

A Healthier Future In summary

Delivering better care, better value, better health in Bedfordshire

Health and Social Care
working together in Bedfordshire

September 2011

A Healthier Future is our plan to improve health and health services in Bedfordshire over the next four years and improve efficiency so that we can reinvest more than £80 million of savings into your local health services.



The journey so far...

We have come a long way in the NHS over the last few years. In 2009, we consulted widely on our five year plan, which we called *A Healthier Bedfordshire*. It set out how we would improve health and health services for the people of Bedfordshire by:

- ***focusing more on prevention***
- ***delivering more services out of hospital and closer to home***
- ***offering more choice and convenience.***

Our plan was strongly supported and our ambition has not changed. However, that plan was written when funding was less constrained. We have reviewed every aspect of it and our new plan, ***A Healthier Future, describes in more detail than ever before how we can achieve our ambitions in tougher financial times.*** The NHS nationally talks about plans to improve quality, innovation, productivity and prevention to achieve productivity gains of up to £20 billion and you may have seen this referred to as QIPP. *A Healthier Future* is our QIPP plan.

It is not a small plan to deliver small improvements, but ***an ambitious plan to transform services.*** It is fully supported by all of our health and social care partners who all have a key part in ensuring its success; and it is being led by clinicians - the doctors, nurses and other health professionals who work in our services.

Our full plan runs to more than 200 pages. This summary sets out the challenges we are facing and how we are all working together to deliver better care, better value, better health. It tells you how ***we will make services safer, more effective, more patient focused and more efficient,*** reinvesting the savings we make back into your local health services over the next four years.

A Healthier Future partners:

- Bedford Borough Council
- Bedford Hospital NHS Trust* • Bedfordshire Clinical Commissioning Consortium (encompassing Chiltern Vale Health Consortium; Horizon Health Commissioning; Ivel Valley Health Partnership; and West Mid Beds Health Consortium);
- Central Bedfordshire Council • East of England Ambulance Service NHS Trust • NHS Bedfordshire and NHS Luton cluster;
- SEPT Community Health Services • South Essex Partnership University NHS Foundation Trust.

*NHS Bedfordshire also commissions healthcare from Luton and Dunstable Hospital for residents in the south of the county.

The challenges we face

Health and social care are facing some very big challenges both across the country and locally. In Bedfordshire, we have a population that is growing and getting older, which means that the demand for health and social care services will continue to rise. Medical and scientific advances give us exciting new treatments but also cost more. Although NHS funding is not being cut - in fact we will still be getting a small increase in our funding each year - we will have to do some things differently if we are to meet the extra demand and costs over the coming years, while continuing to improve services and striving to reduce health inequalities.

So, **we have to make our funding - your money - go further.** For the whole of the NHS, we have to get about £4 more for every £100 we spend each year for the next four years. It's no different to managing a household budget; we all have to live within our means. But that does not mean giving up quality. In fact, it's quite the opposite.

“Over the next four years, the NHS will spend around £2.4 billion on health services in Bedfordshire. We can achieve efficiencies of at least £82 million over that time.”

What is in our plan

Improving quality and efficiency

We need to find better ways of delivering your health services, cutting waste and making them more efficient, which will raise quality. And by quality, we mean **services that are designed around your needs.**

An example might be better organised outpatient appointments, so you have your appointment not in the hospital, but in a health centre closer to where you live and you don't have follow-up appointments that you don't need. That is more efficient and it is also a better service for you.

Over the next four years, the NHS will spend around £2.4 billion on health services in Bedfordshire. We've worked out that, by working closely with those who provide health and social care in the county, we can achieve efficiencies of at least £82 million over that time. That is not money being cut from services, but savings that we will put back into improving services in Bedfordshire. That is what we mean by making our money go further. Every part of the health system is making its contribution. The table below shows the savings we plan to achieve (*numbers rounded to one decimal point*).

Organisation	2011/12 £m	2012/13 £m	2013/14 £m	2014/15 £m	Total £m
NHS Bedfordshire*	14.8	10.6	8.9	5.2	39.4
Bedford Hospital	9.3	6.6	6.6	5.5	28.0
SEPT (Mental Health)	2.2	1.4	1.4	1.4	6.4
SEPT (Community Services)	2.1	2.1	2.1	1.9	8.1
Total	28.4	20.7	18.9	13.9	81.9

*NHS Bedfordshire does not directly provide healthcare services. This is the saving that the PCT will make in commissioning services from healthcare providers.

We've calculated that it is possible to save up to £106 million over these four years, so we are confident that we can achieve our target of £82 million.

