NHS England – Improved Healthcare for CYP – The Case for Change

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RCPCH, London
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Time of Great Change

- **A Patient Led NHS**
  Putting patients at the heart of everything we do - “Nothing about – me without me”

- **Delivering Better Health**
  Focus on outcomes -
  e.g. *Children and Young Peoples Health Outcomes Forum*

- **Autonomy and Accountability**
  Empowering clinicians and improving efficiency and productivity

- **The Public’s Health**
  Prioritise prevention, increase healthy life expectancy, reduce variation
The National Position

• 2010/11 Fiscal deficit £159bn 11.4% GDP (same as Greece) – some progress now………
• NHS needs £15-20bn+ savings over next 5 years
• Coalition Government’s strong Mandate for NHS
• Shadow opposition to current Reforms
• NHS in the news headlines on a daily basis
Aims of this session

• To discuss why the NHS needs to change

• To introduce the national **NHS Belongs to the People: A Call for Action** and invite your participation

• To explore what this means for **Children and Young People’s services** in particular
What are the national challenges?

- How can we improve the quality of NHS care?
- How can we meet everyone’s healthcare needs?
- How can we maintain financial sustainability?
- What must we do to build an excellent NHS now & for future generations?
THE NEW
NATIONAL HEATH SERVICE

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a “charity”. You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.
65 years ago, the NHS began...

- Founded in 1948
- The population of Britain was 47 million
- Food rationing was still in place
- A quarter of homes had no electricity
- Life expectancy for men was 66
Today and every day the NHS saves lives and helps people stay well and live well for longer.

- The NHS treats 1,000,000 people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- 88% of patients in the UK described the quality of care they received as excellent or very good
Current challenges

- We know there is more to do and recommendations for improvement already exist.
Looking to the future

Rise in Long-Term Conditions

- Diabetics up 29% by 2025 to reach 4 million

An ageing population

- The number of over 80s will double by 2030

Increasing expectations

- Seven-day access
- New health technology
The future does not just pose challenges, it also presents opportunities

- **A health service, not just an illness service** – we must get better at preventing disease
- Giving patients greater control over their health
- Developing effective preventative approaches, giving service users greater control over their health
- Harnessing transformational technologies
- Exploiting the full potential of transparent data
- Moving away from a ‘one-size fits all’ model of care
What does this mean for children and young people’s services?
Improving Outcomes for Children and Young People

Emerging Priorities

- Reducing childhood mortality
- The transition to adulthood
- Reducing avoidable hospital admission for children with LTCs and enabling safe transition from secondary to primary care
- Improving access to Psychological Therapies
Children - Current UK Outcomes

• UK has a higher all-cause childhood mortality rate compared with Sweden, France, Italy, Germany and Netherlands

• Death rates for illnesses that rely heavily on first-access services (e.g. asthma, meningococcal disease, pneumonia) are higher in the UK than these other European countries

• Survival rates for childhood cancer lower than much of W. Europe

• Deaths from DKA higher in UK
Some costly failures of care...

- Half of children subsequently found to have meningococcal infection are sent home from the first primary care consultation.

- Approximately 75% of admissions of children with asthma could have been prevented with better primary care.

- Over a third of short stay admissions in infants are for minor illnesses that could have been managed in the community.
The Human Costs Of Diabetes

- **Diabetic retinopathy**: Leading cause of blindness in working-age adults.
- **Diabetic nephropathy**: Leading cause of end-stage renal disease.
- **Cardiovascular disease**: 2- to 4-fold increase in cardiovascular mortality and stroke.
- **Diabetic neuropathy**: Leading cause of non-traumatic lower extremity amputations.
- **Stroke**: Life Expectancy is reduced by 23 years in patients with Type 1 diabetes when diagnosed under the age of 10 years.
What we have heard – feedback from engagement events

- **Patient engagement** should be community engagement so we focus on securing the views of those not at the point of need but before. Young people will be a key part of that and yet they can be under-represented at patient reference groups.

- **Prevention** – discussions have been on working on health education (not just via schools) to show positive healthy role models and educate young people on what good health looks like and the consequences of making poor health choices later in life.

- **Planning** – when we know people have conditions (both mental and physical health) is sufficient planning undertaken to help them live well with their condition?
Involving patients

• NHS England is working with the British Youth Council and other children and young people’s organisations to establish a children and young people’s forum (name to be determined). This forum is intended to ensure that CYP have access to and ability to influence and inform the work of NHS England.

