Transforming Services Together

Report to the Inner North East London Joint Health and Overview Scrutiny Committee

7 November 2016

Context

Agenda agreed with JHOSC chair and vice-chair at a meeting with CCG chief officers

7 November

- Introduction
- Financial implications
- Workforce implications

17 November

- Self care
- Elective care
- Movement of services and patient journeys

Transforming Services Together

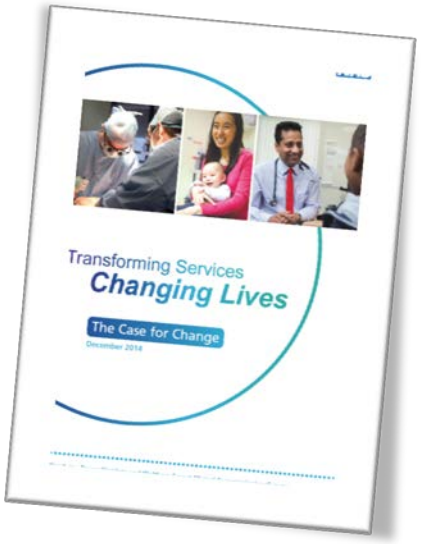
- A partnership between Newham, Tower Hamlets and Waltham Forest CCGs and Barts Health NHS Trust but involving multiple other organisations and stakeholders
- Aims to address challenges that are best tackled in partnership (rather than individually) and deliver safer, more sustainable, high-quality services to improve the local health and social care economy in east London

The case for change

Our population is growing rapidly: we expect another 270,000 people on top of the existing 861,000 over the next 15 years

Without change, this would:

- Require over 25% (550) more beds and 1 million more primary care appointments
- Burden us with a £400m+ shortfall
- Continue the variable quality of care (some world class services, but also significant challenges)
- Fail to address life expectancy and health inequalities challenges
- Result in continued workforce challenges

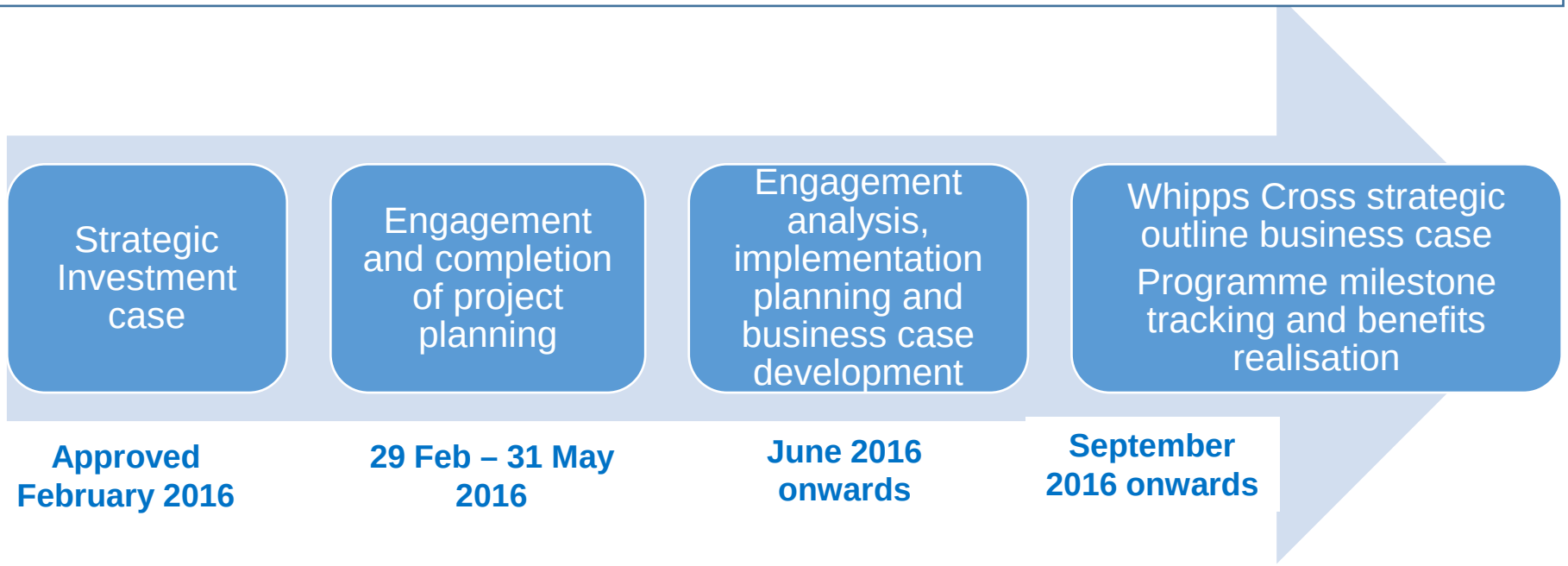


Because of population growth and growing demand, closing an A&E/maternity unit is not an option. Building 550 beds is not an option either. We need to manage with the existing bed base

Timeline

The TST programme will:

- ✓ plan across the health system and geographical area for the future
- ✓ work collaboratively to provide integrated and coordinated care – patients move across boundaries
- ✓ focus on system savings and joint accountability: moving away from which organisation or borough ‘wins/loses’



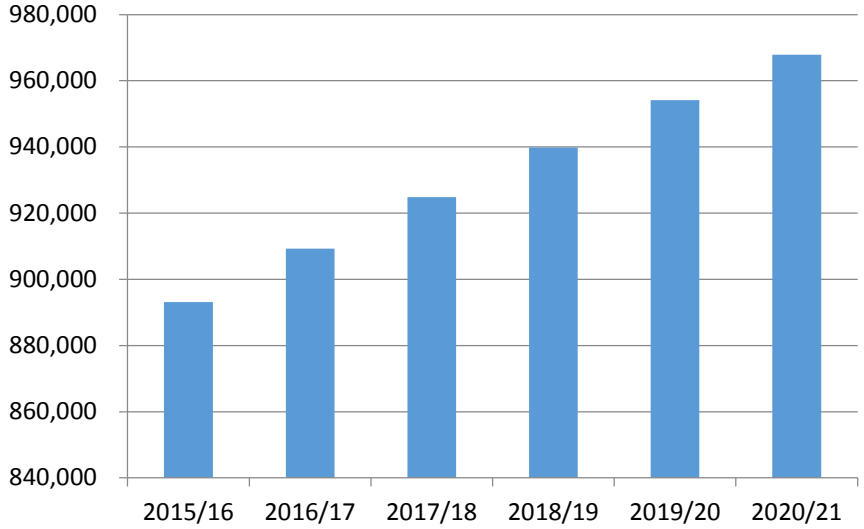
Summary of Financial Implications

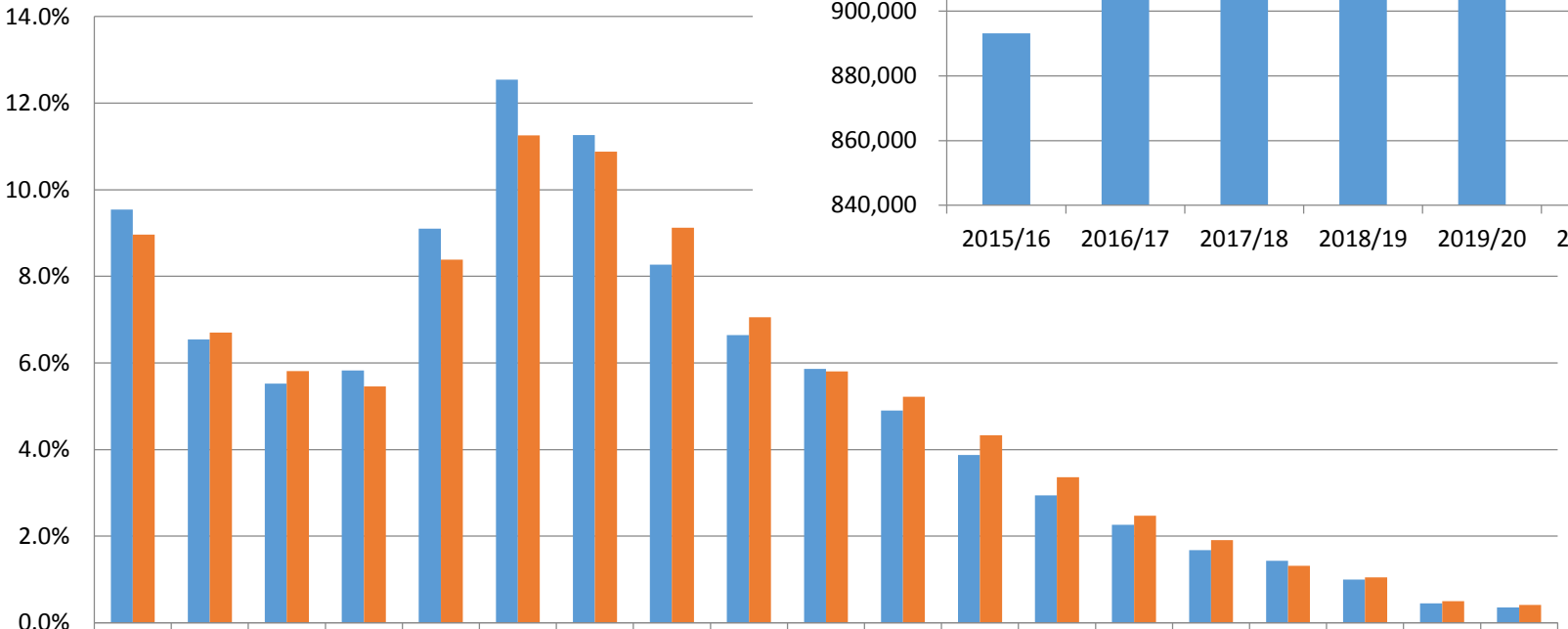
Demand growth

As the population grows and ages, the demand for health care increases.

