SOUTHWARK HEALTH & SOCIAL CARE

Health & Social Care Board

PCT Strategy Plan

Update

1 December 2009

Southwark NHS Primary Care Trust

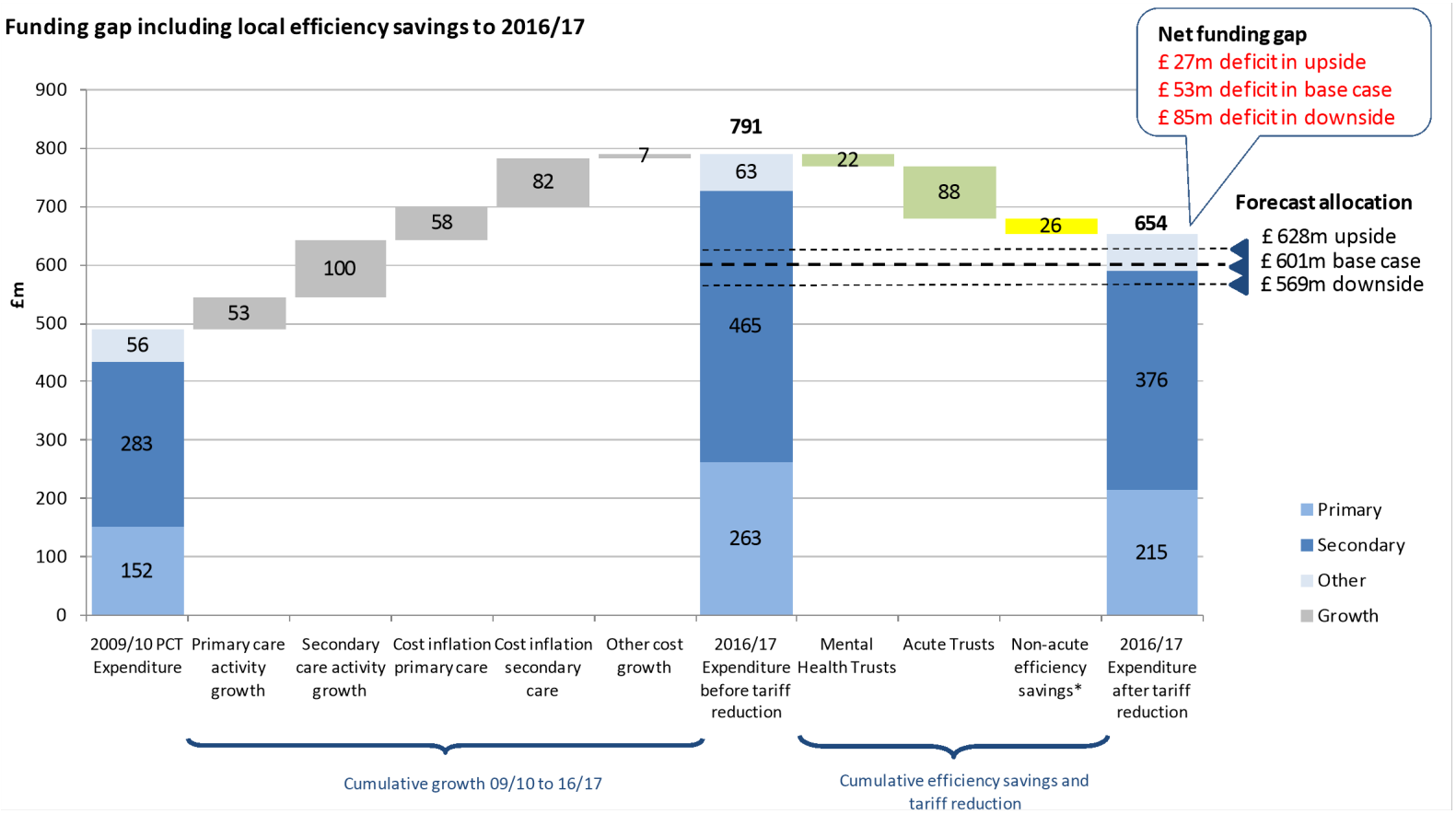
Southwark Council

NHS London planning assumptions

Aspect	Assumptions built into pan London Affordability modelling: Aggressive scenario
Shift of acute to lower cost setting	55% outpatient activity from baseline of 2007/08 levels 60% A&E activity from baseline of 2007/08 levels Activity shifted delivered at lower unit cost
Decommissioning	7% of all elective procedures 30% of outpatient 10% of A&E 10-15% of diagnostics
Prevention	10% of non elective medicine costs prevented through early detection and counselling in polysystem
Long term conditions and case management	Of non elective activity, 10% of complex, 30% of non complex and 40% of LTC cases prevented
Reduced unit cost of non acute sector	Radical measures in staff utilisation (66%), appointment times (33% reduction in PC) and prescribing costs (10% - 15%) GPs are paid on a fee for service basis of £50 per consultation to cover extended hours and out of hours

Economic Case for Change

Funding gap including local efficiency savings to 2016/17



* Based upon local planning assumptions the PCT expects to achieve additional price efficiencies in community and intermediate care services, GP services and prescribing which will have an impact on cumulative cost growth (i.e. forecast expenditure before tariff reduction in 2016/17 becomes £791m instead of £799m) and creates an additional £26m of savings in 2016/17 (£0.6m of savings in community and intermediate care services, £14.3m of savings in GP services and £11.5m of savings in prescribing).

