



# Help us improve your local NHS

## Issues Paper

This paper sets out a range of issues facing the NHS in south east London. It is not a public consultation document, but shares some of our initial ideas to improve the local NHS. We are encouraging local people to share their thoughts and consider the questions we have set out.



**This paper sets out a range of issues faced by the NHS in south east London. We are developing plans to tackle these issues over the next five years. Some of the improvements can be made locally in each borough; some need us to work together across south east London. This 'Issues Paper' sets out the challenges and some of our initial ideas. We would welcome your views on it.**

We have some very good health services in south east London. People are living longer and many people are healthier than ever before. But there are some things we need to improve on. We have some services that people find hard to access. Some people do not get the help they need to keep themselves and their families in good health.

So the six south east London NHS clinical commissioning groups (CCGs) – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark – and the health commissioners from NHS England (London) are working together with local councils, hospitals, mental health, primary and community care services, the six borough Healthwatch organisations, local people and patients on a five year plan to improve health and services for everyone. This five year strategy for the local NHS is now called "Our Healthier South East London". We are seeking to address a number of challenges, many of them common across the NHS and some specific to south east London.

This is likely to mean that the way in which some health services are delivered will change, with more care delivered in community settings

outside hospital and a greater focus on helping people to stay well, making services more joined up and making sure that everyone gets the care and outcomes they expect from their NHS.

Our thinking is very much in line with the NHS Five Year Forward View, published by NHS England in October, which starts the move towards a different NHS and is covered in section 2 of this paper. We are also fully supportive of the London Health Commission, also covered in section 2 of this paper, and its recommendations to improve the health of Londoners.

This discussion paper sets out some of the challenges we are facing and why we think we need to change things. It is not a public consultation document, but we would welcome your views on the questions we have raised and any feedback you have on our current thinking.

You do not have to respond to all of the questions – and if you have questions or comments you would like to raise, please do so. You can use the contact details on page 35 to respond to this paper. Your feedback will be used to shape our strategy as it continues to develop.

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# What are the challenges?

## Context: let's build on what works

Before we set out the challenges, we should be clear that we have some excellent health services in south east London. Many of our services compare favourably to other areas, many of our patients tell us they are very happy with the NHS and overall, improvements in healthcare mean that people are living much longer lives than they used to.

We would like to hear your views about which services are working well currently, and which we can build upon, as well as what needs to change.

## The case for change

### Too many people live with preventable ill health or die too early

Premature death and differences in life expectancy are both significant issues in south east London. There is a difference in life expectancy between the wards of 11.8 years for women and 11.4 years for men (data for years 2008-2012). Serious mental illness also reduces a person's life expectancy by 15-20 years.

About 11,000 people died prematurely across south east London between 2009 and 2011, with four of our boroughs being classed in the worst category for premature death in England. The biggest causes of early death are heart disease, cancer and respiratory diseases.

While the mortality rates for these illnesses have decreased significantly in our area in recent years, they are still considerably higher than the London average.

To address this problem, we need to improve the health of people who live in south east London. Keeping well is critically important for people of all ages. Although the UK's health delivery system – the NHS and social care services – is widely regarded as among the best in the world, the health of our population is poor and worse than comparable countries.



Our poor health is a major factor in generating the demand for care which is putting the NHS and social care under such well-publicised pressure.

The way in which health services are provided today does not take account of changes in the population since the NHS was created. People are living longer than ever before. This is good news; it means that the NHS is successfully treating many more people than ever before. But many more people are also living with long term conditions such as diabetes, high blood pressure and mental illnesses.

The NHS in south east London urgently needs to change the way it delivers services to support its 1.7 million people.

The task we face is well illustrated by the diagram opposite. A major goal of our work is to change the shape of this diagram – we need to support people so that they do not move up the diagram and help them to become healthier, like the 16% at the bottom. We must support the 50% of the population who are affected by inequalities and who are at risk of developing long term conditions due to inequalities or lifestyle factors. The key issues are smoking, excess alcohol and drug use, not enough exercise and obesity, and poor mental health. These problems are the major causes of ‘health inequalities’ between people in south east London and elsewhere in the UK.



COUNTRY RANKINGS

- Top 2\*
- Middle
- Bottom 2\*

EXHIBIT ES-1. OVERALL RANKING

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508



This diagram breaks the population up into five broad groups: people known to be nearing the end of life (1%), people with three or more long term conditions (LTCs, 9%), people in the early stages of a long term condition (25%), people experiencing inequalities at risk of developing long term conditions (50%) and people who are healthy and well. The higher up the ‘tree’ a group is, the more money is spent on them. Our aim is to help more people to move towards the trunk of the tree, in the healthy and well group.

The diagram is a helpful way for us to think about our communities. It tells us that only about one in six people are healthy and well without being at risk of poor health. Half of all people are at risk of having a long term condition (a disability or an illness like diabetes, a heart condition or a long term mental illness). As people get older, they are often more likely to develop long term conditions.



The NHS usually pays most attention to the people who already have a long term condition, but we want to help everyone to stay as healthy as possible and to be independent, so we have to think about all the parts of the 'tree' on page 7.

In addition, we must further improve the way our services work to reduce the numbers of patients being admitted to hospital. This means we need to address the problems of the people towards the top of the diagram much more effectively. We need to deliver more of their care outside of hospital, in GP surgeries, community health settings and, where appropriate, in people's homes.

We must also focus much more on preventing people becoming ill and needing to be admitted to hospital. We need effective ways to monitor those who live with long term illnesses, giving them and their carers the confidence to live their lives as fully as possible, to look after themselves and know what to do when issues arise.

This means that we need to ensure much closer working between the NHS and the social care services provided by local councils. It also means that the various parts of the NHS – GPs, district nurses, community services, hospitals and mental health services – need to be much more coordinated, with the patient at the centre of any plans and all that the professionals working in health and social care do.



## The outcomes from care in our health services vary significantly and high quality care is not available all the time

Too often, the quality of care that patients receive and the outcome of their treatment depend on when and where they access health services. For example, we do not always provide the recommended level of cover by senior doctors in services dealing with emergency care, maternity or children. People taken ill at weekends or in the evenings are less likely to see a senior doctor in hospital. The London Quality Standards, developed by senior clinicians in partnership with patients, have set out minimum safety guidelines which we want all of our hospitals to meet. However, we also need to bear in mind that there is a shortage of senior doctors in some areas, making it difficult to meet these standards across all our hospitals.

## We don't always treat people early enough to have the best results

Our services are often not set up to detect problems soon enough, meaning that people with long term conditions or mental illness often have to be admitted to hospital in crisis. Earlier diagnosis and support could have helped them to get better sooner or prevented their illness becoming so serious.

