

Dulwich Community Council



14 December 2009

Southwark
Primary Care Trust



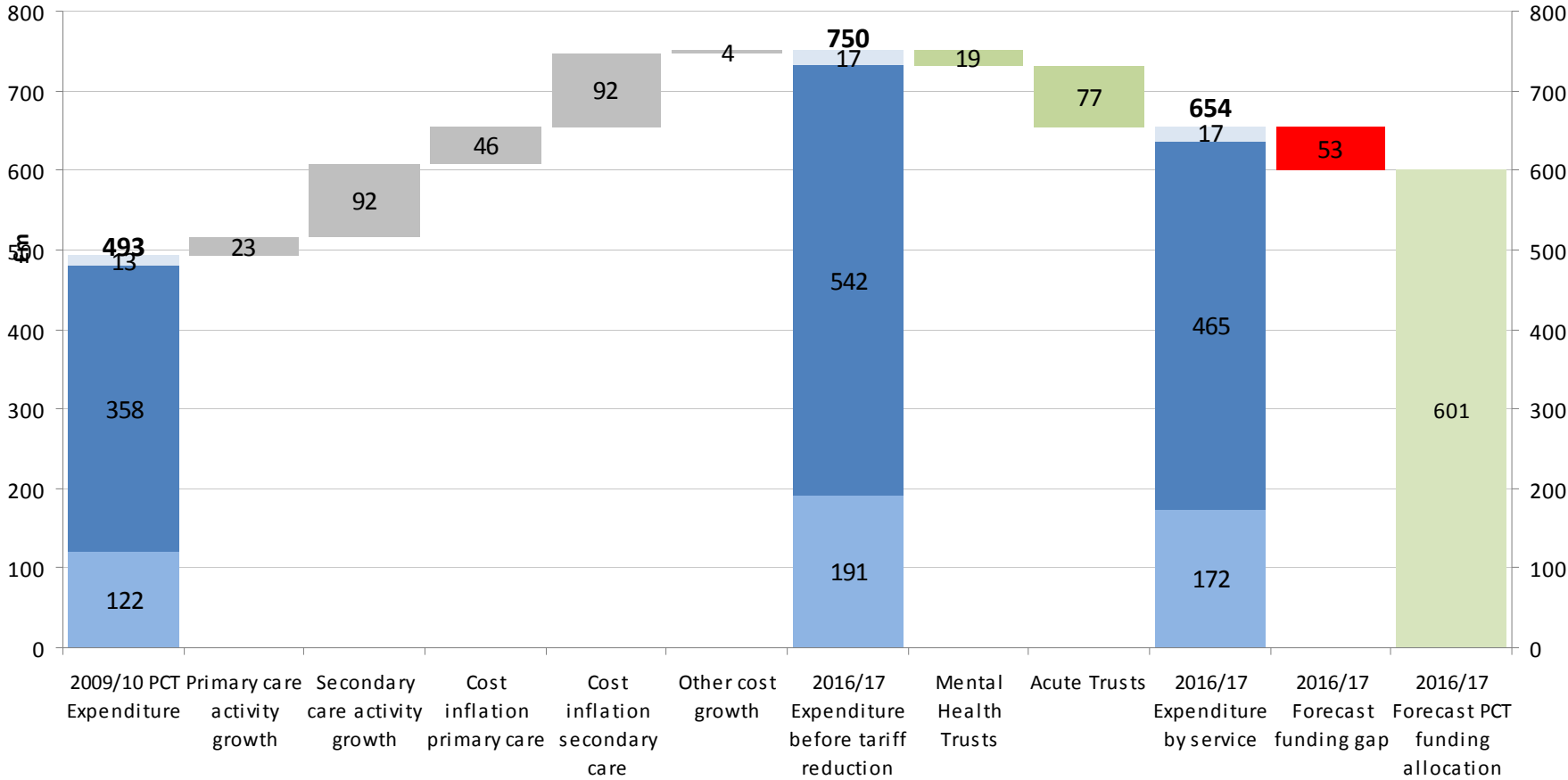
NHS London planning assumptions

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

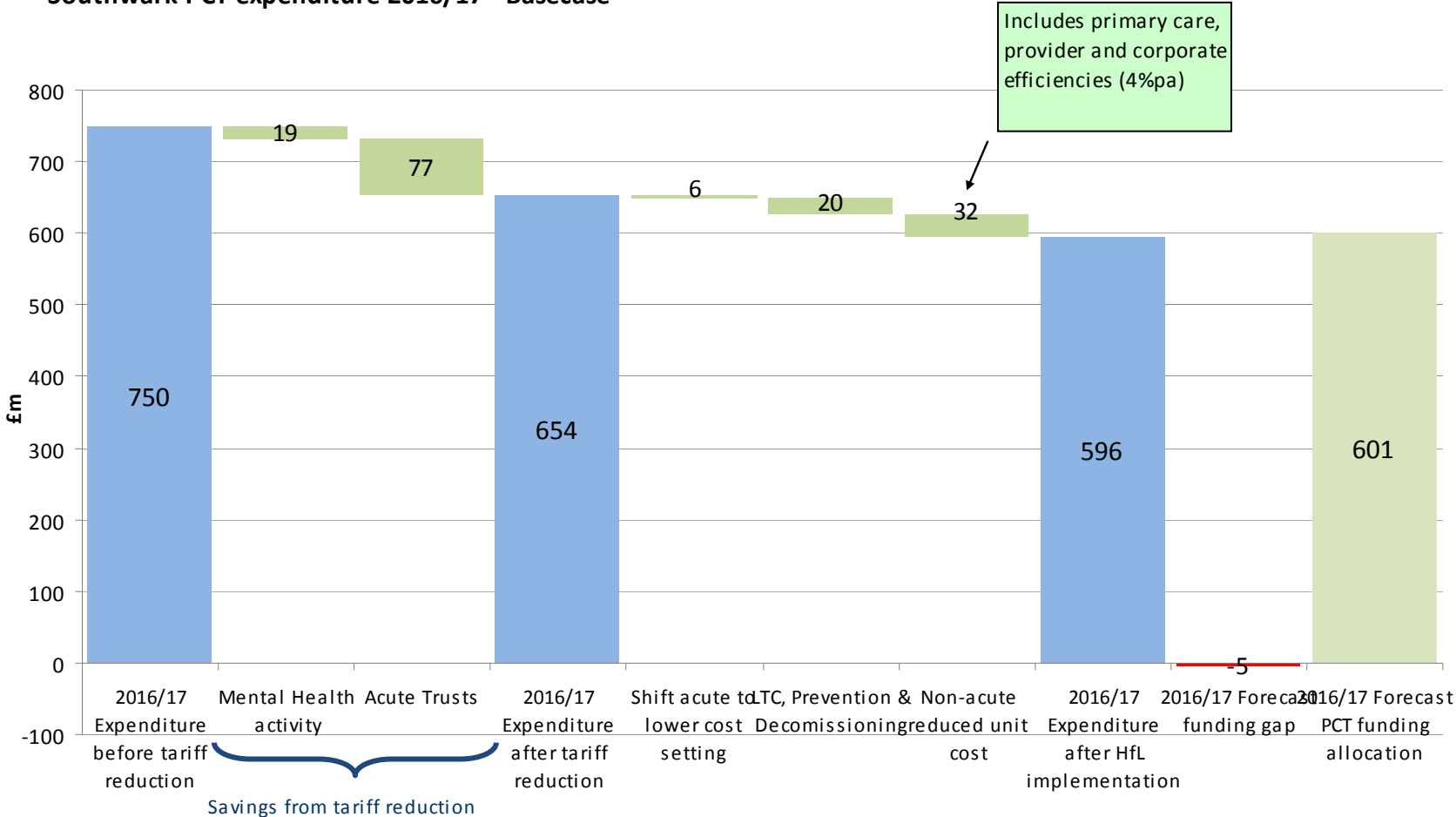
SOUTHWARK HEALTH & SOCIAL CARE

Southwark PCT funding gap in 2016/17 (excl HfL initiatives) - Basecase

Primary Secondary Other



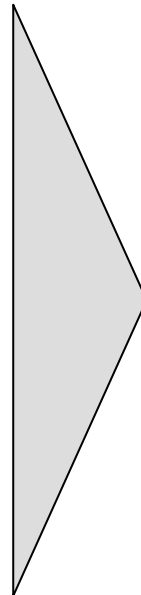
Southwark PCT expenditure 2016/17 - Basecase