Ensuring that care is safe and effective

Acting earlier when people are ill

Making the ways we deliver care of higher quality and more efficient

Reducing variations in care

Stopping treatments that have little or no health benefit

Making support services, such as administration, more efficient

Helping our workforce to be more productive

Tackling waste by removing duplication

Supporting more people to take good care of their health and stay healthier.



We sum this up as:

Better care improving services, making them more joined up, tailored to individual needs and convenient, so the patient has a better experience when they are treated.

Better value doing more with what we have by making services more effective and productive and stopping what's inefficient and ineffective.

Better health helping people to live longer and in better health by improving prevention, reducing unfairness in health and focusing on getting the best health outcomes from treatment and care.

A PLAN FOR ALL

A Healthier Future spans all aspects of local health and social care services. These have been divided into different streams of work, each with its own detailed plan for how we will deliver better care, better value and better health. The overall plan enables us to see how some of the different pieces of work link together so, for example, we can plan to have staff with the right skills working in the right places. Alongside our plans, we are also working with the five acute hospital trusts in the South East Midlands growth area, including our local hospitals in Bedford and Luton, on a review of acute hospital services. The aim is to ensure local health services can continue to provide safe, high quality care that is sustainable as populations grow and change.

A Healthier Future covers:

Urgent Care and Long Term Conditions
Planned Care
Programme Budgeting
Mental Health
Specialist Services
Primary Care
Prescribing
Ambulance
Community Services
Prevention
Workforce

Working together with our partners in health and social care, we have already started transforming some services and planning how others will be developed in the near future.

Here are some examples. You can find more detail about these and many other initiatives in the full plan, which is published on our website www.bedfordshire.nhs.uk

Urgent Care and Long Term Conditions: reducing hospital admissions

A large number of people who need urgent care end up in a hospital. Yet, there is growing evidence that many, particularly older people who have one or more long term health condition, can avoid a hospital admission if we give

them the right help and support at home and in other community settings. This includes case management, personal health and care plans and using supporting technologies like telehealth to monitor people's health.

We are doing this by involving all the different people and agencies that work to support people with long term health conditions to develop services that are better integrated and more joined up. This includes GP practices, community health services, NHS Direct, the ambulance service,

hospitals, social care and the voluntary sector. By working together in this way, we plan to produce efficiency savings £15.4 million by 2014 through keeping more people out of hospital and treating more people out of hospital.

Integrated care and support for patients with COPD and diabetes

The number of people living with COPD (respiratory disease) and diabetes is increasing. Ideally, patients should be treated in the community, with the hospital ready to step in when needed.

New models of care for COPD and diabetes will ensure patients get the right type of care in the right place. Most will be cared for in the community, often by their GP practice with support from an integrated team.

Dr Fran Ross, a GP in north Bedfordshire, adds: "Patients will benefit from care that is far more closely tailored to their individual needs, which will often be closer to home and more convenient. Alongside this, patients and carers will get a personalised health plan, increased support and education, advice on self-management and be less likely to suffer an emergency hospital admission."

Both new services are due to start in Autumn 2011. Further ahead, we will be looking at bringing in similar models of care for patients with other long term conditions.

TRANSFORMATION IN ACTION



“ The new Intermediate Diabetes Care Service will put specialist diabetes staff into the community, working alongside family doctors and their teams to ensure that patients have more access to the specialist care they need with less need to go into hospital. ”

Dr Nick Morrish, Consultant Diabetologist at Bedford Hospital.

TRANSFORMATION IN ACTION**Improving end of life care**

A new specialist palliative care service will give patients and their carers a single number to call for the health and social care support they need as the end of life approaches.

Currently, specialist palliative care, which includes pain and symptom management as well as psychological, social and spiritual support, is provided by many different health, social care and voluntary sector organisations. When support is needed at the end of life, particularly when it is out of hours, it can result in an emergency call and hospital admission, which may mean that a person's wish to die at

their place of choice cannot be met.

With a single number that can be called any time, day or night, the right support can be quickly pulled together and provided in the person's place of choice, where possible and often at home, if that is their wish. With their consent, patients who want to use the service will be on a register for end of life care, giving the responding provider all relevant information about the patient, including any documentation in place, such as an advance care plan.

Sue Ryder Care will operate the central hub that will

coordinate the response of the various care providers as a one year pilot, which is due to start early next year. Councillor Roger Rigby, Portfolio Holder for Adult Services at Bedford Borough Council, says: "The new service will improve the availability of support to respect people's wishes and preferences about how and where they die."

The new service will help ensure that fewer patients will end their life in hospital, which could save more than £1.5 million over the next four years that can be reinvested in improving services further.

