



Transforming Services Together

Strategy and
investment case
Part 1: Summary



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Foreword

Transforming Services Together aims to improve local health and social care in Newham, Tower Hamlets and Waltham Forest – very much in line with the challenges of the NHS Five Year Forward View¹, local and regional plans and guidance².

Celebrating success

This document focuses on where we need to improve. But it's important to recognise some of the NHS's huge achievements in the past 20 years and appreciate the efforts of everyone working in health and social care.

For example, at the Royal London Hospital, we have one of the best trauma centres not just in the country, but in the world. We've also improved the quality and accessibility of our primary care services. Our services for tuberculosis, mental health, carers, and our websites and management have all been nationally recognised.

Stroke care is exceptional and survival ratios at our hospitals (a key measure of how safe services are) are among the country's best.

By working together we are ensuring local people are far more likely to survive conditions like heart disease than people in many other parts of the country³.

A partnership approach

However, we also face complex challenges: a rising population; financial and workforce pressures; and in some cases poor patient care, buildings and infrastructure.

Where we live, our environment and our socio-economic situation are critical for wellbeing. We recognise the responsibility of local authorities for the health and wellbeing of their populations. We also recognise the responsibility of patients to make efforts to stay well, and how this could reduce the burden on the health service.

Together we have developed proposals that respond to some of the challenges and take advantage of the opportunities we face. Clinicians have led the discussions, in partnership with key stakeholders and members of the public. We welcome the honesty everyone has shown in reflecting on what is wrong with the existing system. We also welcome their dedication to developing new ideas on how to make the changes that are clearly needed.

We are encouraged by the enthusiasm for change, the willingness of all partners to work together and the strong belief that solutions can be found. More than a thousand people have taken part so far – we thank every one of them.

¹ NHS England www.england.nhs.uk/ourwork/futurenhs/

² London Health Commission www.londonhealthcommission.org.uk/better-health-for-london/

³ Health and Social Care Information Centre. January 2015 www.hscic.gov.uk/pubs/shmijul13jun14



We want to develop a new partnership with local people: it is your NHS, and we know it is a much-valued and respected institution. The health service, staff, partners, patients and residents need to work very differently with each other, and everyone has a part to play.

Our plan

This document outlines the main health and social care changes and investments needed in East London. We have set out a credible plan to transform the services that almost one million people (and rising) rely on. We must ensure we provide the patient experience that people expect, and the services that keep them well and safe. Most importantly, these changes will reset the system on a path towards financial sustainability.

We look forward to hearing from you.

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Chair, Newham CCG

Dr Sam Everington
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About Transforming Services Together

The Transforming Services Together programme is run by Newham, Tower Hamlets and Waltham Forest Clinical Commissioning Groups (CCGs) in partnership with Barts Health NHS Trust.

How you can help

We are now testing our ideas with staff, local communities, partners and patient representatives through drop-in events, focus groups, meetings and other methods.

This summary and the full document are intended to stimulate debate. To get involved or make your views known, please contact us:

 **020 3688 1540**

 **TransformingServicesTogether@nelcsu.nhs.uk**

 **www.transformingservices.org.uk**

or fill in the questionnaire at the back of this summary.

We look forward to hearing from you.

Deadline for comments

We'll continue to involve people as these proposals develop, but we'll be finalising this Strategy and Investment Case in the summer of 2016. So we need your comments back by **22 May 2016** to help us at this stage of the process.

How to see the full document

To view the full document, please look at our website or contact us for a paper copy.

Who helped to develop the plan?

The plan has been developed with patients, the public and their representatives across East London. By 'East London', we mean the boroughs of Newham, Tower Hamlets and Waltham Forest, which are the focus of this strategy.

Over 300 health and social care staff (for instance surgeons, pharmacists, midwives, nurses, GPs, practice managers, healthcare assistants and managers) have also been involved from Barts Health; neighbouring CCGs (in particular, City and Hackney CCG, Barking and Dagenham CCG, Havering CCG and Redbridge CCG); Homerton University Hospital NHS Trust; East London NHS Foundation Trust; North East London NHS Foundation Trust; local authorities (including their public health teams) – in particular the London boroughs of Newham, Tower Hamlets, Waltham Forest, and Redbridge; NEL Commissioning Support Unit; NHS England – responsible for specialised commissioning; and the Trust Development Authority.

Challenges we face

The future challenge means the NHS and social care has to change

■ **Our population is projected to grow considerably.** Over the next 15 years, the population of Newham, Tower Hamlets and Waltham Forest will probably grow by 270,000 – the size of a new London borough. We anticipate thousands more births each year and, as people live longer, so their health and social care needs will also increase.

But we are close to reaching the capacity of our buildings if we continue working in the same ways. If we don't change, we'll need 550 more hospital beds in the next 10 years and capacity for over a million more GP appointments. Extra funding from the population increase will not cover this cost, and in any case it would be wasteful. We need to redesign services to help people stay well, reduce the need to use hospital services, and join up our services to make them more efficient.

■ **There are always changes that will affect how our services operate.** For instance, King George Hospital's emergency department is expected to close, which will mean an increase in demand at Whipps Cross and Newham hospitals.

Over the next 15 years, the population of Newham, Tower Hamlets and Waltham Forest will probably grow by 270,000





We need to improve the quality of care and patient experience

Existing challenges

On their own, these future problems would take great efforts to solve. But the NHS in our area is already facing other serious challenges.