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

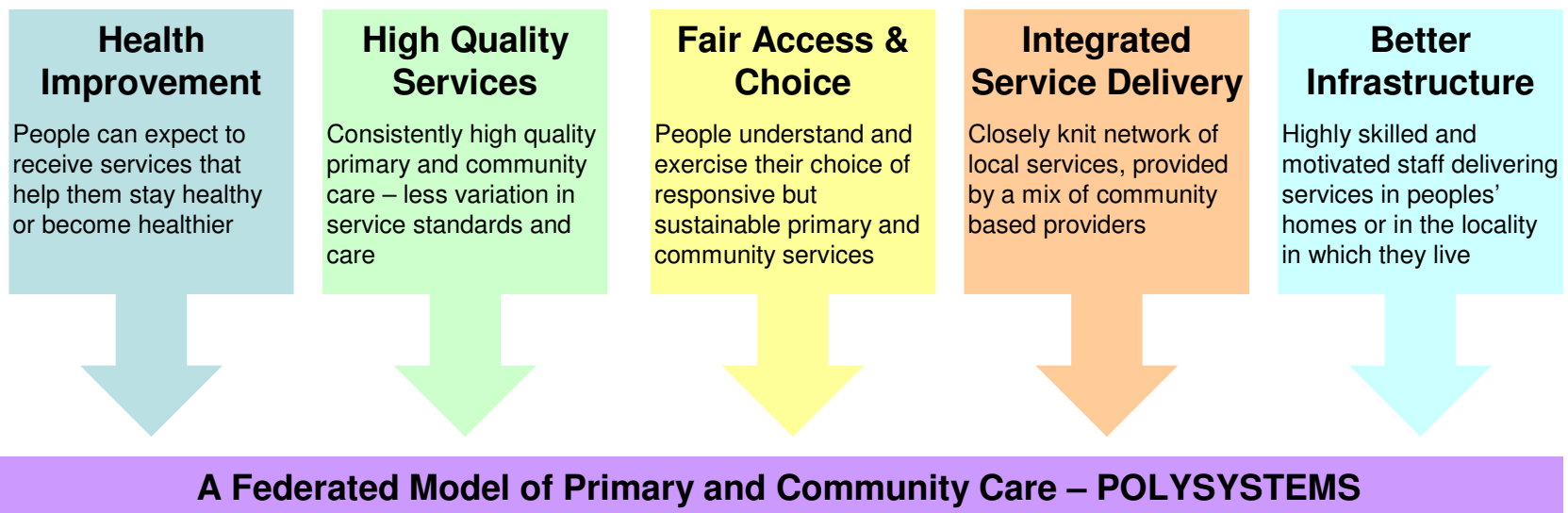
- Reduced “double running costs” through single point of access to urgent care (merged MIU/WIC, GP out of hours, GP in hours)
- Reduced costs of clinical staff through improved utilisation and role substitution from doctors to nurses/AHPs – underpinned by management of care across larger populations
- 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 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 and secure affordable models of care delivery.

Over the next five years NHS Southwark will commission a 'Hub and Spoke' model of primary and community care that secures improvement in the five key areas below:



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.

Southwark's affordability analysis identifies the scale of service redesign required for the future. In response 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 the community and redesign of services that enhance community based models of care
- **Reducing activity / avoiding cost** - Delivery of enhanced / 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, overheads)
- **Prevention and Self Management** – Keep people healthy through the delivery of 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 and improved health outcomes.