HfL - improved quality & reduce costs

Core proposals of HfL to improve quality

- Improved access to urgent care services in the community to reduce use of A&E and admission to hospital
- Improved management of long term conditions through better coordination of primary and community care services
- Consolidated model for provision of primary and community care over population of 50 - 80K to provide more integrated care
- Integration of primary and community and secondary care and shifts of care out of hospital closer to home
- Centralisation of complex services onto major acute sites

Levers to reduce costs of care

- Reduced “double running costs” through single point of access to urgent care (merged MIU/WIC, GP out of hours, GP in hours)
- Reduced costs of clinical staff through improved utilisation and role substitution from doctors to nurses/AHPs – underpinned by management of care across larger populations
- Reduced costs of overheads (receptionists, premises) through improved utilisation
- Shift of care out of acute sector into non acute sector where appropriate
- De-commissioning of some services
- Increased scale, efficiency and quality from centralisation contributes to expected tariff reductions

Primary and Community Care Strategy

Delivering system wide sustainability will require Borough led commissioning plans, across the eight Healthcare for London (HfL) pathways, which deliver enhanced primary and community care services

Southwark's Polysystems are enablers in this context – local networks of care that underpin the delivery of Southwark's strategic objectives, support the delivery of re-designed HfL pathways, and secure affordable models of care delivery through service transformation.

Over the next five years NHS Southwark will commission a federated or 'Hub and Spoke' model of primary and community care that secures improvement in the five key areas below – critical to system sustainability in the borough:

Health Improvement

People can expect to receive services that help them stay healthy or become healthier

High Quality Services

Consistently high quality primary and community care – less variation in service standards and care

Fair Access & Choice

People understand and exercise their choice of responsive but sustainable primary and community services

Integrated Service Delivery

Closely knit network of local services, provided by a mix of community based providers

Better Infrastructure

Highly skilled and motivated staff delivering services in peoples' homes or in the locality in which they live

A Federated Model of Primary and Community Care – POLYSYSTEMS

Emerging Polysystems and system wide sustainability

Southwark's Polysystems will offer a networked model of existing practices, health centres providing general practice alongside community services to the local population beyond the 'registered list', and larger community facilities that will provide a full range of services, accessed by the entire locality population.

As community based settings of care, that support the delivery of redesigned HfL pathways (including Staying healthy, long term conditions, acute care and planned care) in Southwark, Polysystems are central to transforming both the quality and the cost of care.

Southwark's affordability analysis identifies the scale of service redesign required for the future. In response, accelerated Polysystem development must fundamentally change the way care is delivered, particularly across the traditional boundaries of primary and secondary care. Affordable Polysystems will give immediate focus to:

- **Out of hospital delivery** – shift of services (such as outpatient clinics) from acute hospitals to community locations and redesign of services that enhance community based models of care - delivered through collaboration (e.g. one stop services including access to lower tech diagnostics or multi-disciplinary team working) and competition (e.g. market testing)
- **Reducing activity / avoiding cost** - Delivery of enhanced and integrated primary and community based services to support the appropriate de-commissioning of care in more expensive settings
- **Productivity in Primary Care** - Address variation in the performance, and support the commissioning, of enhanced productivity in primary and community care through the contracting process and by establishing more efficient structures (e.g. skill mix, estates and overheads)
- **Prevention and Self Management** – Keep people healthy through the delivery of systems, pathways and interventions to support the management of long term conditions and support self care

Polysystem Implementation - Progress to date

Vision & Public Consultation – Transforming Southwark's NHS

- NHS Southwark has developed a clear vision for the development of primary and community care supported by a clinical strategy and delivered through four locality based networks of care, covering populations of between 60k and 90k. In the first half of 2009 the PCT undertook a public consultation on these proposals, engaging more than 1,300 residents and gaining a clear mandate for implementation.
- 'Transforming Southwark's NHS' provides a local response to HfL, fundamentally changing the shape of community based services, securing more effective and efficient delivery of care as the key driver of quality, improved health outcomes and to deliver system wide sustainability through commissioning action.

