DRAFT – POLICY IN DEVELOPMENT

NORTH EAST LONDON
SUSTAINABILITY & TRANSFORMATION PLAN

Transformation underpinned by system thinking and local action

Delivery Plan 3 of 8: Ensure accessible quality acute services for those who need it

Contents

Initiative map

Our approach

There are a wide range of programmes that support our aim for transformational change in our secondary care service model . These are outlined in our narrative plan for north east London. We have agreed through the STP the best level at which each programme should be led and delivered within the health and care system. We have done this based on the partnerships and scale required to best implement the specific programmes, using the following rationale for choosing to progress an initiative at a north east London:

1. There is a clear opportunity / benefit in doing it jointly (which is above and beyond what would be achieved through a local programme), to deliver improvement in terms of finance, quality, or capacity;
2. Doing something once is more efficient and offers scale and pace;
3. Collective system leadership is required to make the change happen.

We set out these different levels below.

NEL STP Level

- Future transformational planning and impact modelling of:
- Maternity: NEL Maternity Network
- Cancer (board and network)
- Surgical hubs
- Diagnostics
- Outpatient pathways: acute level improvement in addition to pathways
- Screening: uptake of national programmes

Local Area Level

- Current transformational planning and delivery at BHR, CH and WEL levels relating to:
  - Surgery (inc Referral to treatment targets)
  - Diagnostics
  - Outpatient pathways
  - Screening

CCG/borough Level

- Each CCG/borough has scrutiny over how initiatives integrate with the local health and social care economy/ devolution plans
- Some initiatives will continue to be locally led

London-wide

- National maternity review 'Better births'
- Maternity: Growth assessment protocol trial
- Cancer taskforce report
- 'Getting It Right First Time': identify & administer the correct treatment at the appropriate time to standards
- Work towards achievement of the London Quality Standards.

Delivery Plan on a Page

Vision

When people fall seriously ill or need emergency care, local hospitals provide strong, safe, high-quality and sustainable services

Background and Case for Change

- We anticipate that encouragement of prevention, self-care and improved care close to home will help reduce demand for our acute services. There are a number of areas where we are working jointly across NEL already, and others where we are just beginning to explore joint opportunities.
- Given, however, the significant population rise, our challenge is to identify ways of working together to ensure we reduce any unnecessary admissions and attendances, and have best in class length of stay for both planned and unplanned care. Managing demand is an imperative - modelling for Transforming Services Together (TST) demonstrates the only other alternative would be to increase total beds across NEL significantly, which would require us to build an additional hospital.
- Transformation is also required in our secondary care service model to ensure we meet the required standards and improve patient experience.

Priorities and Objectives

To manage rising demand for services and bring the health system into balance, while improving or maintaining standards and patient experience, by:

1. Jointly explore opportunities for collaboration
2. Jointly develop transformational plans for all acute services including maternity, cancer and planned care (and links with Integrated Urgent and Emergency Care)
3. Exploring opportunities for shared learning (including Vanguard and Pioneer participation as well as best practice) across NEL and performance management
4. Where this will not affect pace of current delivery, seek earliest collaboration of local /area level programmes currently underway.

Expected Impact

- Significant reduction in avoidable deaths
- Reduced avoidable admissions
- Managed rising demand and acuity for maternity services and increase births in midwifery settings (TST is an average of 30% by 2021)
- Increased cancer one year survival rates (to 75% by 2020)
- Increase in earlier detection rates (to 62% detected at stage 1 & 2 by 2020)
- Improved improve referral times
- Ensuring patients get advice in the right place, at the right time
- Reduced unnecessary testing, outpatient appointments & more expensive prescribing
- Increased local uptake of national screening programmes.

Workstreams	16/17	17/18	18/19	19/20	20/21
1 Maternity	Pilots, Pioneer site activity	Review & implementation	Review & implementation	Re-organised midwifery services, with NEL wide co-ordination of demand & capacity	
2 Cancer	Find out Faster Pilot Vanguard work				
3 Planned care including: Surgical Hubs, Diagnostics, Outpatient pathways and screening	Joint scoping of NEL opportunities TST delivery	Joint planning of NEL opportunities TST delivery		NEL wide implementation	
4 Medicines Optimisation	Focus on: expenditure on biosimilar biologics; Improved pathway for patients; Expenditure on DROP list medicines				

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Detailed Plan - Workstream 1: *Maternity*

Vision

Accessible services, centred around women and families: maternity services in North East London to be caring, compassionate and offering women the very best experiences of safe care, with kindness and choice at the heart of this offer, in line with 'Better Births'.

SRO:	*Wendy Matthews, Deputy Chief Nurse/Director of Midwifery, BHRUT NHS Trust*
Delivery lead:	*Kate Brintworth, Head of Maternity Commissioning North East London*

Case for change

We recognise the coming challenge of increasing demand and complexity. To meet it, the maternity system needs to work more efficiently: to support safety, women's choice and have staff that are enabled to grow and develop to bring the required change. The WEL (TST & pioneer) maternity & newborn care work is aligned with 'Better Births' primarily by its focus on models of care that allow continuity of care as the norm for all women, not just those with straight-forward pregnancies. Across NEL there is a drive to: increase access to midwifery-led birth environments, improve the transitional care offer, currently being piloted, and ensure universal access to appropriate perinatal mental health services, whatever level of need.

Objectives

1. To manage rising demand and acuity for maternity services and liaison with neonatal services
2. To improve the experience of women accessing maternity services in NEL
3. To provide increased opportunity for births in midwife-led settings
4. To improve continuity of care
5. To reform the delivery of transitional care
6. To support step change in self care / personal health budgets for women

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Management of demand and capacity	For all initiatives – to facilitate the programme of change: • Horizon scanning • Workforce programme for recruitment and retention of experienced staff; • Capital nurse programme • Infrastructure (removal of current constraints and capacity planning for future demand); • Digital: real time access to records at multiple sites/ patient-held records	• Increased births in midwifery settings (the TST target is that on average 30% of births will be in midwifery led settings by 2021) • Improved fetal and maternal medicine networks	1. Redesigned Midwifery services so women are offered continuity of care at each stage in the maternity pathway 2. Established community care hubs with full IT integration to allow seamless communication across the maternity pathway 3. A workforce programme to address recruitment and retention & include new community/integrated models 4. Co-ordinated demand and capacity in the area through the NEL Maternity Network & NELCSU
2	Quality safety and outcomes		• Reduction in still birth rates particularly in the antenatal period and reduced neonatal death rates'* • Reduction in direct maternal mortality and physical and mental health morbidity • Measures identified in the NHSE Saving Babies Lives care bundle & 'Every Baby Counts initiative'	
3	Women's experience		• Women experience continuity of care from both midwives and obstetricians; • The CQC Maternity Services Survey December 2015 including being treated with respect & dignity • Vulnerable women experience support via initiatives such as 'Maternity Mates' in WEL & multi-disciplinary care hubs	1 - 3. As above 4. Improving ease of access to both services and high quality information
4	Better Births pioneer work		• Good experience for local women as in CQC survey and in line with principles of *Better Births*	1-4. As above
5	Transitional care redesign		• Reduced in-patient stay and improve community provision for babies requiring transitional care.	5. New models of transitional care to keep mother & baby together spending minimal time in acute settings.

