NHS

# We need you to get involved in the Nottinghamshire Service Review


**A PERIOD OF PUBLIC ENGAGEMENT MAY/JUNE 2008**

**This document outlines ways in which health services in Nottinghamshire could be improved over the next 10 years and asks for your views.**

ourNHS *our future*



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**In September 2007 we started a conversation with local people and staff who work in the NHS in Nottinghamshire to help develop a vision for taking forward our NHS in the next decade.**

**In this document you will read about overall themes (or issues which we will address) to improve health services in Nottinghamshire. You will then see a set of priorities for action for each of the clinical areas that we have looked at.**

# Executive Summary

**The NHS in Nottinghamshire has improved substantially over the last few years.** This has been achieved through the dedication, ability and commitment of our staff, increases in government funding and some excellent work with our local partners such as social care and the voluntary sector. Patients are receiving better treatment more quickly, are living longer and satisfaction rates are generally high.

However, while there is a lot to be proud of, we know that further improvements can be made. The health of patients living in some areas of Nottinghamshire is not as good as those living in other areas. Rates of health care acquired infections, such as MRSA, across our community are higher than they should be. Also patients would still like to access services even more quickly and conveniently.

We need to plan for the fact that our local population is ageing, more people will have long term conditions and advances in technology mean that surgical and pharmaceutical treatments have more to offer.

As we approach the sixtieth anniversary of the NHS, this is a good time to look to the future, to build on our strong foundations, and to develop a lasting, ambitious vision for health and health care in Nottinghamshire.

This document sets how health care in Nottinghamshire needs to develop over the next ten years. It reflects the views of clinicians, staff, patients and the public based on the initial period of engagement between September 2007 and March 2008.

**We have identified these underpinning themes from what you have told us so far:**

- **Ensure public confidence – get the basics right**
- **Tackle health inequalities**
- **Improve safety, quality and the outcomes of care**
- **Invest in promoting good health and preventing illness**
- **Provide the right care, at the right time, first time**
- **Make care more personal, local and easier to use**
- **Integrate services**
- **Make best use of taxpayers' money**

These groups have told us what improvements they would like to see.

What is striking is that there is a call for a fundamental change in culture: not only in the way our staff, clinicians and organisations work together, but also to ensure that local people are placed centre-stage and are engaged and taking control of their own health. It is clear that we need to move away from focusing mainly on treatment and cure to preventing ill health. We need to support patients in the management of their own conditions, encourage healthier lifestyles and treat illness earlier when it develops.

This document identifies some immediate priorities that need to be addressed in order to deliver these improvements, including:

- Getting the basics right, consistently and across the board. This means improving the communication and customer care skills of front line staff and ensuring we continue to make improvements in patient safety, hospital cleanliness and the quality of food provided

- Shifting the emphasis away from hospitals by developing a wider range of services in primary care and community settings to offer patients more choice and convenience

- Developing specialist hospital care to provide the best outcomes for seriously ill patients. A key priority will be to ensure timely access to the appropriate treatment for stroke

- Reviewing the provision of intensive care for newborn babies to make sure we use our specialist trained staff in the best way and continue to meet national quality and safety standards

- Focusing on end of life care, improving support for carers and families. Make sure that patients are given an opportunity to plan their end of life care and die in a place of their choice.

These priorities signal real changes for the NHS in Nottinghamshire, some of which will be challenging. Do you think we have got the themes right? Do the priorities feel right for you and your family?

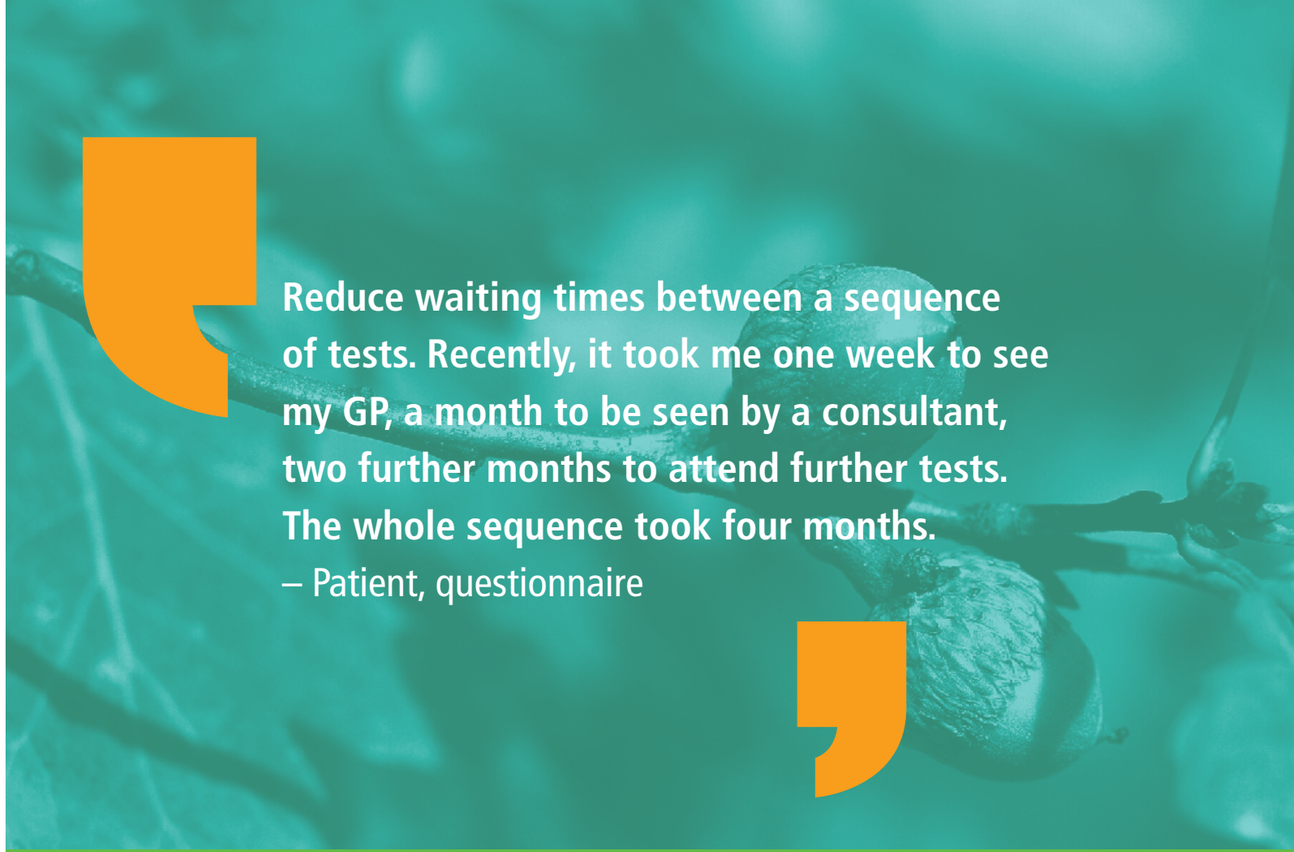
We welcome your views on the themes and priorities set out in this document as we believe that a genuine partnership with the public is required to develop a different kind of NHS in Nottinghamshire, one that best meets the needs of the 21st century.

**Dr Christopher Stanley**
Professional Executive Committee Chair, Bassetlaw Primary Care Trust

**Dr Ian Trimble**
Professional Executive Committee Chair, Nottingham City Primary Care Trust

**Dr Stephen Shortt**
Professional Executive Committee Chair, Nottinghamshire County Teaching Primary Care Trust





**Reduce waiting times between a sequence of tests. Recently, it took me one week to see my GP, a month to be seen by a consultant, two further months to attend further tests. The whole sequence took four months.**
– Patient, questionnaire

# 1. Help us provide better services

## 1.1 WHY DO OUR HEALTH SERVICES NEED A REVIEW?

**Health care in Nottinghamshire needs to change.** We believe that the people of Nottinghamshire deserve the best health care possible to remain or become a 'Picture of Health'. To support this, we want to develop a health service that meets your needs.

While more people are living longer and becoming healthier, the health gap between the rich and the poor is getting bigger. The population is changing: it is ageing and health needs will be different in the future. For example, more people will have long term health conditions. People are becoming more discerning, exercising more choice about their health services and demanding excellence.

Our health services are based on an old system, are of varying quality and are not provided in a way that will meet future needs.

We have excellent staff and technology, although technology is developing very quickly and is constantly changing how we diagnose and treat patients. We need to plan our services wisely and differently, to make best use of what we have.

A Picture of Health is an opportunity to find out what we do best, what we need to improve, and make a real commitment to the public, and our staff, to do things differently in the future. It is part of a debate that is taking place up and down the country.

## 1.2 WHAT WE HAVE LEARNED SO FAR

**We asked three key questions to start the debate:**

- **What do you think works particularly well in your local NHS services?** You told us GPs and general services work well.
- **If you could choose one practical thing that could be done to improve NHS services locally; what would it be?** You told us that we need to improve how you get the correct care, especially getting easy access to care.
- **What would most help clinicians and staff to improve a patient's experience when they use the NHS?** You told us that clinicians and staff need to improve their basic communication skills.


Over 1600 questionnaires were received from members of the public and staff.

Also, more than 160 of the county's leading clinicians (including doctors, nurses and other health professionals) have been involved in developing their visions for eight topic areas covering the health services we use from birth to death. The clinical visions have been based on evidence about what works best, locally and nationally.

To read or download the clinical vision or a report about the questionnaires, visit www.nottspct.nhs.uk

## 1.3 WHAT HAPPENS NEXT?

**The results have been used to develop this vision for the future of Nottinghamshire's health services.** This document is a framework for our strategy: the themes, priorities and principles that we think should guide more detailed planning of our services over the next ten years. This is an ongoing discussion with you, the public and our patients, our staff, stakeholders and partner organisations. We want to give you the opportunity to comment on our approach before we develop the more detailed proposals.

