# STP Discussion Workshop

## Demand Management
## and
## Acute Care

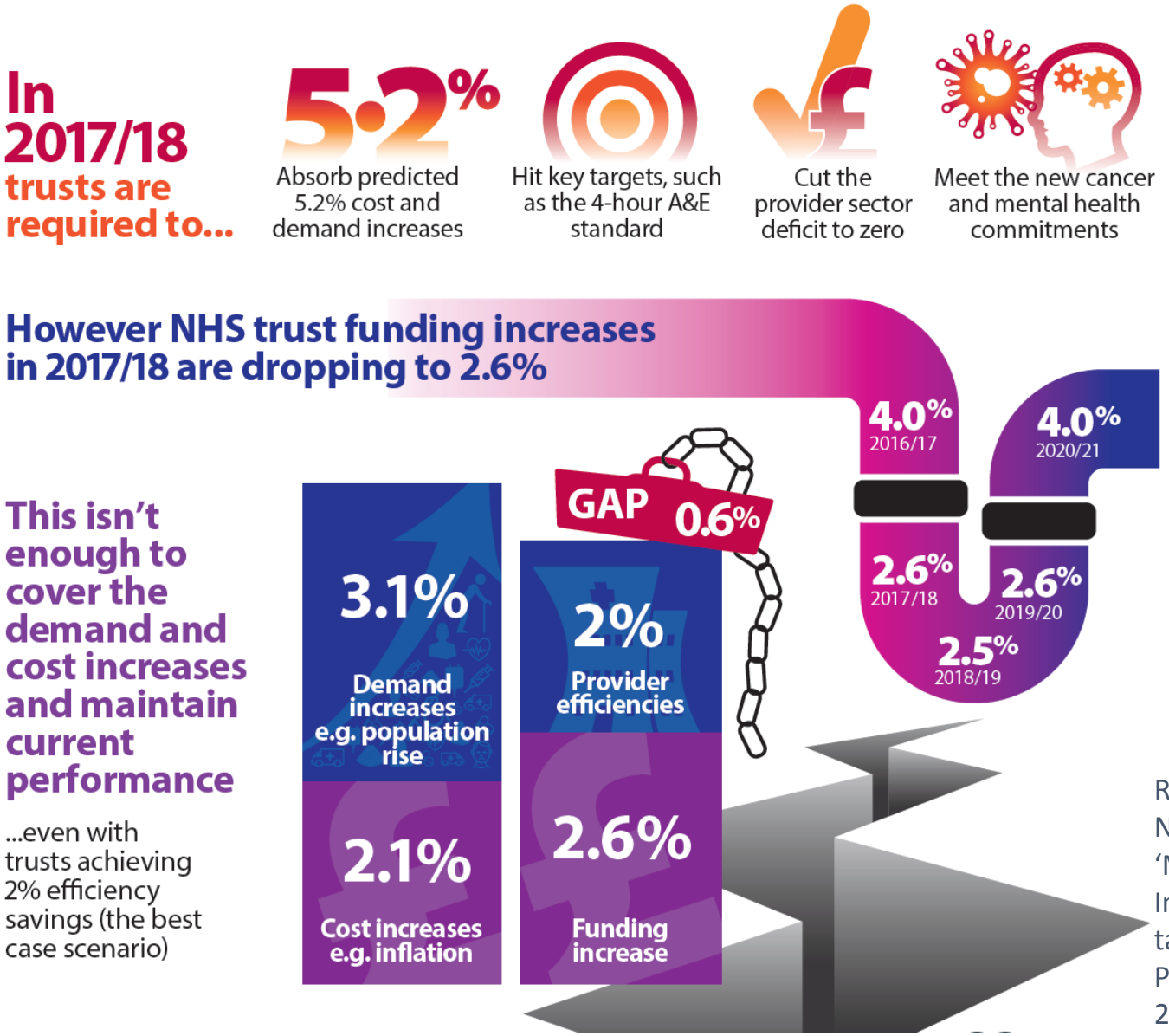
in good health

in good health

# Norfolk and Waveney's STP
# Acute Care and Demand Management

Christine Allen – CEO James Paget University Hospital
and
Antek Lejk, Chief Officer, North & South Norfolk CCGs

