



HOW CAN WE IMPROVE
THE QUALITY OF
NHS CARE?

HOW CAN WE
MEET EVERYONE'S
HEALTHCARE NEEDS?

HOW CAN WE
MAINTAIN FINANCIAL
SUSTAINABILITY?

WHAT MUST WE DO TO BUILD
AN EXCELLENT NHS NOW &
FOR FUTURE GENERATIONS?

A Call to Action

Aims of Call to Action



- To have an honest and realistic debate about health and care
- To agree our shared priorities
- To help local people understand why the NHS needs to change
- To work in partnership on the bold actions needed to build an excellent NHS now and for the future
- To set out the facts about future demands on NHS services, how the budget is currently spent and how services are delivered
- Provide an opportunity for you to share your views and ideas on the future of the NHS

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WHAT ARE THE NATIONAL CHALLENGES?



**The NHS belongs
to the people:
a call to action**

Every day the NHS saves lives and helps people stay well, but 65 years ago, many people faced choosing between poverty if they fell seriously ill or forgoing care altogether.

Today:

- The NHS treats 1,000,000 people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- 88% of patients in the UK described the quality of care they received as excellent or very good

Throughout these changes the NHS continues to be highly valued by the public.



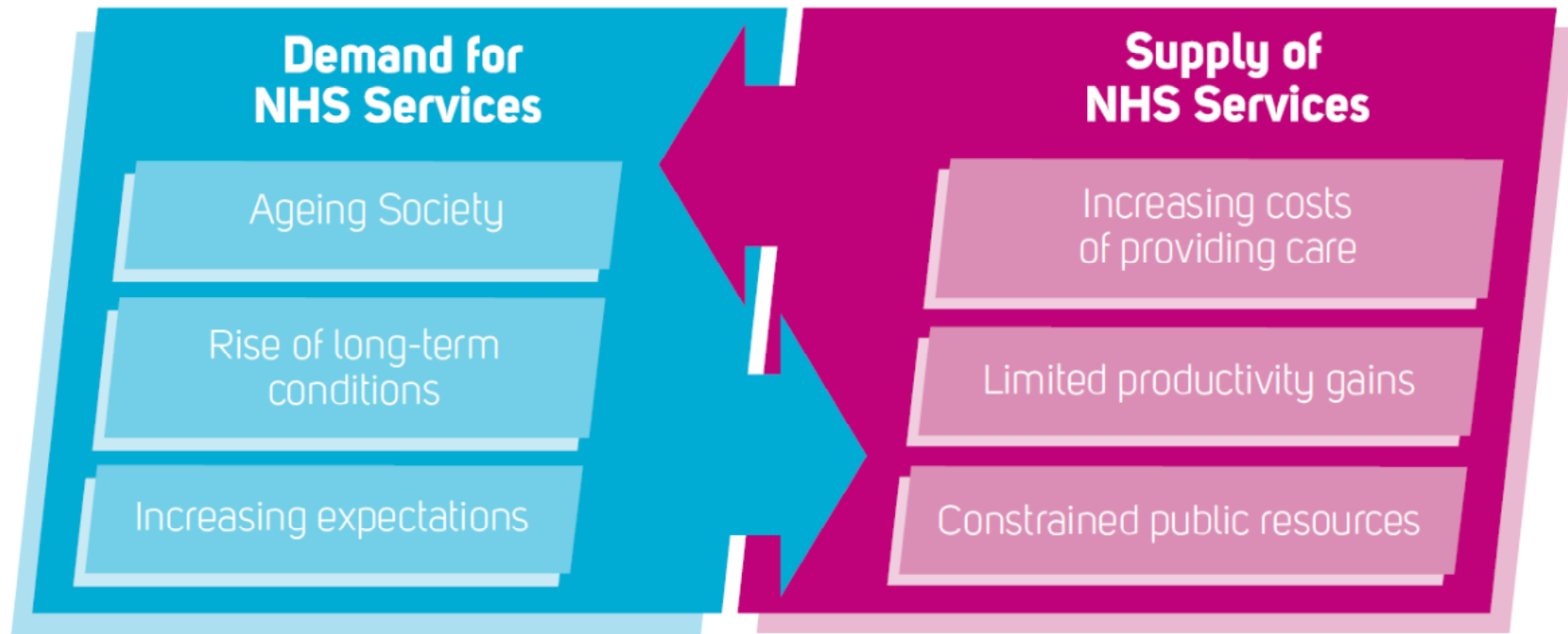
71% agree "Britain's National Health Service is one of the best in the world"



Source: Ipsos Mori 2013



What challenges will the health and care service face in future?