• This may develop as part of the Citizen's Assembly but will emerge in form and function over the next few months.

We would really welcome ideas and input as this work develops.
Insanity as defined by Einstein

Doing the same thing all the time and expecting different results
Introduction to A Call to Action

• In July, NHS England published ‘The NHS Belongs to the People: A Call to Action’. This started a debate with the public, staff and stakeholders about how the NHS could meet these challenges, the priorities and the trade-offs this will require.

• It is a response to improve the quality of care in the context of continuing and future pressures including: population change, the changing burden of disease, rising customer expectations and financial challenges.

• Change does not mean top-down reorganisation. It means a reshaping of services to put patients at the centre and to better meet the health needs of the future.

• The ‘Call to Action’ set the scene for a debate that will flow into the development of five year strategic plans.
2014/15 to 2018/19 planning guidance

- Published by NHS England on 20 December 2013.
- Set out the requirement to develop strategic plans covering a five year period, with first two years at operating plan level.
- An outcomes focused approach, with stretching local ambitions expected of commissioners, alongside credible and costed plans.
- Citizen inclusion and empowerment to focus on what patients need.
- More integration between providers and commissioners.
- More integration with social care – cooperation with Local Authorities on Better Care Fund planning.

www.england.nhs.uk/ourwork/sop/
Planning priorities and framework in summary

Vision: High quality care for all, now and for future generations

Outcome ambitions
5 Domains - 7 outcome measures
+ Improving health
  Reducing health inequalities
  Parity of esteem

Delivering transformational service models
- New approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care
- Wider primary care, provided at scale
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- A step-change in the productivity of elective care
- Specialised services concentrated in centres of excellence.

Access
- Convenient for everyone
- NHS Constitution

Quality
- Francis/Berwick/Winterbourne View
- Patient safety
- Patient experience
- Compassion in practice
- Staff satisfaction
- Seven day services
- Safeguarding

Innovation
- Research and innovation

Value
- Value for money
- Effectiveness
- Efficiency
- Procurement

Commissioning for transformation (with clinical leadership)
Service change guidance

• To support commissioners and their local health economies to develop and implement five year strategic plans, NHS England produced wider suite of support materials.

• This included guidance on service change.

• This sets out a broad framework, roles and responsibilities for commissioners in how they should plan for major service change, work with providers, local authorities, patients and the public.

• It builds on earlier best practice guidance developed under the former SHA and PCT system, but updated to account for the development of CCGs and NHS England, and the new relationships with local government.

The New System

Department of Health

NHS

Monitor (economic regulator)
CQC (quality)
HealthWatch

Primary Care Specialised Providers

Clinical Commissioning Group

NHS England

Public Health England

(Local health improvement in LAs)

Local authorities (via health & wellbeing boards)

Local HealthWatch
Since 1st April 2013.....

New commissioning landscape:

• 212 clinical commissioning groups (CCGs)
• Local authorities
• Public Health England
• NHS England direct commissioning responsibilities

Primary Care
Public Health and Screening
Armed Forces Health
Offender Health
Specialised Commissioning
NHS Domain Programmes of Work

- Prevention, Early Diagnosis and Intelligence
- Primary Care and Community Services
- Acute Services
- Integrated Care and Support
- Parity of Esteem
- Patients and Carers in Control of their health and Care

Children, Young People and Transition to Adulthood cross all of the programmes above & will work to align with NHS Response to The Pledge
In this new NHS England structure.....

What are the levers available to us to achieve change and improved outcomes?
Patient and carer voice on CRGs

- Designed to provide objective input on needs of patients and carers using the services
- Inform service planning, redesign and specification with patient perspective
- Four places on each CRG for patient and carer members
- Has involved recruiting up to 300 members
- Work of CRGs should also be informed by patient insights and perspectives received via the area teams, and from wider stakeholders for each group
Women’s and Children’s Programme of Care