In this respect, we are not putting enough emphasis or resources into services based in the community, to prevent people becoming ill or encourage them to take responsibilities in managing their own health. This is why some clinicians feel we have become an 'illness service' rather than a health service, as we too often treat illness rather than preventing it.



## People's experience of care is very variable and can be much better

While patients are very happy with some services, surveys tell us that their experience of the NHS is inconsistent and that they do not always receive the care they want. Patient satisfaction in south east London is generally low compared to national benchmarks. Four of our boroughs scored in the bottom 25% for patient satisfaction in hospital care and three of four trusts were in the bottom 25% for the 'Friends and Family Test', which tests whether patients would recommend the trust to friends and family.

This does not mean that it is all doom and gloom: many patients express satisfaction with NHS services and highlight excellent care. The issue is that patient experience of care is too variable. We need to provide consistent, high quality services for everyone in south east London.

### Examples of the problems that patients have raised with us are:

- Some patients find it difficult to get a GP appointment.
- Many people feel that they have not been told or do not have enough information about their condition.
- Too often, planned operations are cancelled.
- Waiting times for tests and treatment are sometimes far too long; and patients are not always treated with respect and dignity.

## Patients tell us that their care is not joined up between different services

Patients and carers find it frustrating to have to continually provide the same information to different people. It is disappointing that different parts of the NHS do not always communicate effectively with each other or with social services. Patients with complex conditions are often passed from one service to another while the services do not always communicate with each other. Patients' treatment is often not joined up. In particular, patients sometimes stay longer in hospital because joined up arrangements for their care in the community on and after discharge have not been put in place.



## The social care system is under increasing pressure

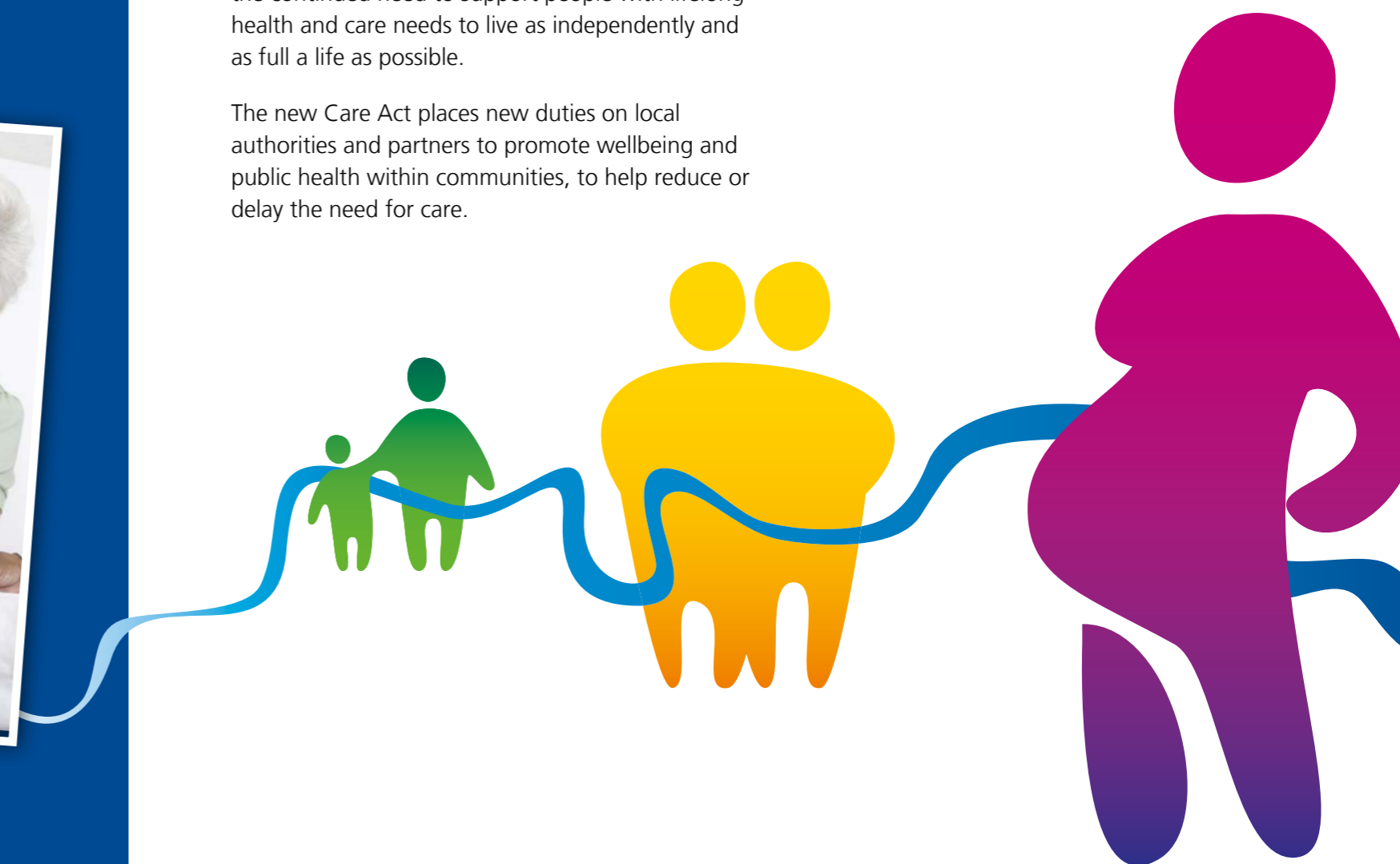
Many local councils face unprecedented pressures on their resources and in some instances are looking to save over 30% of their current expenditure over the next 3-4 years.

Adult social care forms a large percentage of any local authority budget and these services are expected to reduce spending and find more cost-effective ways of working, while maintaining safe, high quality services. Demand is growing in some areas, with increasing numbers of older residents, residents living much longer with complex care and health needs, increased mental health needs and the continued need to support people with lifelong health and care needs to live as independently and as full a life as possible.

The new Care Act places new duties on local authorities and partners to promote wellbeing and public health within communities, to help reduce or delay the need for care.

From April 2016, there will be a cap in place to limit the amount people have to pay towards their care. This is welcome, but it comes without any certainty on the costs to local councils associated with these new duties, nor of the increased demands from people who use services and their carers.

It is clear that the NHS and the social care system need to work better together if we are to deliver the high quality services people need.



“There have been huge technical advances in diagnostic medicine and in treatments for a wide range of conditions.”