■ **Health and social care budgets are being squeezed.** The spending freeze on NHS budgets, and spending cuts to local authority budgets, are placing great financial strain on services – in particular in areas of care where integrating health and social care is so important. Clinical Commissioning Group finances are currently in balance, but are predicted to worsen rapidly over the next five years. Barts Health already has the largest expected deficit of any trust in England (about £135 million for 2015/16).

■ **We need to improve the quality of care and patient experience.** There are problems about access to, and experience of, primary care and other services in the community. Around 40% of respondents to the GP National Patient Survey said they could not see a GP of their choice and over 30% found it difficult getting through on the phone. Some of our health services are world class, but too many are not. Barts Health is struggling to meet the London Quality Standards⁴. In June 2015 the Care Quality Commission assessed patient outcomes at Barts Health as being at, or better than, the national average in most medical and surgical wards at the hospital. But it also highlighted a lot of areas where improvements are needed. It rated the trust 'inadequate'⁵. In response, the trust published *Safe and Compassionate*⁶, which describes how, by working with staff, patients and partners, it will deliver lasting improvements.

⁴ www.england.nhs.uk/london/our-work/quality-standards/

⁵ www.cqc.org.uk/provider/R1H

⁶ www.bartshealth.nhs.uk/media/286492/150915%20BH_Improvement_Plan_FINAL.pdf

■ **Our workforce is stretched.** We struggle to recruit and keep the staff we need. For example, a shortfall of more than 730 nurses (around 13% of the total) exists in East London NHS care providers. There is higher-than-average staff turnover⁷ (some 2,800 staff leave our hospitals each year – about 15% of the total). Significant staff shortages exist in some critical specialist roles (such as in emergency medicine and paediatrics) and in primary and community care too – 40% of male GPs in Newham and Waltham Forest are nearing retirement age. We already spend too much on agency staff to plug the gaps.

We need to tackle the high costs of living, low staff morale in some places, and lack of clear training and development routes.

■ **We need to change the social culture of over-reliance on medical (and often emergency) services.** Life expectancy is worse than in the rest of England – environmental factors and deprivation are very important in this and need to be tackled. Supporting people to look after themselves, and better prevention of illness, would make the most significant difference to people's health. Yet we do not prioritise it. Persuading people to change is difficult, given the diversity and transient nature of the population, but it is possible.

■ **Our facilities and IT systems are not always set up to deliver high-quality or efficient care.** We have some of the most modern and high-tech facilities in the country – such as the new Royal London Hospital and the Sir Ludwig Guttmann Centre in Newham. However, many of our community facilities are under-used or unsuitably fitted out, too small, or in the wrong place for the services we need to give. We have many old buildings that need heavy investment just to maintain them – Whipps Cross needs over £80m of building investment.

Our IT systems are not fit for purpose. The equipment is poor. Some systems won't connect to each other. So greater efficiency and better services are held back.

What will happen if we allow things to continue as they are?

■ We'll need an extra 550 inpatient beds by 2025 (costing about £450 million to build and £250 million a year to run). Overall our organisations will be in deficit by almost £400 million by 2021/22. We won't be able to recruit the workforce to staff these beds, and we know that hospital is not the right place for many people⁸.

■ Patient experience will decline and patient safety will be put at risk. People will face a confusing health system, and will need to wait longer for operations or travel outside the area for some planned care. People with a mental health illness will continue to be poorly treated compared to patients with a physical illness. Too many people will continue to die in hospital rather than in homely surroundings. Patients and staff will have to cope with poor environments. We won't be able to bring care close to home. We'll miss opportunities to raise morale in our workforce. And our finances will worsen⁹.

We struggle to recruit and keep the staff we need

⁷ Compared with the Health Education North Central and East London area. HSCIC workforce statistics July 2015 www.hscic.gov.uk

⁸ Audits show that up to 40% of beds are occupied by people who do not need hospital care.

⁹ The Review of Operational Efficiency in NHS Providers (June 2015) suggested that the NHS could save £5 billion a year by making efficiencies in workforce and productivity; and improved medicines, estates and procurement management.

