CLINICAL SERVICES IN THE FUTURE WHY WE NEED TO CHANGE

Planning for the opportunities and challenges that lie ahead

THERE is a national vision for NHSScotland that by 2020 everyone is able to live longer healthier lives at home or in a homely setting within a healthcare system.

When hospital treatment is required, then day case treatment will be the way most people are treated.

There will be a focus on ensuring that people get back to their home as soon as is appropriate with the necessary support to avoid readmission. The challenge we face today is how to use our resources most effectively to deliver this vision and how we plan for changing technologies and demands on the NHS in the future.

Earlier this year we asked some of our most experienced clinicians to work with patients, NHS staff and other stakeholders to review our services in NHS Greater Glasgow and Clyde and to consider how they should be developed to meet the needs of our population by 2020.

Seven clinical groups were set up to examine: cancer services; planned care; the health of women, children and young people; chronic disease/long term conditions; unplanned, emergency and trauma care; older people's care, and mental health.

An eighth group was set up to review the health, demographics and needs of the people who live in the Greater and Clyde area over the next few years.

We also set up patient reference groups to help ensure that a wide range of stakeholders could contribute to the review.

Dr Jennifer Armstrong, Medical Director:
"The challenge we face is how to deliver high quality clinical care and support patients and their carers both in the community and in hospitals and how we plan for changing technologies and the expected increase in demand."

We asked the groups to be innovative in their thinking. Central to their considerations were to be the views, experiences and expectations of patients.

The groups were also asked to review best practice in the field and examine the implications of developing technologies and predicted changes in population health.

The groups have now completed the first phase of this review. They have drawn a number of conclusions which, together, create a compelling case for change.

This leaflet sets out the key findings to have emerged from this first phase of our review.

THE CASE FOR C

The health needs of the population are changing

KEY THEMES THAT HAVE EMERGED

The Case For Change that has emerged from the working groups is compelling.

The individual working groups clearly impact on each other in many respects. This demonstrated yet again how interdependent services are on each other and how many of the issues were common to several of our clinical working groups.

With the focus on what is best for the patient, it is clearer now than ever before that we need to re-examine and redirect NHS staff skills and resources to become more effective at meeting the significant and changing health needs of our population.

Findings from the clinical groups included the need to do more to support people to manage their own health.

Other themes emerging include: growing pressure on primary care and community services; the need to provide the highest-quality specialist care; and the increasing specialisation needs to be balanced with the need for co-ordinated care which takes an overview of the patient.

Healthcare is changing and we need to keep pace with best practice and standards.

THE best information available suggests our population will increase by 2.4 per cent in Greater Glasgow and Clyde over the next 10 years and that the over-65s will increase by almost 13 per cent.

We will also see a significant increase in the number of people with more than one long-term condition, resulting in approximately 80 per cent of all GP consultations relating to those long-term conditions.

The number of people with dementia will increase significantly. The best forecasts available suggest a 25 per cent increase in the next 10 years and that one in three people aged over 65 will die with a form of dementia.

Issues of poverty and vulnerability are major factors in health – with 35 per cent of the NHSGGC population in the most deprived section of our community and, with the onset of more than one chronic illness within this group happening 10-15 years earlier than in the least deprived areas, this remains a huge issue and challenge.

Paediatric and maternity demand is high, with complexity and outcomes very strongly linked to deprivation.

Rising maternal age and associated risks also place a growing challenge on maternity services and, as we continue to become more successful in ensuring the survival of premature babies, this also leads to an increase in the numbers of children with complex disability and chronic disease.

New cancers in our board areas are forecast to increase by some 10 per cent by 2018-22, although, thanks to improved treatments and technologies, survival is expected to continue to improve, but this in turn means more patients will survive cancer and so live with it as a long-term condition.

We need to do more to support people to manage their own health and prevent crisis: It's a fact that more than 70 per cent of us are able to manage our own illness if we are given the right support. A strong message from patients and clinical teams is that better information on what patients can expect from their condition and more involvement in their care planning can empower a patient to manage their own illness and health.

There is a clear case for the NHS to improve education and patient support.

Our services are not always organised in the best way for patients: Our services are often organised around the treatment of a single disease but increasingly patients are living with more than one disease. Patients tell us they have to attend many

CHANGE

too long – about 100,000 bed days is the current annual cost of delayed discharges. Alternative options to hospital care are not always easy for patients to access, and yet patients value local access and to be supported at home or in their local community where possible.

The clear conclusion here is that, unless we change our approach, the impact of the population changes and health needs will drive increasing demand and expenditure in hospital care.

There is growing pressure on primary care and community services:
GPs are experiencing growing demand for appointments.

The range and complexity of community services is not easily navigated – by patients or professionals. And we don't currently have a comprehensive system of community care to be able to support all patients who could stay at home. We also need to support carers better to continue to care.

The Older People's Services clinical group particularly focused on a few key themes including how to enable more patients to have end-of-life care and die at home.

Another was how best to remove the barrier to patients returning home when suffering dementia or frailty once an acute condition has been addressed.

We need to provide the highest-quality specialist care:
There is strong evidence that treatment provided by specialist teams can improve

outcomes for patients. We also need to keep pace with advances in technology and build on our role as an academic centre of excellence and world leader in research. However, there are also significant opportunities to support patients locally with access to investigations, diagnosis and follow up. We need to find the best way to make sure people get specialist support when it is required.