## The money to pay for the NHS is limited and need is continually increasing

NHS funding currently increases with the cost of living inflation each year. However, the costs of providing care are rising much faster because the NHS is now treating more people with more complex conditions than ever before and people are living longer. There have been huge technical advances in diagnostic medicine and in treatments for a wide range of conditions, but these new medicines and treatments are often expensive. People also have higher expectations of health services these days. Given the current financial climate, sustained and substantial increases in NHS funding are unlikely for the foreseeable future, which means that we need to do things differently if we are to continue to deliver the best possible care for patients in the years ahead.

Over the next five years the NHS is facing a £30billion financial challenge. The current government has committed to meeting the request in the NHS Five Year Forward View for £8billion of

extra funding nationwide by 2020. This will improve the situation, but will not close the financial gap, which is likely to remain significant. Because the costs of healthcare are rising much faster than NHS funding, we know that if we continue in the current way, then we will not have enough money to pay for the services we currently provide by 2019/20. The NHS England Five Year Forward View is consequently based on the assumption that the way in which services are being delivered will change, with more focus on community-based services and supporting people to stay well.

The NHS in south east London faces these same challenges and organisational plans indicate that the forecast gross cost, if we do nothing by 2019/20, would be about £6bn compared to income totaling around £5bn. As a consequence, if we do nothing, then the affordability gap facing the health services across south east London would be about £1bn by 2019/20.

### Absolute challenge

Over the period from 2014/15 to 2019/20, the south east London expenditure (without efficiencies) will grow to £1bn more than the projected budget of £4.8bn. This is comparable with the national challenge set out in NHS England's Five Year Forward View.

### Annual challenge

On average, the south east London healthcare system will need to make efficiencies of £218m each year (from a budget which will grow to £4.8 bn) between 2014/15 and 2019/20.

An estimated breakdown is shown below.

14/15	15/16	16/17	17/18	18/19	19/20
£251	£228	£154	£162	£141	£156
(millions)					

### Percentage challenge

On average, the south east London healthcare system will need to make efficiencies of 4.2% each year between 2014/15 and 2019/20.

An estimated annual breakdown is shown below.

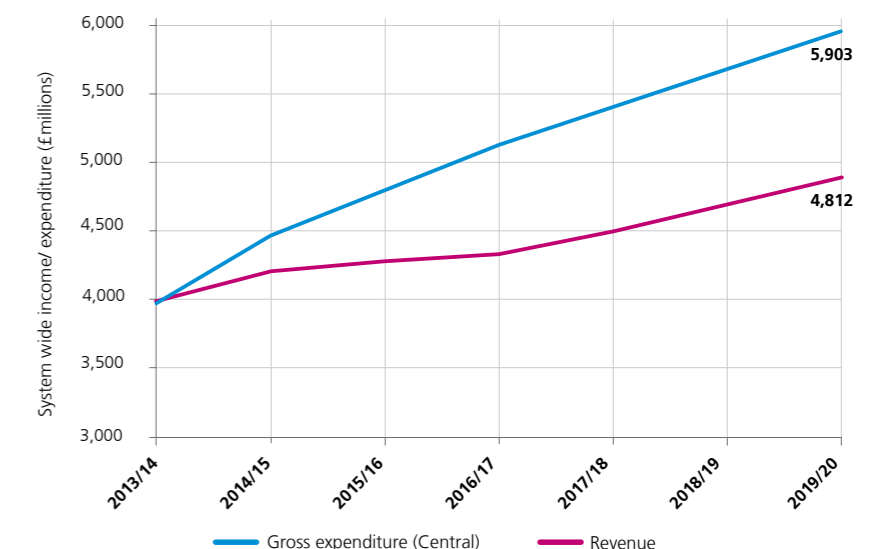
14/15	15/16	16/17	17/18	18/19	19/20
6.0%	5.3%	3.4%	3.5%	3.0%	3.2%

Through year on year improved efficiency within NHS providers of between 2% and 3% this would reduce the remaining challenge to between £400m and £600m. However, hospitals in south east London, as elsewhere across the country, are already facing financial pressures, making the need to do things differently all the more pressing.

To add to this, local councils, who are responsible for social care services, are also experiencing pressures from an ageing population, increased demand for social care and reductions in funding, resulting in them looking to save over 30% of their current expenditure over the next three to four years.

From now on, we need to explore all opportunities and get better value for money for all that is done in the NHS and social care services, in order to operate within the available resources. We need to get the best possible outcomes for patients for every pound available, making the most of resources that are under increasing pressure. This means we need a more integrated approach between different services. Each pound that we spend is spent as part of the whole NHS and social care system.

The chart shows how this challenge is forecast to build up over time through to 2019/20





## Every one of us pays for the NHS; we have a responsibility to spend this money well

We face major challenges. We know that by providing services in a different way, it is possible to improve outcomes, to help people to live healthier lives, to deliver services which are consistently of high quality and get more for our money. Changes have been made in the acute treatment of stroke, major trauma and heart attacks in London: services now provided in a small number of specialist centres rather than in every hospital have transformed outcomes. More people survive strokes, major trauma injuries and heart attacks in London than ever before. In bypassing their local hospitals to these centres, the care they receive is much better. These changes have saved money for the NHS so we know that such cost-effective changes are possible.

For example, a study showed that the changes to stroke services saved 12% more lives (around 400 lives a year) and £811 per patient, in spite of the costs of setting up the new system.

Further change is needed: nationally 16 million people attend A&E each year, but 40% needed no treatment or could have been managed by their GP; 2012-13 saw 5.2 million emergency hospital admissions, 1.2 million of which could have been avoided. They add unnecessary costs and create delays in planned hospital care. There are problems of access to GP appointments which can put added pressure on hospitals; in producing meaningful discharge and care plans; and in producing better outcomes after surgery and cancer treatments.

## About our population

South east London has a diverse and mobile population, with extremes of deprivation and wealth. A high proportion of our 1.67 million people live in areas that are among the most deprived fifth in England, while a smaller proportion live in the most affluent fifth. Four of the six boroughs (Lambeth, Southwark, Lewisham and Greenwich) rank amongst the 15% most deprived local authority areas in the country. The other two boroughs (Bexley and Bromley) are significantly less deprived but have pockets of deprivation in particular geographical areas. The population is very ethnically mixed; ranging from 15.7% of the population of Bromley being from black and minority ethnic groups to 46.5% in Lewisham.

The age profile of the population includes a relatively high proportion of younger people, especially 0-9 years, and a slowly increasing older population, with more females than males living into older age.

The local population is highly mobile. In Southwark and Lambeth, the equivalent of roughly 9% and 10% respectively of the current population moved in and out over a 12 month period mid-2011 to mid-2012. Even in Bexley, the borough which has the most settled population, the equivalent figure was around 5%, compared with approximately 3% in London as a whole.

