



# South West London Five Year Forward Plan

What it means for you - a summary



**Start well, live well, age well**

October 2016

**DRAFT**

# The South West London Five Year Forward Plan: what it means for you

## What is the Five Year Forward Plan?

All parts of the local NHS – hospital consultants, doctors, nurses, therapists, hospitals, mental health trusts, pharmacists and commissioners – have worked together and with the six local councils in south west London on a plan to improve local health services and make sure they are sustainable in the years ahead. We have called this programme our Five Year Forward Plan for South West London.

## Why do we need a plan?

There are a number of challenges the NHS needs to address. Our population is increasing and ageing. More people than ever before are living with complex physical and/or mental health problems, sometimes needing new treatments which can be expensive. We want to help them live healthy, independent lives for as long as possible, but our current services are just not set up to do this. Too often, people end up in hospital in an emergency when we could have treated them earlier or closer to home. Our systems are not set up in the right way: we do not do enough to keep people well, treat them as soon as possible or help them to monitor and manage their health on a day-to-day basis.

Due to increased demand, there are not enough senior doctors to provide the round the clock care patients need at all our acute hospitals – and this is made worse by the fact that too many people end up in hospital when they really do not need to be there. In one audit of hospital beds, we found that 55% of patients did not need to be there. There is also a national shortage of other qualified staff such as GPs, nurses and specialist children's doctors which makes it difficult to deliver consistently high quality care.

There are some excellent health services in south west London, but not all services meet the standard we want for our patients. The service you receive depends too much on where and when you seek help from the NHS. Too often, people end up giving the same information to lots of different professionals – this is what we mean when we say services are not 'joined up' enough and we need them to be.

Not all of our buildings are suitable for 21<sup>st</sup> century healthcare. They need to be brought up to scratch so that the NHS can provide the best possible setting for patients in a modern and safe setting. We need to upgrade facilities in primary care, mental health and some of our hospitals.

These pressures on the NHS are made worse by cuts to local council budgets, especially social care. When services such as day centres, home help, residential care and support



for people leaving hospital are being reduced by local authorities, there is knock-on effect on what people look for from the NHS.

As a result of all these pressures, the costs of providing our services are rising far more quickly than the money we get from central government each year. This means that there is a growing 'financial gap'. If we do not address this by changing the way services are delivered, we will not be able to afford the services we now provide in five years' time.

We can provide better care by spending our money differently. While the financial and staffing challenges are significant, there is compelling evidence that if we spend our money differently, we can get services that are both better and more affordable. A local example includes changes to the London's stroke, major trauma and cardiac services and the South West London Elective Orthopaedic Centre.

#### Our 5 year plan aims to;

- **use our money and staff differently to build services around the needs of patients**
- **invest in more and better services in local communities**
- **invest in our estates to bring them up to scratch**
- **try to bring all services up to the standard of the best.**

**This will tackle the 4 big challenges: money, workforce, estates and quality of care.**

## What does this mean for local health services?

It means we need to deliver services differently to how we do now. If we help people sooner – and if we invest more money in GP services, community care and support for people at home – we can improve the quality of care simply by spending our money more wisely.

This will mean changes to the way in which health services support you and what is expected of you. But we believe that our plan will improve and also protect your local health services for future generations.

## What improvements can patients expect?

The plan suggests a number of changes to health services and the way they work. Taken together, we think they will lead to a number of improvements for patients. These include:

### It will be easier to see a GP

We are investing in primary care services. We want to make more appointments available between 8am and 8pm and to free up GP time by making better use of other clinicians such as nurses and pharmacists. Our GPs are already working together in local federations and will be able to play a bigger role in coordinating their patients' care.



## **More care will be available in your community**

We are setting up 'locality teams' in each area to work together in supporting patients. These teams will be made up of your local GPs, nurses, pharmacists, social care staff, mental health and other health professionals, working closely with local hospitals. They will support people to look after themselves and stay well. It will be easier to get treatment in your local health centre, at a local clinic or at home, as we will be putting more resources into your local communities.