*Recent data from MBRRACE shows the majority of local services perform better on measures of stillbirth & neonatal mortality than their peers. NEL will have the most units participating in the GAP trial in London.

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Detailed Plan - Workstream 2: *Cancer*

Vision

Fewer people in NEL get cancer and for those who do, they are identified earlier and so have an improved chance of survival, with timely, equitable access to high quality modern treatments so that they live well after treatment and report a better experience throughout their care

SRO:	*Paul Haigh, Chief Officer, Hackney CCG*
Delivery lead:	*Sue Maughn, Clinical Advisor, Transforming Cancer Services Team*

Case for change

The national cancer taskforce report sets out how to achieve world-class cancer outcomes by 2020.

NEL benchmarks poorly against a range of outcome measures. We require a step change in diagnosis quicker and earlier; increasing uptake to screening and reduction variation in care provision. We will focus on: reducing cancer waiting times, reduction of incidence, improving 1 year survival rates & earlier presentation / diagnosis.

Objectives

- To achieve earlier presentation and detection rates and reduce emergency presentations to 62%
- To reduce new primary cancers and recurrence in people surviving with cancer
- To improve one-year survival rates to 75%
- To improve equitable access to high quality patient centred services & care for, during & after their treatment
- To supporting people living with cancer as a long term condition with 95% of patients with an agreed after treatment plan
- To align NEL plan with the National cancer task force strategy & Model of care for Cancer London 2010.

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Sustainable delivery of cancer waiting times	Workforce: planning capacity & organising teams	• Patients given definitive cancer diagnosis, or all clear, within 28 days of GP referral* • Reduction in DNA rates for diagnostics to 5%	1. Deliver recommendations of the Independent Cancer Taskforce, inc 2. significantly improving 1-year survival & 3. patients given definitive cancer diagnosis within 28 days.
	Prevention	Digital (patient records) & workforce (Public Health)		[Refer to Prevention Delivery Plan re smoking cessation]
2	Earlier diagnosis	Digital and workforce communication (public)	• Increase in earlier detection rates to 62% detected at stage 1 & 2 by 2020 • Increase in 'Find out faster' diagnostic target • Reduction in patients who first present with cancer as an emergency to 18% by 2020 • Reduction in avoidable admissions	1-3 As above. 4. Development and delivery of a range of interventions to promote earlier diagnosis including an informed popn using all stakeholders 5. Find out Faster pilot in 17-18 following the outcome of national pilots in 2016/17
3	Improving cancer treatment	Digital and workforce	• Introduction of stratified follow up in breast, colorectal and prostate cancers (various)	5. Developed plans to demonstrate improving patient experience by 2020
4	Living with cancer and beyond: survivorship	Workforce (as above)	Increase in 1 year survival rates to 75% by 2020	1-5 As above. 6 As below.
5	Joint participation in UCLH/NEL Vanguard	Communication and engagement	As above	6. Improvement plan and outcomes to reduce variation through the cancer vanguards, through priority pathways.

*Note: This is a new national standard to deliver by 2020 with the expectation that it will replace the current 2 week wait standards **University College London Hospitals. Draft policy in development

Detailed Plan - Workstream 3a: *Planned care: Surgery*

Vision

To improve quality, consistency and sustainability of surgery services through the implementation of aligned surgical offerings across providers in NEL.

SRO:	*Julie Lowe, Director of Provider Collaboration, NEL STP*
Delivery lead:	*[For TST: Kevin Nicholson, Surgical CAG DoO, Barts Health and Philippa Robinson, Hospital Transformation Lead, WELC]*

Case for change

NEL is exploring the creation of surgical centres of excellence at each site**.** All hospitals with EDs would provide core surgical services. Some hospitals would provide core plus in one or more specialties whereas complex services would only be offered once across the TST patch. There is potential to replicate and expand this model across the STP footprint.

WEL are advanced in planning through the TST programme. Sites with core, core plus or complex offerings would operate in networks with strengthened cross-site working and inter-hospital transfer, leveraging capacity to deliver emergency surgical interventions. Patients would access pre-operative appointments & low-risk surgical procedures at their local hospital.

Objectives

- To explore jointly opportunities for collaboration working across NEL
- To include consideration of collaborative approaches to:
  - Areas for consolidated services (such as orthopaedics in SW London) and
  - Surgical procedures outsourcing (cost effectiveness & planning for NEL approaches).
- To bring demand & capacity into balance, by managing surgery through surgical hubs
- To consider ways of strengthening cross site working, including development of hubs working together as a network

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	To develop the evidence base for NEL wide collaborative planning / working	Communications and engagement; Analysis: including baselining activity and referral rates	• Reduced variation of standards of care • Improved quality measures eg Dtoc Reduction in first referrals and follow ups • Improved patient experience • Delivery of financial efficiencies • Better use of scarce workforce	1. Building on the below initiatives, to develop the evidence base/case for change for collaborative working through a NEL surgical network providing: At each hospital site a ‘core’ surgical offering, combined with a ‘core-plus’ set of services where safer procedures can be delivered at a higher volume; At a few sites a ‘complex’ surgical offer which would be consolidated to make provision safer and more sustainable.
2	To deliver Transforming Services Together surgical hubs in WEL	Workforce: organising teams to deliver at agreed sites in agreed ways; Digital: real time patient records across sites	• Reduction in length of stay (LOS) • Reduction in cancelled procedures • Reduction in avoidable admissions • Improved clinical outcomes • Improved quality of care	2. Standardised surgical offerings across sites 3. To implement TST plans for surgical hubs at pace across Barts Health’s 3 surgical sites
3	To improve achievement of RTT targets across BHR & WEL	Communications and engagement; Digital: e-referrals	• Reduction in referral to treatment times (RTT) • Achieve 100% of use of e-referrals by no later than April 2018	4. Developed approaches to understand and improve referral to treatment times
4	To maintain and share learning from CH RTT	Communications and engagement	Potential for all the above	4. As above.

Detailed Plan - Workstream 3b: *Planned Care: Diagnostics*

Vision

Ensure consistent provision of investigations for patients when they need them in the most appropriate setting.