Increasing specialisation needs to be balanced with the need for co-ordinated care:
GPs currently take an overview of all a patient's conditions, but have to communicate with many different hospital specialists, which can make it difficult to agree a comprehensive care plan.

It's not always clear to patients and professionals who is taking overall responsibility for all elements of the patient's care, both in community and in hospital. We need to develop more integrated models of care in NHSGGC.

Healthcare is changing and we need to keep pace with the best practice and standards to improve outcomes for all:
There is currently variation across sites in NHSGGC in relation to the organisation of emergency care, planned care and the range and access arrangements for primary care and community services.

We need to support our workforce to meet future changes:
We need to face the challenges of the workforce in providing 24-hour cover, with changes to training, skill mix and workforce demographics.

With growing specialisation, the challenge grows to maintain sustainable emergency rotas and expertise in general acute care. The key emerging issue is that we need to consider how professions can work better together in teams across agencies and with individuals and carers.

appointments with different services in hospitals and in the community. This can lead to fragmented care.

Communication and information sharing between services does not always effectively support best patient care. Better use of information technology is required to share information and records to support effective care models and improve continuity of care. And we know that failure to co-ordinate care and support for patients and carers can lead to poorer outcomes and greater risk of admission or long-term care.

We need to do more to make sure that care is always provided in the most appropriate setting:
The most powerful conclusion to emerge here is that while patients need to be able to access hospital care when required, more must be done to offer different approaches to treatment to avoid admissions. Many of our patients stay in hospital

MENTAL HEALTH/ ADDICTIONS: THE CASE FOR CHANGE

This working group has made a compelling case for change with the recognition that the roles, responsibilities and boundaries and interfaces between different service providers are often unclear.

There are also high levels of variability between areas within Greater Glasgow and Clyde and the management of many needs between multiple teams can also create barriers.

In the area of older people's mental health, there will be significant challenges for the service to meet with increasing numbers of people with dementia.

In addictions, there is a need for greater service user involvement in care planning, peer support and commitment to recovery.

More support is required for locally based multi-disciplinary teams to enable them to play a greater role in accessing the range of care options for individuals that tailor treatment care and maximises effect.

Patients and carers at the heart of review

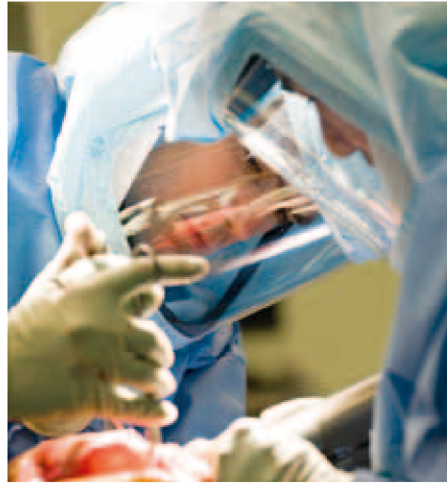
PATIENTS from the board's Public Partnership Forums (PPF) and Managed Clinical Networks have participated in each of the eight clinical review groups, offering a patient and carer perspective ensuring that patients remain central to the process of examining and interpreting the evidence and developing proposals.

A further layer of involving people has been undertaken with each clinical review group hosting two Patient Reference Groups.

Each group allowed up to 30 members of the public, representatives of patient and carer groups, charities and voluntary organisations to hear expert information on the work to date.

More importantly, they have been able to scrutinise the evidence, test the thinking and ensure that a wider patient and carer viewpoint is brought to the process.

The public representatives are helping officers of the board feed back to their Public Partnership Forums and other constituent groups their views on the process to date ensuring that a wider cross-section of the community is engaged in the Clinical Services Review.



Each of the groups had to take into account the changes to our population that are forecast to happen over the next decade.

One certainty is that the number of older adults will grow substantially, but the impact of this on health, when coupled with the expected improvements to treatments and ways of managing disease and illness, is highly complex.

Martin Brickley, chair of the East Dunbartonshire PPF and vice chair of the Cancer Services Group, said: "The patient reference groups are ensuring issues raised by patients and members of the public are taken back to the Clinical Services Review group.

"The groups allow a true and transparent process to take place with the views of those at the heart of the services being considered. I am witnessing first-hand how worthwhile the programme is."

Tom Haswell works with the Cancer Services group.

He said: "Since being diagnosed with lung cancer in 1993 I have worked tirelessly to identify new ways to improve the services available to patients.

"The patient reference groups which have been set up and are feeding into the health board's clinical services review is the ideal opportunity to give feedback from the patients perspective.

For further information or to request a presentation to a community group or similar organisation, please contact NHSGGC's Community Engagement Team on 0141 201 5598

If you require this information in an accessible format, such as large print or braille, or in a community language, please use the contact details on your patient information leaflet or letter.

Jeśli niniejsze informacje potrzebne Ci są w specjalnym formacie, np. drukowane dużą czcionką lub pisane brajlem, czy też w języku, jakim posługuje się społeczność, skorzystaj z danych kontaktowych na ulotce informacyjnej lub w liście informacyjnym dla pacjenta.

如果您需要此信息的其他格式版本，如，大字体、盲文版或其他族群语言版本，请按患者信息资料或信函上提供的方式进行联系。

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اگر آپ کو اس معلومات کی قابل سہولت اشکال جیسے واضح چھپائی یا بریل، یا کسی قومی زبان میں ضرورت ہیں تب براہ کرم آپ کے معلوماتی دستی اشتہار یا خط براہ مریض میں دی گئی رابطہ کی تفصیلات کا استعمال کریں۔

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