How we could create high-quality, safe and sustainable services

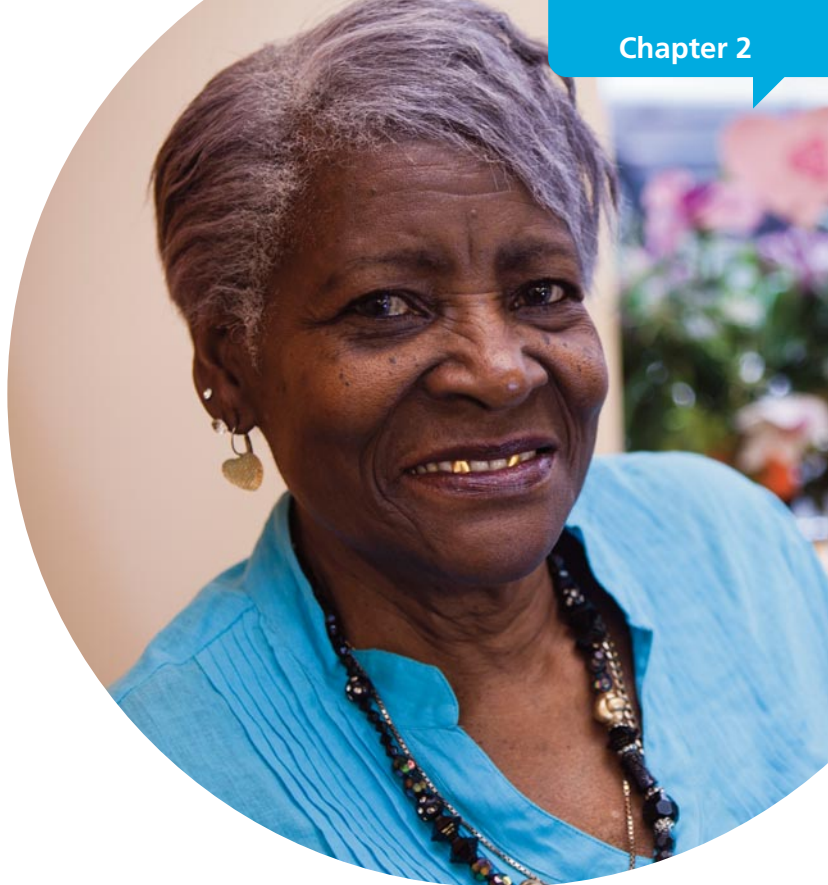
Our strategy

Our strategy aims to:

- support the **health and wellbeing** strategies of our boroughs, helping people to stay healthier and manage illness; and to access high-quality, appropriate care
- **change the culture** of how we commission and deliver care
- **increase involvement of patients and carers** in co-designing services and being part of shared decision-making
- **maximise the use of the assets** (for instance, buildings and the voluntary sector) in our communities
- commission activity to be in **fit-for-purpose care settings, often close to home**
- **focus some surgery in fewer locations** to improve patients' outcomes and experiences and increase efficiency
- acknowledge the importance of supporting people's **mental health** and well-being
- **ensure the system is flexible** enough to respond to changing demands
- help set our **finances on a path of sustainability**.

To meet these aims, we have created three 'clusters' – which are responsible for the overall delivery of the programme. Each cluster has developed specific initiatives that tackle important priorities for change.

Cluster	Initiatives
Care close to home	Improve access, capacity and coordination of primary care
	Expand integrated care to those at medium risk of hospital admission
	Put in place a more integrated urgent care model
	Improve end-of-life care
Strong sustainable hospitals	Establish surgical hubs
	Establish acute care hubs at each hospital
	Increase the proportion of natural births
Working across organisations	Reduce unnecessary testing
	Transform the patient pathway and outpatients services
	Develop a strategy for the future of Mile End Hospital
	Develop a strategy for the future of Whipps Cross
	Deliver shared care records across organisations
	Explore the opportunity that physician associates may bring



The initiatives are supported by work on organisational development, information technology, buildings and communications. Three important themes are built in to all the initiatives, namely:

- helping people manage their health better
- mental health
- children and young people.

Expected outcomes

If we deliver these initiatives through a coordinated, integrated plan over the next five years alongside productivity improvements, they will create the following results:

- A fairer service, treating the needs of everyone in society.
- A healthier population and patients who experience better care.
- More care being delivered close to home, in more efficient settings.
- A workforce that is more suited to providing efficient and effective modern healthcare – staff who better understand their role, who feel supported, and who are enthused about their job, healthcare and the NHS.
- Hospitals that can relieve the pressure on beds; can cope with the increase in population and long-term conditions; and can reduce waiting times or create new ways of raising income.
- Improvements in clinical quality. We expect these proposals to directly support the Safe and Compassionate improvement programme and the lifting of Barts Health out of special measures.
- Net savings from the Transforming Services Together programme of £104 million to £165 million over five years. From year five onwards, the annual saving will be £48 million. We aim to deliver the changes described in this summary, as well as internal cost improvement programmes (CIPs), and quality, innovation, productivity and prevention (QIPP) programmes. Probably this would leave some organisations in surplus and some in deficit. But there would be an overall balance in the local health economy.
- A significant drop in the need for capital funds. The Transforming Services Together programme proposes a budget for buildings and infrastructure of £72 million by 2021 (excluding essential estates and IT work). Without the programme, we would need £250 million.

Fixing the basics

Patients have told us that getting the basics right improves their clinical care and makes them happier. Patients want to be treated in well-maintained buildings. They don't want to tell their story to every member of staff they meet because our IT systems aren't joined up. They want staff to coordinate care, and to show empathy as well as being competent. They also want staff to understand that little things mean a lot, and above all to recognise that every person is different.

Our buildings

We need a flexible and fit-for-purpose estate. It will be actively managed and well used, and we'll take opportunities to share space with other services that benefit the public.

Primary and community care

The traditional model of small GP surgeries is no longer suitable. GP practices should cater for 10,000-15,000 patients or be on the same site as other practices or work as part of a network of practices. This would enable a greater range of primary and community care services to be provided in efficient and modern settings. Primary care hubs for over 30,000 patients should have on-site minor surgery units, sexual health clinics, a greater range of test facilities, and learning areas with access to nutritionists, health coaches and community groups.

Newham: The Vicarage Lane site in the north west would be a good place for a primary care hub. Other possible sites are the Sir Ludwig Guttmann Health Centre in Stratford; the Centre Manor Park; and two further hubs in Royal Docks ward and Canning Town.

Tower Hamlets: The hubs could be at St Andrew's Health Centre; Barkantine Centre; East One Health Centre; Blithehale Health Centre; and a further hub in Whitechapel.

Waltham Forest: Wood Street and Comely Bank could be a good location for a primary care hub. Other sites include St James Health Centre; around the adjoining Ainslie Therapy / Rehabilitation and Highams Court sites; Highams Hill; and Thorpe Combe Hospital.