## **You will get better advice and support to look after yourself and your loved ones**

NHS and social care staff will work together to support you. We will be launching an improved 111 telephone helpline to provide medical advice and guide you to the right local service. We will make more use of smartphone apps, Skype calls and telephone advice for those who need health advice but don't need to visit their GP. We will support patients who have long-term conditions like diabetes, dementia, asthma or a heart condition and their carers – helping them to understand and monitor their condition and when and where they should seek help. 'Care navigators' will increasingly support you to find your way around the system and make sure you only have to provide the same information once.

We will run public health campaigns across south west London, helping people to live healthier lives. This includes supporting people at risk of developing long-term conditions and helping people who have long-term conditions to prevent them from getting worse.

## **Your mental and physical health will be treated together**

We know that mental and physical health are closely linked but are too often treated separately. A key part of our plan is to join up mental and physical health services. People with mental health problems can also expect to be helped sooner, before their condition gets worse and they end up in crisis at A&E or admitted to a mental health hospital when they do not need to be.

## **All our acute hospitals will deliver round the clock, consultant-led care for those who need it, meeting the standards required of them**

By reducing the need for so many people to go to hospital and developing clinical networks between hospitals and other services, we will be able to improve hospital care for those who need it. Patients will be seen quicker and get consistent, high quality care at all our acute sites.

## **Buildings where health services are delivered will be safer for patients and suitable for 21<sup>st</sup> century healthcare**

We will bring all our buildings up to the required standard, making them a physically safe environment and reducing the risk of patients getting infections.



**Frail older people will get better support**

Some frail elderly people need much more on-going support to keep them well, helping to prevent them falling and helping them recover more quickly when they have been unwell. Acute hospitals, GPs, social services and other parts of the NHS will work together to support the frail elderly, including those with dementia, in the community. We are exploring the idea of converting parts of our acute hospital sites to provide specialist support to older people.

**Children will not need to go to hospital as often**

It will be easier for children and young people and their parents to get the help they need from their GP or another service in their community. If children do need hospital support, this will be provided in specialist short-stay units linked to A&E. The small number of children who need an extended hospital stay will get to see specialists more quickly.

**Pregnant women will get a more personalised service and more choice**

There will be more home births and midwife-led care for those women who want this – and women who need or prefer to give birth in a consultant-led maternity unit will continue to have that choice. Care before and after birth will be more personalised, with women seeing the same midwife throughout their pregnancy and after giving birth. Mental health support will be on hand for women who have mental health problems during pregnancy and/or suffer post-natal depression.

**More treatment will be provided without hospital admission**

Conditions like deep-vein thrombosis and cellulitis will be delivered in hospital, but most of these patients will not need to be admitted to hospital. There will be more ‘ambulatory emergency care’ – treating conditions on the spot rather than an overnight stay in hospital.

**Cancer will be diagnosed and treated more quickly**

We are putting more resources into the early diagnosis and treatment of cancer, meaning patients should be diagnosed sooner. We will encourage patients to attend screening appointments and to raise any worries with their GP. We are also considering pooling the resources of St George’s, Epsom, St Helier and the Royal Marsden hospitals to create a new cancer centre for routine surgery – but only if this can be shown to improve results.

**Hospital care will get better**

All of these measures will reduce the pressure on our hospitals, making them better able to provide the specialist care some patients need and to meet the standards of care the NHS expects of them. We will also look to bring our hospital buildings up to scratch as part of a plan across south west London to improve and make best use of our buildings and land.

**Outpatient services will change**

There will be fewer ‘automatic’ outpatient follow-up appointments, as these are often not needed and many patients fail to attend – these missed appointments still cost the NHS money. There will be more ‘one stop clinics’, more advice via the telephone and



smartphone apps for those who want it, and we will make it easier for patients to be re-referred to hospital when they need to be. As much more care is focused in the community, we expect there to be fewer hospital outpatient appointments needed overall.

## What is expected of me?

To support these positive changes, people who work in the NHS and social care will need to change the way they work. We will also need your support in making the best use of health services and helping us to make these changes work. We *all* need to recognise that the health service will look different in the years ahead – and some changes will be needed from patients as well as those working for the NHS.

### **Living a healthier life and following health advice will reduce pressure on the NHS**

If you look after yourself – for example, exercise regularly, eat a healthy diet, don't smoke and keep your alcohol intake within a healthy level - and take the advice of your doctor or other health professionals, the NHS will be more able to help you when you do need support. We will support you to stay well by providing better health information, supporting you to manage any long term conditions and changing health services so that when you really need support, you can access it more quickly.