SRO:	*Julie Lowe, Director of Provider Collaboration, NEL STP*
Delivery lead:	*[For TST: Archna Mathur, Director of Performance & Quality, Tower Hamlets CCG]*

Case for change

National evidence suggests that 25% of pathology testing is unnecessary* and a recent local audit suggested that 20% of MRI requests could have been avoided. In 2014/15 £42.5m on GP-requested diagnostics was spent. Local demand for pathology and imaging is expected to grow by 10.6% in 5 years. Unnecessary investigations are an avoidable burden at a time of growing demand and increase waiting times. Tests need to be the least invasive and offer value for money. Inconsistent referral suggests inconsistent care, including non referral of patients who should be.

Objectives

- To explore jointly opportunities for collaboration working across NEL
- To build on initial key lines of enquiry, for example through TST, undertake a clinically-led programme focusing on the top 20 highest impact imaging and pathology diagnostics in terms of volume and cost. We will:
- Consider options for standardising our approach and roll out clear referral guidance across NEL
- Continue to engage to explore, understand and challenge variation and target outliers
- Bring together clinicians from across 1° and 2° care to identify opportunities for best practice
- Consider moving to 'direct access' for selected imaging diagnostics, enabling referral straight to test before patients see a 2° specialist).

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	Explore opportunities for collaboration & sharing best practice	Communication and engagement; Analysis: including baselining referral rates	• Reduction in inconsistent referral practice • Increase in consistency of care	1. Standardised diagnostic approach 2. Roll out of NEL wide diagnostic referral guidance
2	Transforming Services Together implementation of diagnostics & pathology	Digital: Improve IT connectivity for better access to test results and diagnostic pathway Digital: Customise IT systems to give GPs more control over the tests they request	• Increase in appropriate patient referrals • Reduction in unnecessary patient referrals and diagnostics • Reduction in duplicate investigations • Reduction in investigations relating to medically unexplained symptoms • Increased digital access to results and the diagnostic pathway • Efficiency savings from reduced waste and earlier referral and diagnosis of those patients who need treatment.	1-2. As above across WEL 3. Local intelligence on diagnostic referral variation and outliers 4. Increased opportunities for clinicians across 1° and 2° to share clinical best practice 5. Potential introduction of 'direct access' for selected imaging diagnostics.
3	Transforming cancer services team Pan London capacity and demand work inc optimisation of radiology and endoscopy services	Digital: Implement electronic GP requesting for imaging diagnostics & pop up referral guidance; Workforce: Expand capacity*	As above, plus refer to Cancer metrics	6. Supported GPs including shared best practice.

*Report of the Review of NHS Pathology Services in England, COI for the Department of Health. August 2008

Detailed Plan - Workstream 3c: *Planned Care: Outpatient pathways*

Vision

To improve outpatient pathways when patients need them in the most appropriate setting by reducing reliance on traditional appointments where they are not required.

SRO:	*Julie Lowe, Director of Provider Collaboration, NEL STP*
Delivery lead:	*[For TST: Kevin Nicholson, Surgical CAG DoO, Barts Health and Philippa Robinson, Hospital Transformation Lead, WELC]*

Case for change

As outlined in the 'Getting It Right First Time' Briggs Report, it is important to identify and administer the correct treatment at the appropriate time to a high standard. We will draw on the principles of 'Right Care' to ensure the most appropriate use of secondary care. One way this can be achieved is through more efficient delivery of outpatient care and clinical pathways, optimising each clinical pathway. We plan to manage referrals to secondary care in a more effective way and streamline the referral to the treatment process, including diagnostics. This is a significant clinical area, which will lead to quality and improved use of NHS resources. Change is necessary because without it, in WEL will need an additional 141,000 appointments per year by 2020/21.

Objectives

- To explore jointly opportunities for collaboration working across NEL, drawing on CH best practice on consultation advice lines*
- To continue focus in TST on the following pathways and projects:
  - Renal (NEL wide)
  - Ophthalmology (WEL and BHR)
  - Gynaecology (BHR and WEL)
  - ENT (BHR)
  - Orthopaedics (BHR)
  - Gastroenterology (BHR)
  - GP specialist advice service (WEL)

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	Explore opportunities for collaboration	Communication and engagement; Analysis: including baselining referral rates	See specific pathways in objectives	Transforming Services Changing Lives identified 7 areas for improvement to OP and pathways: 1. Focus more on early identification and prevention 2. Manage referrals to 2° in a more effective way 3. Streamline referral to treatment, including diagnostics and 'Straight to test' referrals 4. Improve models of care for ineffective follow-up 5. Improve access to specialist advice according to need 6. Support patient understanding & self management including return to self care post treatment 7. Reduce numbers of do not attend appointments
2	Transforming Services Together: implementation of WEL outpatient pathways	Workforce: use of nurse specialists to manage long term conditions and different types of professionals to manage clinics in non-hospital sessions	• In areas where we are most challenged (in WEL) we also have a 20% reduction target for F2F outpatient appointments over the next 5 years. This will in part in be enabled by use of released capacity for alternative platforms: hot clinics & aspects of the acute care hubs model; technology based appointments (Skype, email, telephone); working more closely with GP and community services to improve skills and capability • Reduction in first referrals and follow ups	
3	Focus on pathways and projects as summarised in objectives			
4	Outpatient pathways & transformation	Engagement, workforce	• Comprehensive pathways inc consultant advice lines* and corresponding rates of outpatient referrals	8. Clear pathways

*C&H's comprehensive programme of pathways includes when to refer, patient decision aids, direct access to diagnostics, primary care demand management and peer review of referral practice as well as consultant advice lines.

Draft policy in development

Detailed Plan - Workstream 3d: *Planned care: Screening*

Vision

Screening of complex diseases to allow early diagnosis and detection, reducing patients with late or emergency presentation. We aim to improve outcomes and reduce health inequalities in the long-term; this will support specialist services by reducing later complexity.

SRO:	*Julie Lowe, Director of Provider Collaboration, NEL STP*
Delivery lead:	*[To be agreed with Directors of Public Health]*

Case for change

- Cancer screening uptake is below the England average and emergency presentation is 5% higher than the national average. There is inconsistency across NEL in uptake of screening and therefore variation in the numbers of cancers detected by screening - from 1% to 7% across our footprint.
- As part of our goal to achieve a step-change in uptake, we will address inconsistency in screening quality/levels and scale up best practices. How screening/earlier detection will impact on treatment activity & modality need to be modelled and planned.

Objectives

- To explore jointly opportunities for collaboration working across NEL
- To implement the NICE referral guidance, the 'faster diagnosis standard' and increase early diagnostic capacity to reduce the number of patients with emergency cancer presentation, particularly colorectal cancer
- To explore integrating health screening services within our overall system framework, building on the bowel screening work in Newham, where in partnership with Community Links, non screened patients are called.