“This is a great opportunity to improve the care of patients towards the end of life. It provides a co-ordinated specialist service across Bedfordshire 24/7, designed to allow more people to be looked after at home.”

Dr William Hollington, GP Lead for Palliative and End of Life Care.

Planned Care: reducing variation in hospital referrals

Currently, patients who have medical problems that GPs are unable to resolve are often referred to see a specialist in hospital. This may be because the GP is not familiar with the condition or because it requires specialist knowledge or special diagnostic equipment only available in a hospital.

Across Bedfordshire there is a lot of variation between GPs in how they refer patients for hospital outpatient appointments. With the right support and investment, we can reduce some of this variation, so that more patients could be diagnosed and treated in their GP practice or in a community clinic without ever having to go to hospital. To do this, we will invest in the education and training of GPs to extend their skills; make better use of other experts in primary care; and use advice from hospital specialists, while GPs continue to manage their patients' care. We will also

seek to have hospital doctors working in community clinics some of the time.

All of this will mean a faster and more convenient service for patients, reduced risks of picking up infections in hospital and savings from needing fewer hospital outpatient appointments and tests.

There were 507,000 outpatient attendances in hospital last year and we plan to transfer at least 50,000 a year into the community. This, together with other measures to ensure high standards of GP referrals, will produce savings of £10.8 million by 2015.

New website will support better GP decisions

GPs need to take account of many different things when deciding on whether to refer a patient to hospital. What does the best clinical evidence say? What investigations might be appropriate? What would the hospital consultant advise? What are the alternatives to hospital?

A new interactive referral website being launched in October will give GPs up-to-date information on all of these in just a few mouse clicks. We have been working with local GPs and hospital consultants to develop the website, which brings together for the first time and in one place, a broad range of information on local services, resources and consultant advice.

The website will also have detailed information about care pathways - the expected route a patient will take through the health and social care system for a particular illness or injury. It might include all sorts of different people, such as social care staff, nurses, doctors and therapists, working in different organisations.

As we develop new care pathways based around the GP practice and other community settings, more patients will benefit from the convenience of care closer to home; and the reduction in hospital referrals could save up to £2.1 million by 2015.



TRANSFORMATION IN ACTION

“Having high quality, up-to-date and comprehensive referral information about our local health services will ensure we help our patients make the best decisions about their ongoing care and treatment and that they are seen by the right person in the right place.” Bedford GP, Dr Peter Parry-Okeden.

Mental Health: putting recovery at the heart of services

South Essex Partnership University NHS Foundation Trust (SEPT) has ambitious plans to transform mental health services by putting the recovery of every person with mental health needs at the heart of service delivery. In mental health, recovery emphasises that, while people may not have full control over their symptoms, they can

have full control over their lives, helping them achieve their own goals and aspirations.

We know that people who get consistently high quality care at home and in their local community, for as long as they need it, recover better from their mental illness than people

who don't get this care. Service transformation means moving away from hospital-based long term care and investing more money into looking after people in their own homes. People will still come into hospital when they need to, but for shorter periods for assessment or intensive treatment.

Improving efficiency and transforming services will save more than £6 million over the next three years that will be reinvested in community services.

Service transformation is delivering modern mental health care

Following public consultation in 2010, SEPT has begun modernising and improving mental health services in Bedfordshire and Luton for adults and older people with more severe mental illnesses.

Some services moved this summer into more appropriate and refurbished accommodation in Luton and Houghton Regis. In Bedford Borough, the plans involve the long-awaited repositioning of services from Weller Wing at Bedford Hospital in 2012 to refurbished and modern new facilities on or near to Bedford Health Village, which used to be the North Wing site of Bedford Hospital.

The changes will ensure local people have access to 21st century mental health facilities, while bringing currently dispersed services more closely together. This means that staff can work more effectively and link up better with other services, such as social care, housing and employment services that can be so important to people with mental illness.



SEPT's Chief Executive, Dr Patrick Geoghegan OBE, adds: "Our plans in Bedfordshire are a key part of our modern approach to mental health care. People rightly expect and deserve the highest quality mental health services and this is the first step in that journey."

Primary Care: improving quality and efficiency

Primary care is often a person's first contact with health services. It includes the care provided by GPs and their teams, by dentists and optometrists. Our plans include initiatives to improve productivity in primary care.

We also want to see improvements in quality, such as more appointments in general practice, better telephone access, moving community dental services to more evidence-based practice and longer between general dental appointments, as recommended by NICE. These and other measures will deliver savings of £2.2 million by March 2013.