If these include any plans for major service change, these will be the focus of formal public consultation in the autumn. However, there are some things that must happen now and these are subject to separate consultation exercises. To find out more about these proposals, please go to your local Primary Care Trust's website

www.nottspct.nhs.uk
www.bassetlaw-pct.nhs.uk
www.nottinghamcity-pct.nhs.uk

*This document is published on behalf of all the local NHS organisations: Bassetlaw, Nottinghamshire County and Nottingham City Primary Care Trusts (PCTs), Nottingham University Hospitals NHS Trust, Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, East Midlands Ambulance Service and Nottinghamshire Healthcare NHS Trust. Nottinghamshire County Council and Nottingham City Council are also involved in the work.*
*Within this document, Nottinghamshire refers to Nottingham City and Nottinghamshire County including Bassetlaw.*
*PCTs are responsible for planning and paying for health care in Nottinghamshire.*



# ourNHS *our future*

**A Picture of Health is a local review but the debate about our health services is happening up and down the country.**

**Led by Parliamentary Under Secretary of State Lord Ara Darzi, 'Our NHS our Future – the next stage review' will identify the way forward for a National Health Service which is clinically driven, patient-centred and responsive to local communities.**

**For more information, please visit www.ournhs.nhs.uk**

*Below: Patients and staff discussing Nottinghamshire's health services at one of the engagement events, December 2007.*

## Have your say

**A Picture of Health is an opportunity for everyone (patients, carers, staff, stakeholders and the whole community) to influence how health can be improved and health services delivered. Please let us have your views on our vision by 16th June 2008.**

**There are many ways to have your say including the questionnaire that can be completed online or sent Freepost. See section 4 for more information.**


# 2. Feedback – what have we learned so far?

## 2.1 ENSURE PUBLIC CONFIDENCE – GET THE BASICS RIGHT

**Last year the NHS in Nottinghamshire spent approximately £1.3 billion on health and health care.** This is about £1,300 per citizen, per year. We have made real improvements to our local services, including reducing waiting times and fewer people are now dying early from cancers, heart disease and diabetes.

However, despite this good progress, the NHS is not meeting everyone's expectations. People want services delivered closer to their homes, more involvement in decisions about their care and choices in where they are treated and when.

In our recent survey, we asked 'how satisfied are you with NHS services locally?'. 5 out of 6 people said that they were 'satisfied' or 'very satisfied' with services but over 1 in 10 said they were 'not satisfied' or 'not at all satisfied'. We are pleased with the level of positive satisfaction but we want to be world class. We believe that more than 90% should be 'satisfied' or 'very satisfied' and no-one should be 'not at all satisfied'.



Areas you thought to be most in need of improvement include:

- Customer care and communication skills of front line staff
- Treating patients with more dignity and respect
- Patient safety, hospital cleanliness and food
- Local public transport to and from our health facilities and car parking.

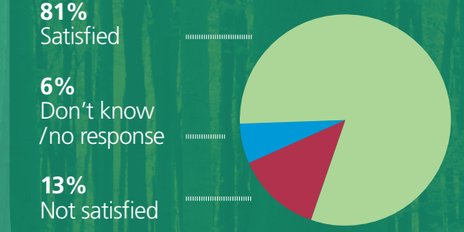
We need to get these basics right if we are to address effectively your concerns.

You must be confident that local health care will improve.

**Therefore, we will:**

- Develop customer service core skills training for front line staff
- Monitor patient and carer experience through surveys and build this into how we assess the performance of health service providers
- Continue to improve patient safety and hospital cleanliness and food
- Have clear plans for how people will access new facilities, whether by public or private transport
- Deliver more services within the community or in people's homes so there is less congestion at the main hospitals.

**How satisfied are you with the NHS Services locally?**




**Work in partnership with patients. Listen! Work together!**

– Patient, engagement event

## 2.2 TACKLE HEALTH INEQUALITIES

**Levels of health vary widely across Nottinghamshire, both in terms of life expectancy and quality of life.** Despite a general increase in good health there is a widening gap between the health of the advantaged and disadvantaged communities across the county.

Your health, your life expectancy and your opportunities to be actively involved in managing your own health are closely linked to where you live in Nottinghamshire.

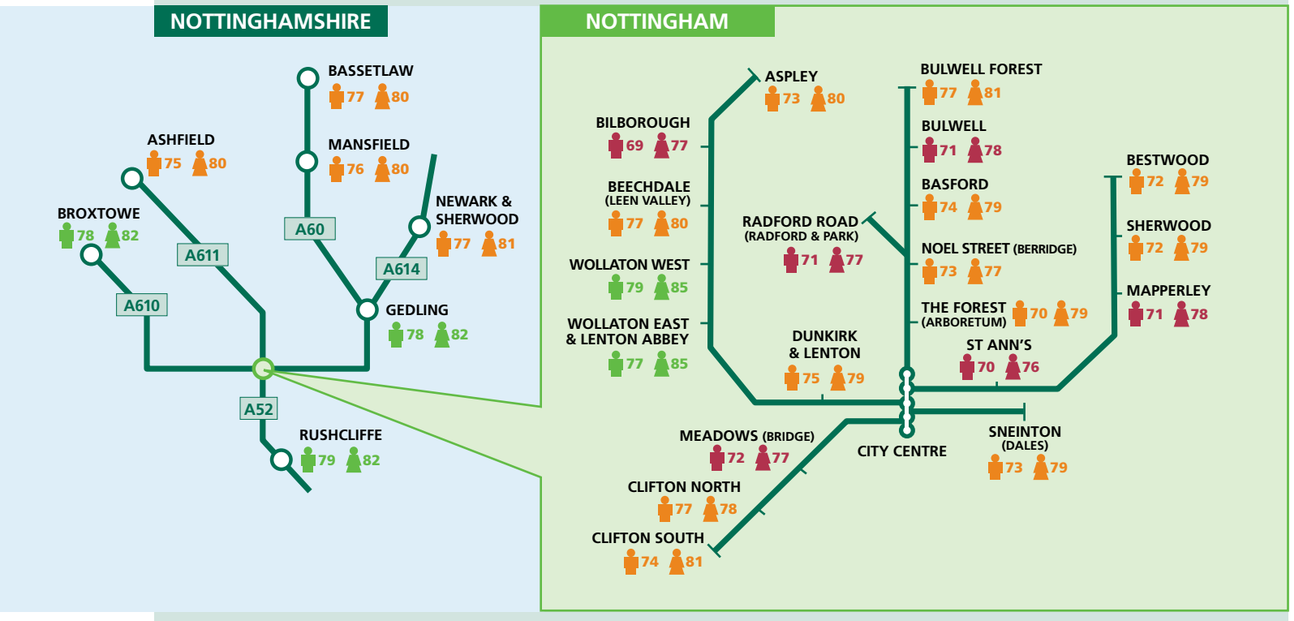
For example:

- In Nottingham City, there are high levels of ill health with death rates that are some 25% above the national average
- Life expectancy at birth is significantly higher in Rushcliffe than in Ashfield, Mansfield and Bassetlaw
- A man in Wollaton West, Nottingham is expected to live 10 years longer than a man in Bilborough.

The way in which we live our lives influences our health. Despite overall reductions, in Nottinghamshire and Bassetlaw 1 in 4 adults smoke and are obese. 34% of the population smoke in Nottingham City, a level equivalent to that of the rest of England 25 years ago.

Levels of childhood obesity are also well above the national average and only 11% of adults in Nottinghamshire participate in the recommended level of physical activity.

### TRAVELLING THROUGH THE HEALTH INEQUALITIES ACROSS THE COUNTY: A FEW MILES DOWN THE ROAD CAN MEAN A SIGNIFICANT CHANGE IN YEARS OF LIFE EXPECTANCY




A person's health is influenced by many factors, most of which are not about health care. But the health and social care system has a responsibility to make sure that health services are available according to local people's needs. Often the best health services are available to those with the best health.

**Therefore, we will:**

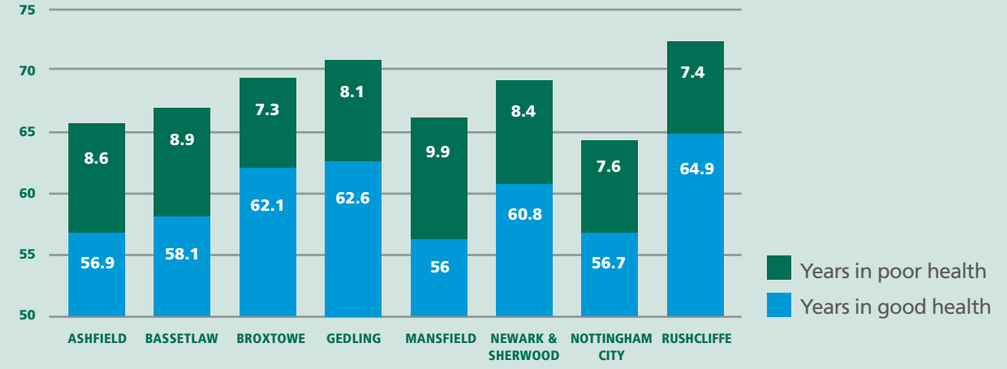
- Make sure all services are of high quality and easily accessible. We will target investment towards the communities with the greatest health needs
- Provide the best available care, treatment and drugs based on best evidence
- Design services to target the most vulnerable and hardest to reach people.

## 2.3 IMPROVE SAFETY, QUALITY AND THE OUTCOMES OF CARE

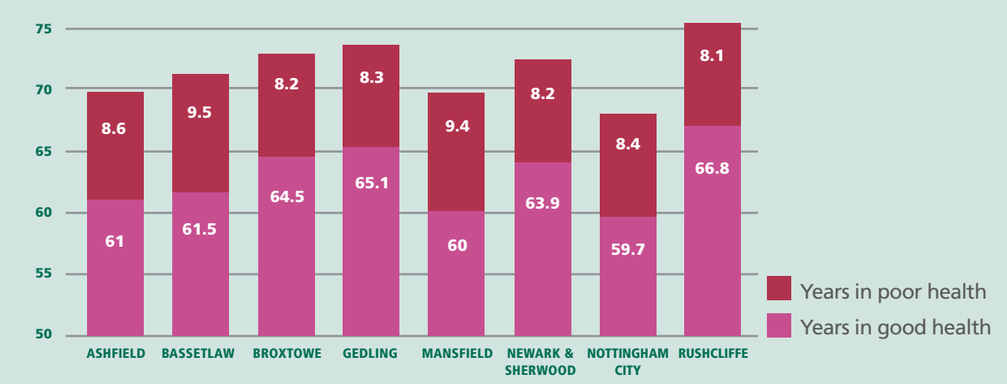
**Many countries have better survival rates and healthier populations than the UK.** Locally, some of our health care services compare well with the rest of the country but there are great variations in the quality of care. We have a duty to provide high quality, consistent and safe services to the population we serve.