What's next?



Rise in Long Term Conditions



Diabetics up 29% by 2025 to reach 4 million

An ageing population



The number of over 80s will double by 2030

Increasing expectations



Seven day access requested

How do we prioritise our resources to address these challenges?



- Limited financial resources
- If we do nothing by 2020, the NHS could face a gap in funding of £30bn

What does this mean nationally?

- Shift the focus from buildings to services.
- Meet the needs of an ageing population, many of whom are living with multiple long term conditions, through strengthened care closer to home.
- Changing, not charging.
- Openness and transparency about where we get it right and where we get it wrong.
- An honest and realistic debate across the country about how the NHS will be shaped.

So what is happening in practice?

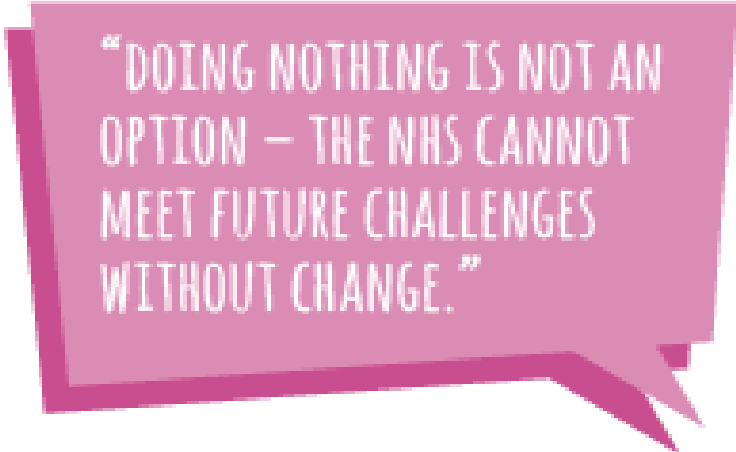
- A call to action is a programme of engagement that will allow everyone to contribute to the debate about the future of health and care provision in England.
- The engagement will be patient and public-centred through hundreds of local, regional and national events as well as through on-line and digital resources.
- It will produce meaningful views, data and information that CCGs can use to develop 3-5 year commissioning plans setting out their commitments to patients.



Preserving the values that underpin a universal health service, free at the point of use, will mean **fundamental changes** to how we deliver and use health care services.

This is NOT about:

- Privatising the NHS
- Charging for services
- Restricting access



“DOING NOTHING IS NOT AN OPTION – THE NHS CANNOT MEET FUTURE CHALLENGES WITHOUT CHANGE.”



WHAT ARE THE CHALLENGES IN SHROPSHIRE?

Demographics

Shropshire

290,000 people

Predominantly rural population with county town and market towns, generally older than national averages.

Overall population growth of 8% between 2001 and 2011, with 24% rise in number of people aged 65+

Life expectancy is higher than England averages and all-age all-cause mortality is lower. The overall health of the population is good.

Inequalities persist with no significant increase in life expectancy in the most deprived areas, with the gap between affluent and deprived areas increasing.

Telford & Wrekin

170,000 people

Predominantly urban population, generally younger than national average.

Overall population growth of 8% between 2001 and 2011, with higher proportion of people from BME communities than Shropshire.

Whilst health status is improving, challenges remain in areas such as cancer, heart disease and stroke mortality (particularly for men).

A quarter of children live in poverty and some wards in the 10% most deprived nationally.