All of these factors need to be taken into account when we plan health and social care services. The six CCGs in south east London also each carry out an annual assessment of how effectively the services they commission engage with and meet the needs of nine groups with 'protected characteristics' outlined in the Equality Act 2010. The protected groups are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.





# What are we trying to achieve?

The Our Healthier South East London programme is led by six clinical commissioning groups (CCGs) Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. The six CCGs are working with NHS England on a future strategy to meet the health needs of the area.

The CCGs have agreed that some of the issues we face cut across borough boundaries and that they need to work together to address them. CCGs continue to be individually responsible for the health of their local populations; their agreement is to work together on those issues where they need to collaborate to

improve the health and care system, while continuing to develop their own local borough plans.

We have been discussing with local people and our partner organisations the best way of tackling the challenges set out above and we will continue to do so.

Our outline strategy puts forward a vision for south east London which we hope to build on further with local people.

## Our collective vision for south east London:

IN THE NHS IN SOUTH EAST LONDON, WE SPEND

# £2.3 billion PER YEAR

# 5 yrs

Over the next five years we aim to achieve much better outcomes than we do now by:

Giving our CHILDREN the best start in life

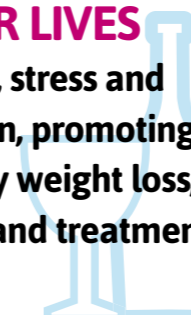


Making sure primary care services are consistently excellent and with an increased focus on prevention



**SUPPORTING PEOPLE TO LIVE HEALTHIER LIVES**

– reducing smoking, stress and alcohol consumption, promoting exercise and healthy weight loss, early identification and treatment of mental ill health



Supporting people to be more in control of their health and have a **GREATER SAY** in their own care

Delivering services that meet the same **high quality** standards whenever and wherever care is provided

REDUCING VARIATION IN HEALTHCARE OUTCOMES AND ADDRESSING INEQUALITIES BY RAISING THE STANDARDS IN OUR HEALTH SERVICES TO MATCH THE BEST

Helping communities to **support** each other



Helping people to live independently and know what to do when things go wrong

Spending our money wisely, to deliver better outcomes that matter to patients, avoid waste and increase value



Developing joined up care so that people receive the support they need when they need it



## A new national plan for the NHS

The NHS Five Year Forward View was published in October 2014. It sets out a vision for the future of the NHS. It has been developed by the bodies that deliver and oversee health and care services nationally, including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.

Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.

The Five Year Forward View starts the move towards a different NHS, recognising the challenges and outlining potential solutions to the big questions facing health and care services in England. Some of the key points are:

- **The NHS has dramatically improved over the past fifteen years.** Cancer and cardiac outcomes are better; waits are shorter; patient satisfaction much higher. But quality of care can be variable, preventable illness is widespread, health inequalities deep-rooted.
- **Our patients' needs are changing,** new treatment options are emerging, and we face particular challenges in areas such as mental health, cancer and support for frail older patients.

- **There is now broad consensus on what a better future should be.** The Forward View sets out a clear direction for the NHS – showing why change is needed and what it will look like. Some of what is needed can be brought about by the NHS itself. Other actions require new partnerships with local communities, local authorities and employers. Some critical decisions will need explicit support from the next government.
- The future health of millions of children, the NHS and the economic prosperity of the country all depend on a **radical upgrade in prevention and public health.** The NHS will back hard-hitting national action on obesity, smoking, alcohol and other major health risks.
- **When people do need health services, patients will gain far greater control of their own care** – including the option of shared budgets combining health and social care. The 1.4 million full time unpaid carers in England will get new support, and the NHS will become a better partner with voluntary organisations and local communities.
- **The NHS will take decisive steps to break down the barriers in how care is provided** between family doctors and hospitals, between physical and mental health, between health and social care. The future will see far more care delivered locally but with some services in specialist centres, organised to support people with multiple health conditions, not just single diseases.

While we know that a 'one size fits all' model will not work for the NHS and we are responding to local needs, our vision for the future is in line with the key points set out in the Five year Forward View.

## Childhood obesity

levels in children aged 10/11 (Year 6) are **significantly above** the England average **in 5 of our 6 boroughs**



## What is the London Health Commission?

In December 2013, the Mayor of London launched an independent London Health Commission to look at how healthcare could be improved for Londoners. The Commission reported in November 2014 and set out 10 aspirations for the capital:

- Give all London's children a healthy, happy start to life
- Get London fitter with better food, more exercise and healthier living
- Make work a healthy place to be in London
- Help Londoners to kick unhealthy habits
- Care for the most mentally ill in London so they live longer, healthier lives
- Enable Londoners to do more to look after themselves
- Ensure that every Londoner is able to see a GP when they need to and at a time that suits them
- Create the best health and care services of any world city, throughout London and on every day
- Fully engage and involve Londoners in the future health of their city
- Put London at the centre of the global revolution in digital health

The Commission engaged widely across London, including over 50 events, polls, roadshows and focus groups, involving more than 15,000 Londoners. A report, Better Health for London, was published in October 2014.

The report made a series of recommendations, including measures to tackle childhood obesity, get people living healthier lives, better support for people with mental illness, improving GP access and more support in the community for people with long term conditions.