Population projection

Age of population

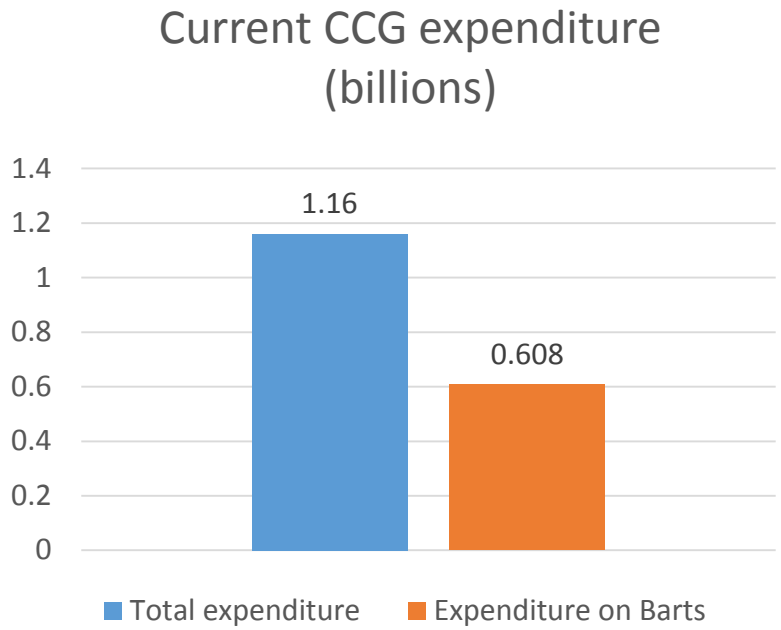


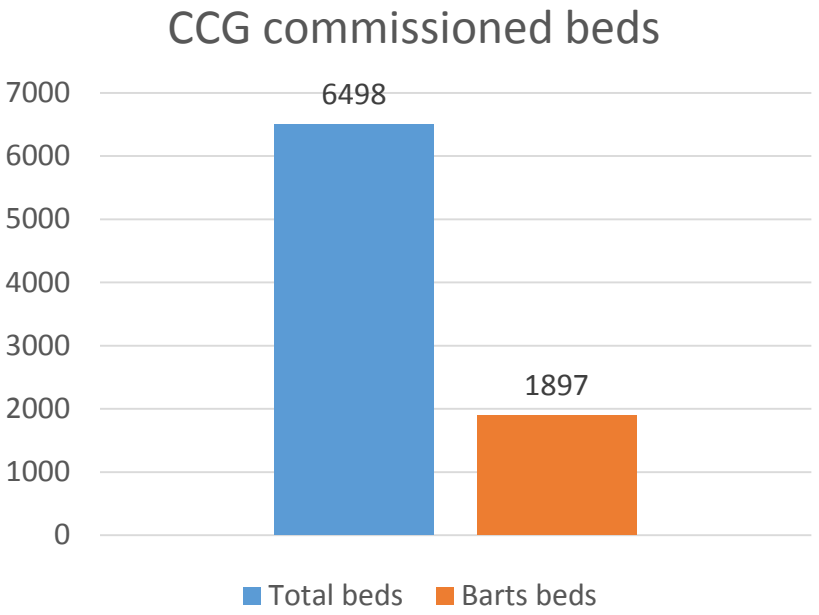


	0-5 Years	6-10 Years	11-15 Years	16-20 Years	21-25 Years	26-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	71-75 Years	76-80 Years	81-85 Years	86-90 Years	90+ Years
2015/16	9.5%	6.5%	5.5%	5.8%	9.1%	12.5%	11.3%	8.3%	6.6%	5.9%	4.9%	3.9%	2.9%	2.3%	1.7%	1.4%	1.0%	0.4%	0.4%
2020/21	9.0%	6.7%	5.8%	5.5%	8.4%	11.3%	10.9%	9.1%	7.1%	5.8%	5.2%	4.3%	3.4%	2.5%	1.9%	1.3%	1.1%	0.5%	0.4%

WEL CCG current income, expenditure and beds

Total current annual WEL CCG expenditure is £1.16bn (£608m with Barts). WEL CCGs income is roughly equal (CCGs are currently projecting a small surplus in 2015/16).