Acute care¹⁰

Barts Health includes some of the most modern and efficient facilities in London, but also some of the worst. There are opportunities to improve many facilities, make better use of parts of the buildings and land and dispose of other parts that are inefficient.

St Bartholomew's Hospital: Complete the phased redevelopment of parts of the site; develop and preserve elements of the historic, heritage aspects.

Royal London Hospital: Increase the density (and therefore efficiency) of services in the building and improve the clinical co-location of services on the site; progress the sale and transfer of the old Royal London hospital to the London Borough of Tower Hamlets; and progress plans to develop two further plots of land into a life sciences specialist centre, in partnership with local education partners.

Mile End Hospital: There is an opportunity to consider more integration of acute, community, mental health and primary care services. A strategy is needed to define the most suitable use of the site.

¹⁰ Acute care is normally provided in hospital, where the patient requires 24/7 nursing under the care of a hospital consultant

Newham University Hospital: Develop the Gateway surgical centre on the site to allow more activity, in particular orthopaedic surgery.

Whipps Cross University Hospital: There is a continuing (and growing) demand for acute and emergency services on the site. We could work with local partners including the local authority and community based services to create a long-term strategy for the site.

Information Technology

The NHS collects vast amounts of data. We can use it much more intelligently. Developing joined-up information systems will support more effective, integrated healthcare.

We want people to experience services that are truly seamless, with clear signposting, co-ordination of care and exchange of information supporting every patient's journey. All clinicians should have access to important patient data when making decisions, thus reducing the risk of mistakes. We'll focus on ensuring that:

- 1 the infrastructure (computers, cables, services) is up to the job of supporting reliable, fast access to systems
- 2 wherever a patient is seen or a decision made in the health and care system, the appropriate data from every responsible health and care organisation is available safely in a real-time, easy-to-use way
- 3 we can combine data from every organisation to inform and prompt changes to treatments and care pathways
- 4 patients get access to their records so they can take control of their own health.

Our workforce

The limited labour supply in East London is further squeezed by high turnover and retirement rates. We struggle to recruit to important roles, such as nurses, social workers, allied health professionals and emergency consultants. With few incentives for key workers – such as affordable housing – rising costs are making local living impossible for many nurses and support staff. So we'll encourage the recruitment and retention of staff as follows:

■ **Recruitment.** We'll work with universities and other education providers to offer courses to qualify in new roles, e.g. physician associates¹¹ and advanced nurse practitioners. We'll encourage young people to work in the NHS by connecting with local schools and other education providers. We'll develop apprenticeships and internships. We'll market the attractiveness of working in the NHS in East London.

■ **Retention.** We'll help with this through training and development opportunities, flexible working options and financial incentives. These could include 'golden hellos' or 'golden handcuffs'; support with the high cost of London living and transport; key-worker housing; bursaries or student loans to help fill hard-to-fill vacancies. We'll also see if we can remove incentives to leave, such as the high amounts we pay for bank and agency staff.

Joined-up working is also needed in the community, with GPs, pharmacies, dental, community health and social care services (all connected by IT systems) working together to provide an integrated urgent-care response, closer to where people live.

¹¹ Physician associates, though not doctors, must have a science degree and a two-year postgraduate diploma. They can perform a large part of a doctor's tasks at a reduced cost – meaning doctors can focus on the patients and illnesses that need their skills.

Our detailed proposals

Preventing ill health

Life (and healthy life) expectancy is shorter in East London than in the rest of the country. We aim to change the existing culture of over-reliance on medical/hospital services to one where prevention of ill health gets greater priority, and people take more responsibility for their own health. However, this cannot be done by health services alone. The NHS must work with a range of organisations, including those in social care and the voluntary sector to:

- support people to live healthier lives
- make our schools and workplaces healthier
- identify ill health earlier – for instance through screening programmes.

Doing this would mean a healthier population. People would have a better quality of life. They would visit emergency departments and be admitted to hospital less often. We'd be able to provide more supportive care. And we'd have healthier staff working under less pressure.

Over the next five years the NHS will invest more in primary care

Providing care close to home

GPs with a registered list of patients are the bedrock of NHS care and will remain so. Over the next five years the NHS will invest more in primary care. The number of GPs in training needs to rise as fast as possible, and we need to provide new ways of encouraging them to stay.

We need to integrate emergency and ambulance care, GP out-of-hours services, urgent-care centres and NHS 111 so that people can get the right care in the right place at the right time.

Too many people go into hospital or stay in hospital longer than necessary. Early, co-ordinated support that focuses on their wellbeing as well as their health and social care can reduce their dependency on services in the long run. It can also ensure they are admitted to hospital only when it's really needed. This means we need new partnerships with local authorities, communities and employers. And we need to act decisively to break down barriers between GPs and hospitals, physical and mental health services, and health and social care.

New integrated providers will enable the NHS to take a more rounded view of patient care. We're also committed to developing new payment schemes that support providers to work better together to create innovative solutions to local problems.

Making these changes could significantly improve health, reduce health inequalities, improve patient experiences, and create a more efficient service. It could also enable the NHS to cope with the expected rise in attendance at hospitals, GP surgeries etc. Here are some other changes that will help:

- Some activity in GP surgeries could be provided in pharmacies and by supporting self-care.
- Around 180,000 outpatient appointments a year could be provided in other ways that patients would find more convenient.
- The 92,000 extra attendances that are expected at Barts Health emergency departments a year (by 2020) could be managed by shifting activity to primary care and improving patient pathways and system efficiencies.