- On-going work with Paediatric Palliative Care, Rheumatology, Liver Transplant, SCID
- Rationalisation of National Genetic Testing Labs & Genome Project
- New work on Congenital Cardiac Services – Fetus to ACHD
- Monitoring of Epilepsy Surgery Designation and SDR CtE
- Maternity and Perinatal Audit
- PICANET Report, and PIC Winter Capacity
- Paediatric Surgical Networks and Specialised Paed Anaesthesia
- **Work across PoC’s with Children’s and TYA Cancer CRG’s**
- Further development of **Generic Paediatric Specification**
- **Transition to Adulthood** across all Paed to Adult CRG’s
Pathfinder Work Programme Proposals

• **Disability** – (Paediatric Neurosciences CRG) - complex disability following ABI, focus on whole pathway especially community services

• **Long Term Ventilation** – (Paed Medicine & PIC CRG’s) – emphasis on care at home

• **Congenital Heart Disease** – (Paed Congenital Heart & Fetal Medicine CRG’s) - improve diagnostic rate from 20 week Anomaly Scan, working to FASP guidelines for ultrasound
Geography - SCN’s

- 12 senate geographical areas
- One core support team per senate
- Number and size of each network is locally determined, to take account of patient flows and clinical relationships
### Different Types of Network

<table>
<thead>
<tr>
<th>NHS Outcomes Framework</th>
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<tbody>
<tr>
<td><strong>Senates [12]</strong></td>
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<tr>
<td><strong>Strategic Clinical Networks</strong></td>
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<tr>
<td>“The conscious and guiding intelligence”</td>
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<tr>
<td>“Engines for change and improvement across complex care systems”</td>
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<tr>
<td>i.e. Cancer; CVD; Maternity and Children’s; Mental Health / Dementia / Neurological Conditions</td>
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<tr>
<td><strong>Local Professional Networks</strong></td>
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<tr>
<td>“Gathering frontline knowledge and expertise”</td>
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<tr>
<td>i.e. Pharmacy; Eye health; Dental</td>
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<td><strong>Operational Delivery Networks</strong></td>
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<tr>
<td>“Mapping patient pathways to ensure access to specialist support”</td>
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<tr>
<td>e.g. Adult Critical Care; Neonatal Intensive Care; Trauma; Burns; Paediatric NM; Paediatric IC</td>
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<tr>
<td><strong>Other Local Networks</strong></td>
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<tr>
<td>“15 AHSNs: Masters of science and evidence based practice”</td>
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<tr>
<td>e.g. Academic Health Science Networks, Research Networks</td>
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**NHSCB Network Support Teams (AT-based)**

Annual national priorities from the NHSCB Medical and Nursing Directorates
All supported by Improvement Body and Leadership Academy
Delivering the Urgent and Emergency Care Review

Jonathan Benger

December 2013
Shifting care closer to home

A new urgent and emergency care system needs to shift more people from right to left, delivering as much care as close to home as possible.

- 438 million health-related visits to a pharmacy per annum
- 340 million GP consultations per annum
- 24 million calls to NHS urgent and emergency care telephone services per annum
- 21.7 million attendances at A&E, minor injury units and urgent care centres per annum
- 7 million Emergency ambulance journeys per annum
- 5.2 million emergency hospital admissions per annum

324 million visits to NHS Choices

- 20% of GP consultations relate to minor ailments which could largely be dealt with by self-care and support from community pharmacy
- Only 4% of emergency calls are currently resolved on the phone
- 40% of patients attending A&E require no treatment at all
- Up to 50% of patients dialling 999 could be managed at the scene
- Over 1 million emergency admissions in 2012/13 could have been avoided
Care at home

Meeting your urgent care needs as close to home as possible

Taking you to the most appropriate hospital and maximising your chances of survival and a good recovery from life threatening conditions

* Includes specialist services such as those for heart attack, stroke, major trauma, vascular surgery, critically ill children

“The smart call to make...”
Care close to home

Self-care
- Peer support
- Voluntary Sector

Meeting your urgent care needs as close to home as possible

Taking you to the most appropriate hospital and maximising your chances of survival and a good recovery from life threatening conditions

Emergency Centre

Major Emergency Centre*

* Includes specialist services such as those for heart attack, stroke, major trauma, vascular surgery, critically ill children

“The smart call to make…”

999

111

Advice by Phone
GP and Primary Care
Urgent Care Centre
Paramedic at Home
Community Pharmacy

Emergency care network
Care in hospital

Meeting your urgent care needs as close to home as possible

Taking you to the most appropriate hospital and maximising your chances of survival and a good recovery from life threatening conditions

* Includes specialist services such as those for heart attack, stroke, major trauma, vascular surgery, critically ill children
Paediatric Issues

• Public expectations, media perceptions
• Increasing demand
• Rapidly rising hospital attendances
• Concentration of expertise vs. general service
• Support for primary and community care
• Long-term conditions
• Mental health
• Transition to Adulthood
Specialised Services for Value

Five year strategy for specialised services

November 2013
Introduction to the Five Year Strategy

• NHS England is developing a five year strategy for directly commissioned specialised services.