to be the

Shropshire Council

NHS
Shropshire Clinical Commissioning Group

NHS
Telford and Wrekin
Clinical Commissioning Group

Telford & Wrekin
Council

Urban and Rural Opportunities

Urban

Urban deprivation

Urban access and congestion

Dense population

Major population centres

Main acute hospitals

Opportunities for providing health centre / hub services

Generally associated with poorer health status

Rural

Rural deprivation and isolation

Accessibility and public transport

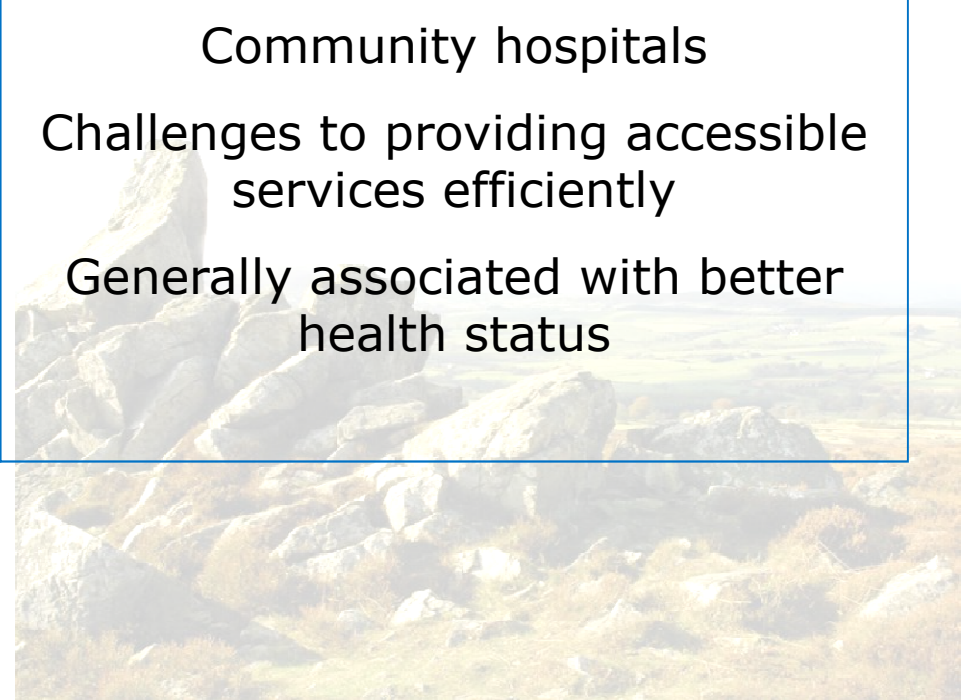
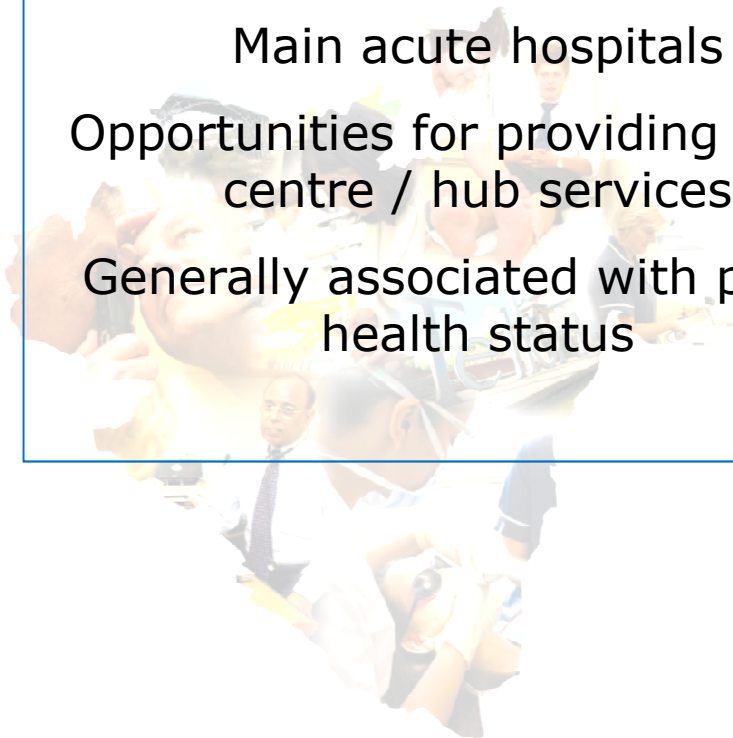
Disperse population