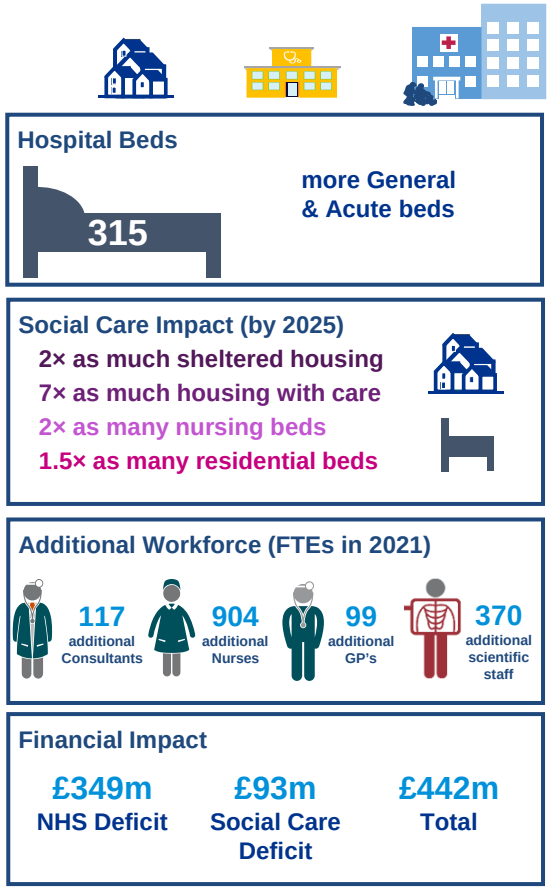
# The National Picture For Acute Trusts




Reference:
NHS Providers – 'Mission Impossible? The task for NHS Providers in 2017/18'

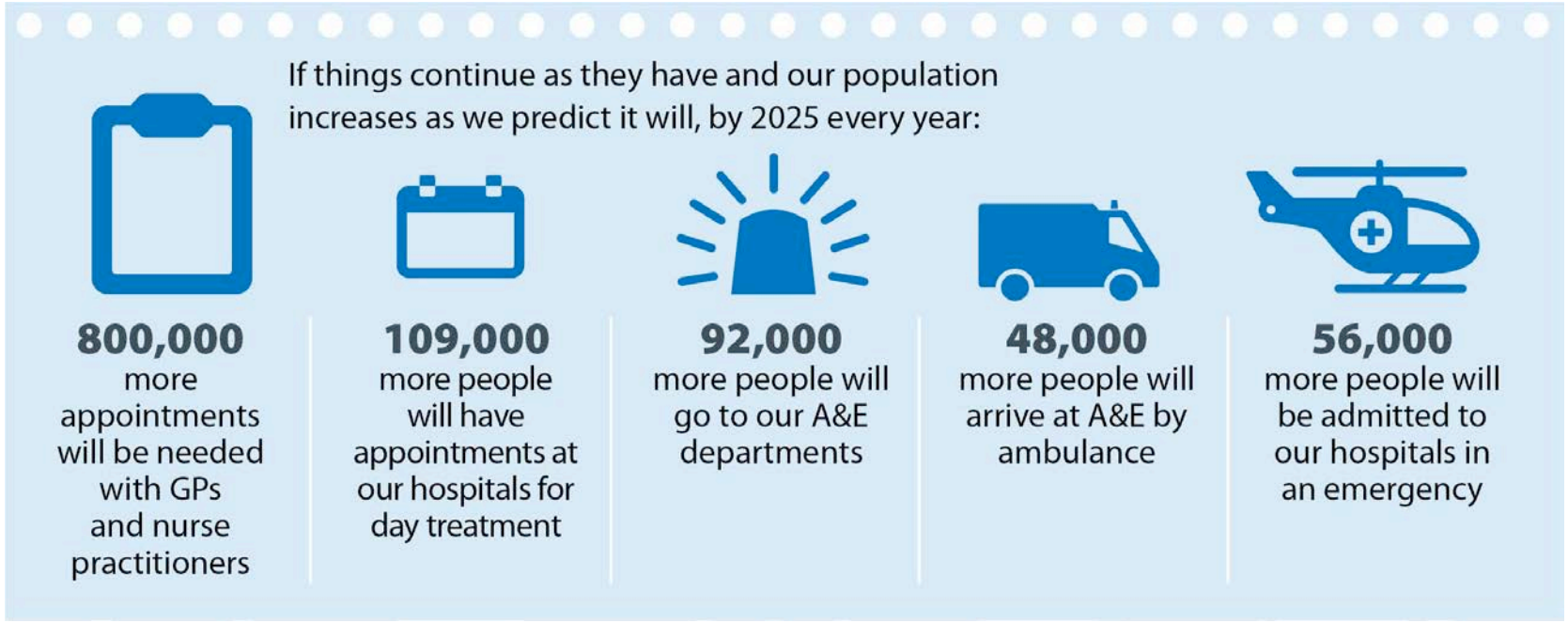
# The Norfolk & Waveney STP challenge….and what happens if we do nothing