Clinically led Implementation and Modelling

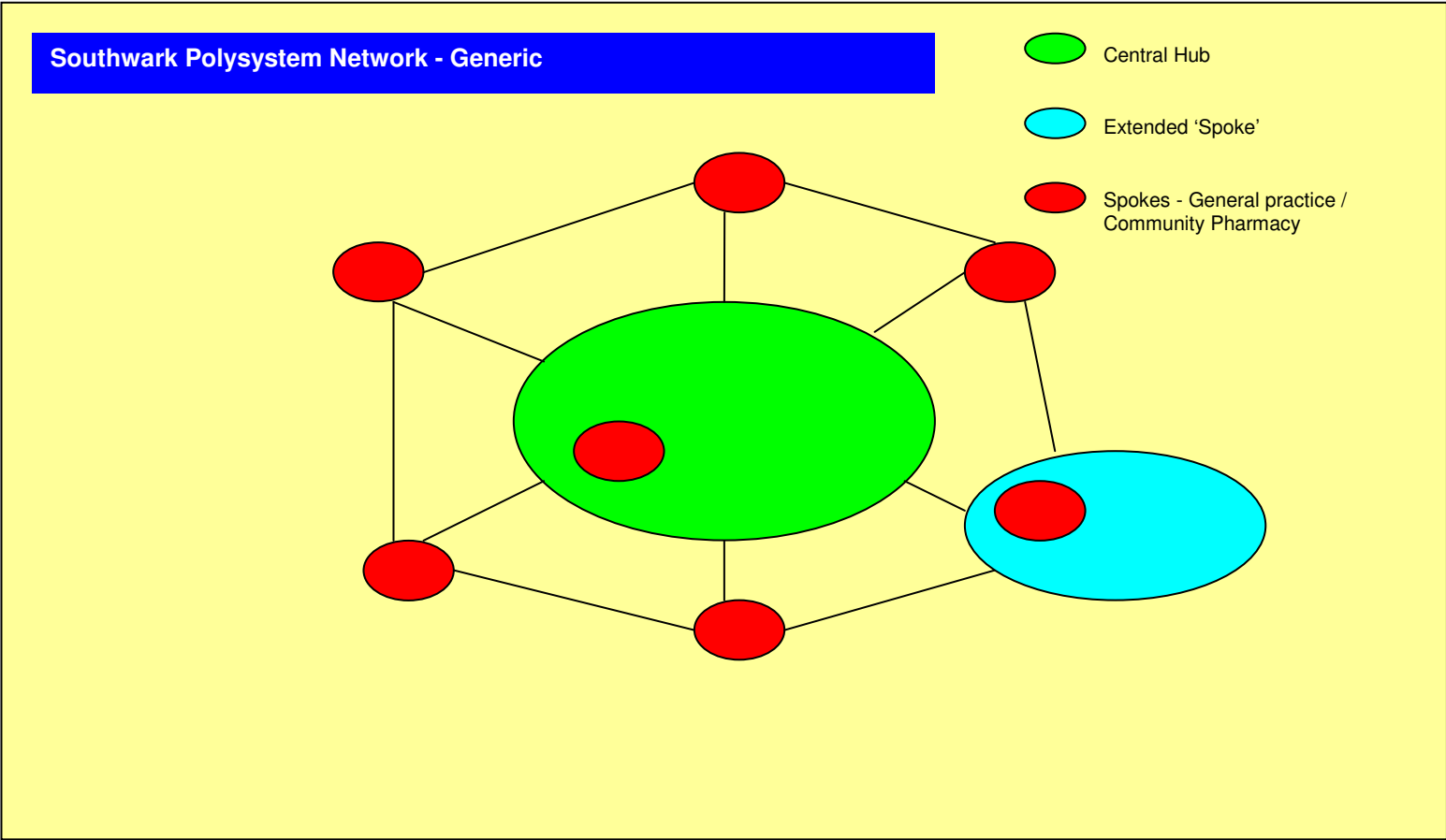
- Implementation in Southwark is clinically led - the PCT has re-organised Practice Based Commissioning (PBC) in the borough to establish its clear leadership role in the local development of each Polysystem
- NHS Southwark has instigated a programme of work focused upon ‘System wide sustainability’ with primary and secondary care teams to develop new ways of working in areas where immediate ‘shift’ of activity from acute hospitals will provide more affordable models of delivery.