Initiatives		Enablers	Benefits and Metrics	Deliverables
1	Review of uptake and treatment of national screening programmes	For all initiatives: HWBB Strategies	Increased take up for the following NHS population screening programmes: • Abdominal aortic aneurysm (AAA) • Bowel cancer screening (BCSP) • Breast screening (BSP) • Cervical screening (CSP) • Diabetic eye screening (DES) • Fetal anomaly screening (FASP) • Infectious diseases in pregnancy (IDPS) • Newborn and infant physical examination (NIPE) Newborn blood spot (NBS) screening • Newborn hearing screening (NHSP) • Sickle cell and thalassaemia (SCT) screening • Screening and quality assurance.	1. Delivery of local screening priorities in Health and Wellbeing Board Strategies 2. AAA: Increase take up (Offered at Barts Health only) 3. Uptake of treatment which may be volume related 4. BCSP: Expected increase in take up due to the FIT test soon 5. BSP: some areas are moving towards screening those at moderate risk too 6. CSP: there are big changes due with the introduction of primary HPV testing 7. DES: Address issues including possibly moving to a new Optical Coherence Tomography Test rather than the traditional photography screening and access to treatment.
2	Horizon scanning of PHE potential screening programmes and their timescales	Baselining NEL wide uptake of screening rates		
3	Lung cancer - is currently being evaluated by the NSC (see right). NEL may want to consider being an early adopter, if approved	National Screening Committee (NSC) decision		

Detailed Plan - Workstream 4: *Medicines Optimisation*

Vision

Improvement of medicines optimisation to help build a sustainable health and social care system.

SRO:	*Dr Anwar Khan, Chair, Waltham Forest CCG*
Delivery lead:	*Moira Coughlan, Joint Head of Medicines Management, Tower Hamlets CCG, NEL CSU*

Case for change

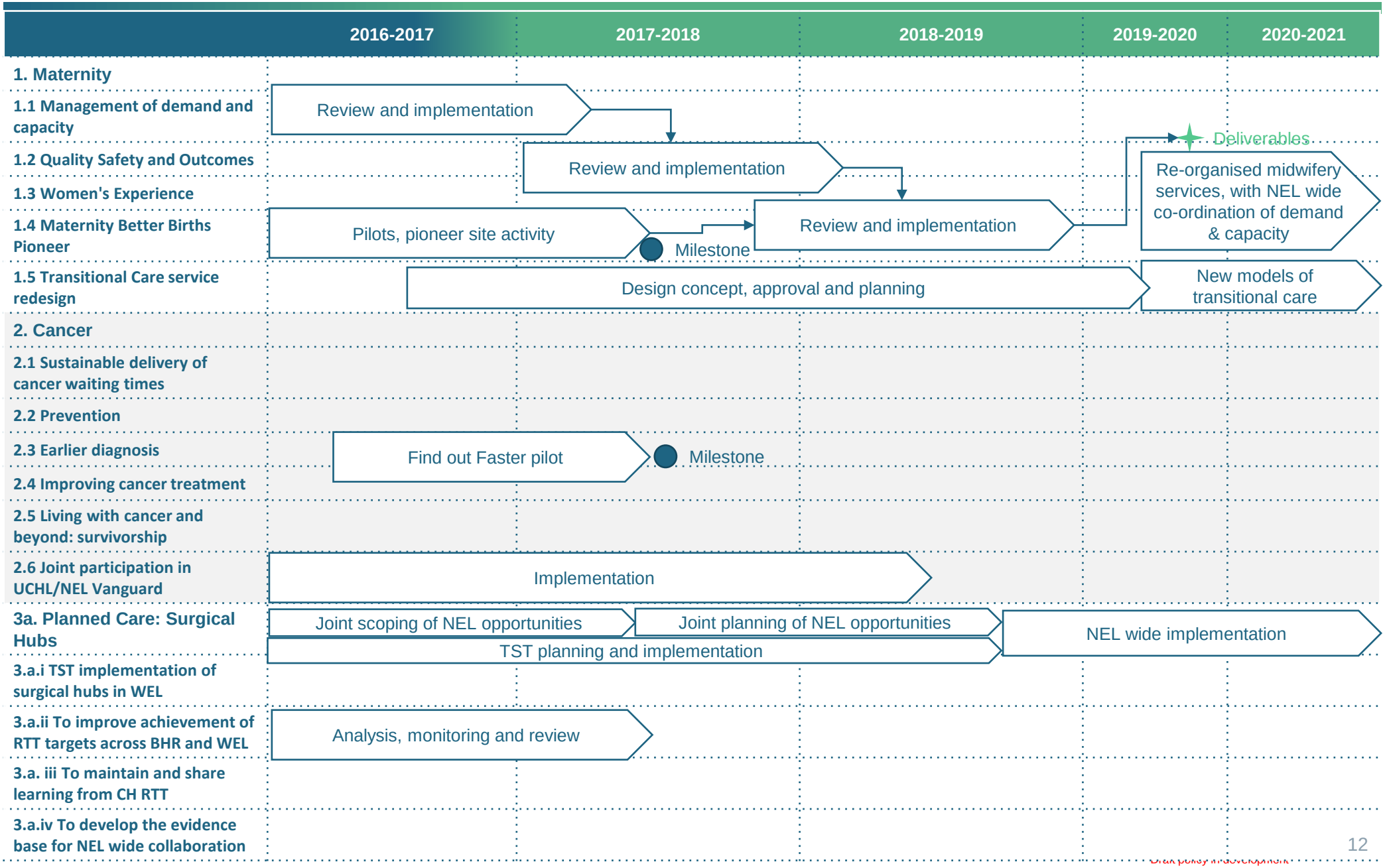
Several national policies and guidelines identify opportunities for delivering savings and improved patient outcomes through optimal prescribing**.** Many readily achievable improvements have been delivered in recent years and initiatives now require significant resource investment and collaboration across the sector to be successful. It is critical to develop patient centred programmes and ensure quality is the primary driver in the Medicines Optimisation programme.