In Nottinghamshire, it is estimated that about 50,000 people have diabetes, although about 11,000 (or over 20%) are not aware of it. Of those receiving treatment, only about 20% are getting the optimal range of treatments for their condition.

### LIFE EXPECTANCY AND HEALTH IN NOTTINGHAMSHIRE: MEN




### LIFE EXPECTANCY AND HEALTH IN NOTTINGHAMSHIRE: WOMEN



In 2007/08 there were over 1,100 cases of health care acquired infections and we are working to reduce this.

Quality of care should be our prime focus.

Quality of care is significantly affected by the people who provide the care, where and how they do it.

**Therefore, we will:**

- Develop meaningful patient and carer experience measures and clinical outcome measures
- Only invest in care that has evidence of effectiveness and recognises the need for urgent assessment and diagnosis
- Prioritise multi-professional clinical leadership and involvement in order to develop the best care for our population
- Make sure our staff must have the right skills, capacity and capability for the future, including a core understanding of how their patients' needs can be met across health and social care.

## 2.4 PROVIDE THE RIGHT CARE, AT THE RIGHT TIME, FIRST TIME

**You have told us that it can be difficult to find the right care, in the right place at the right time.** You sometimes struggle to understand how our services work and have told us that you are not always clear when for example, to use NHS Direct, Walk-in-Centres and accident and emergency (A&E). Indeed, we as health professionals are not always clear on how all our services fit together to benefit our patients.

In our recent survey, more than 53% of you said that 'getting an appointment with a GP when I need one' was your number one priority. Other areas thought to be important include extended opening hours, flexible appointment systems in GP surgeries, developing new ways to get help without always having a face-to-face appointment and availability of out-of-hours care and home visits.

**Therefore, we will:**

- Give access to everyone to see a GP 7 days a week between 8 am and 8 pm. We should also extend access to primary care through new ways, which could include e-mail or telephone advice
- Provide single points of access (SPAs) and telephone assessment services so the patient and carer can navigate the NHS and be in control of their own care. This will provide out-of-hours access to community services, in particular urgent primary and social care
- Provide 24/7 access to diagnostics and equipment and extended opening hours for pharmacy services
- Provide clinical access (and GP direct access) to investigations and diagnostics to support the early identification of problems and provide same day reporting of results
- Provide crisis avoidance and intervention services for patients with long term conditions, mental health and social needs
- Simplify and standardise service names and provide clear information about illness and the services available to treat them
- Provide accurate patient information on choice and service availability (e.g. single point of access, choice websites, Choose and Book)
- Improve the co-ordination of information for patients and carers and develop locally sensitive education programmes on how to navigate the system.

## 2.5 INVEST IN PROMOTING GOOD HEALTH AND PREVENTING ILLNESS

**80% of premature heart disease, stroke and type 2 diabetes and 40% of cancer could be prevented by taking regular physical exercise, eating a healthy diet and avoiding tobacco.** Complications and other illnesses could be avoided by early detection and intervention of these diseases. But currently less than 2% of our health care budget is spent on health promotion in Nottinghamshire.

59% of our inpatient hospital bed days are given to patients with long term conditions nationally. As there will be 38% more people in Nottinghamshire aged between 75-79 years by 2029, many of whom will have long term conditions, we need to think differently about how our resources are invested.

**Therefore, we will:**

- Act as a local role model promoting good health
- Take the opportunity to promote health and social well-being with every contact with the NHS
- Start care pathways with health promotion and continue with health and social well-being
- Identify and target those most at risk from preventable diseases, for example through health checks.

## 2.6 MAKE CARE PERSONAL, LOCAL AND EASIER TO USE

**You have told us that you want more local services, nearer to where you live.** You want to see more treatment in patients' homes using skilled practitioners and a new kind of community-based care that empowers the patient and promotes health and well-being.

You want to have more say in and control of your care and have real choices in the services that are available to you.

**Therefore, we will:**

- Improve how we can plan care and better assess an individual's needs at first point of contact
- Promote self-care and give patients the resources to manage their own care. This should include joint preparation of their care plans
- Assess and provide for the needs of carers as a core part of how we provide care
- Recognise carers and families as the bedrock of care. Give them access to training and education
- Provide clearer, more consistent patient information via translation and interpretation services to reduce existing language and cultural barriers.

## 2.7 INTEGRATE SERVICES

**We must provide a service that focuses on the person.** We must integrate services by breaking down barriers between specialties, services and organisations.

This might include bringing together primary care specialists, mental health practitioners, social services, educators and leisure facilities under one roof. But if we move services out of hospital settings, you need to be reassured that the shift in services closer to home will be at least as good as what we've got now.

We need to improve co-ordination and communication between health staff, for example between GPs and hospital clinicians. Health staff should be able access information for and about the patient wherever they see them. We must avoid patients having to go to more than one place for diagnostic tests, consultations and treatment. The focus should be on less steps, more speed.

**Therefore, we will:**

- Improve how we plan an individual's care as they move from childhood and adolescence into adult life
- Integrate urgent and emergency care services, where appropriate, and/or co-locate them within the local community

**'I had such a fantastic day at the deliberative event in Nottingham last week. There was much talk of how best to integrate care, for example by giving each patient their own budget for planning their treatment.'**

– Lord Ara Darzi, Parliamentary Under Secretary of State




**Staff should remember what it feels like to be a patient themselves and translate how they would want to be treated into how they then treat their patients.**

– Staff member, questionnaire


- Avoid delays in requesting tests and results reporting and avoid endless repeated information circulating around the system
- Provide up-to-date accessible patient data and share clinical records so that the professional can do what they do best and spend time with their patient
- Encourage health and social care partners to inspire a common cause and jointly commission with pooled resources. All partners should be jointly accountable for their delivery.

## 2.8 MAKE THE BEST USE OF TAXPAYERS' MONEY

**We need to think carefully about how we invest our resources.** Our population in Nottinghamshire is growing and living longer. As demands on services change and the cost of new technologies grows, we must make the best use of the money available to us.

If we continue to 'do more of the same' our costs will outstrip our income. Spending money on inefficient health care will mean there is less resource to save lives elsewhere.

**Therefore, we will:**

- Implement a real change in the quality, safety and access to care we provide
- Assess and commission Nottinghamshire's needs on a joint basis with the local authorities. We will measure what we do, look at what we need and what works and then develop plans to reflect this
- Stop doing things that do not work so that we can do more of the things that do work
- Apply best practice at all times and invest in things that are sustainable.


# 3. The Visions – how are we going to respond?

**Local clinicians have led the development of visions for clinical services.** These are available to read at www.nottspct.nhs.uk

The clinical visions include priorities for action, both immediate and for the longer term. These priorities address the themes described in section 2.

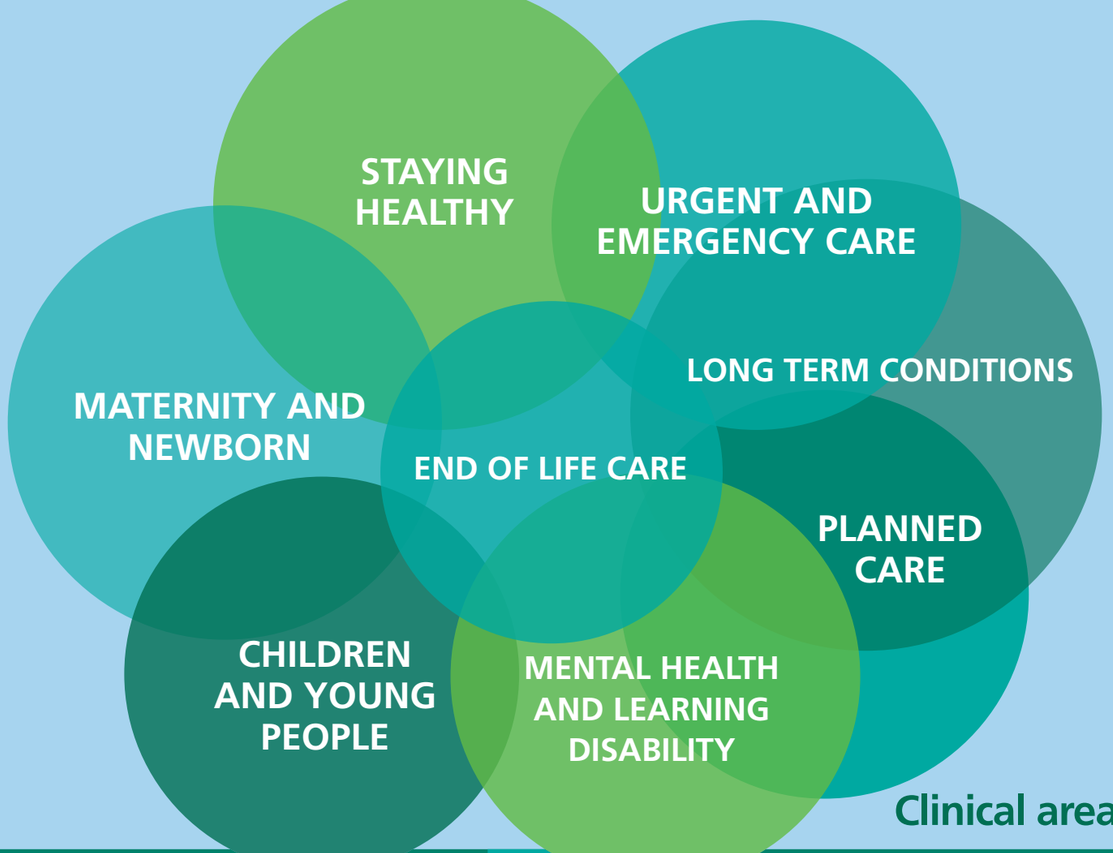
Because the clinical visions are based on the evidence of what works, some aspects of them and the underpinning themes are not new. What is new is the engagement with the public and health care staff and a joint commitment across the health service to achieve our vision across Nottinghamshire. We are committed to delivering this vision and, to do so, we believe we will need to:

- Be strong, assertive commissioners
- Implement and use effective, shared patient information systems
- Have inspired multi-professional clinical leadership
- Empower patients and carers
- Collaborate through team based care
- Develop our workforce with the right skills, capacity and capabilities
- Ensure ongoing public support.