Clinically led Implementation and Modelling

- Implementation in Southwark is clinically led - the PCT has re-organised Practice Based Commissioning (PBC) in the borough to establish its clear leadership role in the local development of each Polysystem
- NHS Southwark has instigated a programme of work focused upon 'System wide sustainability' with primary and secondary care teams to develop new ways of working, supported by enhanced primary and community care to identify areas for immediate 'shift' of activity from acute hospitals.

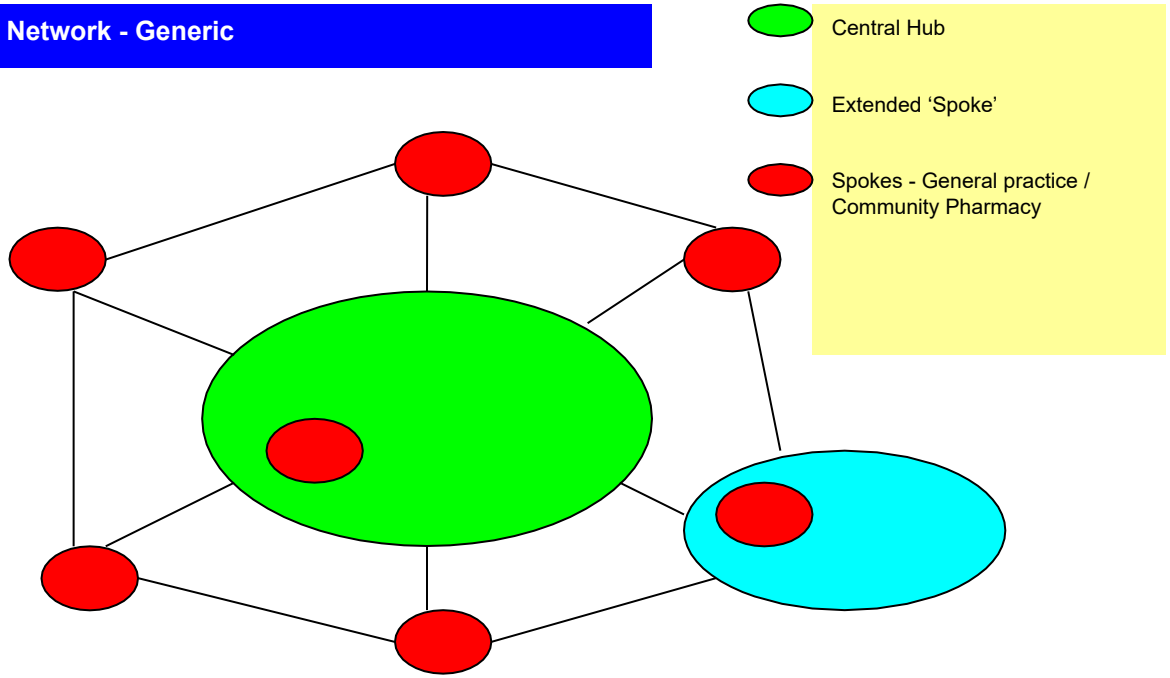
Polysystem Implementation - locality delivery

The immediate focus upon 'System wide sustainability' has engaged Practice Based Commissioners and has focused upon service transformation to reduce the unit cost of activity undertaken in secondary care and to move care, where appropriate, out of hospital to more cost effective settings. Initial areas of work are highlighted below:

Outpatients	o Re-provision via pathway redesign and referral management o Re-direction and use of Alternative models of provision e.g. One stop shops, PwSI clinics and AWPs o Improved management of LTC in Primary Care to avoid unnecessary acute referral and follow-up o Networked professionals securing better access to specialist opinion / support without referral
Emergency Admissions	o Admissions avoidance through integration of the primary and community nursing teams – Case Management o Primary Care development to secure improved management of Long Term Conditions o Access to rapid community based assessment and diagnostics o Signposting and single points of access for emergency activity
A&E attendance	o Best value core and extended hours in general practice / community based services (integrated OOH) o Enhanced use of community pharmacy / robust medicines management o Locally accessible services that communities understand o Primary Care Front End to A&E (Urgent Care Centres)
Direct Access	o Pathways that ensure appropriate use of diagnostics o Market testing to achieve best value o Community based services at an optimum / affordable scale of provision

Polysystem Implementation - Networks of Care

Southwark Polysystem Network - Generic



Polysystem Implementation - Networks of Care

Local Networks - Polysystems will primarily focus upon the construction of a 'Network' in each locality supported, in the first instance, by enhanced use of existing facilities, ensuring adequate community infrastructure to support our plans. Polysystem configuration will respond to the specific needs of the locality it serves - taking into account the quality / location of existing infrastructure, natural communities / local access, and the economic viability of services to determine their scale and frequency of provision across the Borough.