Objectives

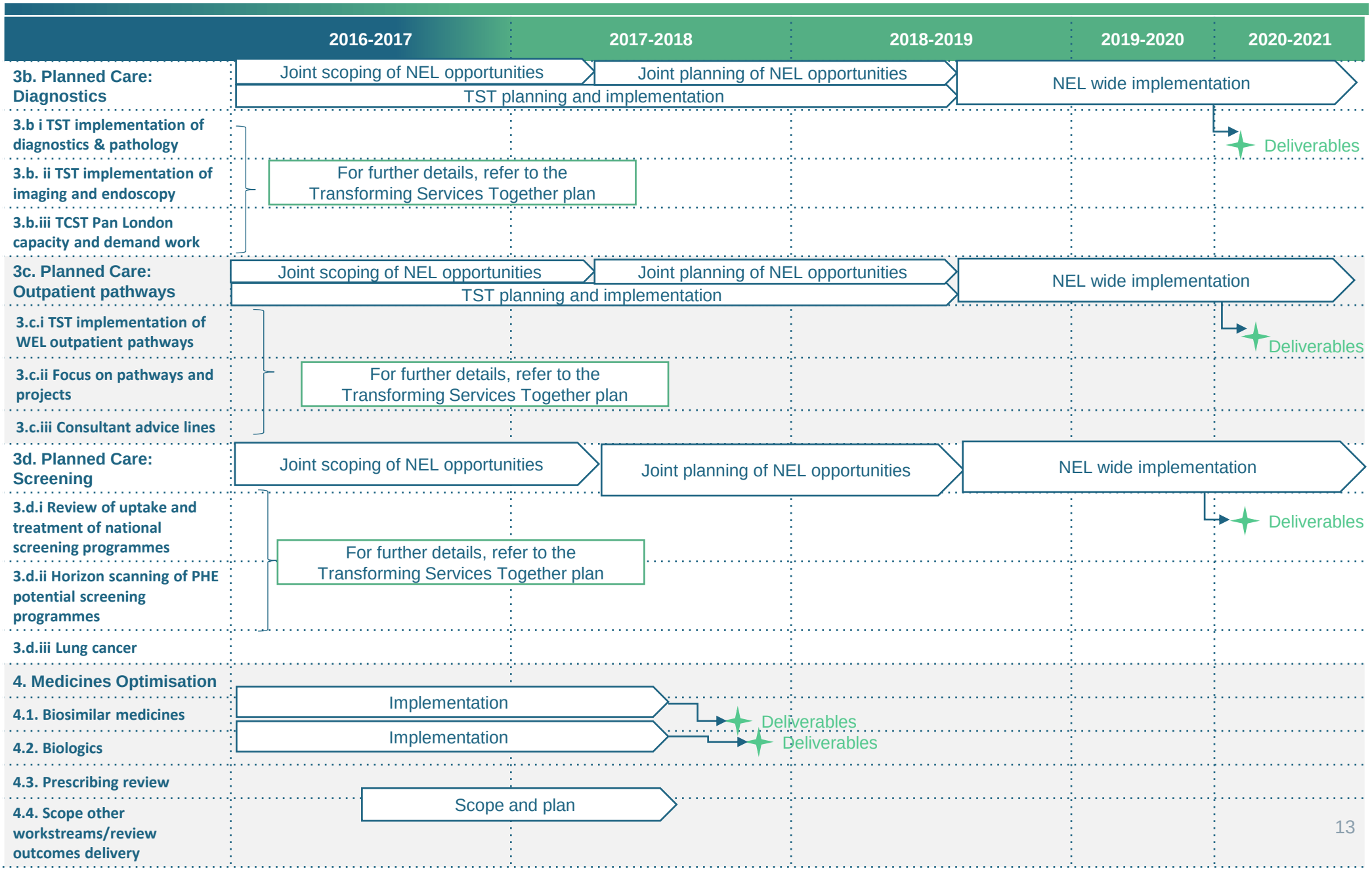
- To review medicines of low priority, poor value for money or with safer alternatives
- To promote self-care, patient awareness and self-management
- To develop consistent pathways and medicines usage across NEL for the management of long term conditions.
- To expand e-prescribing in secondary care and work with other providers to avoid medicines related delayed discharges.
- To develop a pharmacy workforce strategy, to address gaps in primary and secondary care, and expand the role of prescribing pharmacists.

	Initiatives	Enablers	Benefits and Metrics	Deliverables
1	Review and optimisation of biosimilar medicines	Digital: e-prescribing	• Increased use of biosimilars, leading to increased patient choice and cost savings (metric: % prescribing rates of originator to biosimilar) • Increase in patient awareness and self-care • Consistent advice in prescribing of over-the-counter medicines • Reduction in medicine waste	1. Improve patient awareness and self-care, and support self management 2. Review opportunity for efficient medicine procurement and supply 3. Reduced medicines wastage
2	Review prescribing of medicines of low priority, poor value for money or with safer alternatives			
3	Scope remaining 7 workstreams (ref objectives 3-5 and deliverables above)	Including: Organisational Development: pathway redesign Workforce: workforce strategy	• Increase in e-prescribing in 2° care and links with other providers, to achieve: • Reduction in medicine-related delayed discharges • Reduction in inappropriate antibiotic prescribing • Potential for cost efficiencies from medicine procurement and supply • Potential for improved quality within acute & specialist prescribing	1-3. As above 4. Pathway redesign to ensure consistent approach to medicines/pathways across NEL 5. Develop a pharmacy workforce strategy to support gaps in primary/secondary care, particularly the role of prescribing pharmacists 6. Develop medicine decommissioning/de-prescribing process across NEL
4	Review readily achievable outcomes delivery	Clinical review	• Safety & savings for: insulin switches; BM strip prescribing • Decreased harm and cost from hypoglycemia in people with diabetes and savings from NSAIDS	7. Potential quick wins

Route Map (1/2)


2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
1. Maternity
1.1 Management of demand and capacity
1.2 Quality Safety and Outcomes
1.3 Women's Experience
1.4 Maternity Better Births Pioneer
1.5 Transitional Care service redesign
Review and implementation
Review and implementation
Pilots, pioneer site activity
Milestone
Review and implementation
Deliverables
Re-organised midwifery services, with NEL wide co-ordination of demand & capacity
Design concept, approval and planning
New models of transitional care
2. Cancer
2.1 Sustainable delivery of cancer waiting times
2.2 Prevention
2.3 Earlier diagnosis
2.4 Improving cancer treatment
2.5 Living with cancer and beyond: survivorship
2.6 Joint participation in UCHL/NEL Vanguard
Find out Faster pilot
Milestone
Implementation
3a. Planned Care: Surgical Hubs
3.a.i TST implementation of surgical hubs in WEL
3.a.ii To improve achievement of RTT targets across BHR and WEL
3.a. iii To maintain and share learning from CH RTT
3.a.iv To develop the evidence base for NEL wide collaboration
Joint scoping of NEL opportunities
Joint planning of NEL opportunities
NEL wide implementation
TST planning and implementation
Analysis, monitoring and review

Route Map (2/2)