Lord Darzi's vision is that the NHS should be:

- safe
- personalised
- effective
- fair






## Underpinning themes

- Ensure public confidence – get the basics right
- Tackle health inequalities
- Improve safety, quality and the outcomes of care
- Invest in promoting good health and preventing illness
- Provide the right care, at the right time, first time
- Make care more personal, local and easier to use
- Integrate services
- Make best use of taxpayers' money

## 3.1 STAYING HEALTHY

INCLUDES: HOUSING, TRANSPORT, EDUCATION, ENVIRONMENT INFORMATION, ADVICE, HEALTH PROMOTION, SOCIAL MARKETING, PREVENTATIVE SERVICES E.G. STOPPING SMOKING, DIETARY ADVICE, EXERCISE INDUCEMENT, SCREENING AND IMMUNISATION, HEALTH CHECKS INCLUDING DEVELOPMENTAL CHECKS

**Sponsor**
**Dr Chris Kenny**
Director of Public Health, Nottinghamshire County Teaching and Bassetlaw Primary Care Trusts

**Clinical Lead**
**Dr Rob Morris**
Consultant in Elderly Care, Nottingham University Hospitals NHS Trust

**A SNAPSHOT: what is the service and why do we need to change?**

While many health indicators for Nottinghamshire are average compared to national benchmarks, there are some huge differences between different areas in the county.

For example:

- In Nottingham City, teenage pregnancy rates are high compared to the national average
- In Nottinghamshire County, the rate of road injuries and deaths is higher than the national average.

Staying healthy is about far more than health care services and there are strong links between low life expectancy and early mortality, poverty and low income, heart disease and cancer. That said, there is considerable opportunity for the NHS to have a positive impact on the health and well-being of people in Nottinghamshire.

While there is a social case for increasing our focus on the need to stay healthy, there is also an economic case. The consequences of alcohol, drug abuse, obesity and smoking cost the NHS about £5.2-8.7bn and the national economy £37-47bn a year.

Locally, we are not tapping into the potential of our workforce to promote health and many of the excellent projects that have been established are funded from pilot rather than mainstream funding.

There is already a lot of work happening locally to identify the issues and develop services which tackle important topics such as tobacco, obesity and alcohol. We have looked at ways of building on this.

Individuals make their own choices about how they live their life. That said, we need to encourage and help people to take responsibility for their own health.

### Our vision is that:

- All Nottinghamshire health services will lead the Staying Healthy agenda by example. All organisations and providers of our NHS services will own and implement programmes that support people to stay healthy
- When planning services, we will identify health inequalities and think of the best way to address these. When planning services, we will start with how we can promote good health and prevent ill health
- All information on staying healthy will be communicated in a way that is relevant and meaningful to the person who is receiving it
- Local health services will use every opportunity to promote and support behavioural change to support healthy lifestyles. All health professionals will advocate health improvement and will be a core part of their roles and responsibilities.



## STAYING HEALTHY Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | All health care professionals must receive additional training to help them communicate effectively with individuals and communities about changing their behaviour. (Immediate action) |
| Tackle health inequalities | Make sure any changes from this review tackle inequalities in health and health care. (Immediate action) |
| Improve safety, quality and outcomes of care | Start all of the evidence-based pathways of care arising from this review with primary prevention and promoting good health. (Immediate action) |
| Invest in promoting good health and preventing illness | Develop a county-wide NHS strategy to encourage changes in behaviour which lead to healthier lifestyles. (Immediate action) |
| Provide the right care, at the right time, first time | Make services for promoting good health and preventing ill-health available routinely across the county. This should include weight management, stopping smoking and screening programmes. (Immediate action) |
| Make care more personal, local and easier to use | All health care professionals should have 'promoting health' in their job roles, responsibilities and personal development plans. (Immediate action) |
| Integrate services | Develop and monitor a strategy for the future good health of Nottinghamshire involving all health organisations. Health and social care organisations should lead the way by:<br>• Making sure that all contractors support people to stay healthy, for example, by maintaining smoke-free policies<br>• Encouraging people to cycle to work by providing more cycle racks at health care premises and<br>• Making sure that it is easy to buy healthy food on health premises.<br>(Longer term action) |
| Make best use of taxpayers' money | Wherever possible, use NHS resources to promote health rather than providing health treatment. From 2008/09, funding for staying healthy initiatives should be made available where they have been shown to be effective. (Longer term action)<br><br>Analyse where funding is proving most effective in preventing ill-health and concentrate our efforts where there is the most need. This could mean developing new community facilities in the areas that need them most. (Longer term action) |

# Case Study

Dangerously overweight, a smoker and recently diagnosed diabetic Fiona, 42, has a low income job and is struggling with her health. Sarah, 45, lives a short drive from Fiona is a high earner and a social smoker. Recently Sarah has been diagnosed as clinically obese and diabetic.

Both Sarah and Fiona have watched the adverts on TV about giving up smoking and are well aware of the help that is available from their local GP surgeries but have yet to sign up. Conscious of their weight both have tried a few fad diets and are concerned about the health issues their weight is causing.

Recently diagnosed with diabetes both women have been given information leaflets on the benefits of healthy eating but have yet to take action.

In the future specific social marketing techniques will be used to communicate messages regarding smoking and obesity to the individual rather than using a 'one size fits all' approach. Marketing material will be aimed at specific population groups to encourage people like Sarah and Fiona to take action.

All Nottinghamshire health services will lead the Staying Healthy agenda by example.

All organisations and providers of our NHS services will own and implement the Staying Healthy agenda.

## 3.2 MATERNITY AND NEWBORN

INCLUDES: ROUTINE AND SPECIALIST ANTENATAL CARE, PRE-CONCEPTUAL CARE, BIRTH AND POST NATAL CARE

**Sponsor**
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**Clinical Lead**
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**Clinical Lead**
**Dr Amanda Sullivan**
Director of Nursing and Integrated Governance, Nottinghamshire County Teaching Primary Care Trust

**A SNAPSHOT:**
**what is the service and why do we need to change?**

The birth rate in Nottinghamshire has risen by 5% in the last three years. It is expected to level off but it is difficult to predict the health needs of a changing population.

Pregnant women usually receive care within the community and access services through their GP. Only 1-5% of births happen at home and this varies across the county. Most women give birth in one of our four hospital-based labour and birth units. Women with uncomplicated pregnancies usually receive all their care from midwives. The environment is busy and far from a 'home from home'.

Each maternity unit cares for women with a wide range of health care needs and all have neonatal units to care for babies. Some mothers or babies with complex needs are referred to specialist centres. Health outcomes vary around the county, with high infant mortality in Mansfield, Nottingham and Bassetlaw.

In Nottinghamshire most women are satisfied with their care, the choices they have and the level of information they are given. But women say that they would like more convenient antenatal checks, more continuity of who they see and more support once the baby is born. They also want more compassionate staff attitudes, cleaner hospitals and better communication between staff in hospital and those working in the community.

Locally people have also said that we need to provide:

- Better information about sexual health and contraception in schools
- Flexible systems for appointments with midwives and rapid access to clinics
- Ongoing support for mothers with new babies.

## Our vision is that:

- Our maternity and newborn services will offer the best start in life and improve health outcomes for mothers, babies and their families.
  All women will have access to a core pathway of care and have their needs assessed throughout and after their pregnancy. Within this pathway of care, mothers will be able to choose the services which best meet their needs
- The midwife will be the lead clinician and mother's advocate. She will bring in other skills and expertise based on the physical, cultural and social needs of the mother, baby and family
- Mothers-to-be will only be admitted to hospital when absolutely necessary. Caesareans will only be carried out in the best interests of mother and baby and rates should be closer to 10-15% (it was nearly 19% in 2006/07).

## Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Improve hospital cleanliness and create more options for where a woman can give birth. (Immediate action) |
| Tackle health inequalities | Target services to areas which have the worst pregnancy problems. Identify what works well and make sure this is done across the county. (Immediate action)<br><br>Encourage women to breastfeed with support from other mothers and trained workers. (Immediate action) |
| Improve safety, quality and outcomes of care | Develop a network of specialist maternity services with the focus on safety and making the best use of resources. This should include a review of intensive care services for newborn babies. (Immediate action)<br><br>Train the workforce and make sure there are enough staff to deliver the services. (Longer term action)<br><br>Care should include options and ongoing assessments based on a person's health and social needs and the environmental factors at that time. Don't provide care just based on whether a mother-to-be is considered 'high' or 'low' risk. (Longer term action) |
| Invest in promoting good health and preventing illness | Increase promotion of good health, including sexual health and contraception, in schools and across the county. Lifestyle advice should include smoking, alcohol and drug use, exercise, diet and common inherited conditions. Support this with written and spoken information. (Longer term action) |
| Provide the right care, at the right time, first time | Develop midwifery teams to offer all aspects of care and give women direct access to midwives. This needs to be supported by a service which tells where and how to access the care available. (Immediate action) |
| Make care more personal, local and easier to use | Develop midwife-led birthing units to provide a home-from-home, relaxed environment for mothers to give birth. These facilities may be next to hospitals in case complications arise. Maternity care should take place in the community or in people's homes wherever possible and appropriate. (Immediate action) |
| Integrate services | Develop a network of integrated services and a clear model of care, avoiding duplicating services where possible. Make sure all NHS staff can get information about a patient's needs when and where they need it. (Longer term action) |
| Make best use of taxpayers' money | Review how we use our existing buildings to make sure that we can deliver care in a range of places to meet local need. (Longer term action) |





# Case Study

Emma has just carried out a pregnancy test which confirmed she is pregnant. She's had a previous normal birth and is fit and well.

In the future, a midwife could present Emma with her options after an initial needs assessment and highlight the care and tests available. Emma could have her ultrasound scans at her local centre and see her community midwife at the same time.

Currently she'd be referred for a hospital consultation as she's 37 and would visit the hospital on several occasions and have her ultrasounds there. She'd also have to visit her community midwife separately to discuss scans and other tests in pregnancy.