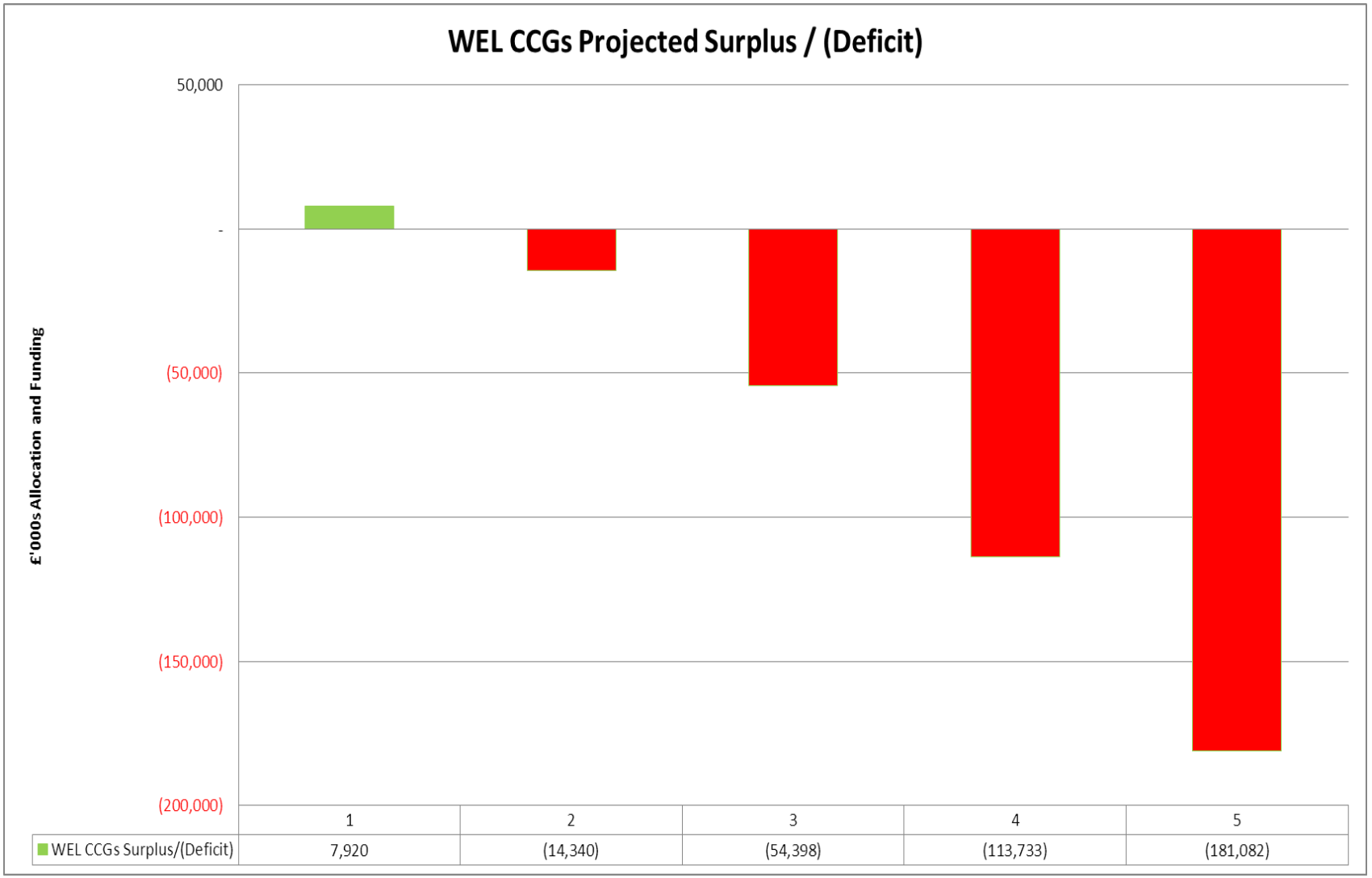




Expenditure provides a current bed base of 6,498 across acute, community care, primary care and mental health sectors. Barts accounts for 1,897 (29%) of the total beds.