To provide care close to home, we have prioritised several important initiatives:

Initiatives and the case for change	What we propose	What we'll deliver within the next five years
<p>Primary care</p> <p>There is an increasing (and ageing) population, a rising burden of disease and a shortage of GPs. Patients find access and quality of care unsatisfactory.</p> <p>The population has some of the poorest public health outcomes in the country (for example, survival of cancers and cardiovascular disease, and life expectancy).</p>	<p>Improve access to general practice, pharmacies, dentists and optometrists, for instance by providing supportive online tools or Skype appointments.</p> <p>Establish proactive care by:</p> <ul style="list-style-type: none"> • empowering patients to take more control of their health, and • offering wellbeing inductions for new patients. <p>Coordinating care. We will make sure 20% of appointments are longer, to suit the needs of patients with complex conditions. And we will continue to connect our IT systems to each other.</p> <p>We believe co-ordinated, proactive, accessible primary care can be given only by a broader range of professionals (for example, by creating physician associate roles or by having pharmacists working alongside GPs) in:</p> <ul style="list-style-type: none"> - primary care practices serving over 10,000 patients - smaller practices working together in collaborative provider networks that serve at least 10,000 patients, or on a shared primary care site 'a hub'. 	<p>The whole population will be healthier. People will find appointments are more convenient, so minor ill health can be resolved quickly and easily.</p> <p>More services will be available in the community, often in the same building, so patients will have less need to go to hospital.</p> <p>We'll have more primary care staff. Patients will be more able to choose a female or male GP.</p> <p>We'll reduce patient complaints by 50%.</p>
<p>Integrated care</p> <p>Too many people go into hospital or stay there longer than necessary.</p>	<p>Integrated care gives co-ordinated health and social care in patients' own homes or in the community to help them stay well or manage their illness. We want to improve our services and extend integrated care to people at moderate risk of going into hospital (today it's available only to those at high risk of it).</p>	<p>People with moderate risk of going into hospital will manage their health better, stay well, be able to live in their own home or the community (rather than have long spells in hospital) and reduce their reliance on urgent care services.</p>

Initiatives and the case for change	What we propose	What we'll deliver within the next five years
<p>Urgent care</p> <p>People find it difficult and confusing to access urgent care – so they often end up going to emergency departments or calling an ambulance, which diverts attention from people with more serious and life-threatening problems.</p>	<p>Simplify and integrate urgent care by:</p> <ul style="list-style-type: none"> - developing a simple online directory of services - integrating NHS 111 with the urgent-care system so there is one place where people can get advice or book urgent appointments at a primary care hub, their GP or other providers - replacing standalone walk-in centres with primary care hubs that will provide a greater range of services. <p>Provide more urgent-care appointments in the community, including in the evenings and at weekends.</p> <p>Provide a more comprehensive service in urgent-care centres at the front door of emergency departments.</p>	<p>Patients will get the care they need in a timely, easily understood and convenient way. This will help them return to health without needing to visit an emergency department.</p> <p>Around one in four patients attending an emergency department will be treated in an urgent-care setting, meaning emergency departments will be better able to give the best possible care to those most in need.</p>
<p>End-of-life care</p> <p>One in three people admitted as emergencies to a hospital are receiving end-of-life care. However, most people would prefer to die in the place that they usually live.</p>	<p>Identify earlier the need for end-of-life care.</p> <p>Have supported conversations with patients.</p> <p>Have better recording and sharing of patients' preferences and care plans.</p> <p>More community-based end-of-life services with 24/7 access</p> <p>Better partnership working across the health, social care and voluntary sector – including making more use of community facilities such as hospices.</p>	<p>People will be able to make better choices about their end-of-life care and their experience of end of life will improve.</p> <p>A 30% reduction in use of hospital beds during the last year of life.</p> <p>Half the number of emergency hospital admissions for people at the end of their life.</p>

Strong, sustainable hospitals

We will focus on helping people stay fit and healthy and providing care close to home. But we need to ensure that when people fall seriously ill or need emergency care, local hospitals will provide strong, safe, high-quality and sustainable services.

Some of our proposals are relatively small and will cost nothing. Others need organisations, staff and the public to work together.

To provide high-quality local care, we'll need to keep the existing emergency departments and maternity units. But to cope with the expected extra activity, we'll need to change the way we work, as follows:

■ Improved local care with specialisation if this improves outcomes and provides safer care

To provide care effectively for the growing populations, we need to ensure Newham and Whipps Cross can provide high-quality care for the vast majority of conditions likely to occur locally.

We also need the Royal London to work effectively to serve its local community and a wider population in its role as a specialist centre. This doesn't really happen now as the site is often too busy treating emergency and very unwell patients to cater for the day-to-day needs of local people. This results in large amounts of planned surgery being cancelled and patients staying in hospital longer than they should, affecting local people and patients who have been transferred from further away.

■ More integration with community and social care

Our hospitals need to be better integrated with the community as well as forming stronger partnerships with charitable and voluntary organisations. We need to ensure local services run as effectively as possible alongside other clinical teams both on and off the hospital sites.

■ Working in networks across our sites and more widely

We need to be far better at organising and simplifying our acute and emergency care system and network arrangements. Our proposals will achieve this, standardising and improving the system and the standards of care.