• The strategy will build on the Carter Report and will focus on agreeing goals for specialised services and setting objectives for how these goals are to be delivered.

• Some of the early findings of the work will feed the service assumptions of the NHS England Operating Plan for 2014/15 but the strategy will feed into the five years from 2015/16 to 2018/19.

Our aim:

– We wish to produce a strategy which is aspirational in its goals and achievable in its objectives. Developing a five year strategy for specialised services is vitally important to drive forward the promotion of equity and excellence in the commissioning of specialised services.
### Introduction to the Five Year Strategy - Outputs

1. **One of 6 work streams for the NHS England Call to Action**

2. **England’s response to the Department of Health Rare Diseases Strategy**
   - Deadline Feb 28, Rare Diseases Day

3. **Delivery of service specific change projects for 2014/15 to support QIPP**
   - Deadline December 2013

4. **Major part of the 2-year Operating Plan - The financial plans for specialised services**
   - Deadline March 2014
Strategy Overview

• 2 parallel work streams with significant linkage will come together to deliver the single end product:

• **Mission and Vision** – a scoping and engagement exercise to determine the overall strategic direction for specialised services from 2014/15 to 2018/19. This work is in conjunction with the Specialised Healthcare Alliance and Rare Disease UK.

• **Service Level Planning** – involving:
  – Understanding current services – the current provider landscape, strengths and weaknesses of current services
  – Development of specific service level change projects through a crowd sourcing exercise (the A3 proposals)
  – Allocating ownership of the service level impacts of the UK Rare Disease Strategy
  – An assessment of reconfiguration/consolidation of Specialised Services around a number of specialised centres (to be determined)
Summary of Five Year Strategy Process

All workstreams will come together to help define the strategy

- Mission and Vision
- Service Delivery Plans
- Incorporation of existing and new strategies (e.g. Rare Disease strategy)
- Reconfiguration/Consolidation (external tender)
- A3 Proposals
- Consultation

- Patient and Public voice throughout
- Transparent process
- Strategy public facing and accountable
- Continual progress appraisal during five years

Five year strategy for Specialised Services
Children’s & Young People’s Services in the NHS

NCD Objectives - Dedicated NHS England Work Programmes

SCN Work Programmes – support to achieve local & national priorities, working with NCD’s, CCG’s, Senates and all Networks

Pathfinder Working Groups – e.g. developing guidelines from CRG’s for the CCG commissioned elements of the disability/rehabilitation pathway, LTV, Anomaly Scan CHD detection

Close Working Relationships – for quality and productivity improvement and financial viability - CRG’s, W&C POC, CCG’s, AT’s, Networks,

CYP Health Outcomes Forum, Office of the Children’s Commissioner Children’s Health and Wellbeing Partnership
Royal Colleges including RCPCH, RCN, RCGP, RCM, RCOG
DH and DfE, PHE, HEE, NICE, CQC, Monitor, Charitable Sector
Children’s & Young People’s Services in the NHS

- **Opportunity** - Uniform commissioning – Direct and CCG National process with national engagement
  More equity, resulting in secure systems for delivery
  High level input from NHS

- **Challenge** - Service re-design moving towards integration
  Precise definitions of levels of skills and workforce needed
  Whole pathway approach with appropriate Transition to Adult Services
  Absolute clarity in all commissioning Service Specifications

**Outcome** - To link all the parts of service pathways from Primary to Secondary & Tertiary care, working with CCGs to commission a care continuum with SCN support, working through A Call to Action

- **Strong Clinical Leadership** vital at all levels
Barack Obama, 2008

“Change will not come if we wait for some other person or some other time. We are the one’s we’ve been waiting for. We are the change that we seek”
Improved Healthcare Outcomes for Children and Young People

A final word…..

"Nothing in the world is worth having or worth doing unless it means effort, pain & difficulty…"

Theodore Roosevelt