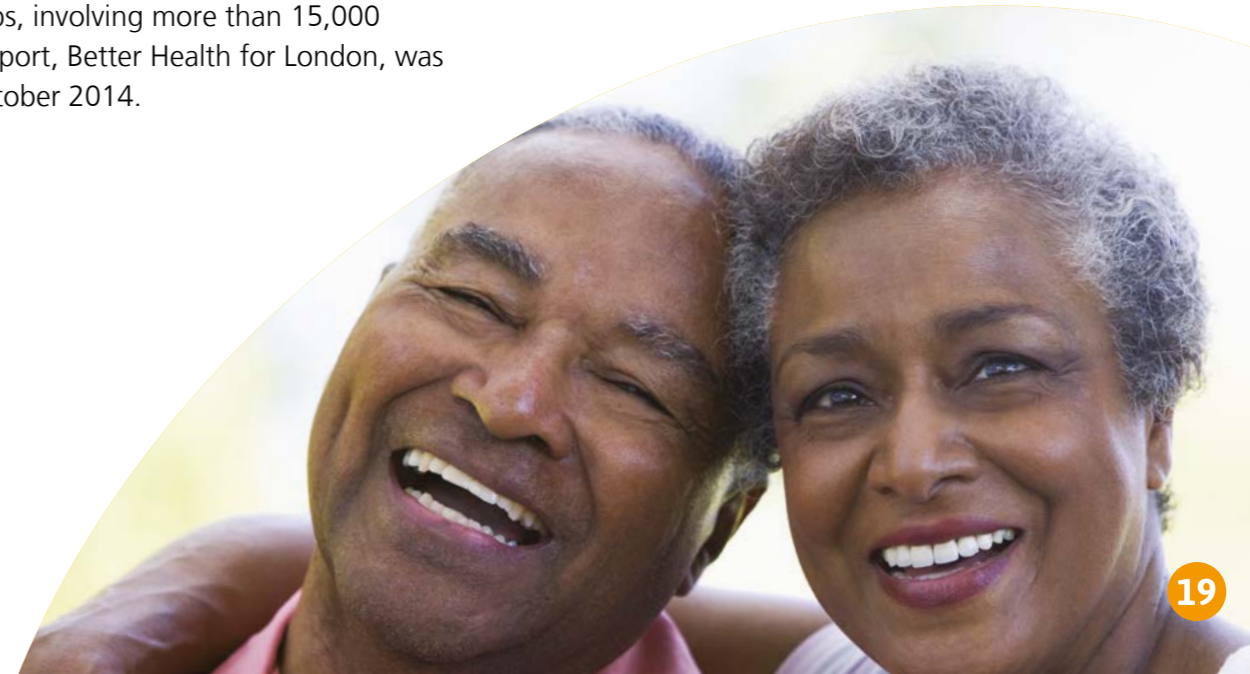
You can read the report and find out more online:  
[www.londonhealthcommission.org.uk](http://www.londonhealthcommission.org.uk)

All of the recommendations and aspirations in the London Health Commission report are in line with those set out in our strategy and in the NHS Five Year Forward View.

## Transforming London's Health and Care Together

Our six CCGs, in common with the 32 CCGs across London, working with NHS England, have developed local plans to support the recommendations of the London Health Commission. This is set out in a joint report, Transforming London's Health and Care Together. Links to this and other useful documents are available on our website at [www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk)

This includes the launch of 13 transformation programmes, including the development of a commissioning model for primary care, that will help achieve the vision set out in both the NHS Five Year Forward View and Better Health for London.



# What changes might be made by the local NHS?

We have identified challenges in all of the following areas of healthcare that we need to address.

- Community-based care
- Maternity
- Children's and young people's services
- Cancer
- Planned care (treatment that is arranged in advance)
- Urgent and emergency care

Six clinical leadership groups, made up of doctors, nurses and therapists from the local NHS, health service managers, social care leaders working for local councils, patients and members of the public, have been set up to come up with possible solutions in these areas. Mental health is covered by all six

groups, as we are taking an integrated approach to mental health so it is relevant to all of the groups.

These clinical leadership groups have met several times and discussed the issues in detail. We have also started to discuss some of the emerging issues with local people. A very first draft of a five year strategy was published in June 2014, and the strategy is continuing to be developed as we talk to all those involved about the issues. We need to work out how each part of the local NHS can contribute to shaping our plan and what changes it might mean for local services. We are publishing this paper so that we can further discuss these issues with NHS staff, patients and local people.

We have set out below why we think changes are needed and what sort of changes we are thinking about, under each of our clinical headings.

## Community-based care

Community-Based Care covers services that are provided outside hospital. There will also be new services established in the community where we know this will benefit patients' health and their experience. The services will include those provided by:

- All General Practices
- District and community nursing

- Community health services (delivering care to those with both physical and mental health needs)
- Voluntary sector services
- Social care
- Community pharmacy
- Community-based diagnostics
- Community services supporting those with long term conditions

These services impact on all areas of health and care, so getting them right is important – without getting community-based care right, it would not be possible to deliver the improvements needed elsewhere in the system.



## What we think works well

We have many first class community-based services and all six CCGs have plans to increase the number and quality of services based in the community, so that people only go to hospital when they really need to.

All boroughs are already driving forward integrated care programmes for people with long term conditions. For instance:

- Greenwich: The national 'Pioneer Project' will build upon the existing integrated care system which is delivering coordinated services for older people and people with physical disabilities in Greenwich.
- Lambeth and Southwark: Integrated Care (SLIC) is a well established partnership between local GPs, King's College Hospital, Guy's and St Thomas' Hospitals, the South London and Maudsley Mental Health Trust, social care in both local councils, and Lambeth and Southwark CCGs. The partnership is already focusing on improving community care.
- Lewisham: A population-based programme integrates services to create a single service to reduce unnecessary hospital admissions.
- Bexley: A case management approach is being taken forward to identify patients with complex needs, in combination with integrated care services for older people across health and social care.
- Bromley: A local pilot is underway with community service providers and GP practices identifying complex patients in order to support them to get the best possible, well managed care.

## The case for change:

- Patients and carers often tell us that care is not joined up between different services.
- Older people often have more than one health problem and need support and treatment from a number of different services and professions.
- Barriers exist between the current arrangement of service providers in health and social care which can lead to disjointed service provision for those who need it.
- Many people would like to have greater involvement and control of their own care and be supported to do more to care for themselves.
- Some patients find it hard to get a GP appointment when needed, reverting to accessing other urgent and emergency services or deterioration in their health.
- Patients do not always understand where to get help when or how the system works. This includes people who are new to the UK and its health and social care system.

Over  
80% of adults  
in south east London



rate their overall experience of their GP surgery as good or very good. (GP Patient Survey, July 2014)



We can improve this, but it is a good starting point.

## Some of the ideas we are considering:

- Prevention of illness and supporting people to live healthier lives should be much more central to future health services.
- We need to make sure everyone has equal access to consistently high quality, joined up care, addressing the concerns patients have expressed about services not working closely enough together and the variation in quality between different services.
- Community-based care should be more coordinated, with improved communication between services that inter-link or are integrated. We are currently developing future joined up services in each borough that we are calling 'Local Care Networks' to support this.
- New (or improved) Local Care Networks are intended to bring together general practice, primary, community (physical and mental health), social care and voluntary sector colleagues to provide holistic, patient-centred care in each area.
- Local Care Networks will need to be proactive, supporting people to live healthier lives and focusing on prevention, as well as advice and treatment, to empower people to look after their own health and reduce the possible onset of future health conditions.
- The services available need to respond to the varied needs and characteristics of the population they serve with the flexibility to meet the needs of individuals.
- We would like access to GP services and other community-based services to be available 8am-8pm in each area, with additional local access to more specialised care and expertise outside of hospital. To support this, we would need GP surgeries and other community services to work closely together in their Local Care Networks.
- Services should be more proactive, accessible, coordinated and provide continuity of care; with a flexible, holistic approach to make sure that every contact a member of the public makes with NHS or social care services is made to count.
- We should have a more rehabilitation-based approach to supporting people with long term conditions, enabling people to take control of their own care, avoiding deterioration and episodes of crisis, with a focus on getting better.
- We should improve communication with patients so that they know where to go for help when they need it – our draft strategy suggests that we employ more 'care navigators' to guide and support people through the various services.