- Our population is increasing and getting older.
- The type of care that people need is changing - 45% of patients treated in hospital could be treated out of hospital, closer to home.
- Problems recruiting appropriately qualified staff across health and social care services.
- We need to make our services more efficient.
- If we do nothing, in five years' time we would overspend by £442 million in the STP footprint.
- STP aims;
  - 20% reduction in A&E attendances.
  - 20% reduction in non-elective admissions.
  - 20% reduction of acute bed days (reducing delayed discharges)
  - 15% reduction of acute bed days (reducing internal delays)




in good health

# Increasing demand on services




in good health


# Norfolk Acute Hospitals Group
# Acute Services Review

Norfolk and Norwich NHS University Hospitals NHS Foundation Trust

James Paget University Hospitals NHS NHS Foundation Trust

The Queen Elizabeth Hospital NHS King's Lynn NHS Foundation Trust

There are a range of opportunities for the acute's to work together to improve service delivery, share best practice and generate efficiencies.

There are also a number of benefits in taking a system wide approach to managing capacity and demand, e.g. RTT delivery.

The acutes have recognised the need for closer strategic alignment and an understanding of each organisations' issues.

- The Norfolk Acute Hospitals Group was established in 2016
- The Group provides a forum to discuss and agree strategic approaches impacting the Acute's, and oversees the progress of the Acute Services Review
- The Group oversees the development of the local maternity system plan

Acute Services Review;

- The services to be reviewed:
  - Urology
  - Radiology
  - Cardiology
- Pathology consolidation has already been completed.
- Options for service model changes will be consulted with commissioners, patients and carers. Once agreed, services will be commissioned to release benefits, both for patient care and to deliver efficiencies.


# Norfolk Provider Partnership (NPP)
# Corporate Services Consolidation

- NHSI requested all STP footprints commence a programme of work to review options for the consolidation of back office services.

- This work addresses the output from the Carter review of productivity in NHS hospitals. The NPP seeks to deliver cashable savings.

- The NPP involves 6 organisations and was established in December 2015 when a formal Memorandum of Understanding was signed

- Initially looking at;
  - Human Resources
  - Procurement
  - Payroll
  - Finance
  - IM&T

The Queen Elizabeth Hospital NHS King's Lynn NHS Foundation Trust

Norfolk Community NHS Health and Care NHS Trust

Norfolk and Norwich NHS University Hospitals NHS Foundation Trust

James Paget University Hospitals NHS NHS Foundation Trust

Norfolk and Suffolk NHS NHS Foundation Trust

east coast community healthcare


# Norfolk and Waveney Demand Management

NHS
Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

- All Norfolk and Waveney CCGs have Demand Management as a key component of their organisational plans

- While CCGs are leading the charge with Demand Management initiatives across Norfolk and Waveney – they cannot do it alone and need to work with STP partners across health and care

- For our STP to be successful, Demand Management is not just a ‘nice to do’ - it is a ‘must do’!

