

Select Committee on Health and Adult Social Care - April 6th 2011

Report of the Director of Partnerships and Service Development

Long Term Conditions and Planned Care Strategies

1.0 Purpose of Report

1.1 This report seeks to briefly inform members about two key health strategies:

- the progress and commissioning priorities for the services, care and management of people with long term conditions
- the progress made with planned care in the borough

1.2 The Planned Care and Long Term Conditions strategies should be read in conjunction with the PCT's Urgent Care strategy to better understand the whole systems approach to the service re-design programmes. This Committee considered the Urgent Care Strategy at its meeting on 27th January 2011.

1.3 The strategy documents themselves have been made available to Members both in the Members' library, and electronically prior to this meeting.

2.0 Long Term Conditions - Background

2.1 Long term conditions (LTCs) are defined as 'conditions that cannot at present be cured; but can be controlled by medication and other therapies'.

2.2 In the last year there have been many achievements on the management of long term conditions including:-

- The COPD (Chronic Obstructive Pulmonary Disease) LES (Local Enhanced Service) has changed the way care is managed for patients suffering from COPD and via education & self management has produced a decrease in acute admissions.
- For Stroke there has been the launch of the Early Supported Discharge scheme to reduce stays in hospital.
- A Community Neurological Team is now in place (specialist nurses, physiotherapists, psychologist, and pharmacy prescriber). This team is caring for patients with Multiple Sclerosis, Parkinson's disease and other neurological conditions

3.0 Key priorities and goals for the next year – Long Term Conditions

3.1 More detail on the key actions for the Long Term Condition Local Implementation Teams are outlined in the strategy. The following is intended as a snapshot:

Dementia

- To implement a new dementia pathway to commence across the Dudley Health Economy

Coronary Heart Disease

- Redesign Cardiology Out-Patient Provision with a primary care based solution
- To implement a tele-health pilot for patients with heart failure.

Diabetes:

- Redesign diabetes pathway and local enhanced services
- To embed the foot care pathway for early identification of foot problems

Neurology

- To develop Multiple Sclerosis (MS) pathway for Disease Modifying Therapies at Dudley Group of Hospitals rather than managed at University Hospital Birmingham.
- To improve communication of neurology services via a Dudley neurology website

Renal

- To increase home therapy for renal placement therapy
- To implement an end of life pathway for advanced stage of renal disease

Respiratory

- To implement as part of the National COPD Strategy a pilot to identify people with COPD who are previously undiagnosed.
- To improve diagnosis and management of asthma in Dudley via an education and training programme and redesign pathways to improve services & patient outcomes.

Stroke

- To develop a Best Practice payment scheme to ensure more patients spend 90% of their admission time on a stroke ward and more patients scanned on or within 1 hour
- To embed the early supportive supported discharge scheme as a permanent solution

Cancer

- To develop and deliver social marketing campaigns to raise awareness of 6 cancers (breast, cervical, skin, bowel, prostate, lung) to increase cancer awareness, to manage at an earlier stage of diagnosis and increase 1 year survival
- To embed the breast screening age range is extended from 47-73 to decrease breast cancer mortality.

4.0 Planned Care - Background

4.1 The planned care strategy outlines a programme of service redesign and delivery that aims to ensure that all planned care can be delivered through a greater variety of services, at higher quality and lower cost, in settings that are as local to patients as possible, outside of a hospital whenever clinically appropriate and safe to be so.

4.2 Our aim for Planned Care in the future:

- Everything that can be planned will be planned – including as much of urgent care as possible
- Where treatments can be carried outside of secondary care settings they will be
- Where there are treatments that should not be done – they won't be
- Better identification of patients with, and planning for, long term conditions
- Better infrastructure and potential centralised facilities in community to support the delivery of planned care.