### **Where you have an appointment, it is important that you attend - or cancel in good time**

Patients who fail to attend booked appointments cost the NHS significant sums of money every year. This also means that other patients who could have been seen miss out on the appointment. It is vital that if you no longer need an appointment, you call to cancel in good time. We will support this through increased use of reminders, especially by text.

### **How you use health services will change**

Much more treatment and advice will be provided to patients by pharmacists, nurses and other health professionals, sometimes in your own home, over the telephone or, for those who want it, via smartphone apps and other new technology. The 111 helpline will be re-launched as an improved, localised service and will often be your first port of call. Local health and social care teams will work together to support you at home and in your community. Patients and carers will be supported to take more responsibility for long term physical and mental health conditions. Care navigators – staff who understand how the system works – will increasingly guide you through our services and help you to access the right people.



**The need for acute hospital care will be reduced. This could mean fewer hospitals providing A&E, specialist maternity and specialist children’s services. A small number of people may need to travel a bit further for some of these services, but with better results for patients.**

The changes we want to make will reduce the need for ‘acute’ hospital care – by which we mean A&E, intensive care, acute medicine, emergency surgery, specialist maternity care and specialist children’s care. Because of the pressures on these services and a shortage of doctors in some specialties, we think it will be difficult to meet the clinical standards required across five acute hospitals – though we need to do further work on this, including talking to the public, before any decision is made.

At the moment, our best working hypothesis is that we will need four hospitals providing these services rather than the current five. We will also consider whether we could provide these services across three acute sites, but our initial work suggests this would require greater capital investment than providing the services across four hospitals. We need to do further work on all options and we would welcome your views so that we spend the limited budgets we have effectively, with your support.

### **There will be changes to some NHS staff roles**

The NHS will continue to need its current level of staff, but some jobs will change. More care will be provided in the community, meaning fewer staff will be based in hospitals. Where possible, non-clinical administrative roles will be combined across more than one organisation. All healthcare organisations will be expected to work in integrated teams, alongside colleagues in social care, with the needs of patients and service users central to all they do.

### **You may have to travel further for some ‘specialised’ services**

Specialised services are those hospital services that are only provided to a small number of people, meaning they are provided in a few specialist hospitals. NHS England is leading a review of how and where these services are provided. It includes services such as children’s cancer, child and adolescent mental health services, HIV, blood disorders and renal services. It is possible that some services will be concentrated in fewer hospitals than they are now.

### **Some services which are not clinically effective will no longer be provided**

We are looking closely at how we spend public money so that we can target our limited resources to give you the best support and care. As part of this, we continue to review what services deliver good results for patients and, whether we are getting the best value for money in the services and medicines we provide. Some services that are currently provided on the NHS – for example, gluten-free foods are currently available on prescription from your doctor – may no longer be available. These are difficult judgements and we will look to involve patients in such decisions.



## What happens next and how can I get involved?

Our plan is an initial draft which we want to discuss with local people. Much of the detail still needs to be worked out and some of our ideas – such as possible changes to acute hospitals – would require formal public consultation. No decisions to make significant changes to any of our hospitals will be made without consultation and we will carefully consider all feedback before making any decisions. We will also look to involve patients and the public in developing the mechanisms for how decisions about how we organise our hospitals are made. We have a long track record of public engagement in south west London and we will continue to ensure that all your questions and feedback are passed on to those making recommendations and given full consideration.

Other changes we are proposing, such as increasing access to GPs, we can start to deliver immediately. We are already beginning the process of setting up locality teams to support patients in their communities and working with our local authorities on how we can do more to keep people healthy and well.

We want to talk to local people about all of the ideas set out in our plan – we know you will have views on them and that you will like some things more than others. In the near future, we will hold health and care forums in each borough where you can have your say. We will also be discussing these issues via social media, on our website, in the local press and at meetings across south west London.

**If you have any thoughts or queries please do get in touch either by;**

**Email: [swlccgs@swlondon.nhs.uk](mailto:swlccgs@swlondon.nhs.uk)**

**Or write to us at South West London STP  
5<sup>th</sup> Floor, 120 The Broadway, Wimbledon, SW19 1RH**