In future, Emma could deliver her baby in a home-from-home midwifery led unit where she gets to know the staff who will be at the labour. She could stay at home following a false alarm

At present Emma would be called into hospital for an assessment during a false alarm and might end up having her baby delivered in hospital by a midwife she doesn't know rather than in a relaxing environment.

All women will have access to a core pathway of care and have their needs assessed throughout and after their pregnancy. Within this pathway of care, mothers will be able to make choices about which services best meet their needs.

## 3.3 CHILDREN AND YOUNG PEOPLE

INCLUDES: PREVENTATIVE SERVICES E.G. DIETICIAN ADVICE, PROACTIVE PLANNED CARE FOR CHILDREN WITH LONG TERM CONDITIONS, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES, ACUTE PAEDIATRIC CARE AND PALLIATIVE CARE

**Sponsor**
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**A SNAPSHOT:**
**what is the service and why do we need to change?**

National and international evidence tells us that the health and well-being of children in the UK rates poorly when compared with similar European countries. Nottinghamshire has relatively high rates of infant mortality and high accident rates. There are also increasing numbers of children with Type 1 and 2 diabetes and obesity. We need to reduce health inequalities for children and young people across the county.

We believe that most care needs should be provided close to home in local settings such as schools, children's centres and primary care facilities. We must develop more accessible, integrated children's services in the community whilst ensuring specialist care is concentrated and provided to children when they need it.

We want services to be child and family focused as currently not all children and young people are treated in child and adolescent specific services. Care for children and young people should be better coordinated across the different organisations delivering it.

If all this is achieved, children, young people and their families will understand their health needs and how to access local services appropriately.

They will achieve their full potential as a result of earlier identification of health needs and choices and services designed to address them. The numbers of A&E attendances, hospital admissions and hospital length of stay will reduce. Children and young people with long term conditions will transfer into adult services with a good understanding of their health needs and a plan for the ongoing management of their care.

### Our vision is that:

- Every child and young person will have access to high quality health and social care, when and where they need it, based on best practice and reflecting their individual needs
- Universal child health services will be delivered through locally based services. Health problems will be identified early wherever and whenever they present
- There will be clear pathways to a choice of appropriate services, with advice and support from partners in education, social care and the voluntary sector
- Children will be seen within child-specific services throughout their childhood. During adolescence those with long term conditions will experience a smooth transition into adult services
- Families will be empowered to take responsibility for their children's health working in partnership with health professionals
- All children and young people will maximise their chances of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being.



## CHILDREN AND YOUNG PEOPLE

Turning the vision into a **reality** – priorities for **change**

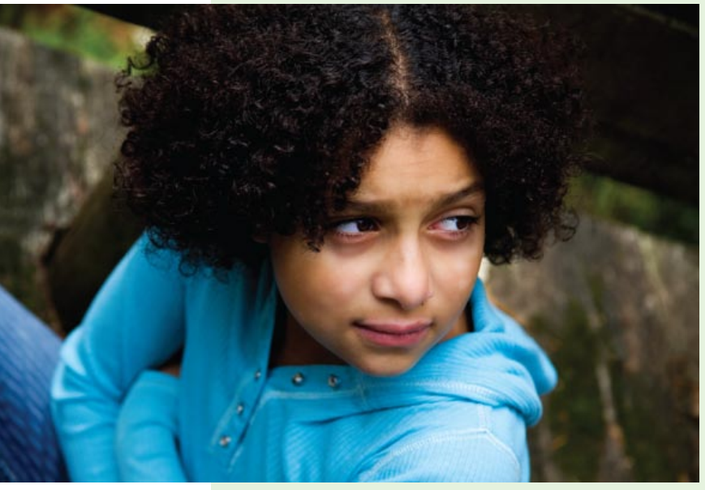
| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Train all staff who offer services for children in the particular needs of children and their families and teach them the specific skills and knowledge to carry out their work. (Immediate action) |
| Tackle health inequalities | Promote physical health and well-being by reducing the number of injuries that could be avoided and reducing the year-on-year rise in obesity levels. (Immediate action) |
| Improve safety, quality and outcomes of care | Appoint community matrons to oversee managing the care of children with long term conditions. (Immediate action)<br><br>Develop a network for managing the care of children who need elective (planned) and emergency surgery to make sure that care meets national safety standards. Provide care as near to home as possible while providing the specialist expertise needed for safe surgery and anaesthesia. (Immediate action) |
| Invest in promoting good health and preventing illness | Identify and support children and families with additional needs, such as learning difficulties, at an earlier stage. (Longer term action) |
| Provide the right care, at the right time, first time | Provide the full range of services in the child and adolescent mental health service (CAMHS) to improve the mental health of all children and young people. (Immediate action) |
| Make care more personal, local and easier to use | Improve the way children move into adult services as they get older. This will make sure that children with long term health problems leave children's health services well-educated about their own health care needs and with a clear plan about how these needs will be met in adult services. (Longer term action) |
| Integrate services | Develop community paediatric nursing services to improve access to health care locally and integrate specialist hospital-based services, primary care teams and community health care. (Immediate action)<br><br>Develop a county-wide patient information system which provides accurate medical records, including all details of previous care and investigations. Make sure the information is accessible to the health professional, partner agencies, children and their families. These records will be available wherever the child is being treated. (Longer term action) |
| Make best use of taxpayers' money | Make sure health organisations work together to develop services within a Nottinghamshire Children's Health Group. This will make sure there is a joined-up service with less duplication, more choice and access for all children, young people and their families. (Immediate action) |

# Case Study

Kylie was developing normally until aged 9, when she developed infantile spasms, a form of epilepsy.
She was admitted to the specialist paediatric in-patient unit 25 miles away for diagnosis and treatment by a children's neurologist. Close monitoring was needed so that medication could be adjusted to get her seizures under control, and to identify any side-effects of treatment. She had to stay in hospital for one month. During this time her parents became concerned that her development did not progress.

In the future Kylie could be cared for closer to home with care shared between the primary care team, the local paediatric service and the neurology service.

Brief admission to the specialist unit for tests may be necessary, with treatment continued at home. Community paediatric nurses could do the necessary checks and help the family understand and manage the epilepsy, with advice and training from a children's epilepsy nurse specialist. Local paediatricians could monitor progress and adjust medication, by consultation with the neurologist. The team would pick up worries about development early and refer the family to local community resources for ongoing support.



Our vision is that:
Every child and young person will have access to high quality health and social care, when and where they need it, based on best practice and reflecting their individual needs



## 3.4 MENTAL HEALTH AND LEARNING DISABILITY SERVICES

INCLUDES: MENTAL HEALTH PROMOTION, PRIMARY CARE AND ACCESS TO SERVICES, ACUTE MENTAL HEALTH SERVICES, LEARNING DISABILITY SERVICES, SUPPORT FOR CARERS AND SUICIDE PREVENTION

**Sponsor**
**Mike Cooke**
Chief Executive, Nottinghamshire Healthcare NHS Trust

**Clinical Lead**
**Dr Trevor Mills**
Medical Director, Nottingham City Primary Care Trust

**Clinical Lead**
**Dr Peter Miller**
Medical Director, Nottinghamshire Healthcare NHS Trust

**A SNAPSHOT:**
**what is the service and why do we need to change?**

1 in 4 people will experience some form of mental health problem in the course of a year and about 1 in 10 children have a mental health problem at any one time.

90% of people with a mental health problem receive all their care from primary care services.

In Nottinghamshire, three times more people now claim incapacity benefit because of mental health reasons than in 1997.

There is a high rate of self-harm resulting in admission to hospital. Also, in the next 15 years the number of people living with dementia will have increased by 38%.

But despite this, in Nottinghamshire there is much less access to psychological therapies, more anti-depressants are prescribed and less is spent per person based on mental health need than in the rest of England.

Approximately 11,000 people in Nottinghamshire have a learning disability and this is expected to rise by more than 40% by 2022.

A lot of this increase is likely to be for people with profound and multiple disabilities (77%) and challenging behaviour and autism (110%).

Patient surveys have shown that there has been an improvement in the number of people who are treated with dignity and respect by psychiatrists and psychiatric nurses. But too many patients are not involved in agreeing how they are treated, and they want to be. Patients say that they want more access to counselling, they are worried about what happens in a crisis and they want our services to be more coordinated.

## Our vision is that:

There will be 'no health without mental health'.

- People's experience will be at the heart of how we provide services. Our services will provide for the person's whole health needs, including their spirituality
- There will be effective early intervention services, which will include health promotion and education
- Services will be accessible to all regardless of their age, learning ability, ethnic origin or status in the community
- Services will be available at the time they are needed, safely and efficiently. We will monitor that they are doing what they are meant to do and that the patient is satisfied.

## Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Train all health professionals to identify, work with and support people with mental health problems or learning disabilities. (Longer term action) |
| Tackle health inequalities | Make sure that access to services is not based on who you are or where you live:<br>• All health services should use the same model of care and apply it to everyone<br>• Remove age barriers to services. For example, older people with mental health problems or learning disabilities should be able to get the same physical health services as those under 65 and those under 65 should have equal access to early onset dementia services. (Immediate action) |
| Improve safety, quality and outcomes of care | All health services to measure outcomes (results) in the same way so we know what is and is not working. (Immediate action) |
| Invest in promoting good health and preventing illness | Put greater focus on services that help people return to daily activities, including work, leisure and home life. Work with social and voluntary services to provide:<br>• Additional support for carers<br>• Extra help to keep people well when they have recovered from illness rather than focussing only on the acute phase. (Longer term action) |
| Provide the right care, at the right time, first time | There should be a single point of access to secondary mental health services and learning disability services. (Immediate action) |
| Make care more personal, local and easier to use | Improve people's experience of therapy, whether this is inpatient care or talking therapy. The environment where care is provided must be one in which we would all be happy to be treated. This should include:<br>• Talking therapies available to all in appropriate local settings<br>• Inpatient areas that provide a more positive and safe environment, including more single sex accommodation. (Longer term action) |
| Integrate services | Services for physical health, mental health and learning disabilities should work together more effectively to promote well-being and to meet people's health needs. We should look more closely at the mental health needs of people with long-term physical health conditions. There should be:<br>• More physical health professionals working in mental health and learning disability services<br>• Agreed ways of working and sharing information between primary and secondary care services<br>• Training for all health staff on the mental health needs of people with physical health problems. (Immediate action)<br><br>Information systems that work across and are accessible by all health services. (Immediate action) |
| Make best use of taxpayers' money | Improve the quality of information so that health professionals and NHS organisations can plan investment in services and treatments that work for many people as well as for individual patients. (Immediate action) |





## Case Study

Suffering from depression John might go to his GP, but feel nervous about explaining his issues as he fears being stigmatised and is particularly worried about his employer's reaction – he's been off work too.

