THE CASE FOR CHANGE

WHY DO HEALTH SERVICES IN SOUTH EAST LONDON NEED TO CHANGE?

1. We want to provide consistently high quality services that are shaped by the people of south east London.

- This means services will change as we listen and respond to what people are telling us they want from services. For example, in the recent Government White Paper, *Our Care, Our Health, Our Say* people said that they want to make more informed choices about when and where they receive NHS treatment, and as much as possible they want services closer to home.

2. We must make sure our services are affordable.

- We already have a £65m deficit, which we have to tackle and our Trusts are working hard to fix the immediate problem within the next year.

- However, we know that beneath this short-term financial problem there lie deeper issues. The growth in NHS funding will slow sharply from 2008 but cost pressures will continue to be strong.

- We have a range of services, and funding tied up in these services, that no longer match the health needs of our population. If we are to improve and extend patient services we must find ways to shift resources so that they fund locally determined health priorities.

3. In order to have high quality and affordable services, we need to respond to wider changes, pressures and opportunities.

- Healthcare demand is increasing as people are living longer and often have long-term needs and conditions. For example, we know obesity and with it diabetes is increasing. People want services that will help them keep well, rather than deal with the problem when it's too late.

- Our public and patients are more informed and have greater expectations than ever before.

- Over half of all PCT funding (more than £1 billion pa) is spent on hospital services. The cost of providing hospital services has grown rapidly in recent years especially the cost of emergency care.

- The cost of providing healthcare, particularly drug costs, is rising much faster than inflation.

- There are increased staffing costs linked to the reduced working hours of doctors under European legislation.

WHAT WILL THIS MEAN FOR PATIENTS AND SERVICES?

- There are various pressures as we have described here, but equally there are opportunities too. By making changes to tackle the pressures we should be able to also bring about the improvements people want.

- Community care offers real and cost effective alternatives, for example community matrons can work intensively with GPs and patients to keep older people well and safe at home, preventing admissions to hospital.

- There are new types of health and social care workers, and staff are increasing their skills. Many people who currently go to A&E could be more appropriately treated locally or at home.

- Patients with long-term conditions are often the experts in their own care and there is great scope for more self care.

- Community hospitals could offer creative ways of bringing together a range of services including health, social care and wider community services. In this way, we can start to develop services with a greater focus on wellness than sickness.

- We want to increase the funding available for development of improved community services for patients.

- Then, more routine services could be provided locally outside general hospitals at home or in community centres that are more accessible to people who need them.

- Many NHS patients are currently spending more time in hospital than they should. This is inconvenient for patients and it is not a good use of funding. We will need to redesign our hospital services to make sure patients are admitted to hospital only when really appropriate and that hospital stays are no longer than is clinically necessary.

- We want to be able to invest in prevention and well-being, such as more screening and early treatment for cancer and cardiac conditions and better treatment in the community for patients with long term conditions.

HAVE WE EVER CHANGED SERVICES ON THIS SCALE BEFORE?

- In the 1980s the public, patients and clinicians agreed that treating people with mental illness in asylums was no longer clinically effective or socially acceptable. People are now able to live at home, be with their families and friends every day, go to work, and be part of their communities all because of these major changes.

- This situation is not dissimilar to what we are facing with hospital care today. Again, the public, patients and clinicians are telling us that it is clinically effective and more socially acceptable to move care out of hospitals and into the community.

- All this means we will need different types of services as more care becomes available in community hospitals, GP surgeries, community centres or in people's own homes.

WHAT WILL HAPPEN IF WE DON'T MAKE THE CHANGES?

- We will get into deficit again and the situation could worsen.

- This will inevitably lead to unplanned cuts to services or a decrease in quality of service.

- We will not be able to invest in the types of community and preventative services people tell us they want.

WILL WE BE CONSULTED BEFORE DECISIONS ARE TAKEN?

- Decisions will not be taken before extensive consultation with patients, the public and NHS staff has taken place. All stakeholders will have the opportunity to contribute to the development of service improvement proposals.

- The leaders of the health services in south east London will work together, and with the public, to make sure that patients and their care are at the centre of this programme of change.