## Questions to consider on community-based care:

- How might this new system work for you? What might stop it from working properly?
- What do you need from services based in your community, such as GPs, pharmacists, community health services (mental and physical) and district nurses?
- What works well now that we could build on? What needs to get better?
- How can we support you and your family to live healthier lives?

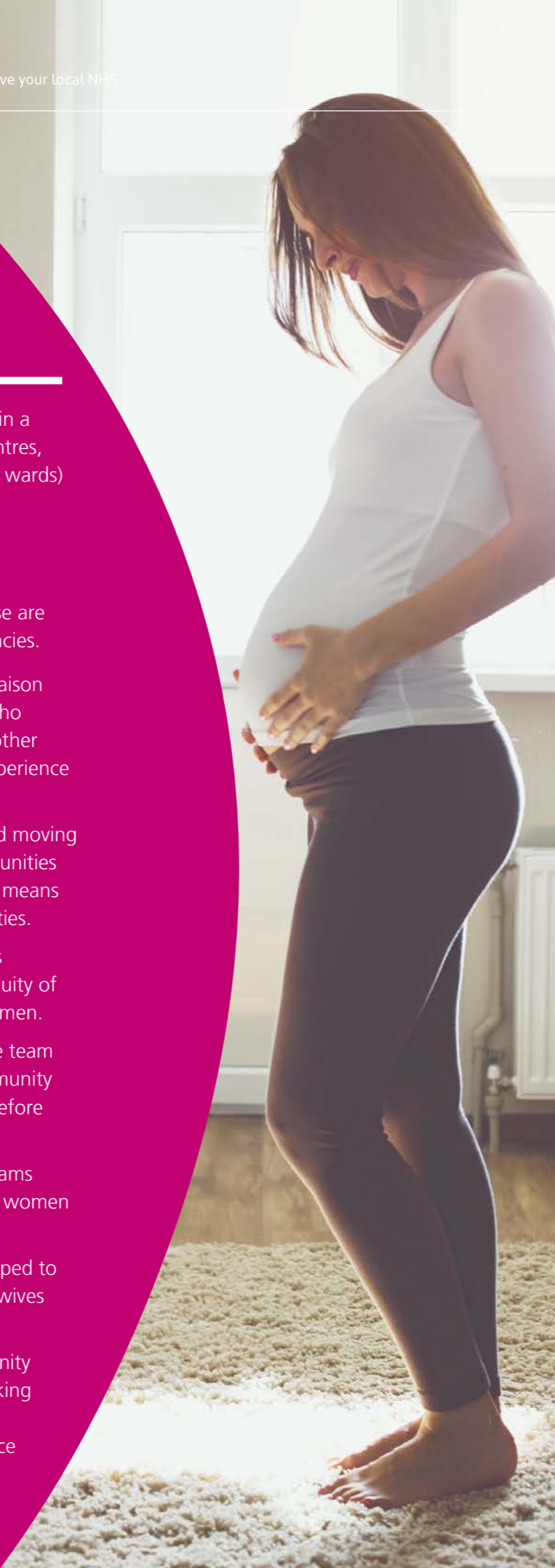
# Maternity services

Maternity services support women and their families in a variety of settings (in the community, in children's centres, in midwife-led birth centres and in hospital maternity wards) before, during and after they give birth.

## What we think works well

Most hospitals have a midwife-led birth unit and these are very popular with women who have low risk pregnancies.

- Each maternity service has a Maternity Services Liaison Committee - which is made up of service users who undertake spot checks, raise issues on behalf of other users and routinely talk to women about their experience of maternity services.
- Lewisham Hospital is in the process of finding and moving its community teams into premises in local communities - children's centres and other facilities. This move means that these teams will be rooted in local communities.
- Kings College Hospital have two midwifery teams based in the local community who provide continuity of midwifery care. This is very popular with local women.
- Guys and St Thomas's Hospital have very effective team based midwives in health centres and other community settings, providing continuity of midwifery care before and after birth.
- All maternity services have specialist midwifery teams providing support to women at high risk (such as women with mental health problems or teenage mums).
- The appointment of Consultant Midwives has helped to improve the quality of midwifery care. These midwives provide leadership to the midwives in their units.
- The recently developed South East London Maternity Network is working to develop collaborative working across all units, to drive up quality and make sure that women have the same high quality experience at whichever maternity service they access.



## The case for change:

- Not all maternity services meet the needs of our population. The employment and retention of the highly skilled workforce required to deliver a service across all health settings is a challenge.
- There are increasing numbers of women with more complicated health and social care needs who require more support.
- Our maternity services are not meeting all of the standards agreed by the 32 London CCGs and the London Clinical Senate - the London Quality Standards. These include 24/7 consultant presence in labour wards.
- Although maternity service users are mostly satisfied with their care, recent surveys have highlighted areas for improvement in areas such as postnatal care and the provision of information and advice once they are at home after the birth - for example breastfeeding advice and support.
- Mums to be should receive a more personalised service, with better continuity of midwife support and care with the right information to enable them to make an informed choice for their birthing options. This may include home birth or birth in a maternity unit.
- We want to provide better support for women to have a healthy straight forward birth in a setting of their choice where possible.
- We should encourage women to book earlier and they should have better, more consistent support throughout their pregnancy.
- We need to get better at addressing any mental or physical health issues faced by women before, during or after childbirth.
- We want all our services to meet the London Quality Standards, which are the minimum safety standards set by senior clinicians and patient representatives for maternity services in London, to help improve the overall quality of maternity services in south east London.

## Some of the ideas we are considering:

- We want to ensure that all women will have a safe and positive experience from antenatal care through to postnatal support, delivered by a committed and dedicated workforce.



## Questions to consider on maternity services:

- How might this new system work for you? What might stop it from working properly?
- What support would you expect if you were giving birth (1) in hospital or (2) at home?
- What works well in maternity services now that we could build on? What needs to improve?
- What support would you need before and after giving birth?

# Children and young people

Services provided for children include specialist services in hospital and in the community. Children and young people access all services, not just those provided by specialist children's doctors, so it is important to remember their needs when considering other services, such as community-based care, planned care, mental health or urgent and emergency care.