Polysystem networks will consist of:

'Hubs' - a key focal point for each network providing a wider range of services for the locality that the polysystem serves. 'Hubs' will provide primary care led Urgent Care provision, access to outpatient services, Imaging and other more specialist services to the whole locality. They will be open between 8am and 8pm, 365 days a year.

'Spokes' that will vary in size, as community sites do now. 'Extended spokes' will provide general practice alongside a wider range of community services, as well as outpatients and basic diagnostics to the populations of the locality they serve. These services will be provided in the locality, closer to home.

The majority of 'Spokes' will be individual general practices that will be commissioned to deliver higher quality services that ensure improved access and choice to patients within the minimum of 8am to 6pm opening. A *'Spoke'* might also be a community pharmacy working to enhanced services.

Summary of Services and Settings

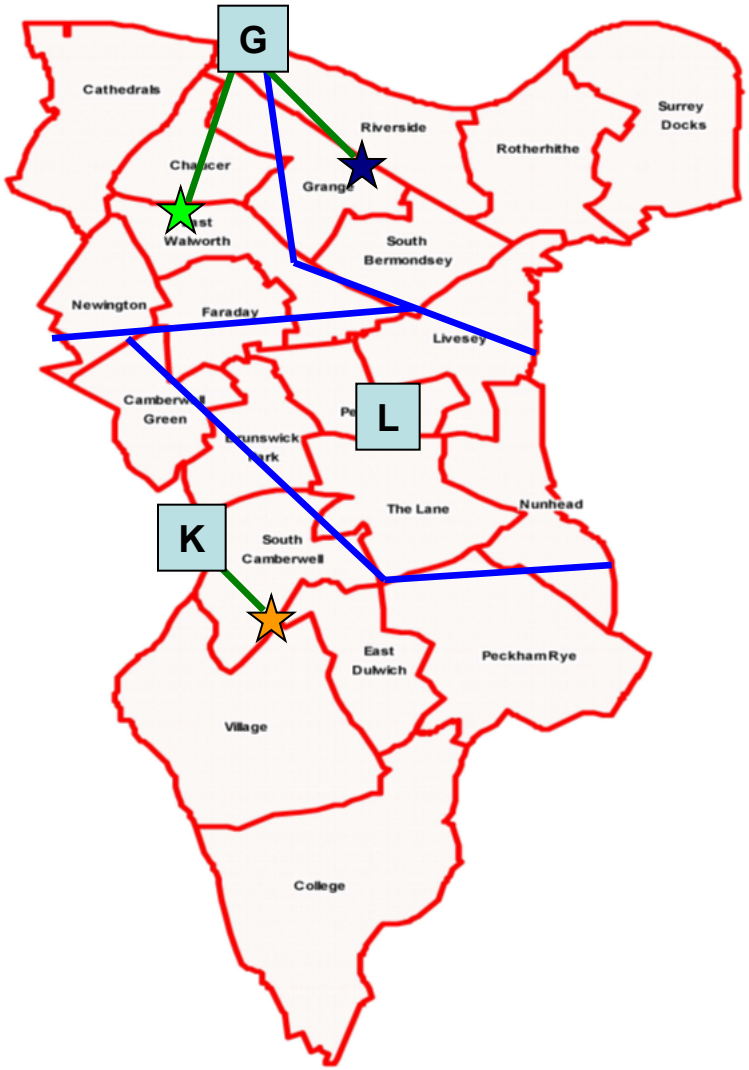
Service / Setting	Hub	Extended Spoke	Spoke	Networked Delivery
Opening Hours	8am - 8pm 7 days per week	8am - 6pm 5 days per week	8am - 6pm 5 days per week	
Community Nursing				●
Community Mental Health Team (CMHT)				●
Social care teams				●
General Practice, Pharmacy, Dentistry	●	●	●	
Minor Diagnostics	●	●	●	
Outpatients	●	●		
Other (Voluntary sector, CAB etc)	●	●		
Urgent Care	●			
Major Diagnostics	●			

Polysystem configuration

4 localities served by 3 Polysystems – Based upon:

1. Localities that make sense to residents
2. Integrated pathways before estate considerations
3. Optimum use of existing asset base
4. Appropriate services closer to home (planned care)
5. Avoid unnecessary duplication of services
6. Viability of services – critical mass of activity
7. Enhanced quality of primary, community & OOH care
8. Demographic changes – population growth and regeneration

PS	Locality & Population
1	**Borough & Walworth (96k reg. population) served by Hub (Guy's site) and one community spoke**
1	**Bermondsey & Rotherhithe (68k reg. population) served by Hub (Guy's site) and two community spokes**
2	**Peckham (78k reg. population) served by a community Hub (Lister Health centre)**
3	**Dulwich** (74k reg. population) served by Hub (King's site) and one community spoke



Questions & Discussion