# What do we mean by Demand Management?

- The NHS is experiencing significant pressure and unprecedented levels of demand:
  - In the UK approximately 1.5M patients are referred for elective consultant led treatment each month
  - Nationally, the average growth in GP referrals between 2009/10 and 2014/15 was 3.9%
  - Growth in 2015/16 compared to 2014/15 was 5.4% nationally
- There is a clear need for the NHS to manage demand so that only the most appropriate cases are referred for face to face consultation at an acute hospital
- Evidence suggests that in many cases a referral to hospital is not always necessary
- In 2017/18 Norfolk and Waveney CCGs are targeting GP referral reductions of between 4.7% and 0% when compared to 2016/17

# How do we ‘manage’ demand?

- Non-elective demand management mainly involves:
  - Improved ‘preventative care’ for patients with Long Term Conditions
  - Implementation of admission avoidance schemes
  - Improved patient pathways

- There are three ways to manage elective demand:
  - Schemes to manage GP referrals
  - Reducing low-value interventions
  - Support for shared decision-making with patients

- The Norfolk and Waveney Demand Management Plans contain examples of all of the above

# Demand management examples

- **Peer review of GP referrals** – includes peer review and audit. Supported by consultant feedback, with clear referral and evidence based guidelines

- **Shared Decision Making** – a process in which patients, when they reach a crossroads in their healthcare, can review all the treatment options available to them and actively participate in decision making – no decision about me, without me

- **Choice** – making sure patients are provided with the information they need (e.g. waiting times at providers) to help spread demand across the system and reduce demand on already pressured services

- **Advice and Guidance** – breaking down barriers between clinicians in different care settings raises the quality of referrals and ensures patients are referred to the right place first time

# Where are we now?

- Foot and ankle pathway redesigned and implemented, reducing referrals by 65 per month, rising to around 180 in September
- New hernia and tonsillectomy referrals have been temporarily suspended at the NNUH and redirected to other providers with capacity, reducing referrals by c700 per year
- The implementation of a 6-month conservative management pathway for potential hip and knee replacements
- A revised suspected cancer upper GI pathway focused on reducing endoscopy demand where it is not considered the best form of diagnostic, e.g. in under 55 year old patients – reducing referrals by around 600 per year pending consultant sign off
- The implementation of an intermediate community respiratory service aimed at preventing referrals to the NNUH and expediting discharge and follow up at the hospital

# Where are we now?

- Diversion of c1,200 patients requiring minor surgical procedures to alternative providers thus releasing capacity at the NNUH, JPUH and QEH
- The implementation of a community clinic focused on providing chair based treatments currently undertaken at the NNUH, JPUH and QEH
- The commissioning of a epilepsy specialist nurse aimed at reducing admissions and A&E attendances
- A well developed primary care variation programme focused on variation across practices and clinicians
- Transfer of direct access audiology services to independent sector

# What is next?

- Development of community ENT service
- Development of a community ophthalmology service
- Development of a community gynaecology service
- Further evolvement of the ‘Procedures of Limited Clinical Value’ scheme with new policies within (e.g. snoring, Achilles tendonitis)
- Further evolvement of Primary Care Variation programme, focusing on specific areas where practices are outlying
- Reduction in radiology and pathology testing by working with secondary care clinicians to understand best practice
- Further evolvement of community IV service to incorporate greater number of patients
- Investment in supported care programme, redesign of community liaison team and evolvement of Intermediate Care Coordinators, all aimed at reducing emergency admissions and releasing bed stock for elective programme