## What we think works well

- South east London has some of the best specialist children's hospitals in the country.
- There are strong community children's health models in place around south east London.
- We have first class services for children with asthma, sickle cell, epilepsy, and diabetes.
- There are good examples of teams working together across different disciplines to help support children.
- There are also good examples of the use of technology to promote independence and improve service delivery.
- South east London has some innovative health promotion and prevention services to support children, young people and their families.



## The case for change:

- The population of young people is increasing, with a significant number from socio-economically deprived families.
- South east London has a higher than average rate of childhood obesity, undiagnosed mental health issues and teenage pregnancies.
- Our paediatric services do not meet the minimum safety standards agreed by all 32 CCGs and the London Clinical Senate – the London Quality Standards. These include consultants being present on children's wards 14 hours a day, 7 days a week.

## Some of the ideas we are considering:

- We should get better at supporting families to keep children and young people physically and mentally well.
- Children and young people should be able to access more joined up care in the community, through new children's integrated community teams.
- We should make sure children and their parents can access the right services in the right place, rather than being passed from one place to another as sometimes happens now.

- We would like to develop a paediatric assessment and short stay unit, working closely with community services to support children and young people back to home/school, reducing lengthier hospital stays.
- All our services should meet the London Quality Standards.
- When specialist support is needed, the support should be there more quickly and effectively than is always the case now.
- There must be less variation when transitioning into adult services for young people with long term conditions.

**1 in 10**

## children and young people

aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.



## Questions to consider on services for children and young people:

- How might this new system work for you? What might stop it from working properly?
- What works well in children and young people's services now that we could build on? What needs to improve?
- What support do you as a child, young person or parent need from services based in the community? And in hospital?
- How do we encourage children and young people to adopt a healthy lifestyle?



# Cancer

Cancer services across south east London are extensive and involve a wide range of specialist health care professionals.

## What we think works well

There are a number of excellent services, in both the NHS and voluntary sector, already providing cutting edge care to people in London who receive a diagnosis of cancer. Across the board there is passion and drive to improve patient experience and outcomes supported by rigorous and on-going research. The cancer clinical leadership group is working collaboratively with such services to bring in best practice and a broad evidence base to proposed interventions, ensuring local, national and international innovation drive the work taking place.



## The case for change:

- Cancer is the biggest cause of premature and avoidable deaths in London.
- Some people with cancer wait longer than they should do for their first hospital treatment.
- We do not always diagnose cancer early enough.
- There are differences in patient outcomes and experiences, depending on where and when they access care.
- We must enable people nearing the end of their life to die with dignity, to have more control over where they wish to die and improve the experience of patients and their families during end of life care.
- We should do much more to promote healthy lifestyle choices, including making sure that health services take a holistic approach every time a patient comes into contact with them – including, for example, supporting people to stop smoking and to have a healthy, balanced diet.

## Some of the ideas we are considering:

- We should improve patient outcomes through better prevention and earlier detection and diagnosis of cancer.
- We need better coordinated specialist cancer treatment services.
- We need to provide better support for carers.
- We should strengthen support available for people living with and beyond cancer.



## Questions to consider on cancer services:

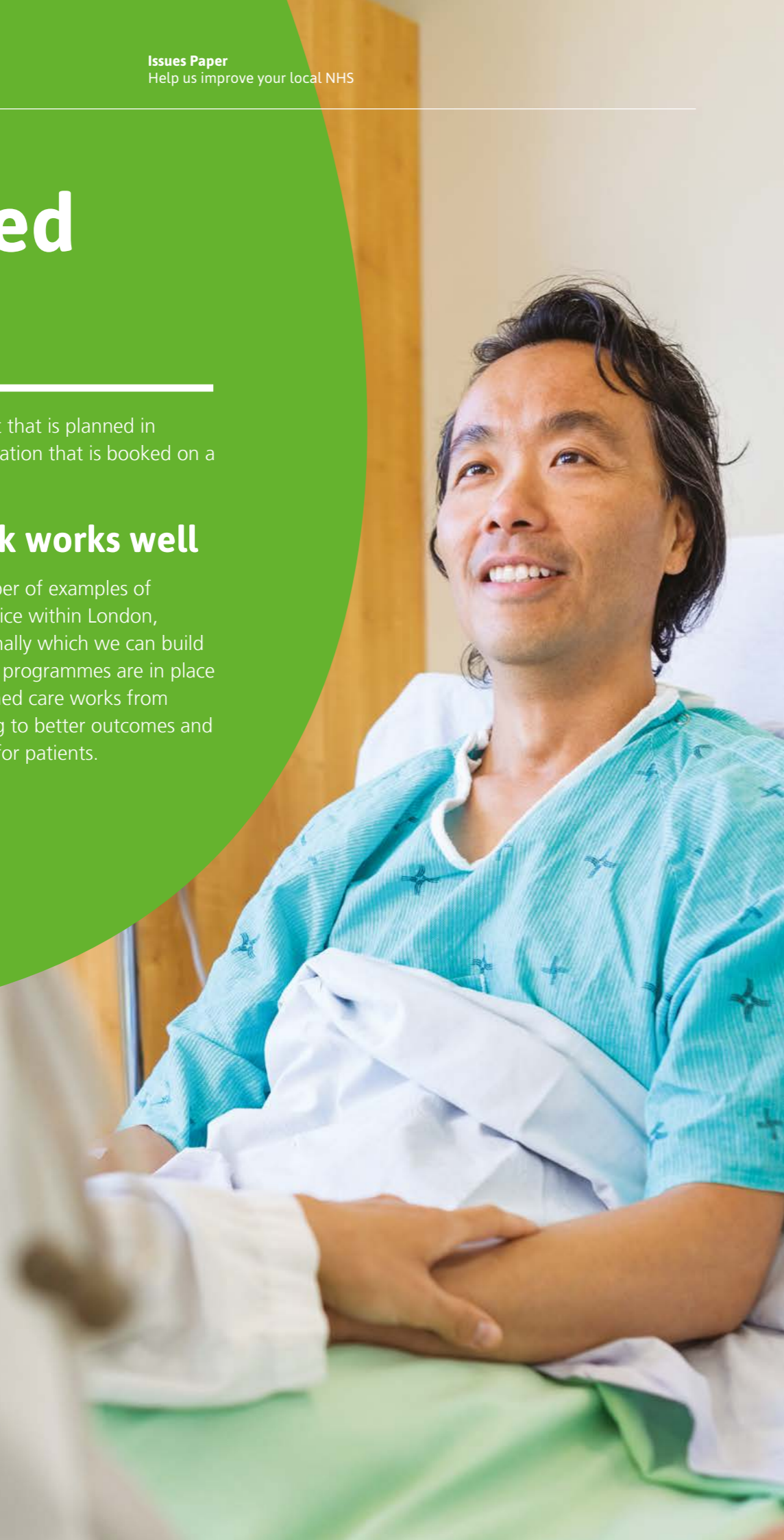
- How might this new system work for you? What might stop it from working properly?
- What works well in cancer services now that we could build on? What needs to improve?
- When we know people are nearing the end of their lives, how can we best support them and their families/carers?