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	<ul style="list-style-type: none"> 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 AWP's 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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)

Polysystem Implementation - Networks of Care



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 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

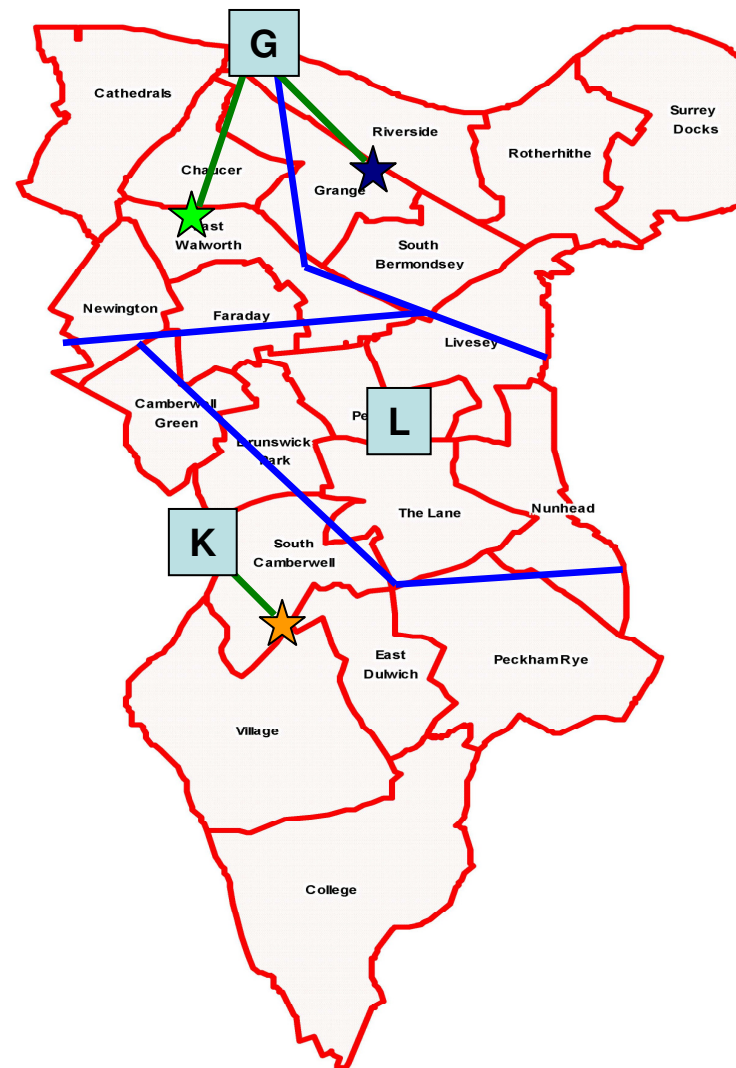
Service / Setting	Hub	Extended Spoke	Spoke	Networked Delivery
Opening Hours	8am - 8pm 7 days per week	8am - 6pm 5 days per week	8am - 6pm 5 days per week	
Community Nursing				●
Community Mental Health Team (CMHT)				●
Social care teams				●
General Practice, Pharmacy, Dentistry	●	●	●	
Minor Diagnostics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



Dulwich Community Hospital

A clear role within the Polysystem model for Southwark and the principles applied throughout this presentation

In short term – work to ensure:

- The safe and affordable delivery of services on this site
- The optimal organisation of services on the current site to allow for enhanced and affordable level of care closer to home (Outpatients and Diagnostics)

Medium to long term – further work required to:

- Determine the best configuration of primary and community care services for the Dulwich locality within a 'Hub and Spoke' model – working with a 'Hub' at the King's site and a 'Spoke' on the Dulwich site
- Establish affordable options for ongoing provision on the site