WEL CCGs projected surplus/deficit

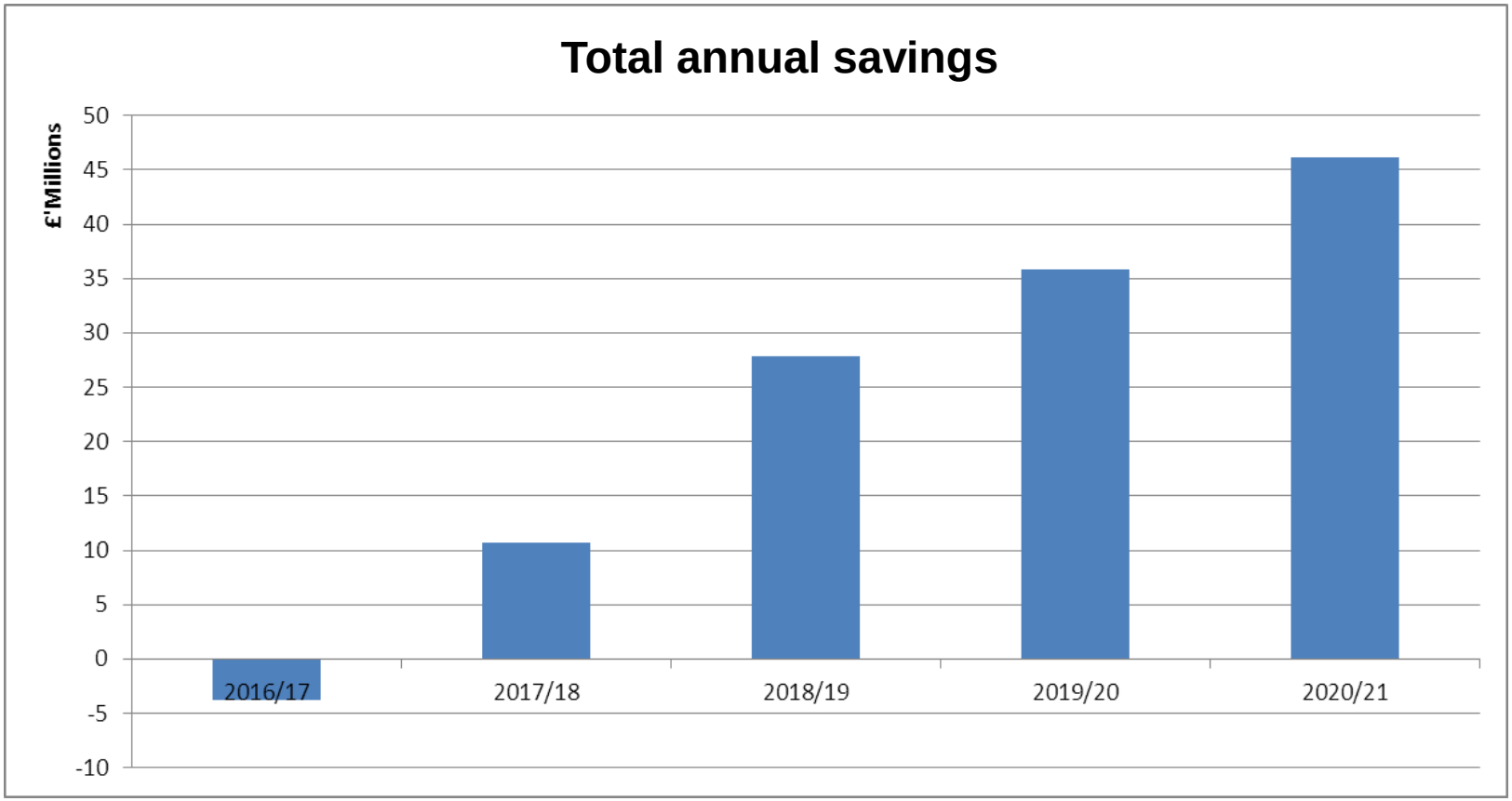
We anticipate a 20% increase in costs by 2020/21 and a need to invest in a range of schemes. When these are taken into account along with an income increase of c£142m there is a shortfall of £181m a year.



TST savings contribution

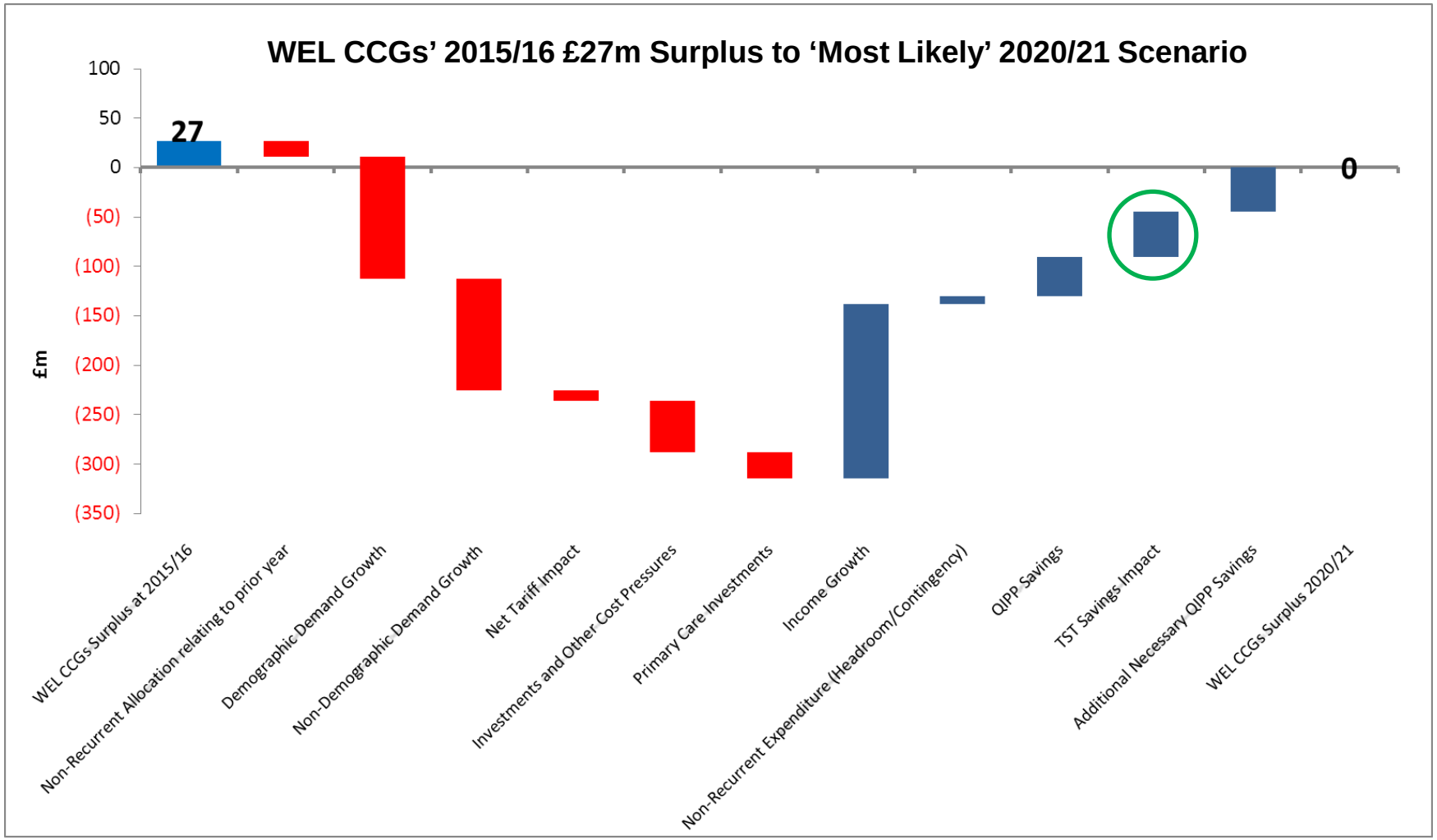
The TST programme seeks efficiencies through 12 projects (workstreams) which are felt to have the largest possibility of delivering savings and/or provide the biggest patient experience and outcome gains.