2016-2017
2017-2018
2018-2019
2019-2020
2020-2021
3b. Planned Care: Diagnostics
Joint scoping of NEL opportunities
Joint planning of NEL opportunities
NEL wide implementation
TST planning and implementation
3.b i TST implementation of diagnostics & pathology
Deliverables
3.b. ii TST implementation of imaging and endoscopy
For further details, refer to the Transforming Services Together plan
3.b.iii TCST Pan London capacity and demand work
3c. Planned Care: Outpatient pathways
Joint scoping of NEL opportunities
Joint planning of NEL opportunities
NEL wide implementation
TST planning and implementation
3.c.i TST implementation of WEL outpatient pathways
Deliverables
3.c.ii Focus on pathways and projects
For further details, refer to the Transforming Services Together plan
3.c.iii Consultant advice lines
3d. Planned Care: Screening
Joint scoping of NEL opportunities
Joint planning of NEL opportunities
NEL wide implementation
3.d.i Review of uptake and treatment of national screening programmes
Deliverables
3.d.ii Horizon scanning of PHE potential screening programmes
For further details, refer to the Transforming Services Together plan
3.d.iii Lung cancer
4. Medicines Optimisation
4.1. Biosimilar medicines
Implementation
Deliverables
4.2. Biologics
Implementation
Deliverables
4.3. Prescribing review
4.4. Scope other workstreams/review outcomes delivery
Scope and plan

Expected Benefits & Metrics

Note: Integrated outcomes and measures will be established in line with NHS E national metrics and current best practice guidance

Benefit description (Health & wellbeing, care & quality or financial)	Measurement (metric)	Current performance	Target performance	Target date (default 2020)	Linked workstreams
Increased access to midwifery led birth settings for eligible women	Place of birth activity reported*	To be established using local data 15-16 reported for HSCIC indicators Maternity Provider level analysis	Increase to average of 30% in WEL	2020	Maternity
Improvement on women's experience	Patient responses in the CQC Maternity Services Survey December 2015 including being treated with respect and dignity*	To be established using CQC Maternity services survey December 2015	Improvement on Dec 2015 responses	2020	Maternity
Reduced infant mortality	Reduction in still birth rates particularly in the antenatal period & reduced neonatal death rates*	To be established using MBRRACE Perinatal Mortality Surveillance Report for 2014 Births	Reduction	2020	Maternity
Improved cancer survival	NHSE Taskforce standard of overall 1 year survival at 75% by 2020	Established using HSCIC indicator: 63.9 - 69.3%	Increase to 75%	2020	Cancer
Earlier cancer diagnosis	Increase in earlier detection rates (to 62% detected at stage 1 & 2)	Established using HSCIC indicator: 39 - 52%	Increase to 62%	2020	Cancer
Reduction in cancelled surgical procedures	a) Cancelled operations and b) Cancelled operations which are rebooked*	Established from Cancelled Elective Operations Data	Reduction to 5%	2020	Cancer
Improved referral to treatment waits (Reduction in RTT times)	92% of patients on non-emergency pathways wait no more than 18 weeks from referral*	Established using NHS E RTT waiting times statistics, May 2015 BH and BHRUT: non reporters Homerton: 92.9%	Reduction to 92%*	2020	Surgery
Improved quality of referrals	Reduction in duplicate investigations	To be established from NHS E Diagnostic & Imaging dataset or local measure to be agreed		2020	Diagnostics
Outpatients appointments	Reduction in Face to face outpatient appointments	Established from TST SIC**: 920,000 in WEL	Reduction by 20% in WEL	2021	Outpatients pathways
Screening uptake	Uptake of population screening programmes	Established from Public Health England screening data: 1-7%	Increase	2020	Screening
Increased use of biosimilars, leading to increased patient choice and cost savings	Prescribing rate (%) of originator to biosimilar for agreed drugs	To be developed as part of local KPIs, based on what is clinically appropriate and subject to agreement of associated funding arrangements		2019	Medicines Optimisation

* Data is reported at Trust level. **Transforming Services Together Strategic Investment Case

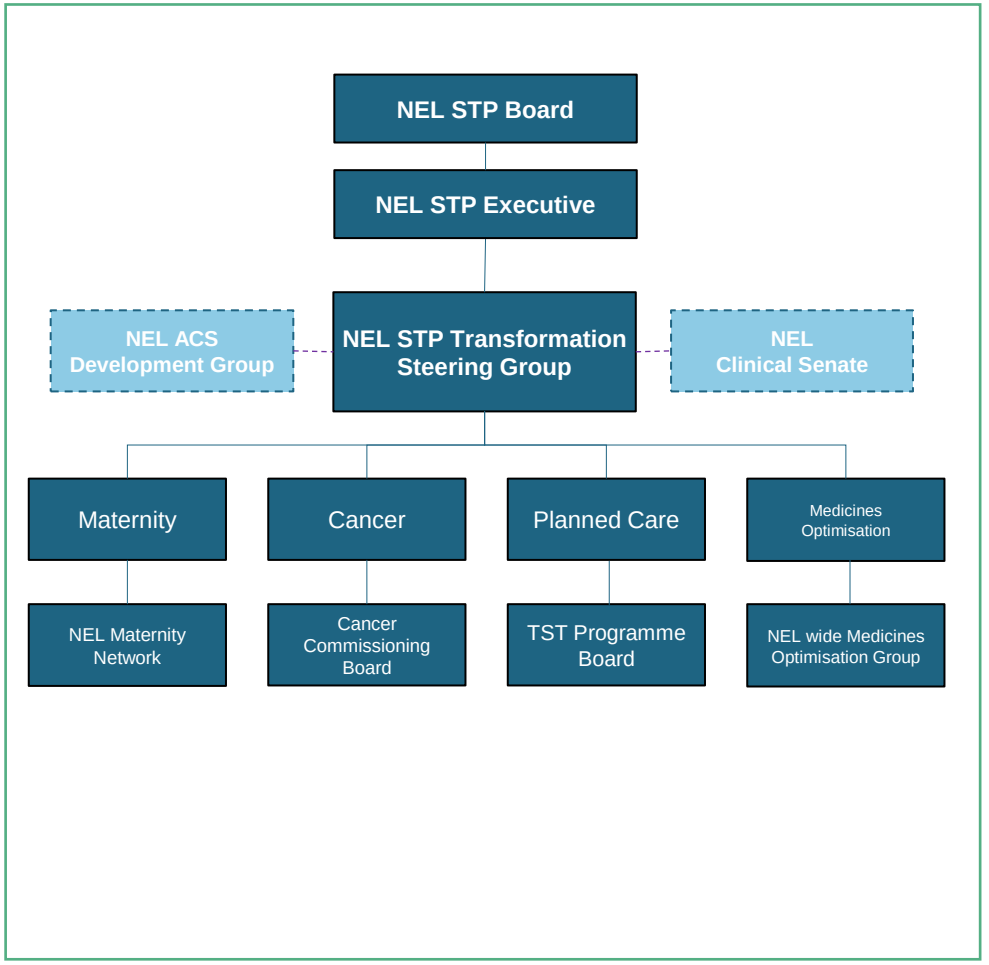
Resources & Delivery Structure

Acute Services Delivery is led by Julie Lowe, Director of Provider Collaboration, NEL, as SRO. Governance arrangements for the workstreams vary and are at different stages of development – key networks and boards are included in the delivery structure below:

6.1 Resources

	SRO	Delivery Lead
Delivery Plan	Conor Burke Chief Officer Barking & Dagenham, Havering and Redbridge CCGs	
1. Maternity	Wendy Matthews Deputy Chief Nurse/ Director of Midwifery Barking, Redbridge and Havering NHS Trust	Kate Brintworth Head of Maternity Commissioning North East London
2. Cancer	Paul Haigh Chief Officer Hackney CCG	Sue Maughn Clinical Advisor Transforming Cancer Services Team North East London
3. Planned Care	Julie Lowe Director of Provider Collaboration NEL STP	[For Archna Mathur, Director of Performance & Quality, Tower Hamlets CCG, Kevin Nicholson, Surgical CAG DoO, Barts Health and Philippa Robinson, Hospital Transformation Lead, WELC]
4. Medicines Optimisation	Dr Anwar Khan Chair, Waltham Forest CCG	Moira Coughlan Joint Head of Medicines Management, Tower Hamlets CCG

6.2 Delivery structure



Draft policy in development

Risks

Risks			
Workstream	**Description and impact**	**Mitigating action**	**RAG**
Maternity	Current demand for maternity services: If targeted, urgent responses are not sufficiently timely to respond to demand in terms of volume and complexity, there is a high risk of women not having their needs or choices met appropriately	Plan, resource and deliver the NEL proposed improvements to respond to the national 'Better births' strategy - focusing on 16-17 and 17-18 deliverables and quick wins	R
Maternity	The pace of estate, digital and workforce enabler responses are insufficient and impede the necessary step change required to manage maternity service demand	Plan, resource and deliver the NEL enablers across the footprint	R
Maternity	Future demand for maternity services: If targeted, urgent responses are not planned and sufficiently timely to respond to demand in terms of volume and complexity, then there is an even higher risk of women not having their needs or choices met appropriately	• Plan, resource and deliver the NEL proposed improvements to respond to the national 'Better births' strategy - developing medium term deliverables in 2018-21 • Births may be higher than initially indicated and we have a process currently underway to review modelling	R
Cancer	Achievability of the national outcome target on one year survival rates given current performance levels and data lags	Explore the required trajectory in further detail and enter into focused discussions within the STP and nationally	R
Planned care: Surgery	There is a risk that no agreement is reached on options for increased collaborative working through networks / across NEL	Although the opportunity cost is unknown, no additional system saving is currently assigned to the surgery initiatives. (The WEL savings are already assigned to TST)	R
Cancer	The current governance structure will not enable decision-making across all partners within the STP footprint	The Cancer Commissioning Board is being established. An option to enhance the current governance structure is being actively considered	A
Planned care: Diagnostics	As per surgery risk above	As per surgery mitigation above	A
OP pathways	As per surgery risk above	As per surgery mitigation above	A
Screening	How screening will impact on treatment activity and modality and whether we are factoring this into our plans	To be addressed in demand and capacity planning and modelling	A
Medicines optimisation	A lack of resources to drive changes forward	Local plans to develop gain share or similar funding arrangements between commissioner and providers.	A

This is a list of the highest-rated risks. Additional risks identified at a lower mitigated risk rating

Dependencies, Constraints and Assumptions

Dependencies, constraints & assumptions (in order of impact)			
Workstream	**Type: Dependency/ constraint/ assumption**	**Description**	**Actions / next steps**
All	Assumption	That resources will follow the patient so that capacity is available in alternative settings as services are moved out of hospitals.	Continue to monitor and review through the STP as plans are implemented
Maternity	Constraint	Service redesign: It is difficult to provide accurate financial modelling until there is definitive description of the midwifery models to be adopted.	Process currently underway to review modelling. In terms of an accurate description of the midwifery models
Maternity	Constraint	Workforce: Providers are struggling with difficulties in recruiting and retaining experienced staff (a London wide issue)	Current and future workforce issues included in the DRAFT Workforce Delivery Plan (DP)
Maternity	Constraint	Infrastructure: Providers are struggling to provide care in estates that in some cases are not fit for purpose and others will develop insufficient capacity	Current and future issues included in the DRAFT Infrastructure DP
Maternity	Constraint	Digital: providers are constrained by inadequate IT systems	Issues included in the DRAFT Infrastructure DP
Cancer	Dependency	Prevention programmes - smoking, physical activity and obesity programmes all led by Public Health teams	To be addressed in programme governance and planning
Cancer	Dependency	Screening for cancer: referral, diagnosis stages & treatment rates	To be addressed in demand and capacity planning and modelling
Cancer	Dependency	Specialised commissioning: Screening for specialist cancer – referral, diagnosis stages and treatment rates	
Surgery	Constraint	Referral to Treatment: Focus on transformational change cannot take place until the immediacy of the RTT backlog issues are addressed and associated cost of outsourcing	Providers are currently considering approaches and options
Diagnostics	Dependency	Primary care: GP referral rates for diagnostics and imaging	To be addressed in demand and capacity planning and modelling
OP pathways	Dependency	Primary care: pathway redesign diagnostics and imaging	Redesign to be jointly developed by community, mental health 1° and 2° care
Screening	Dependency	Cancer (see above) and national programme decisions	As above and horizon scanning for national screening committee decisions
Medicines Optimisation	Dependency	Prescribing across primary and secondary care	To be addressed in planning

Dependency map

This dependency map highlights where this delivery plan is linked to another delivery plan within our STP:

	Prevention	Access to care close to Home	Accessible quality acute services	Infrastructure	Productivity	Specialised Services	Workforce	Digital
1. Maternity	Patient Activation / self care Smoking cessation	Primary care: maternity care hubs	Diagnostics: right place, maternity screening	Improved facilities (current constraint)		Specialist services: perinatal care plans	Midwifery, nurse practitioner and HCA workforce	Access to electronic care records
2. Cancer	Smoking cessation, obesity and physical activity	**Cancer** survivorship: patient care & co-morbidity management **Diagostics**: medically unexplained symptoms	Diagnostics (Screening)		Supported Self management	Specialised cancer: referral, diagnostic and treatment rates; oral chemotherapy	Endoscopy and community nurse workforce	Access to electronic care records
3. Planned care:	Self care and self manage-ment: *Make Every Contact Count*	**Diagnostics:** GP referrals **Outpatient path-ways**: co- design with Primary Care	**Surgery**: RTT (standard achieve-ment)	**Surgery**: Potential changes in capacity			Workforce strategies within all redesigns	Interoperability / access to electronic care records
		Integrated UEC: Reduced emergency activity						
4. Medicines Optimisation	Self care and self management	Prescribing – protocols, process design and rates						E-prescribing Access to electronic care records

Summary of Financial Analysis

The basis for the financial modelling has been the five year Operating Plans prepared by individual NEL commissioners and providers, all of whom followed an agreed set of key assumptions on inflation, growth and efficiencies. The individual plans have then been fed into an integrated health economy model in order to identify potential inconsistencies and to triangulate individual plans with each other. In the June submission the starting point for this modelling was the 16/17 operating plans. This has since been refreshed to be the month 6 forecast outturn.

