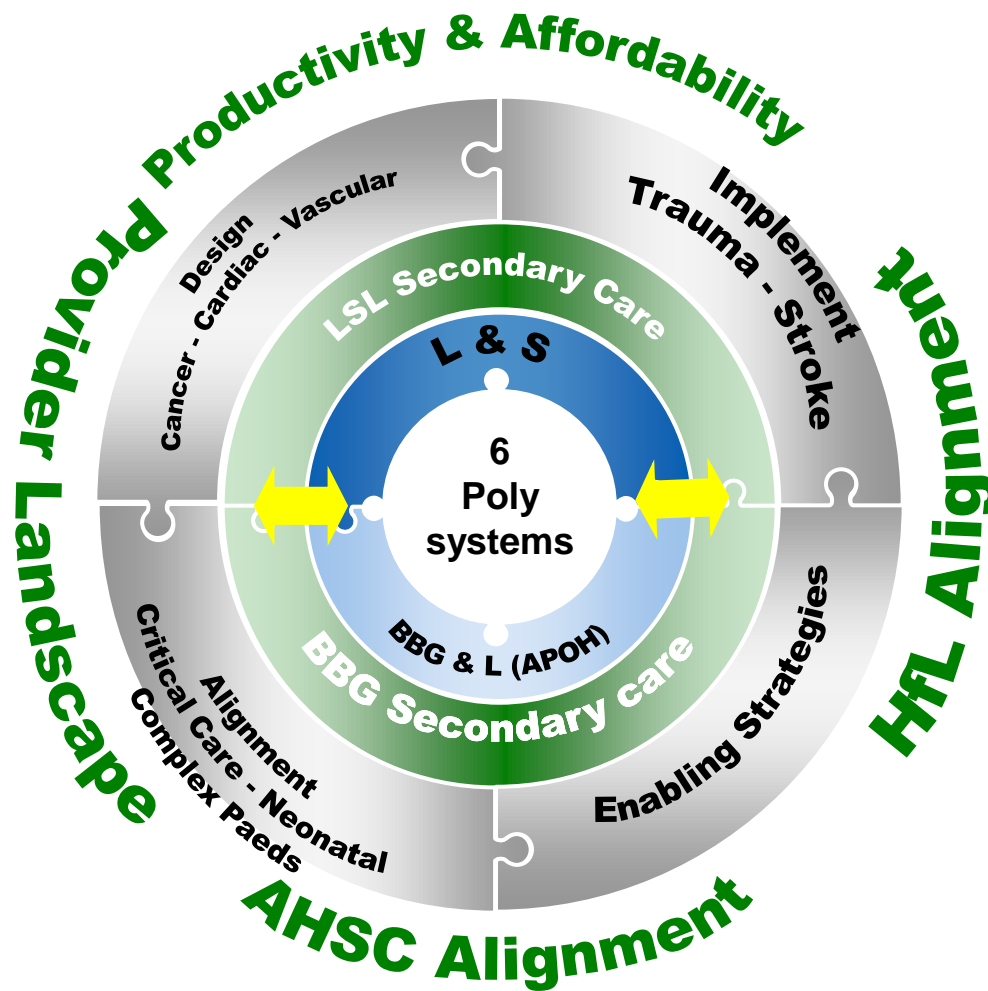
- **Outline** the case for change in South East London
- **Define** a sector model to drive strategic change and identify accountabilities for delivery
- **Identify** system changes already achieved, and those planned for:
 - Polysystems
 - Hospital care (both general and specialist).
- **Highlight** enabling strategies to underpin delivery
- **Discuss** key challenges and risks for South East London and the wider healthcare system



The Case for Change in South East London

- Over-reliance on hospital-based services
- Under-developed primary care and community-based services
- Unsustainable acute configuration (mitigated in part by APOH outcome)
- High quality services concentrated in inner SELondon. Variable quality elsewhere.
- Wide range of target and financial performance – some high performing providers, some with a history of severe underperformance
- Major financial constraints requiring significant savings from 2010/11 and thereafter.





Polysystem Service Change

Achieved

Bexley

- Urgent Care Centre opened at QMS in 2007
- Significant investment in intermediate care schemes in 2008/9 (virtual wards, step-up step down and bridging teams)

Bromley

- Beckenham Beacon polyclinic and Urgent Care Centre opened May 2009
- New models of diabetes and COPD commissioned 2008/09

Greenwich

- Urgent Care Centre at QEH piloted
- Piloting Musculo skeletal ICATS Service

Planned

Bexley

- New GP led health centre in Crayford September 2009
- Polyclinic and health campus at QMS – 2009-2011

Bromley

- 3 primary care hubs aligned to poly clinic model by 2011/12
- Urgent Care centre co-located with A&E on the PRUH site by Dec. 2009

Greenwich

- 5 Polysystems planned by 2011/2012
- 2 Urgent Care Centres on non hospital site operational by December 2009
- 1 Urgent Care Centre at co-located with A&E on the QEH site by end 2009/10
- Eltham Community Hospital 2012



Polysystem Service Change

Achieved Lambeth

- 2007: Gracefield Gardens first wave polyclinic pilot and GP-led health centre, joint with LB Lambeth and Guy's/St Thomas'