The 2020/21 (recurrent) saving is forecast to be £46.2million



TST contribution to total sustainability programme

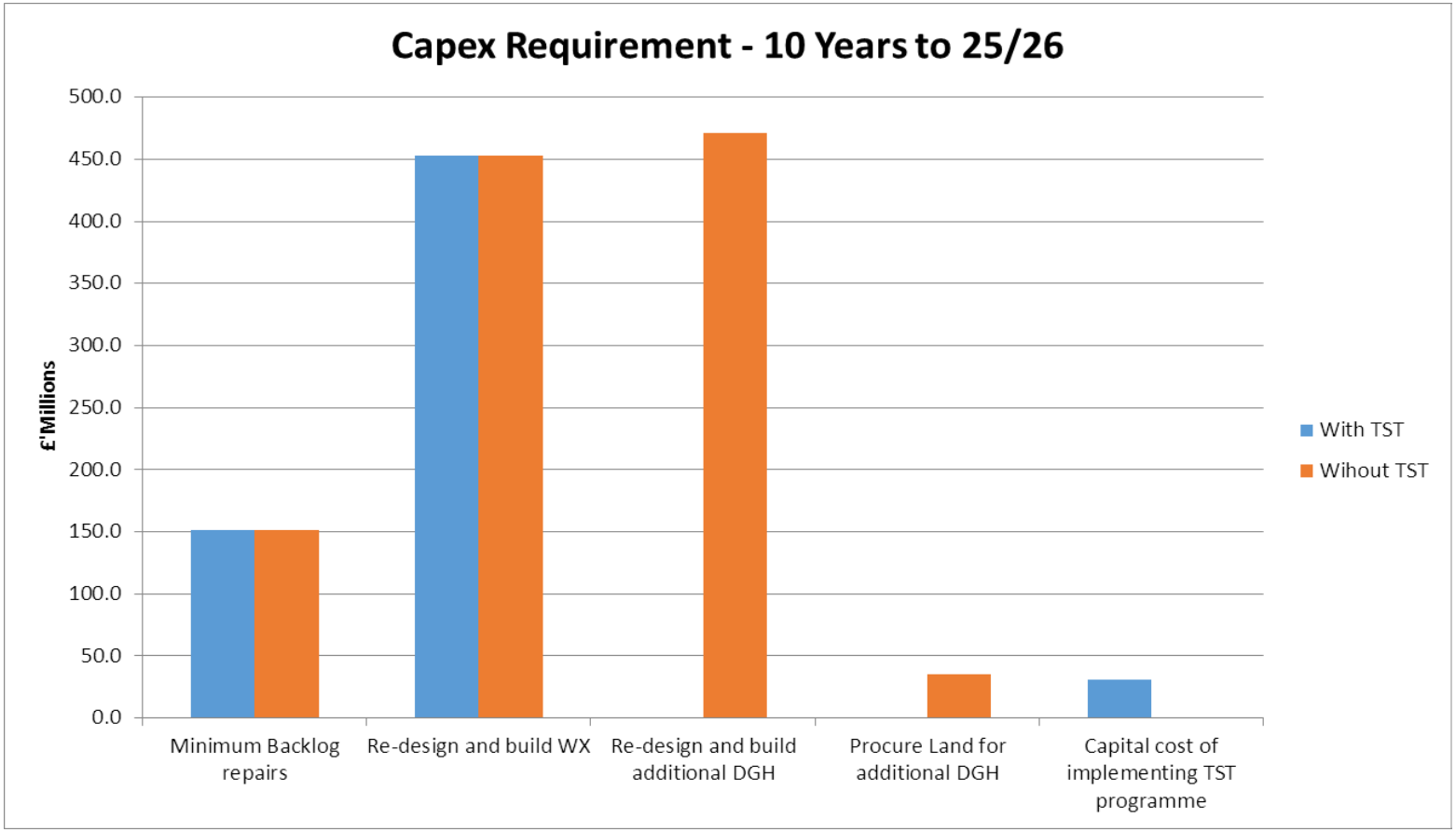
The chart below shows the bridge between the 2015/16 outturn and the planned position for 20/21. TST is a small, but important part of the recovery.