Market towns, villages and hamlets

Community hospitals

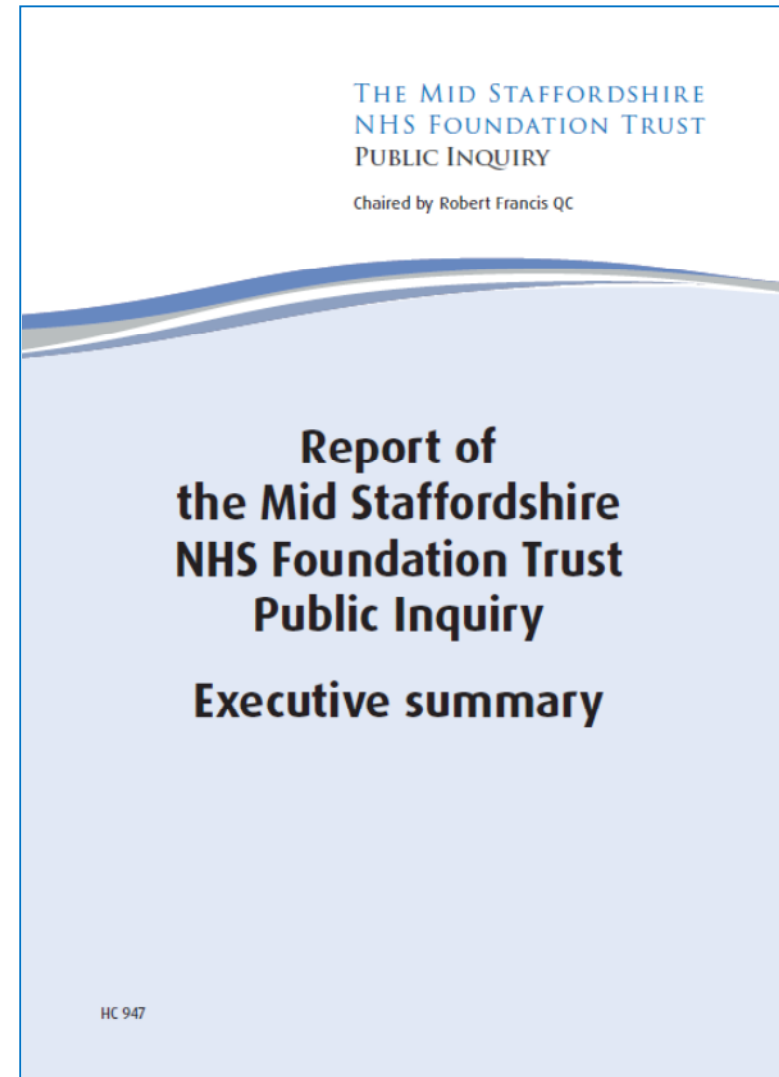
Challenges to providing accessible services efficiently

Generally associated with better health status



Commissioning for quality and outcomes

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm



Shropshire health challenges:



- Ageing population – people aged 85 and over has increased by 35% from 6,211 in 2001 to 8,400 in 2011. Compared to a rise of 24% in England and Wales
- Health inequalities – e.g. people living in the most deprived areas of Shropshire are significantly more likely to die prematurely from cardio vascular disease and cancer than those living in the least deprived areas
- Lifestyle risk factors to health – e.g. almost a quarter of people aged 16 years are classed as obese
- Dramatic increase in the number of people suffering from a long term illness or disability
- Access to health care particularly in rural areas; availability of public transport
- Providing sustainable and high quality services that best meet the needs of our urban and rural communities

Challenges for our Acute Hospitals

Increasingly moving to consultant-led service with appropriate levels of sub-specialisation to provide the best care, eg

- ITU
- Accident and Emergency
- Stroke Services

National workforce challenges in key areas that reduce our ability to recruit and retain, eg A&E and paediatrics

Local workforce challenges, with split-site services and onerous on-call arrangements making roles unattractive

Poor supporting infrastructure in key areas, eg A&E, critical care



Challenges for our Community Services


- Supporting people in the community to maintain their independence
- Providing care closer to home in a very rural county
- Rising demand



Opportunities

- Improved clinical outcomes, eg single site stroke service.
- Reduced mortality and disability due to consultant decision-making closer to arrival at hospital.
- Bringing teams together provides greater opportunities for seven-day working and more innovative ways of working.
- Attracting the best workforce to sustain services.
- Closer working and integration for community services with social care, voluntary sector and other partners
- Mobile technology provides further opportunities
- The challenge needs radical solutions – not more of the

The Context

National standards and guidance	How do we make sure that our health services are meeting national standards for the future?
Workforce	Can we recruit or develop the workforce we will need to deliver services in new ways?
Partnerships	How do all parts of the health and care system work together with the person at the centre?
Capital	What will it cost in capital terms to transform services? Can we borrow this, and can we afford the revenue consequences?
Revenue	How do we deliver this within the resources available to us from the public purse?
 Needs and expectations	How do we best meet the expectations and needs of both urban and rural communities?

Discussion - thinking to the future



1. What do you think are the main challenges and opportunities for the NHS over the next 5 years?
2. What is most important to you and why?
3. What might be some options for change?

Next steps

- CCGs use feedback from Call to Action (and other involvement/engagement) to inform development of 3-5 year commissioning plans
- Joint “Clinical Services Strategy” Programme will develop options for the future of local hospital services?