The three main acute sites do not consistently meet London quality standards. For example, we know that only the Royal London site offers access to emergency interventional radiology in under an hour. Our approach outlines where we need to look across sites and in some cases change the arrangements for life- or limb-saving specialist services.

Pictured: Newham Gateway Surgical Centre



We have prioritised several key initiatives to develop strong, sustainable hospitals:

Initiatives and the case for change	What we propose	What we'll deliver within the next five years
<p>Acute care hubs</p> <p>Too many people are admitted to a hospital ward as this is the only way they can get rapid medical specialist opinion and tests. This means patients who do not need 24/7 nursing care sometimes stay in hospital unnecessarily.</p>	<p>Bring together the clinical areas of the hospital that focus on initial assessment, rapid treatment and recovery at each site to work as 'acute care hubs'.</p> <p>This would mean the majority of patients being treated without being admitted. We'd admit to a specialist ward only patients needing 24/7 nursing/medical care.</p>	<p>Fewer patients will need a hospital bed – avoiding unnecessary stays in hospital and avoiding the need to build more hospital capacity.</p> <p>More emergency consultant cover and quicker treatment.</p> <p>Improved care for adults, young people and children with physical or mental health problems.</p>
<p>Maternity – increase the proportion of natural births</p> <p>Over the next 10 years the number of births will increase – thousands more every year.</p> <p>Women report some of the worst experiences of care in London.</p> <p>Too many women don't have real choice of where they have their baby – often giving birth in an obstetric-led ward that puts them at higher risk of interventions and operations compared with planned midwife-led births.</p>	<p>Introduce new ways of working that provide more informed choice and promote more natural delivery. We want women to have real continuity of care so they are supported throughout their pregnancy and can have a more natural birth in midwife-led settings.</p>	<p>Women will feel better supported through their pregnancy with an improved experience of care.</p> <p>We'll give better, safer care and make fewer unnecessary interventions.</p> <p>A third of women will choose a midwifery-led birth rather than an obstetric-led birth.</p> <p>We'll be able to care for women and their babies without having to build more hospital capacity.</p>
<p>Surgical hubs</p> <p>The quality of surgery could be improved.</p> <p>Too many people stay longer in hospital than necessary.</p> <p>A lack of coordination means planned surgery sometimes affects emergency surgery and vice versa.</p> <p>Many patients are waiting far too long for operations.</p>	<p>Create surgery centres of excellence ('hubs'). Newham, Royal London and Whipps Cross would each specialise in a number of specialties. This would:</p> <ul style="list-style-type: none"> - reduce waiting times and the number of patients having to go outside East London for surgery - improve emergency and planned surgery - reduce the number of cancelled operations. <p>New pre-operative pathways will deliver care as locally as possible and focus on recovery and long-term health improvement.</p>	<p>A better quality of care.</p> <p>Better use of specialist equipment and staff; shorter waiting times for patients; and fewer cancelled operations.</p> <p>Better patient experience – for example, a 10% reduction in length of stay for planned admissions.</p> <p>Better efficiency – for example, operating-theatre use improved by around 12%.</p> <p>Proper support for emergency and maternity services and less-complex surgery at each of the three hospitals.</p>

Investing in children's health is investing in the future. A good, healthy start in life is essential if we are to increase life expectancy



Working across organisations to continually improve care

Many of our initiatives will need organisations to work together closer than ever. For example, clinicians from primary, community and secondary care organisations need to work together to agree pathways that speed up patients' diagnosis and treatment. We also need to work together to increase the number of physician associates, and to define strategies for the future of Mile End Hospital and Whipps Cross Hospital.

Two themes are weaved through all our initiatives:

Mental health

- A quarter of the population will suffer from a mental health problem at some point in their lives.
- Three quarters of people with mental health problems never get treatment.
- On average, people with serious mental health illnesses die 20 years earlier than people without them.

We'll prioritise improving services for expectant mothers and their partners; children and adolescents; people in crisis; and people with dementia. While doing so, we'll review the whole mental health system and develop a five-year strategy.

Children and young people

Investing in children's health is investing in the future. A good, healthy start in life is essential if we are to increase life expectancy and the number of healthy years people live. We need to get better at:

- co-ordinating services and joint working. Young people needing healthcare are getting passed between too many people and organisations
- identifying when a child or young person's conditions could be better and more quickly treated in a community setting. There are too many referrals to hospitals
- supporting children and their parents/carers to self-care, and to access services when necessary.

We'll involve children and young people in designing and commissioning services. We'll work with schools, children's centres and youth services, which are vital settings for improving health. And we'll improve the way young people move into adult services.

We'll redesign children's mental health services to make them less fragmented. We'll work with schools to make sure mental health problems are identified earlier so that young people get the support they need more quickly.