TST capital requirement and contribution

The chart below shows the difference TST makes to capital requirements. By 2025/26 ‘with’ TST the requirement is £636million. ‘Without’ TST the requirement is £1,111 million.

National availability of capital funding is limited, so £636million will be a challenge.



Provider perspective: Barts Health

Barts Health is forecasting a £82.7million deficit for the year.

This presentation primarily explains the CCG financial challenges and opportunities. However Barts Health is a full partner in order to ensure:

- the trust takes advantage of any opportunities arising (e.g. surgical services, shared care records and capital requirements)
- we work together to agree and plan changes so the trust has the best opportunity to eliminate or reduce any stranded costs (e.g. diagnostics and outpatient transformation)
- there are no unintended financial consequences on the trust.

TST forecasts that the size of the Barts annual deficit will decrease slightly over the coming years driven by:

- increases in tariff prices paid per unit of activity
- achievement of internal cost improvement plans associated with TST.

By 2020/21 the annual provider deficit is expected to be c£46million, albeit with a significant accumulated deficit. This annual deficit is roughly the same size as Barts' estimated PFI-related excess cost: a key point in our discussions with the Department of Health and NHS England.

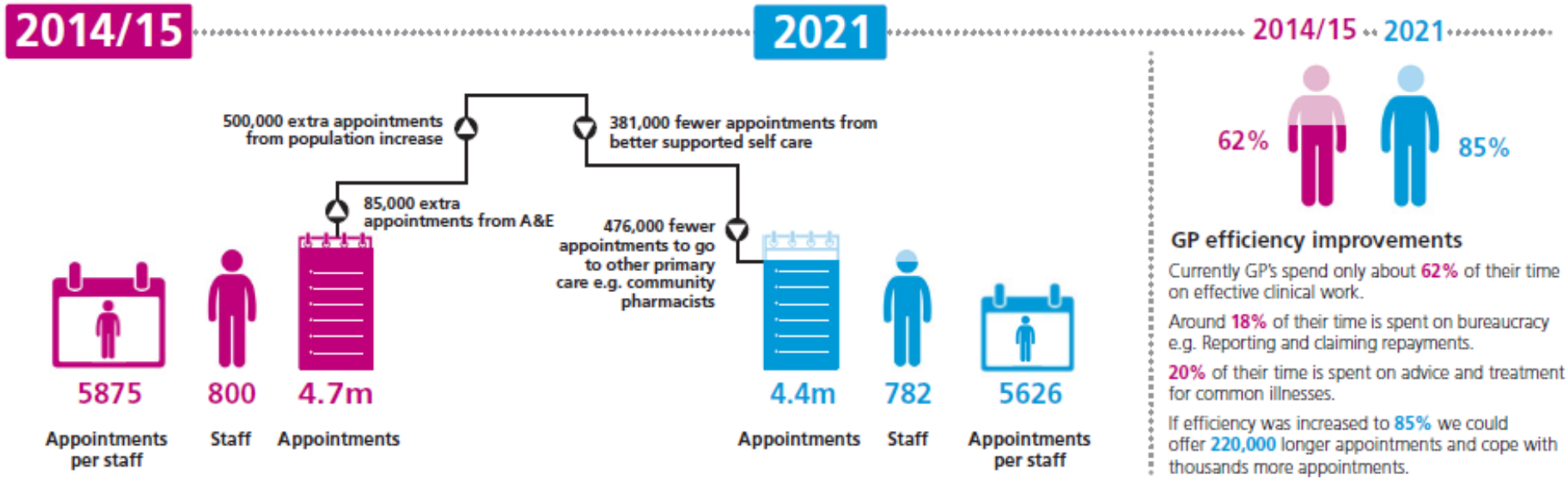
Improving patient experiences and outcomes whilst achieving financial sustainability: progress

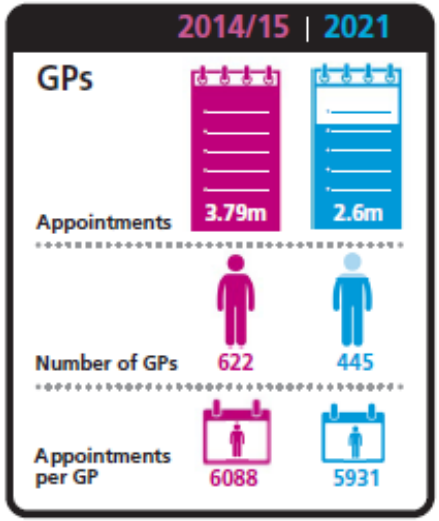
The WEL CCGs have achieved challenging efficiency targets in each of the last three years and are on target to deliver this year. Sample schemes…

