

CLINICAL STRATEGY UPDATE

Chris Bown
Interim CEO

Dr. Magda Smith
Chief Medical Officer

Nick Swift
Chief Financial Officer



THESE ARE EXCITING TIMES FOR HEALTH AND CARE IN BHR



London's vision is to be the best global city to receive care

Making London the most digitally enabled health and care system of any global city



East London is one of the most diverse and rapidly growing parts of the capital

The population of BHR is expected to grow from just over 750,000 to 1 million in the next 20 years, with 7 Crossrail stations transforming the area



We're getting ready to provide our population with outstanding, integrated health and social care



THE BIGGER PICTURE

North East London Integrated Care System

- London vision



BHR Group strategy

- acute, community and mental health working with primary and social care to transform services
- infrastructure to engage on continuous improvement



BHRUT clinical strategy – how we deliver care in our hospitals



Group model – architecture to enable delivery of our strategy



DEVELOPING OUR CLINICAL STRATEGY – WHAT'S HAPPENED SO FAR

Understanding our business

- data collection from Trust and system partners
- series of interviews and workshops with clinicians and staff, patient partners, and healthcare partners such as GPs and local authorities
- Trust-wide survey

Outputs

- principles and objectives of the strategy
- case for change (the current opportunities to improve)
- 10 priority areas

Engagement with stakeholders and public on outputs above and informing the evaluation criteria



OUR CASE FOR CHANGE

1. The number of people needing hospital services is growing.
2. We are one of the largest maternity units in the country.
3. Some patients could be more appropriately seen by other services, particularly for emergency care.
4. Quality and safety of services have been improving over time, especially in maternity, stroke services and critical care.
5. ...however many patients are waiting too long for treatment.
6. We could make better use of our capacity (for example, beds, appointment slots, theatres etc).



CASE FOR CHANGE...CONTINUED

7. We want to implement more best practice ways of working and reduce pressures on ambulatory care and outpatients.
8. Staffing challenges are affecting our ability to continue to deliver sustainable services.
9. We could be treating more patients currently seen elsewhere.
10. Some services could be improved if they saw more patients, had more staff or were based at fewer locations.
11. We can improve our use of technology and digital innovations, and make better use of our current estate (buildings) and infrastructure.



EMERGING IDEAS FOR SERVICE IMPROVEMENT

Working with clinicians, patient partners and health and social care partners - some interesting ideas were generated to respond to our case for change.

Emerging ideas include:

- A one-day service to prevent people who need to be currently admitted – for example, for diagnostics, being treated differently so they avoid admission into our hospitals. We are also looking at increasing senior clinicians' input into the triage process to improve clinical decision-making process at an early stage to help respond to the growing demand for urgent and emergency care.
- For outpatient appointments and planned care and treatment, digital referrals and virtual wards could provide a better patient experience and help to address workforce and current referral issues.



EMERGING IDEAS FOR SERVICE IMPROVEMENT... CONTINUED

Emerging ideas continued:

- Strengthening links with primary care and community teams to enable our children and young people to receive personalised care out of hospital.
- Increased level of choice and support mothers receive through midwife-led care out of hospital.
- Clinical support services that enable same day diagnosis and dedicated hot clinics.



DEVELOPING THE STRATEGY – WHAT'S NEXT

Over the coming weeks and months:

- Ongoing review and engagement on ideas emerging from clinical workshops
- Developing and engaging on the evaluation criteria
- Apply agreed criteria to all options
- Develop recommended option(s) and proposed way forward
- Standing agenda item on HOSC and HWB boards
- Creating opportunities for face to face engagement with patients and our communities
- Providing updates on your feedback