“Patients want seamless care, regardless of whether it is social care or health care and closer working between the different organisations is helping to deliver this.”

Julie Ogley, Director of Social Care, Health and Housing at Central Bedfordshire Council.

New dental service provides convenience, value and faster treatment

Minor Oral Surgery (MOS) involves the removal of teeth that requires skills greater than those of the general dental practitioner (GDP). Routinely, people in Bedfordshire have gone to hospital for this. However, most patients don't have complex conditions or need sedation and could be treated safely in a primary care setting by an appropriately skilled surgeon.

That is the thinking behind a new community based MOS service, which NHS Bedfordshire is now commissioning in four dental practices across Bedfordshire in collaboration with high street dentists. Specialist oral surgeons are working in the practices to deliver a safe and efficient service that is closer to home and more convenient for patients. Bedford dentist Edward Byrne has been providing the service at his practice since May. Hospital treatment is still there for those who need it.

As well as offering a more local and convenient service, the new service is also bringing down waiting times. Patients should be seen at the MOS service within six weeks of referral and those that need to be treated in hospital are seen within 18 weeks. It is also providing better value for money. The service expects to treat more than 1,500 patients a year at a total saving of around £600,000.



“The sessions are increasing now that the service is becoming established and it's clear that patients are delighted by the speed and convenience of the new service.”

Bedford dentist, Edward Byrne.

Prescribing: ensuring high quality and consistency

Last year, we spent around £60 million on prescribing across Bedfordshire. Although, we have a very good track record in managing our spending on prescribing, we can still do more. There are a number of ways we can keep improving the quality of prescribing and getting better value for money.

We have worked very closely with clinicians in hospitals and in the community to gain their support for policies and guidelines that will ensure high quality, consistent prescribing and save £6 million over the next three years. It includes increasing the use of high quality generic drugs and medicines, reducing the use of antipsychotic drugs in care homes, using alternatives to sip feeds to improve nutrition and supporting people with diabetes to improve self-testing of their blood glucose level.

Reducing 'specials' and improving quality for patients

Most prescribed medicines are licensed by the national regulator. Pharmaceutical 'specials' are medicines that are commercially made to order for individual patients when no suitable licensed product appears to be available.

By their nature, specials usually take longer to prepare, which can delay treatment. They can also be very expensive. In Bedfordshire, a relatively small number of prescriptions for specials cost around £800,000 last year. As they are unlicensed, they have not been assessed for safety, quality or effectiveness by the relevant authorities and do not have to be made to the same manufacturing standards as licensed medicines.

Pharmacists have been increasingly buying in specials over the last few years rather than preparing suitable alternative products within the pharmacy. Our medicines management team has worked closely with GPs and hospital clinicians over the last year and developed guidelines to help prescribers choose licensed medicines, when possible. This includes 'off-label' use of licensed medicines, such as crushing tablets and opening capsules, when patients can't take the medicine in its normal licensed form.



“By prescribing licensed alternatives, we will spend £300,000 a year less on specials and give more patients better quality and more palatable medicines.”

Andrew Cooke, Head of Medicines Management.

Community Services:

focusing on quality and safety

SEPT Community Health Services provides 30 different community-based healthcare services, including district and school nursing, health visiting, various therapies, intermediate care and primary care counselling, as well as running community hospitals in Biggleswade and Bedford. They are taking forward more than a dozen initiatives that will improve services for patients and deliver efficiency savings of £8 million over the next four years. Quality and safety sit at the heart of their plans, supported by best clinical practice, regular service reviews and the views of their patients. Our long term goal is to have health and social care staff working as one in the community.

Prevention: supporting better health and longer lives

Prevention is a key part of our plans to improve health. It supports our aims to help people live longer and healthier lives, particularly when we can reduce inequalities where people are more deprived or vulnerable. We want to encourage people to make healthier lifestyle choices in areas such as smoking, alcohol, diet and physical

activity. We are also focusing on prevention where it can improve health outcomes for children and young people with mental health problems. Improved health and better health outcomes across all of these areas gives us an opportunity to make savings up to £1.9 million over the next four years.



an alcohol liaison worker (ALW) to patients whose drinking may be harmful. The ALW can carry out a more in-depth assessment and provide further help. This can include brief advice, referral to specialist alcohol services or other support services such as housing and benefits advice. Research shows this can have a major impact on reducing drinking levels.

The service will be available to GP practices and in A&E, outpatient clinics and on hospital wards. The new service and other initiatives to identify and help people with alcohol problems could save the local NHS up to £800,000 over the next four years.