He might currently be prescribed medication which he takes long term, but access to psychological therapy is limited so the emotional cause of his depression might not be addressed.

Future improvements could see John much more comfortable talking to his GP who's had core skills training in mental health needs assessment, plus public health campaigns have highlighted how many people struggle to cope.

John is referred to a psychological therapist and seen within 5 days. He is given a number to call in crisis. He is supported at work by mental health-friendly HR policies. When he makes little improvement, he is quickly jointly assessed by his therapist and a specialist and, following a combination of drugs and therapy, makes a significant recovery.

A support worker from the employment services works with him and his employer to negotiate a gradual return to work.

Our vision is that: People's experience will be at the heart of how we provide services.

Our services will provide for the person's whole health needs, including their spirituality.

## 3.5 LONG TERM CONDITIONS

INCLUDES: EXPERT PATIENT SUPPORT TO PROMOTE SELF CARE, EARLY IDENTIFICATION OF AT-RISK PATIENTS, SPECIALIST ACUTE CARE, REHABILITATION SERVICES, PROACTIVE PLANNED CARE IN COMMUNITY E.G. HEART DISEASE, DIABETES, LUNG DISEASE, STROKE AND CANCER

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**Clinical Lead**
**Dr Stephen Shortt**
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Committee Chair,
Nottinghamshire County
Teaching Primary Care Trust

**Clinical Lead**
**Dr Tim Harrison**
Respiratory
Medicine Physician,
Nottingham University
Hospitals NHS Trust

### A SNAPSHOT: what is the service and why do we need to change?

Patients with long term conditions are the biggest users of health care and currently they account for 86% of deaths and 77% of health care service provision. The number of people with these diseases is likely to grow and many have yet to be diagnosed. Long term conditions have an enormous impact on individuals and their families, health services and the wider economy.

Effective interventions exist and good management of long term conditions can help individuals lead an active life without the need for emergency care and hospitalisation. Best practice suggests the need for early identification and prevention, integrated delivery of care and good patient data.

For example, it is estimated up to a third of people with diabetes, 40% of people with lung disease, and 30% of people with dementia may be currently undiagnosed in the UK. This puts them at risk of further health deterioration and denies them access to treatments and medications that could improve their lives.

Current management of long term conditions in Nottinghamshire is fragmented, reactive and poorly co-ordinated. We do not place enough focus on the genuine potential of health promotion and prevention and shortfalls exist in delivering the best care.

We do not give patients plans to manage their long term conditions at home and gaps exist in preventative tests and involving patients in decisions about their treatment. There are further problems with the level of support offered to encourage more healthy behaviours and helping people access specialised services.

### Our vision is that:

- Care will be proactive, consistent and co-ordinated using case managers
- Care will be delivered by a multidisciplinary health care team with specialist and generalist expertise
- Care will be integrated across time, place, conditions and organisational boundaries
- Care will be delivered through group appointments, nurse clinics, telephone, internet, e-mail and remote care technology
- Patients will be involved in the design and planning of their care and through self management support
- Information systems will provide access to key data and track individuals and populations
- We will identify those most at risk of long term conditions and those with undiagnosed long term conditions
- Patients will be offered support to encourage healthy behaviour
- Care will be provided in local settings, reducing unnecessary visits and hospital admissions.



## LONG TERM CONDITIONS — Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Involve patients in planning the services for those with long term conditions. Encourage direct patient feedback on the quality of care that they receive (for example through NHS Choices). (Immediate action) |
| Tackle health inequalities | Actively identify those who are most at risk of developing long term conditions, assess their risk and help them to make decisions about a healthier lifestyle. Share information among our primary care trusts and with other care providers. (Immediate action) |
| Improve safety, quality and outcomes of care | Introduce and manage best practice (the best way of doing things) clinical guidelines and pathways. Make sure these are included in clinical information systems, such as Choose and Book. (Immediate action) |
| Invest in promoting good health and preventing illness | Help patients to manage their own care by putting in place a range of self-care programmes that support healthy lifestyle changes. (Immediate action) |
| Provide the right care, at the right time, first time | Support patients and their carers to plan their own care so that they know exactly how, when and where the NHS can help them. Make sure all those involved in the care of people with long term conditions know their responsibilities and share information. (Longer term action) |
| Make care more personal, local and easier to use | Give patients a real choice by offering more options for primary care and care for long term conditions. (Longer term action)<br><br>Give patients a real voice by involving them in planning their own care and wider long term conditions services. (Longer term action) |
| Integrate services | Develop team-based care and encourage generalist (e.g. GP or district nurse) and specialist (e.g. hospital clinician) services and social care agencies to work together. (Immediate action)<br><br>Make up-to-date patient information available and introduce patient tracking across all care services. (Immediate action)<br><br>Introduce incentives to encourage GPs and health and social services staff to work better together as teams. Link payments for the care of long term conditions to the results of treatment. (Longer term action)<br><br>Develop multi-professional clinical engagement and leadership to inspire and motivate change. (Longer term action) |
| Make best use of taxpayers' money | Confirm the roles of primary care trusts and practice-based commissioning and develop their ability to commission better services. (Longer term action)<br><br>Make sure treating long term conditions is a local priority. (Longer term action) |

# Case Study

Matt, 23, has uncontrolled asthma currently making it difficult for him to keep a job, pursue his evening education and play football. He's a smoker who wants to stop.

He's had repeated asthma attack admissions to hospital and doesn't have a care plan. He's never known what to do when his condition deteriorates or he has an attack. Currently he doesn't know about the out-of-hours GP service and has generally just called 999 and been taken to A&E.

In future, Matt could attend regular reviews with an asthma nurse specialist who he could also phone for advice or drop in.

Goals agreed in his care plan for the next year include what to do when symptoms deteriorate and when/who to call for urgent care.

Matt has access to web-based support and information. He's also enrolled in a smoking cessation clinic receiving specialist support and treatment to help him give up.

He's sent SMS text reminders to get his annual flu vaccine and is told the personal risk profile for other long term conditions, including vascular disease and diabetes.

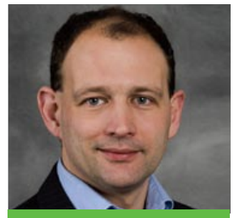
Our vision is that:
Care will be proactive, consistent and co-ordinated using case managers.



## 3.6 PLANNED CARE

INCLUDES: COMMUNITY SERVICE PLANNED VISIT E.G. DISTRICT NURSE, GP PRACTICE PLANNED VISITS SPECIALIST CONSULTATION, DIAGNOSTIC TESTS, PLANNED PROCEDURES AND TERTIARY CARE

**Sponsor**
**Louise Newcombe**
Chief Executive, Bassetlaw Primary Care Trust



**Clinical Lead**
**Nigel Beasley**
Deputy Medical Director, Nottingham University Hospitals NHS Trust

**Clinical Lead**
**Richard Hind**
Consultant Surgeon, Sherwood Forest Hospitals NHS Foundation Trust

**A SNAPSHOT: what is the service and why do we need to change?**

Last year, Nottinghamshire patients attended over 253,000 first outpatient appointments to see a consultant at a secondary care hospital. We believe many of these appointments could be carried out closer to people's homes in clinics led by GPs, consultants or other skilled practitioners, for example a nurse. This would provide more local, convenient care and avoid the patient having to travel to our specialist hospitals.

We also need to improve access to diagnostic tests, for example MRI and CT scans and ensure GPs have direct access to test facilities in the community. This will also stop patients having to make unnecessary trips to hospitals and reduce waiting times.

In 2006/07, Nottinghamshire patients experienced 156,000 interventions in secondary care hospitals (including surgical procedures, injections, maternity, biopsies, endoscopies, etc). In the same year about 75% of planned interventions were carried out as day cases. We believe more surgery can be carried out as a day case, allowing the patient to go home on the same day. Most patients prefer it, it is more cost effective and it reduces the risk of catching an infection.

These changes will mean fewer hospital visits as services are reorganised and tests and treatments are co-ordinated. There will also be better outcomes due to early detection and intervention. The patient will also have a better understanding of what to expect from their treatment and care, and when to expect it.

Best practice evidence also suggests that specialised, complex care should be centralised to make the most effective use of our expert staff and equipment and deliver the best clinical outcomes. We therefore recognise that our more seriously ill patients who need specialist care will have to travel further to ensure they receive the best quality of care.

Overall, our planned care services need to be built around the needs and choices of patients and must be of good quality and safe. We want to involve patients in the decision-making process and keep them informed about their health. Any artificial boundaries between primary care and hospital care must be removed and our services should be locally accountable.

**Our vision is that:**

- The public will be as healthy as possible throughout their lifetime
- When patients need health services, we will aim to give them the best planned care based on evidence from around the UK and the rest of the world
- Patients will be treated with dignity and respect and where possible, receive more care close to home to avoid going into hospital.

## Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Listen to and understand what patients really want. Take account of public needs and the opinion of patients when planning and delivering health care. Patients want to know who is in charge of their care and that information is being shared between their GP and the hospital. (Immediate action) |
| Tackle health inequalities | Create a county-wide planned care advisory group to make sure that services are developed to the highest standard. Share best practice (the best way of doing things) across the county. (Immediate action) |
| Improve safety, quality and outcomes of care | Improve the way we measure the results of health care treatment and provide high-quality and reliable information to make sure good practice for planned care is widely used. (Immediate action) |
| Invest in promoting good health and preventing illness | Use information better to identify the priorities for promoting good health and preventing illness. (Longer term action) |
| Provide the right care, at the right time, first time | Provide patients with tests and a prompt diagnosis and make sure results are reported promptly to GPs and hospital teams. This will result in patients receiving treatment sooner. (Immediate action) |
| Make care more personal, local and easier to use | Recognise and support the role of carers. (Immediate action) |
| Integrate services | Authorise local clinical networks to make changes recommended by the county-wide planned care advisory group. This will remove the barriers created by different organisations and professions. (Longer term action)<br><br>Promote leadership by local health professionals across the health services. (Longer term action) |
| Make best use of taxpayers' money | Give patients access the right team, first time, and provide more direct access to their diagnosis. This will prevent unnecessary consultations and release staff to provide better quality care. (Longer term action) |





# Case Study

Bill lives five miles from the local hospital and suffers from painful knees. He cannot get to the shops for fear of falling.