We have prioritised several key initiatives to improve health in East London:

Initiatives and the case for change	What we propose	What we'll deliver within the next five years
<p>Transform the patient pathway and outpatients</p> <p>We are struggling to manage the number of outpatient appointments. However:</p> <ul style="list-style-type: none"> - up to 20% of referrals to hospitals are not needed - up to 20% of patients do not attend their appointments - the referral process is complicated - the way follow-up appointments are arranged can be ineffective – there are often better ways for patients to access specialist advice - we don't always help patients to manage their own conditions. 	<p>Redesign the patient pathways for some of the most common:</p> <ul style="list-style-type: none"> • long-term conditions (for example cardiovascular disease, respiratory disease and type 2 diabetes) • planned care services (for example musculo-skeletal and dermatology). <p>Make better use of technology.</p> <p>Develop new processes for outpatient treatment and follow-up and improve referral processes so that when they need specialist advice, patients get the care they need as quickly as possible.</p>	<p>There will be a 20% drop in hospital-based outpatient appointments as unnecessary ones are not made and other methods are developed, for example using phone, email and Skype clinics.</p> <p>Patients will find the system easier to navigate and be better cared for closer to their home.</p>
<p>Reduce unnecessary testing</p> <p>About a quarter of tests on patients aren't needed. Some East London GPs order over 50% more high-cost tests than other GPs. This wastes resources, delays the diagnosis and treatment of patients who need tests, and subjects people to unnecessary inconvenience and worry.</p>	<p>Standardise processes and reduce unnecessary testing in the community and in hospitals.</p> <p>Consider enabling GPs to refer straight to tests in hospitals (rather than having to wait to see a hospital specialist first).</p> <p>Improve IT to share test results between GPs and hospitals, so tests aren't repeated.</p>	<p>Patients won't have to attend (and be subjected to) unnecessary tests and appointments.</p> <p>By 2020/21, there will be a 20% drop in spending on the top 20 most costly GP-generated tests.</p>
<p>Shared care records</p> <p>There has been significant progress in sharing patient records but there is still:</p> <ul style="list-style-type: none"> - a lack of connectivity between all care providers - a need for a more comprehensive system, for example being able to book services through the system, and everyone being able to add information (not just 'read only') - a need to make access intuitive and simple, and to make records up to date and accurate, otherwise health and social care staff will not use them. 	<p>Better understand what needs to be shared and how it can be made accessible, secure and useful to staff who need it and to patients.</p> <p>Increase the use of shared records.</p> <p>Increase the amount of information available.</p> <p>Increase the number of staff in health and social care organisations who can access shared records.</p> <p>Work with patients to gain their support and consent to view their records.</p>	<p>Our shared care record infrastructure will be in place.</p> <p>There will be quicker, more coordinated care.</p> <p>Patients will not have to keep repeating their story and will be better able to self-care or receive care in their own home.</p> <p>Staff will be able to provide better care as they will better understand the patient's history.</p> <p>We'll get more efficient as we reduce our reliance on paper.</p>

Initiatives and the case for change	What we propose	What we'll deliver within the next five years
<p>Physician associates</p> <p>The area needs an extra 125 GPs in five years and almost 200 in ten years – but there is already a national shortage of GPs.</p> <p>Physician associates can perform a large proportion of a doctor's tasks at a reduced cost – meaning doctors can focus on the patients and illnesses that need their skills.</p>	<p>As well as developing different ways of working and effective ways of recruiting and keeping staff, we'll use more physician associates.</p>	<p>We'll have developed the role of physician associate.</p> <p>GPs and other clinicians can spend their time giving high-quality healthcare. Staff skills will be better suited to their jobs and patients' needs. This will breathe new life into the workforce, improving staff satisfaction and motivation.</p> <p>Patients will get faster, more effective services.</p>
<p>Mile End hospital</p> <p>The Mile End site offers a range of services from different providers. Barts Health has two acute inpatient wards, but these are separate from the rest of the Royal London site. This makes it hard for them to provide high-quality care, as well as making them hard to manage.</p>	<p>We'll continue to provide acute mental health services at Mile End but will seek to change other inpatient services. Barts and the local health economy should develop a longer-term strategy for the site, which could include more facilities that are less intensive than being treated in a hospital but more intensive than services offered in the community, mental health or community service facilities, or the sale of underused parts of the site for educational or residential use.</p>	<p>A health economy strategy to define the long-term future for the site.</p> <p>Improved efficiency, for instance shorter travel times for clinicians and better sharing of facilities.</p> <p>Improved outcomes and patient satisfaction, as clinicians will better understand their patients' needs, and will be able to discharge patients in a timely manner.</p>
<p>Whipps Cross hospital</p> <ul style="list-style-type: none"> - The buildings need about £80million just to keep them safe and meeting minimum requirements. - The buildings are not designed to provide modern healthcare. For instance, the maternity unit is not connected to the main site, so emergencies need an ambulance to transport mothers and babies. - Whipps Cross has one of the largest sites in London but is used very inefficiently. It is a wasted resource. 	<p>We'll work with partners across health and social care to develop a robust strategy for the site's long-term future.</p>	<p>We'll set out a clear strategy, defining the site's long-term future; we'll decide how the transformation will be done; and we'll get started on making the changes we need.</p>

Finance and sustainability



Net running costs and savings

(five years, upper and lower estimates for the 13 initiatives)

	Upper £m	Lower £m
Care close to home		
Primary care	34.5	30.7
Urgent care	5.8	2.5
Integrated care	6.6	4.2
End of life care	3.4	1.6
	<u>50.3</u>	<u>39.0</u>
Strong sustainable hospitals		
Acute care hubs	35.7	22.6
Surgical hubs incl. Interventional		
Radiology	4.3	0.0
Normalising births	(13.8)	(14.1)
	<u>26.3</u>	<u>8.6</u>
Cross-cutting themes		
Pathway redesign	82.4	64.9
Reduce unnecessary testing	25.5	20.7
Shared care records	(11.1)	(12.3)
Physician associates	(3.2)	(11.5)
Mile End hospital	-	-
Whipps Cross hospital	(5.1)	(5.1)
	<u>88.4</u>	<u>56.8</u>
Net TST programme savings	<u>164.9</u>	<u>104.4</u>

* Figures in blue are investments

By year five the saving is
£48 million per year

Capital costs

We have also included the expected capital cost to the local health system if the TST programme isn't implemented and we have to build a new 550-bed hospital instead.