Early identification and support for problem drinkers

Around 6,000 admissions a year to hospital in Bedfordshire are directly caused by alcohol abuse, which is placing an

additional and potentially avoidable extra strain on hospitals and extra costs to the NHS.

Health staff specially trained in how to identify patients who are drinking outside sensible limits will offer appointments with

“ Many people are unaware that they are drinking too much until there's a major problem, so early identification and help can be crucial. The Community Alcohol Liaison Service, which is due to start this year, will work across the community and in hospitals to provide earlier support for people with alcohol problems. ”

Muriel Scott, Director of Public Health in Bedfordshire.

Workforce: responding to meet changing needs

The changes to the way we deliver treatment and care, moving services closer to peoples' homes, through new techniques and better procurement means that we will not need the same staff in the same roles or settings in the same numbers as we have in the past. Our workforce plans will develop alongside the implementation of *A Healthier Future* and the wider NHS changes set out in the recent Health Bill. The table shows the projected changes the estimated staff pay bill in the PCT and health providers over the next four years. Future workforce plans will aim to reflect changes in local authorities and primary care as well.

Estimated pay bill changes (€m)						Total change	% change 2010/11 to 2014/15
	2010/11	2011/12	2012/13	2013/14	2014/15		
NHS Bedfordshire*	€9.6	€7.6	€5.2	€0.0	€0.0	- €2.4	- 25%
Bedford Hospital	€72.6	€74.2	€75.7	€78.1	€79.6	€7.0	10%
SEPT (community services)	€32.9	€33.1	€33.7	€35.3	€37.1	€4.2	13%
SEPT (mental health)	€27.2	€25.8	€25.0	€24.8	€24.7	- €2.5	- 9%
Total	€132.7	€133.1	€134.4	€138.2	€141.4	€6.3	4%

*Excludes €2 million in 2011/12 to 2012/13, as the transfer of Public Health to local authorities is not a cost saving. Staff costs of €5.2 million will be transferred to other organisations as staff are redeployed.

The savings from staff changes in NHS Bedfordshire will be €2.4 million by April 2013. Efficiencies and productivity gains in health providers are included within the other streams of work. The full plan has more detail.

Our plan and NHS Reform

The Government has a new vision for the NHS which is currently being considered by Parliament. This promises to truly empower patients with more choice, better information and more control over their care. It puts clinicians in control of the commissioning decisions on behalf of patients and local populations, and enables the health service to innovate to meet the quality and productivity challenges.

Bedfordshire GPs considered what would be the most effective way of organising themselves to take up the challenge and responsibility of clinical commissioning.

The resulting single shadow clinical commissioning group for Bedfordshire covers the same area as NHS Bedfordshire whilst maintaining the existing locality groups in Bedford, Ivel Valley, Leighton Buzzard, Dunstable and West Mid Bedfordshire.

The new organisation, Bedfordshire Clinical Commissioning Group (BCCG), will provide a means for local clinicians to:

- engage and empower the people of Bedfordshire to maximise their health and well being

- take joint ownership and shared responsibility for the health and well being of the population
- improve partnership working and creating seamless care across health and social care
- ensure that healthcare remains of high quality and is affordable for the NHS.

Dr Paul Hassan, Chair of BCCG, says: "It is essential that clinicians are at the forefront of prioritising and scrutinising investment in health services to ensure that we get the very best value for taxpayers. Clinicians commissioning care on behalf of the local population, as set out in *A Healthier Future* and

beyond, will need to make changes to services, to improve care rapidly and in particular, to place more emphasis on prevention and more effective treatments."

In line with the national timetable, BCCG will seek authorisation as a public body so that it can replace NHS Bedfordshire as the local commissioner of healthcare for Bedfordshire in April 2013.

Dr Paul Hassan



Involving you

The public, patients and their representatives have been involved every step of the way in developing the plans we have described. This has been through representation on service development groups, participating in workshops to plan care, telling us about their views and experiences of care in surveys, focus groups and discussion events, and taking part in public consultations.

We will increase and broaden involvement as we move forward, providing clear and regular information and offering more opportunities for you to be involved in the way you want.

If you would like to know more about opportunities to be involved, please contact NHS Bedfordshire by writing to:

Communications
NHS Bedfordshire
Gilbert Hitchcock House
21 Kimbolton Road
Bedford MK40 2AW

Emailing enquiries@bedfordshire.nhs.uk

Or calling 01234 897206

The full plan, *A Healthier Future*, is published on our website www.bedfordshire.nhs.uk

This document is available in large print, Braille, other languages and formats on request to 01234 897206.



© NHS Bedfordshire 2011. This document may not be reproduced in part or full without the consent of NHS Bedfordshire.