Currently Bill would expect to see his GP, Dr Jones, then possibly a physiotherapist before referral to Mr. Smith, an orthopaedic surgeon at the local hospital. A couple of further trips for x-rays and scans would be needed before a knee replacement was discussed.

In the future Dr Jones and the orthopaedic team will have created a simple planned care pathway.

Now when he goes to Dr Jones about the other knee, he is booked for a scan the same day at the new imaging centre on the high street. Dr Jones calls him that afternoon to tell him that he might need another knee replacement.

Bill compares his local hospital with others via the internet and decides to stick with Mr Smith, arranging the appointment himself.

When he sees Mr Smith a couple of weeks later he decides to go ahead with surgery and sees the pre-admission team the same day.

Our vision is that:
The public will be as healthy as possible throughout their lifetime.

## 3.7 URGENT AND EMERGENCY CARE

INCLUDES: ADVISORY SERVICES (E.G. PHARMACY, NHS DIRECT), FIRST CONTACT CARE (E.G. GP IN HOURS, GP OUT OF HOURS, WALK IN CENTRE, MINOR INJURIES UNIT, 999 AND AMBULANCE SERVICES, AND A&E), AND EMERGENCY HOSPITAL ADMISSION (ACUTE MEDICAL ADMISSION E.G. STROKE, HEART ATTACK, ACUTE SURGICAL ADMISSION, ACUTE MENTAL HEALTH ADMISSION)

**Sponsor**
**Jeffrey Worrall**
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Sherwood Forest Hospitals
NHS Foundation Trust

**Clinical Lead**
**Dr Ian Trimble**
Professional Executive Committee
Chairman, Nottingham City
Primary Care Trust

**Clinical Lead**
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Consultant Respiratory Physician,
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NHS Foundation Trust

### A SNAPSHOT: what is the service and why do we need to change?

Emergency and urgent care (or acute care) describes the care provided to a patient with a sudden or an unexpected illness. This might be an injury as the result of an accident, a sudden illness such as a severe headache or a re-occurrence of a pre-existing condition such as a chest complaint.

In each instance, you should know where to turn to for quick and expert advice and treatment. Should you go to your local pharmacy, Walk-In Centre, GP or A&E? Or should you telephone your GP, NHS Direct, or 999?

Many patients are confused by the range of services provided and there is little emphasis on preventative self care.

During 2007/08, there were over 320,000 attendances at A&E or Walk-In Centres across Nottinghamshire. Over 100,000 people required emergency admission into a hospital bed. 150,000 calls were made to '999', 100,000 calls were made to NHS Direct, and 120,000 calls were made to the GP out of hours services.

Patients need to be aware of the best choice available locally and receive a rapid and high quality response from the NHS. Our response should be as consistent as possible, regardless of how or when the patient chooses to enter the system.

If you have a serious illness (such as a stroke or a heart attack) or a major injury, highly specialist care is needed to give the best chance of recovery. Patients should be taken directly to the most appropriate hospital for their needs. Patients should receive a thorough and consistent assessment 24 hours a day, seven days a week.

We also know that the numbers of people with long term conditions, including depression, dementia, lung disease, heart disease, stroke and diabetes, will rise in future, particularly for people over 65.

These patients are likely to be high users of urgent and emergency care services and this increase in demand cannot be addressed solely through additional capacity. We need to devise more effective and efficient ways of delivering services.

### Our vision is that:

- Emergency and urgent services will be well-publicised, easily accessible and well understood by patients and carers
- The local NHS will work with the public on patient expectations and the use of services. Consistent, high quality care and outcomes will be delivered to patients wherever and whenever they choose to access care
- The right services will be available to patients of all ages with urgent physical, mental or social care needs, whether care is provided in a hospital or community setting. Specialist care for the seriously ill will be identified and available as soon as possible
- Preventative, self-care and community-based programmes will reduce the clinical requirement for urgent care
- Clinical teams will streamline and integrate services to reduce duplication and transfers between services.



## URGENT AND EMERGENCY CARE Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Make sure that an ambulance responds within eight minutes to at least 90% of 999 calls considered life threatening and that 90% of all A&E patients are seen, treated, discharged or admitted within four hours. (Immediate action). |
| Tackle health inequalities | Provide local and accessible primary care services that respond to patients' needs. Introduce new services in areas that need them most. (Immediate action) |
| Improve safety, quality and outcomes of care | Develop and put in place a county-wide stroke strategy with clinical networks. (Immediate action) |
| Invest in promoting good health and preventing illness | Develop self-care programmes to prevent ill-health and reduce the demand on the urgent and emergency care system. (Longer term action) |
| Provide the right care, at the right time, first time | Integrate telephone access and single point of access (SPA) services for both patients and health professionals. Train professional staff with the necessary skills to make clinical decisions. (Immediate action)<br><br>Produce clear information on advice and treatment services for urgent care, including where and when they are available. (Immediate action) |
| Make care more personal, local and easier to use | Constantly assess patients' needs by:<br>• standardising all urgent and emergency face-to-face services. These will be integrated and/or co-located where appropriate<br>• monitoring patients at the first point of contact<br>• making sure quick access to specialist care is provided.<br>(Immediate action) |
| Integrate services | Develop clinically-led networks for each major area of service planning. Use these networks to promote changes to services for suspected strokes, heart attacks and major trauma. (Immediate action)<br><br>Focus on shared information. Develop information technology systems so that once information has been collected from a patient, it follows them through their care, wherever they are being treated. (Longer term action) |
| Make best use of taxpayers' money | Reduce the number of unnecessary hospital admissions and the time patients spend in hospital by improving alternatives to admission. This will reduce costs significantly and improve the quality of care. (Immediate action) |

## Case Study

Joan, 83, lives alone and has been suffering from a cold for several weeks. During a Saturday afternoon Joan becomes concerned that her symptoms are rapidly getting worse. Unsure who to call for help and advice she dials 999 and an ambulance takes her to hospital.

A lengthy wait follows and after being assessed by a doctor Joan is moved to a ward for the evening as she is not seriously ill and there are no community support services available to help on a Saturday night. The following day Joan is discharged with social services help.

Future improvements would see Joan treated at home without the need for an overnight stay in hospital.

Feeling ill Joan would dial a health and social care number and speak to a trained operator who decides the best course of action. The operator would send an emergency practitioner to Joan's home immediately who would assess her situation as not life threatening. The urgent social care team would be called that evening to help Joan and her GP would be informed.

Our vision is that: Emergency and urgent services will be well-publicised, easily accessible and well understood by patients and carers.

**AN EXAMPLE:**

In 2006/07 about 2,600 people living in Nottinghamshire suffered a stroke. Best practice (the best way of doing things) for a stroke patient requires rapid assessment by ambulance staff and access to a CT scan within 30 minutes. For appropriate patients, thrombolysis (early treatment using clot-busting drugs) is needed within 60 minutes of being admitted to hospital. This treatment can double the chances of recovery and reduce the risk of long term disability.

But our local hospitals do not always provide this level of care. We should be aiming for the highest standards of care for all patients by providing specialist facilities with expert clinical cover 24 hours a day, 7 days a week. This way we will save more lives.



## 3.8 END OF LIFE

INCLUDES: ADVANCED PLANNING, PALLIATIVE CARE AND END OF LIFE CARE

**Sponsor**
**Andrew Kenworthy**
Chief Executive, Nottingham City Primary Care Trust

**Clinical Lead**
**Dr Greg Finn**
Consultant in Palliative Medicine, Nottinghamshire County Teaching Primary Care Trust

**Clinical Lead**
**Dr Vincent Crosby**
Consultant in Palliative Medicine, Nottingham University Hospitals NHS Trust

**A SNAPSHOT: what is the service and why do we need to change?**

Around 10,000 people die each year in Nottinghamshire. Health, social and voluntary sector staff provide a significant amount of care to people who are dying, their families and carers. However, too often this work is not coordinated across different providers or services and is not designed around people's expressed wishes about their care.

There are significant examples of good practice and expertise in end of life care in Nottinghamshire but much of this only relates to cancer and associated palliative care services. Good practice needs to be in place for all patients regardless of their diagnosis.

At the moment, where you live, your diagnosis and what care setting you are in has too much impact on the quality of care you receive at the end of your life. Health staff often fail to identify and communicate that people are in their last year of life.

There is often a false belief that medicine and admission to hospital always cures ill health. This has resulted in less discussion about planning for and managing death.

End of life care is emotionally charged for patients, carers and health staff members, so discussing it in good time can be difficult. Nottinghamshire is currently completing a baseline review of end of life care provision. It paints a mixed picture.

In some areas, there is good use of national end of life models; in others these are not being used. Geographically, people in areas of greater health need are more likely to die in hospital than at home. Care settings, such as mental health inpatient services or prisons, have little end of life provision or expertise.

### Our vision is that:

- All people throughout Nottinghamshire will receive the highest quality of care at the end of life regardless of their care setting
- Patients with existing health problems entering the last year of their life will continue to be cared for by the team they already know
- People will be given the opportunity to plan their end of life care and die in a place of their choice
- Health staff working in hospital settings will have the tools and be skilled to help support people at the time of death.