The NEL STP financial template summarises the:

- Latest financial gap projection
- The anticipated financial impact of the workstreams on closing the gap
- The BAU effect on closing the gap
- The capital requirements for the STP
- The investment requirements including 5 year forward view investments

While substantial progress has been made on the financial and activity modelling for the NEL STP, the finance and activity plan for the October 21st submission should not be regarded as the final position. Further detailed worked-up analysis will follow over the coming months.

Work done since 30th June

- Expanded the Transforming Services Together capacity and activity model across the whole NEL STP footprint
- Updated the new capacity and activity model to include the BHR ACO schemes
- Refined the capital investment requirements
- Incorporated the estimated costs for the delivery of the 5 Year Forward View requirements
- Refreshed the underlying financial calculations to be based on month 6 forecast outturn
- Agreed the STP resourcing requirements
- Commenced detailed analysis of the financial and activity impact of the workstream initiatives
- Applied the capacity and activity model to calculate the capacity requirements for the Whipps Cross capital business case

Planned future work

- Update the new capacity and activity model to include Hackney Devolution pilot
- Identify opportunities to obtain additional funding from national investment funding sources (e.g. the Mental Health 5 Year Forward View)
- Undertake more detailed modelling of the financial and activity implications of workstream initiatives
- Reach agreement on the STP wide system control total (taking into account organisational control totals).
- Agree the implementation of the system control total, including handling of key dependencies (e.g. the NHS E specialised commissioning)

Contribution to our Framework for Better Care and Wellbeing

This delivery plan sets out how it will deliver improvements against the core areas of prevention, out-of-hospital care and in-hospital care.

Promote prevention, and personal and psychological wellbeing in everything we do

This delivery plan describes the development of acute care which is designed and planned to move services out of hospital to complement our aims of greater emphasis on prevention, keeping people well and living healthy lives at home.

For our residents, this means greater emphasis on advice and support to improve avoid and reduce risk of illness, to support their own self management at home, with care planned & co-ordinated within their care plan.

For patients receiving acute care services - pregnant women, people recently diagnosed or living with cancer as well as people undergoing any diagnostic test, surgery or follow up - planned care means greater certainty to understand and manage their condition and lesser impact on their daily lives.

This puts patients and carers truly at the centre of their care and therefore more in control.

This delivery plan describes elements of planned care - development of pathways, approaches to diagnostics and screening – which are all intrinsically linked to and with the development of primary care for physical and mental health.

For patients, this means that as much of their care as is possible is planned and designed so it can be managed close to home, including through supported self management.

Promote independence and enable access to care close to home

This delivery plan sets out the transformation that is required to support sustainability of high quality and accessible acute services across north east London. Each of the four workstreams described the aim to achieve a step change in the delivery of acute care.

For patients, this means an experience of healthcare that is as planned as possible, avoiding unplanned episodes, coordinated around them, and designed so they spend less time travelling to and staying in hospital, both planned unplanned.

Ensure accessible quality acute services for those who need it

Addressing the 10 Questions

Q1. Prevent ill health and moderate demand for healthcare

- Reducing avoidable admissions: improvements to maternity, cancer and surgery / planned care all seek to offer planned care when appropriate and reduce unplanned admissions
(see slides 5-7)

Q2. Engage with patients, communities & NHS staff

- Step change in self care / Integrated personal health budgets: this is one of our maternity objectives
(see slide 5)

Q3. Support, invest in and improve general practice

- Support 1° care redesign: outpatient pathways – redesign involving both community, primary and secondary care for end to end design solutions
(see slide 9)

Q4. Implement new care models that address local challenges

- Hospital networks, groups or franchises: surgery / planned care – we will explore options for increased collaborative working through networks
(see slide 7)

Q5. Achieve & maintain performance against core standards

- Referral to Treatment (RTT): surgery / planned care is focused on improvements to meet targets and improve patient experience. This includes increasing e-referrals (see slide 7)
- Implement the national maternity services review, Better Births, through local maternity systems
(see slide 5)

Q6. Achieve our 2020 ambitions on key clinical priorities

- By 2020 to improve one-year survival to 75%; to achieve earlier presentation: this is one of our cancer delivery objectives, supported by our high priority focus on earlier diagnosis
(see slide 6)

Q7. Improve quality and safety

- Achieve a significant reduction in avoidable deaths: transformation in maternity, cancer, and surgery / planned care will contribute to safety and quality improvements
(see slides 5-7)

Q8. Deploy technology to accelerate change

- Full interoperability by 2020 and patients having access to records: this is a key enabler to most detailed plans described in this delivery plan and captured in NEL's digital delivery plan
(see slides 5-10)

Q9. Develop the workforce you need to deliver

- Reduce agency spend; develop, retrain and retain a workforce with the right skills and values
- Integrated MDTS to support new care models: digital improvements are key enablers to most detailed plans in this delivery plan
(see slides 5-10)

Q10. Achieve & maintain financial balance

- Support of credible, sustainable delivery plan: this delivery plan's emphasis on planned care and reduced unplanned episodes of care
(see slides 5-10)

Addressing the 9 Must Dos

1. STPs

- This delivery plan outlines our agreed STP initiatives and milestones and the timeline for delivering them. We have also begun to map out the metrics against which we will measure our progress, which incorporate the relevant STP core metrics

2. Finance

- We are working collaboratively to develop scalable service models where this will deliver value for NEL;
- Initiatives are in place for NEL wide maternity and cancer delivery
- Our intention is to explore wider roll out of WEL / TST planned care initiatives

3. Primary Care

- Refer to the primary care delivery plan.
- Planned care improvements including proposed pathway improvements will require collaborative working across community, primary and secondary care.

4. Urgent & Emergency Care

- Acute services described in this plan relate to planned care, however, successful redesign will depend on collaborative working with urgent and emergency care clinicians and teams
- Refer to the urgent and emergency care delivery plan

5. Referral to treatment times and elective care

- RTT is covered in the detailed plan for surgery: one of our initiatives is to improve achievement of RTT targets across BHR & WEL (slide 7) above

6. Cancer

- Cancer is covered in the detailed plans for cancer and screening
- This includes NEL's joint participation in the Cancer Vanguard as well as planned improvements to Stage 1 & 2 detection rates and 1-year cancer survival, supported by planned improvements in screening uptake (see slides 6 & 10 above)

7. Mental health

- Refer to the mental health delivery plan

8. People with learning disabilities

- Refer to the learning disabilities delivery plan

9. Improving quality in organisations

- We are working collaboratively across NEL to develop scalable service models, underpinned by a workforce strategy.