Capital funding sources to rebuild Whipps Cross Hospital require further thinking and could include bidding for national funds or selling assets and would include a reduction in Barts Health backlog maintenance.

Transforming Services Together initiatives will go a long way towards solving the big strategic challenges we face

	5 years 2016 to 2021 (£m)		10 years 2016 to 2025 (£m)	
	WITHOUT the TST programme	WITH the TST programme	WITHOUT the TST programme	WITH the TST programme
Minimum costs of essential IT and estates works in primary care and at Barts Health	102	102	152	152
Cost of redesign and complete rebuild of Whipps Cross (to retain existing 600 beds)	41	41	453	453
Costs of building new hospital and primary care facilities (including an extra 550 beds)	174		471	
Capital costs of implementing TST programme		31		31
Costs of land for a new hospital site	35		35	
Capital costs	352	174	1,111	636

The local health economy

Transforming Services Together initiatives will go a long way towards solving the big strategic challenges we face. But several other initiatives need to be delivered in partnership if we are to transform the health of our population and the health and social care system.

For instance:

- better prevention of illness – this needs to happen in partnership with local authorities and Public Health England
- other savings – even if the health and social care economy can achieve the improvements and efficiencies detailed here, by 2021 there will still be an historic deficit that will need external investment, as will any rebuilding at Whipps Cross
- changes to other health and social care services, for example specialist services.

Next steps

Success in these initiatives will depend on continuing the strong working relationships we have developed over the past year with all key partners.

Our greatest challenge is how we develop the enthusiasm, collective responsibility, and (once they are finalised) clear, achievable plans, to implement the solutions that we know people need. From February to May 2016 we will:

- engage with staff, stakeholders, patients and the public to test these proposals
- further develop our ideas
- develop implementation plans with a phased and prioritised programme of change. This will include working on the links between these proposals and the Care Quality Commission's improvement plan at Barts Health; between the different workstreams, including IT, estates and workforce; and between the different funding mechanisms/incentives

- assess the impact of our proposals on travel, the environment and equalities
- strengthen the leadership and capability to support the next phase of the programme
- agree how we can measure, monitor and support progress towards the objectives.

We know some of our proposals may have to change, and that external pressures will require new thinking. It is certain that not every proposal will be fulfilled in the way we describe. The strategy will need to be continually monitored and reviewed as challenges and opportunities present themselves. However, we are clear that not taking action now would be catastrophic for the health economy. We believe that the strategy sets the health economy on a path to deliver the changes we need to achieve clinical and financial sustainability, and better health for the population we serve.

We believe that the strategy sets the health economy on a path to deliver the changes we need to achieve clinical and financial sustainability, and better health for the population we serve



Questionnaire

Please fill in this questionnaire online at www.transformingservices.org.uk or fill it in here and post to: **TST, 5th Floor, Clifton House, 75-77 Worship Street, London EC2A 2DU**

We welcome your comments on any aspect of our proposals. However, you may wish to think particularly about:

1 Our strategy	Prompts: Have we correctly set out the challenges? Is our overall strategy right? Are there issues we have not addressed well enough or at all?
2 Our investment case	Prompts: We plan to spend about £140 million over the next five years. We think this will help us meet the challenge of population growth and growing demand, make significant improvements and save the NHS around £300 million. Is this the right level of investment? Should we be more or less ambitious? Are our proposals achievable? Are any of them unnecessary?
3 The 13 high-impact initiatives	Prompts: Will these initiatives focus on the biggest challenges or on where they will make the biggest improvements? What issues should we bear in mind if we take them forward in their current format?
4 Do you have any other comments?	

About you

We would find it useful if you could answer the questions below so we can see the type of people who are responding and whether different groups think differently about the proposals. We also want to know if any groups are not represented in our engagement.

Name: _____

You don't have to give us your name if you don't want to and we will still take your views into account.

Would you like to be kept up to date with information about this engagement?

☐ Yes ☐ No

If yes, please give us your email or postal address _____

Gender:

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

How old are you?

☐ Under 16 ☐ 16-25 ☐ 26-40 ☐ 41-65 ☐ 66-74 ☐ 75 or over ☐ Prefer not to say

Do you consider yourself to have a disability?

☐ Yes ☐ No ☐ Prefer not to say

Do you identify as:

☐ Heterosexual ☐ Homosexual ☐ Other ☐ Prefer not to say

What is your ethnic background?

White:

☐ White British ☐ White Irish ☐ Any other white background

Mixed:

☐ White and Black African ☐ White and Black Caribbean ☐ White and Asian
☐ Any other mixed background

Asian:

☐ Asian British ☐ Indian Bangladeshi ☐ Pakistani ☐ Chinese
☐ Any other Asian background

Black:

☐ Black British ☐ Black African ☐ Black Caribbean ☐ Any other Black background
☐ Any other ethnic group ☐ Prefer not to say

Which belief or religion, if any, do you most identify with?

☐ Agnosticism ☐ Atheism ☐ Buddhism ☐ Christianity ☐ Hinduism ☐ Islam
☐ Judaism ☐ Sikhism ☐ Other ☐ Prefer not to say

Thank you for your time. Your help will make a difference.



Monday - Friday
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