# Planned care

Planned care is treatment that is planned in advance, such as an operation that is booked on a certain date.

## What we think works well

There are already a number of examples of excellence and best practice within London, nationally and internationally which we can build on. Quality improvement programmes are in place to standardise how planned care works from beginning to end, leading to better outcomes and a more efficient services for patients.



## The case for change:

- There are differences in patient outcomes and experiences, depending on where and when they access care.
- Time from first appointment, to diagnostic test, to getting results could be quicker and more efficient leading to early diagnosis and better outcomes for patients.
- Patients should be better informed about what will happen, empowering them to have more choice and control over their own care.
- Patients should be better prepared for their operation/procedure.
- Early supported discharge and a stronger focus on rehabilitation could help patients return home more quickly and safely, preventing unnecessary delays.
- There is unnecessary duplication of paperwork and diagnostic tests causing delays in patient care because different services use different IT systems that are not compatible.

## Some of the ideas we are considering:

- We want to put in place high level standards of care for the whole process from referral to treatment and discharge which have been developed with patients and the public through engagement workshops.
- We should ensure that all patients who need planned care across south east London receive the same quality and outcomes, regardless of where they are treated.
- We should improve direct access to diagnostics tests for GPs and improve efficiency and patient experience by standardising the journey from diagnosis to treatment.
- We should improve information for patients before hospital admission.
- We should get better at planning hospital discharge before admission; early discharge should be supported by local care network teams, with a focus on rehabilitation and helping people to return fully to their lives.



## Questions to consider on planned care services (care that is planned in advance):

- How might this new system work for you? What might stop it from working properly?
- What works well in planned care now that we could build on? What needs to improve?
- Would you be prepared to travel further for an operation in a specialist centre if you knew it was more likely to be successful and less likely to be cancelled?





# Urgent and emergency care

Emergency care is for people who have a condition that is life-threatening or presents an immediate risk to long term health. Urgent care services are for people who have a problem that needs attention the same day, but is not life-threatening or life-changing. Emergency care is usually provided by a hospital emergency department or in an ambulance; urgent care is provided by various health professionals, including GPs, hospital doctors and nurses in various locations, including hospitals and health centres. If you are unsure whether you need urgent or emergency care, you should contact your GP or dial the 111 helpline out of hours.

## What we think works well

There are a number of good examples in south east London where community teams work closely with their local Emergency Department to prevent unnecessary hospital attendances and help people to get out of hospital quicker.

You may have heard of some of these local initiatives, which are listed below.

- The '@home' home ward in Lambeth and Southwark
- Bromley Medical Response Team
- Joint Emergency Team (JET) Greenwich
- Rapid Response Team Bexley
- Bromley rehab home pathway and rehab beds
- Greenwich and Bexley Hospital Intergrated Discharge Team (HIDT) and Bromley Intergrated Discharge Team (IDT)
- Integrated teams (six each in Bexley, Greenwich, Bromley)
- Southwark and Lambeth Integrated Care team (SLIC)
- Specialist Long Term Condition teams in each area

## The case for change:

- No hospital in south east London fully meets the minimum standards for safety and quality in emergency care set out by the London Quality Standards. These include the requirement that senior doctors (consultants) are present on emergency wards a minimum of 16 hours a day, 7 days a week. Not all our hospitals have their most senior doctors working at night and weekends.
- Many people are going to A&E unnecessarily when other more suitable care is available.
- Patients with mental ill health often have long waits to see a psychiatric liaison nurse, which can lead to patients absconding.

## Some of the ideas we are considering:

- We should set up a community-based rapid response team in each area, which would make sure patients who need urgent and emergency care receive the treatment they need in the right place at the right time (including in their own homes if appropriate). This would support the rapid return of patients to their homes, moving back to local health and care services outside hospital.
- When patients go to hospital needing urgent or emergency care, we would like both services to be located together. Patients could be directed to the right department for their needs by an appropriately qualified clinician.
- Local Care Networks, with extended opening hours, should link in to rapid access services to support frail, elderly people and patients with long term conditions.
- Mental health liaison services should work within the Local Care Networks to support patients in crisis - for example, patients using or requiring: perinatal; drugs and alcohol; children's and young people's; and older peoples and dementia services. Mental health patients should be seen more quickly in hospital Emergency Departments.



## Questions to consider on urgent and emergency care services:

- How might this new system work for you? What might stop it from working properly?
- What works well in urgent and emergency care services now that we could build on? What needs to improve?
- How can we better support you and your family and keep you out of hospital unless you really need to be there?

## How can we best reach you?

We are very keen for local people and organisations to have their say as our strategy develops. You can use the contact details at the end of this paper to get in touch with us.

### So, one final question to consider:

How would you like us to communicate with you? (For example, we will be sending out regular email updates and we will have a mailing list for meetings in your area, to which we can add you or your organisation - or there may be other ways which are best to reach you? Please let us know.)

## What happens next and how can you get involved?

This Issues Paper is being circulated across south east London from May 2015 for comment and feedback. A summary and Easy Read version are also available. A series of events will be organised at which people can discuss the issues raised. These will be publicised locally and via our website.

We are continuing to develop a detailed plan to improve local health services, making sure that everyone in south east London has access to the same high quality services, wherever they access care. We think this will mean spending our money differently, with more money spent on community-based services while hospitals provide specialist care for those who need it.

We have already started work in each borough, improving and increasing the care available in community settings and supporting these services to work more closely together.

We are still considering what our strategy means for each of our local hospitals. If we come to the conclusion that we need to develop proposals for major service change in any of our local hospital services, we would put these forward for public consultation.

Local clinicians, councils, hospitals, Healthwatch organisations and members of the public have helped us to develop our thinking.

We would like you to get involved.

You can find out more on our website:

**[www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk)**

If you have any questions, comments or observations on this discussion paper, please contact **[ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net)**

To respond to any of the questions, or all of them, please also email **[ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net)**

If you want to keep in touch with our plans as they develop, please email your contact details to the above address.

You can also write to us at:

Our Healthier South East London, 160 Tooley Street, London, SE1 2HZ

To request this document in other formats or languages email  
**[ourhealthiersel@nhs.net](mailto:ourhealthiersel@nhs.net)**