Southwark

- GP led health centre at Lister Health Centre (Peckham)
- Integrated health and social care community teams for stroke, supported discharge and dementia care

Lewisham

- 22 bed intermediate care facility (Morton House and Brymore Nursing Homes)
- Community supported discharge teams

Planned Lambeth

- Strategy in place since 2005 for 6-8 Neighbourhood Resource Centres networked with GP practices and other services (polysystems)
- Discussions with KHP re possible option of vertical integration of Community Health Services

Southwark

- 4 networks of healthcare provision based on polyclinic model (Canada Water, Dulwich, Elephant & Castle and Peckham)
- Continued development of polyclinic spokes

Lewisham

- 4 polysystems planned by end 2011, possible fifth at UHL
- GP led Health Centre and first Polyclinic at Waldron Health Centre, New Cross by Dec 2009
- Urgent Care Centre at UHL – April 2010
- Proposed vertical integration of Community Health Services with UHL



General Hospital Care: Service Change

Achieved

A Picture of Health (PCTs: Bexley, Bromley, Greenwich and Lewisham)

- Public consultation for acute reconfiguration completed and decision made July 2008.
- Secretary of State approval March 2009.
- Hospitals affected;
 - University Hospital Lewisham (UHL),
 - South London Healthcare Trusts (SHCT) (PRU Farnborough, QEH Woolwich, QMS Sidcup, and Orpington Hospitals)
 - Darenth Valley Hospital (Kent)
- Programme consistent with HfL service model

Planned

A Picture of Health

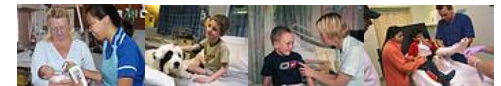
Implementation commences August 2009 concludes March 2011:

- Separation of elective and emergency care
- Reconfiguration of emergency care and centralisation of A+E/Emergency surgery and medicine.
- Reconfiguration of maternity, obstetrics and paediatric care, centralising obstetrics, neonates and in-patient paediatrics
- Alignment with Out of Hospitals provision

NB - SLHT and UHL financial plans to be considered by Challenged Trust Board

Lambeth & Southwark

Reconfiguration of secondary care consistent with polysystems in Lambeth and Southwark



Specialist Hospital Care: Service Change

Achieved

- Good progress made on centralising cancer services linked to Improved Outcomes Guidance
- Clinical networks established July 2009 to support APOH:
 - Adult critical care,
 - Neonatal and perinatal care
 - Paediatric surgery

Healthcare For London

- Trauma and Stroke consultation undertaken decision July 09

Planned

- Further work on centralising specialist in-patient care
 - Vascular surgery
 - Cancer care
 - Cardiac care
- Further work on decentralising specialist ambulatory care
 - Cancer care
 - Cardiac care
 - Neurosciences
 - Nephrology and renal care

NB - Align to AHSC strategy and ambition

- Implementing network plans to support redesign programmes

Healthcare For London

Develop implementation plan for stroke and trauma services.



Key Enabling Strategies

- Strengthening Commissioning (via Borough, Alliances and Sector)
 - Improve WCC competencies
 - Increase PbC
 - Increase capacity planning and modelling capabilities (build on ApoH team)
 - Establish Sector Programme Management Office to ensure delivery
- Workforce redesign
 - Clinical redesign drives workforce training and development
- Resources
 - Revision of financial modelling – progressing in BBG&L; L&S underway
 - Estates review and capital investment programme
- Information and Technology



Key Challenges and Risks - South East London

- Cultural change required to manage the health system to optimal performance
 - Cooperation and alignment of commissioners and providers in delivering acute sector strategy
 - Securing GP buy in to polysystems
 - Identify PbC role in supporting system change
- Service model
 - Evidence polysystem development to ensure delivery of affordability and productivity
 - Aligning polysystem developments with the reshaping of secondary care in L&S
 - Centralisation of in-patient specialist care
 - Realising benefits from Clinical Network developments
- Provider landscape
 - Challenge Trust Board and future of UHL and SLHT



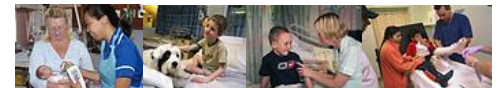
Key Challenges and Risks - System Wide

- Accelerating the pace and momentum of change
- Rationalising policy and regulatory environment (e.g tariff reform, competition and co-operation panel)
- Align enabling strategies
- Streamlining decision making processes across London to expediate change (e.g Business Case approvals for capital investment)
- Encourage provider structures that incentivise integration and flexibility
- Consultation fatigue



System Opportunities

- AHSC development to expand innovation and learning opportunities across the sector
- Aligning Community Provider Unit externalisation to polysystem development
- Building on the momentum of APOH to implement and deliver further acute service change
- Responding to the financial environment provides compelling case for strategic change
- Consulting on acute service reconfiguration not required apart from specialist services



Conclusion

- Clear agreement on case for change
- Clarity of strategy segments and accountability for delivery
- Enabling strategies misaligned
- Significant challenges identified but good track record of joint work to deliver testing change programmes
- Major opportunities for joint work with AHSC, but support needed from NHSL at system leadership level
- Good progress to date but much to do.....