4.3 In the last year there have been many achievements under the umbrella of Planned Care these include:

- i. NHS Dudley has worked closely with lead clinicians to develop a definitive list of minor surgery procedures to be provided within a community setting in line with the Minor Surgery Directed Enhanced Service (DES). The aim of this work is to improve patient experience and equity of access, and to maximise the uptake of the DES amongst local practices. Service implementation began in 2010 and will be further strengthened in 2011/12 .
- ii. Outpatient Orthopaedic Triage –Following a joint audit of outpatient referral letters by the Planned Care Clinical lead, Orthopaedic Surgical Lead at DGOH and Orthopaedic practitioner, it was recognised that 25% of referrals to outpatient services could be better managed in the community either via their primary care clinician or community services such as Orthopaedic Assessment and community physiotherapy.
- iii. Decommissioning of the Hospital and Home service and community pathways. The decisions to decommission was made jointly by both Dudley Group of Hospitals and Community provider as both services were set up prior to the Payment by Results tariff and enhanced recovery programmes
- iv. Introduction of consultant to consultant referrals principles, especially those between consultants in the same specialty. In addition, where consultants identify a patient need for a referral to another consultant or specialty for a condition unrelated to the original referral, the referral

will be returned to the patient's GP for consideration of the most appropriate way to meet the identified additional need.

- v. Following extensive consultation between primary and secondary care clinicians, a list of agreed procedures of limited clinical value, including aesthetic surgery procedures, has now been agreed. Clinically led policies governing what Dudley PCT will commission in these two areas have now been agreed as a result. Policies became effective from 1 November 2010 and the impact of those policies will be monitored regularly.

5.0 Key priorities and goals for the next year - Planned Care

- 5.1 More detail on the key actions is set out in the Planned Care Strategy document.

Goal 1 - Clinical Education and Education Forums

GP Intranet

The Planned Care Clinical Leads vision for all Dudley General Practice having direct access via their computers in every surgery, with a bespoke Dudley focused Intranet/Portal. To implement the GP intranet by the end of Quarter 1.

Goal 2 - Service Improvement and Pathway Redesign

Enhanced Recovery (ER)

The local health economy (LHE) has a programme in place that supports the enhanced recovery regional approach ensuring that wherever clinically possible the default approach to surgery for both elective and emergency is in line with these principles. The aim will be to have a robust plan in place that reduces lengths of stay by reducing pressure on existing beds and a potential overall reduction in beds.

Dermatology

In spite of additional investment in community dermatology services in Dudley, secondary care services continue to be under severe pressure. Referral pathways will be reviewed by the local dermatology forum and audits undertaken to understand better demand which will support the decision process for service models for the future.

Ophthalmology

To work with the local ophthalmology project group to identify priorities for service redesign including how and where to improve access such that patients can have their conditions better maintained to reduce the impact of their disease. Demand and flow will be analysed to inform future service configuration options, especially between primary and secondary care such that the significant service pressures on clinicians and facilities can be best overcome.

Goal 3 - Reducing Unnecessary Demand for Health Services

Outpatient Triage

Demand for out patient consultations remains high and has increased over the previous year nationally. The planned care programme team will support a joint review with DGoH to implement referral triage by Q1. The review will aim to both understand the appropriate demand on outpatient new activity and respective shifts.

New:Follow-Up Ratios

There is recognition that there are efficiency gains to be made within outpatients especially new:follow-up ratios. NHS Dudley and DGOH will facilitate clinician to clinician discussions during Quarter 1 to ensure that in the future all follow-up appointments add value to the patient pathway.

Procedures of Limited Clinical Value including Aesthetic Surgery

To continuously review these policies in line with emerging evidence

Goal 4 - Commissioning for Quality and Cost Effectiveness – Enabling Programmes

Demand and Capacity Modelling

Ensure that the future demand and capacity model is understood working closely with the Clinical leads, finance and information team

Information Technology and Information Provision

The planned care leads will work with the information and IT teams to secure the right level of information support to the planned care programme.

6.0 Finance

6.1 There are no financial issues arising from this report

7.0 Law

7.1 There are no legal issues arising from this report

8.0 Equality Impact

8.1 An equality impact assessment has been undertaken. Patient, public and carer engagement has been an integral part of developing services. Equality impacts arising from service changes are considered through Equality Impact Assessments and also include consideration of the need to engage different communities in fulfilment of the statutory Duty to Involve under s242 NHS Act 2006

9.0 Recommendation

9.1 The Overview and Scrutiny Committee is asked to note and comment on the report and to receive future reports if desired.

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