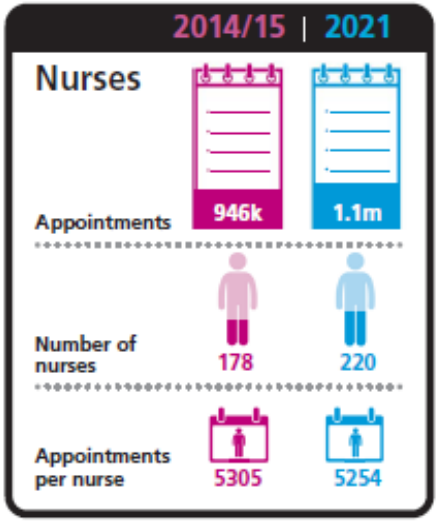
Scheme	Description – what is working well	Outcomes
Reducing unnecessary testing	• Worked with clinicians (over 100 in October) • 25% of pathology tests are unnecessary and 20% of primary care initiated MRI requests could be avoided if latest clinical guidance is followed • Gamma GT test routinely ordered with a bundle of 7 liver function tests. By 'unbundling' the tests and providing guidance to GPs, usage has plummeted	• £54k saving on Gamma GT test alone in two months • AST test identified £500k/yr savings too • Workstream is seeking other gains
Waltham Forest Integrated Care	• Identifies adults at risk and puts in community-based intervention(s) e.g. planned case management; unplanned care rapid response and psychiatric liaison; GP schemes; coordinated care; self management and third sector support	• 18% reduction in unplanned hospital admissions 2015/16 resulting in £2million savings reinvested
ELFT community rapid response	• Presence in A&E and inreach in care homes aims to prevent avoidable emergency admissions and readmissions to hospital using alternative short term intensive packages of clinical/social care	• 51% of referrals have prevented an admission. Now integrated into community nursing
Tower Hamlets urgent care	• GP streaming of patients in A&E and tariff restructure has incentivised urgent care centre usage	• Reduced A&E attendances by c14k, saving c£3million.

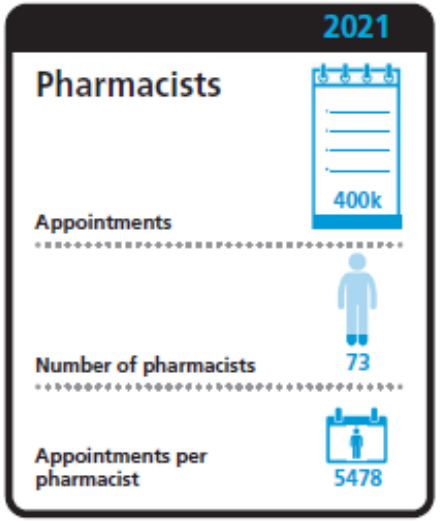
Summary of workforce implications

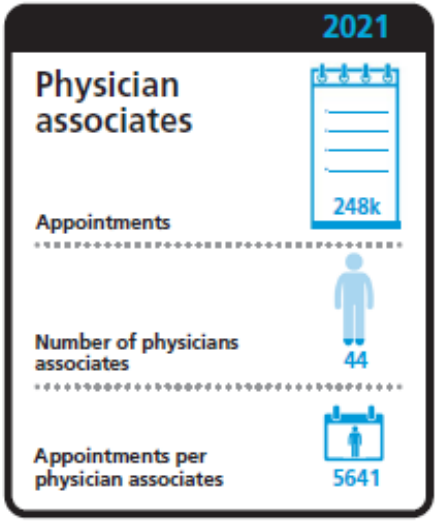
Appointments and workforce in GP surgeries











NOTE: This graphic does not account for an increase in community staff (care navigators, medical assistants etc) based in GP surgeries. This cohort is expected to rise from 25 staff to 87 (an increase of 62).

A primary care workforce fit for the future: progress

Scheme	Description – what is working well
Physician associates in GP practices	• Allum Medical Centre in Waltham Forest employs a physician associate as part of a diverse workforce. The practice offers up to 120 same-day appointments every day. The physician associate sees more than 100 patients a week. Patient list size has grown by more than 1,000 without needing more GPs • 24 students start a two year course in Jan 2017 at Queen Mary. CCGs have agreed match funding for 2nd year fees and practices have agreed to take all placements (33 trainees planned for 2018) • Currently developing the detail of posts • New methods of training being explored (e.g. apprenticeships)
Pharmacists in GP practices	• 3 year pilot funded by HEE of 13 pharmacists in Newham • Feedback positive – leads to increased GP clinical time • Developing a scheme to promote links between community pharmacists and GP surgeries and a discharge scheme to support patients with long term conditions

A primary care workforce fit for the future: progress

Scheme	Description – what is working well
Practice nurses	• 26 practice nurses in training – developing strategies to retain them • Pilot scheme for nurses to rotate between acute and primary care which will increase understanding and improve coordination • NELFT selected as pilot site for new nursing associate roles with placements in primary care
Promotion and marketing	• Aims to promote east London as a destination for GPs, healthcare assistants, allied health professionals, pharmacists etc • Planning to run recruitment fairs; to link with colleges and schools and with housing associations and other partners • Seeking funding to employ a project manager. Investigating housing and travel cost issues with London group