## Turning the vision into a **reality** – priorities for **change**

| Theme | Priorities |
|---|---|
| Ensure public confidence – get the basics right | Train health staff to use end of life tools and communicate with patients and carers. (Immediate action) |
| Tackle health inequalities | Make sure there are enough end of life care providers in the county with clear procedures for communicating and referring patients between them. End of life care should be available in primary and secondary care, the private sector, independent organisations and care homes and social services and other specialist providers. (Longer term action) |
| Improve safety, quality and outcomes of care | Use best practice (the best way of doing things) end of life tools for all patients in all health services. (Immediate action) |
| Invest in promoting good health and preventing illness | Identify and meet the needs of carers while they are supporting someone at the end of their life and following bereavement. Provide respite facilities for carers in the home, as day care or in a care home. (Immediate action) |
| Provide the right care, at the right time, first time | Make sure that patients have access to advance care planning. This should support more people who want to die at home and reduce unwanted hospital admissions. (Immediate action) |
| Make care more personal, local and easier to use | Services should include physical care, health and social care and psychological and spiritual care for the dying person and their carer. The services should meet the needs of the local population, the patient and the carer, rather than the organisations providing them. (Longer term action)<br><br>Information on treatment or care options and the preferred place of death should be available to patients, carers and health professionals. This should include information on treatment or care options and preferred place of death. (Longer term action)<br><br>Hold public meetings to help people discuss end of life care openly. (Longer term action) |
| Integrate services | Provide a single co-ordinated service for patients and carers which is available 24 hours a day. Introduce information technology systems which allow service providers to communicate. (Longer term action)<br><br>Care staff who specialise in relieving symptoms (palliative care) should support staff in non-specialised services. (Longer term action) |
| Make best use of taxpayers' money | Use best practice end of life tools to allow more people to choose to die in the community. Where this is what patients want, it will prevent inappropriate and expensive hospital admissions. (Immediate action) |





## Case Study

Alf has lung cancer with symptoms of pain and breathlessness. Currently, he might not have discussed his prognosis and future wishes with his wife or professional carers. He would feel very anxious and uncertain about his future and be unable to make any plans.

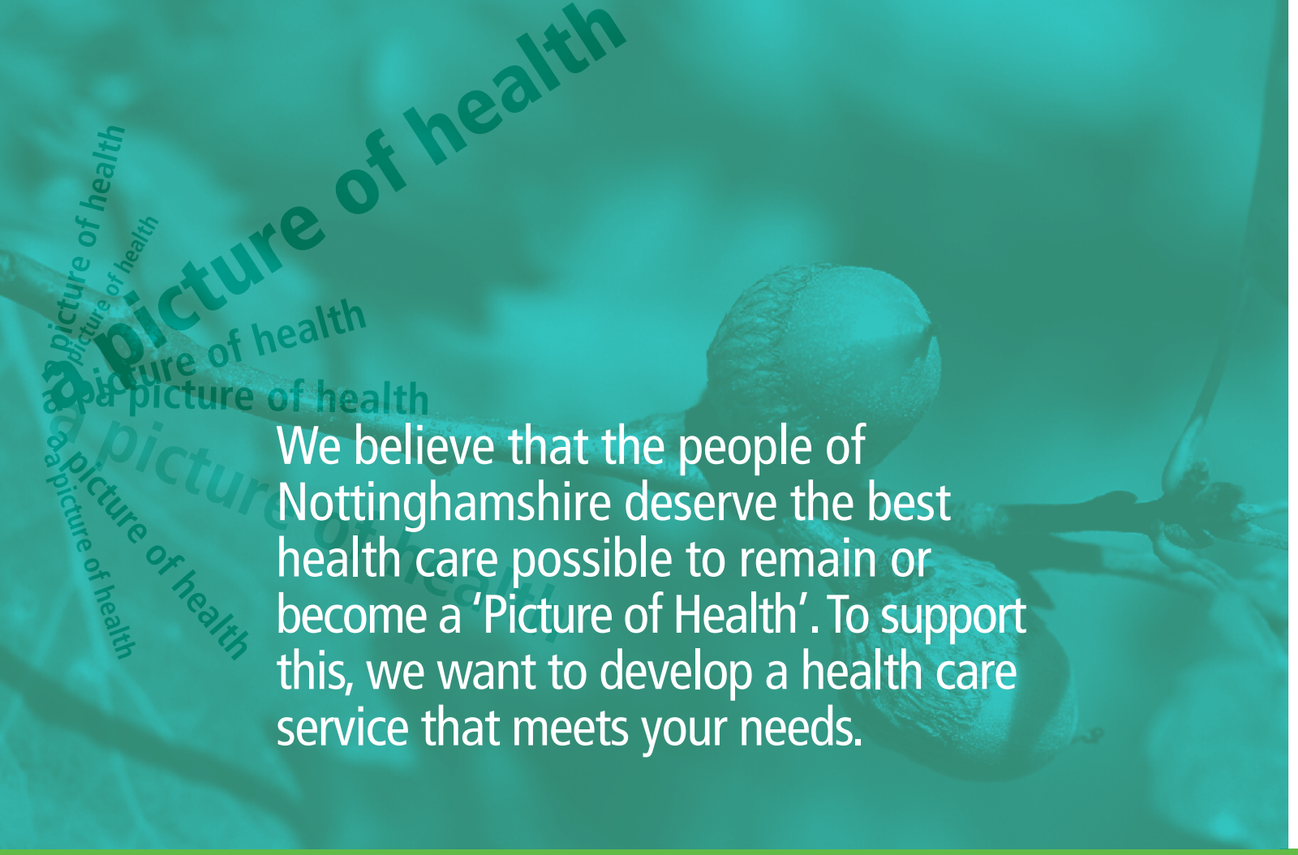
When he is dying, he calls for a GP to visit out of hours. He is admitted to hospital where he dies 24 hours later. His wife needs considerable psychological support to deal with complex grief and guilt.

In the future, Alf could have his symptoms addressed and controlled by a well-educated community palliative care team, supported by specialist palliative care advice.

He could be encouraged to develop his own advance care plan with the support of professionals with excellent communications skills. He would be able to clarify his wish to die at home.

His primary care team would use the Gold Standard Framework and Liverpool Care Pathway as tools to ensure high quality communication and symptom control. Following his death at home, his wife expresses gratitude for the support she received.

Our vision is that:
All people throughout Nottinghamshire will receive the highest quality of care at the end of life regardless of their care setting.




We believe that the people of Nottinghamshire deserve the best health care possible to remain or become a 'Picture of Health'. To support this, we want to develop a health care service that meets your needs.

# 4. Making the vision a reality – the next steps

## 4.1 HAVE YOUR SAY

**We can only achieve these changes with your support.**

We need to ensure your early involvement to discuss and agree the benefits to health and wellbeing of what we are proposing. We look forward to hearing your views. **All comments must be received by 16th June 2008.**

There are many ways to have your say including the questionnaire that can be completed online or sent Freepost.

**We will ask you:**

1. To what extent do you agree or disagree with the themes that have been identified regarding how our services could be improved?
2. Which are the three priorities identified in the document which would make the greatest difference to you and your family?
3. Which are the three priorities identified in the document which would make the least difference to you and your family?
4. Is there anything you think is missing from the overall document?
5. To what extent do you agree that the views of patients and public have been taken into account in developing the proposals in the document?

During May and June we will be coming to talk to patients and the public through community and interest group meetings.

If you would like to attend one of these meetings of for any more information on the engagement process, please call **0800 0283693** and we will call you back with information. Alternatively, a timetable of planned meetings is available on the website www.nottspct.nhs.uk

When this period of public engagement is complete, we will review your responses and publish a summary on the website www.nottspct.nhs.uk

## 4.2 OUR FUTURE DELIVERY

**We will use your feedback to help develop our proposals for HOW health services should develop.**

Bassetlaw, Nottingham City and Nottingham County Teaching PCTs are committed to making sure that we deliver these proposals. We will use them as the basis for our strategic frameworks for the next five years and will develop and manage detailed implementation plans.

We will make sure that these also include actions form the national vision to be published by Lard Darzi and work led by the East Midlands Strategic Health Authority with NHS providers in neighbouring counties.

Our clinicians are also committed to leading this work. We have already agreed that the clinical advisory groups will continue and work with existing clinical networks. More doctors, nurses and other health professionals need to be engaged to help us develop the changes at organisational, service and front-line levels.

**A multi-professional Clinical Leadership Group will:**

- Engage and motivate health staff
- Define the models of care, quality standards and outcome measures (results), then offer on the ground help to put these into practice
- Identify areas for immediate and effective action
- Support the PCTs and health service providers to implement the priorities for change
- Develop education and training programmes for health staff

If there are proposals to change a service in the future, they will be subject to separate discussion, consultation and scrutiny.


*Pictured left:*
*Clifton Cornerstone provides a range of NHS, Nottingham City Council, Nottingham City Homes and community services all under one roof.*
*It provides a friendly, efficient and inclusive service to all those living in the Clifton, Wilford and Silverdale area and has been held up as a beacon of good practice by a number of people who have responded to the initial questionnaire.*

We welcome your views on the themes and priorities set out in this document. Please let us have your feedback by **16th June 2008** by:

- Completing the enclosed questionnaire and returning it to us using the Freepost address ***or***
- Completing the questionnaire online at **www.nottspct.nhs.uk**

For a copy of this document in large print or audio format, please contact us at:
Freepost RRXE-ZERS-YGXA, A Picture of Health,
Nottinghamshire County Teaching PCT, MANSFIELD NG21 0ER
**Freephone: 0800 0283693**
**Email: our.nhs@nottspct.nhs.uk**
Please state the title of this booklet – A Picture of Health - your name, your address and the format you require.

The following translations are available, though if you do not see your language listed below, please call us to discuss your needs:

如果你希望獲得這份文件的中文版摘要，請致電 0800 0283693 查詢。

"यदि आपको इस दस्तावेज़ का संक्षेप हिन्दी में चाहिए, तो कृपया नम्बर **0800 0283693** पर टैलिफ़ोन करें"

**0800 0283693** ئه گه ر پێویستیت به کورته یه کی ئه م به ڵگه نامه یه به زمانی کوردی هه یه ، تکایه ته له فۆن بۆ ئه م ژماره یه بکه

Jeśli chcesz otrzymać streszczenie tego dokumentu w języku polskim, zadzwoń: 0800 0283693

"ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ ਨੰਬਰ **0800 0283693** 'ਤੇ ਟੈਲਿਫ਼ੋਨ ਕਰੋ"

اگر آپ کو اس دستاویز کا خلاصہ اردو میں چاہیئے ، مہربانی فرما کر اس نمبر پر فون کریں "08000283693

An executive summary and a PDF version of this document are also available at **www.nottspct.nhs.uk**