



Is for Hospital



Paul Maubach

Chief Executive Dudley CCG

Thinking Differently

The NHS Long Term Plan

- In June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to set out a long term plan for the future of the service
- We are expecting it to be published in December
- A number of working groups – comprising local and national NHS and local government leaders, clinical experts and patient/voluntary sector representatives – have been engaging with other relevant stakeholders to develop policy proposals for inclusion in the plan.
- Following publication we will receive guidance as CCGs on our funding and be expected to produce plans for our areas by April 2019.
- Engagement will continue in Dudley in new year around the priority areas.
- To help facilitate this ongoing engagement, NHS England and NHS Improvement will be providing significant investment, via Healthwatch England, to support local Healthwatch (working together across local health systems) to ensure that the views of patients and the public are heard.

Where might the focus be?

Life course programmes

- **Prevention, Personal Responsibility and Health Inequalities** - driving reductions in demand caused by smoking, obesity and specific reductions in inequalities across England.
- **Healthy Childhood and Maternal Health** - delivering a 50% reduction in stillbirths, neo-natal mortality and maternal deaths by 2025, further improvements to infant mortality, reductions in childhood obesity, and improved care for children with long term conditions.
- **Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty, including Dementia** – improving support for people to live well with LTCs and frailty and reductions in demand for bed based care through proactive support.

Where might the focus be?

Clinical priorities

- **Cancer** – delivering specific improvements in cancer survival rates including faster and earlier diagnosis.
- **Cardiovascular and respiratory** – improving outcomes for respiratory disease, reducing deaths from heart disease and stroke, reducing variation, and improving hyper acute stroke care and rehabilitation.
- **Learning Disability and Autism** – improving diagnosis, early intervention and personalised support for children and young people.
- **Mental Health** – improving access to appropriate mental health care for children and young people, crisis care for all ages, and perinatal mental health care. Further, looking at how we might improve community mental health care for adults with a severe mental illness and complex needs.

What is today about?

- A conversation about how we commission services from our hospitals
- We need to understand what is really important from your point of view when we commission those services
- We will share information with you and then ask you to take part in some facilitated activities
- This will help with further conversations we need to have

What does hospital mean to you?

- What is our relationship with it – as a building?
- What is our relationship with it – in terms of staff?
- Part of the community?
- What do we go there for?
- What do we expect from our hospital?
- Is it time to redefine what hospital is for?

Dudley CCG relationship with hospitals

- We plan which services we need from our local hospitals
- We 'buy' (commission) hospital services for our registered population
- We monitor those services

The Commissioning Cycle



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Differently

What should good commissioning look and feel like?

- Is it about quality?
- What does quality mean?
- What does quality mean to you?

How is quality defined?

Quality means different things to different people- Doctors, nurses, patients, families, managers and commissioners may all have different views about what they value- and these different perspectives may conflict. The 2008 Darzi NHS Next Stage Review defined quality in terms of three core areas: patient safety, patient experience and clinical effectiveness¹. Below are a few statements, questions and principles that may help define good quality care.

NICE Quality statements²

1. Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding.
2. Patients experience effective interactions with staff who have demonstrated competency in relevant communication skills.
3. Patients are introduced to all healthcare professionals involved in their care, and are made aware of the roles and responsibilities of the members of the healthcare team.
4. Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.
5. Patients are supported by healthcare professionals to understand relevant treatment options, including benefits, risks and potential consequences.
6. Patients are actively involved in shared decision making and supported by healthcare professionals to make fully informed choices about investigations, treatment and care that reflect what is important to them.
7. Patients are made aware that they have the right to choose, accept or decline treatment and these decisions are respected and supported.
8. Patients are made aware that they can ask for a second opinion.
9. Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.
10. Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety.
11. Patients experience continuity of care delivered, whenever possible, by the same healthcare professional or team throughout a single episode of care.
12. Patients experience coordinated care with clear and accurate information exchange between relevant health and social care professionals.
13. Patients preferences for sharing information with their partner, family members and/or carers are established, respected and reviewed throughout their care.
14. Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs.

The Care Quality Commission (CQC)- The 5 questions CQC ask every care service³

- | | |
|---|--|
| 1) Are they safe? | Safe: you are protected from abuse and avoidable harm |
| 2) Are they effective? | Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence |
| 3) Are they Caring ? | Caring: staff involve and treat you with compassion, kindness, dignity and respect |
| 4) Are they responsive to people's needs? | Responsive: services are organised so that they meet your needs. |
| 5) Are they well led? | Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture. |

Future Hospital Commission's 11 principles of care⁴

1. Fundamental standards of care must always be met
2. Patient experience is valued as much as clinical effectiveness
3. Responsibility for each patient's care is clear and communicated
4. Patients have effective and timely access to care.
5. Patients do not move wards unless this is necessary for their clinical care
6. Robust arrangements for transferring of care are in place
7. Good communication with and about patients is the norm
8. Care is designed to facilitate self-care and health promotion
9. Services are tailored to meet the needs of individual patients, including vulnerable patients
10. All patients have a care plan that reflects their specific clinical and support needs
11. Staff are supported to deliver safe, compassionate care and are committed to improving quality

A&E Quality Indicators

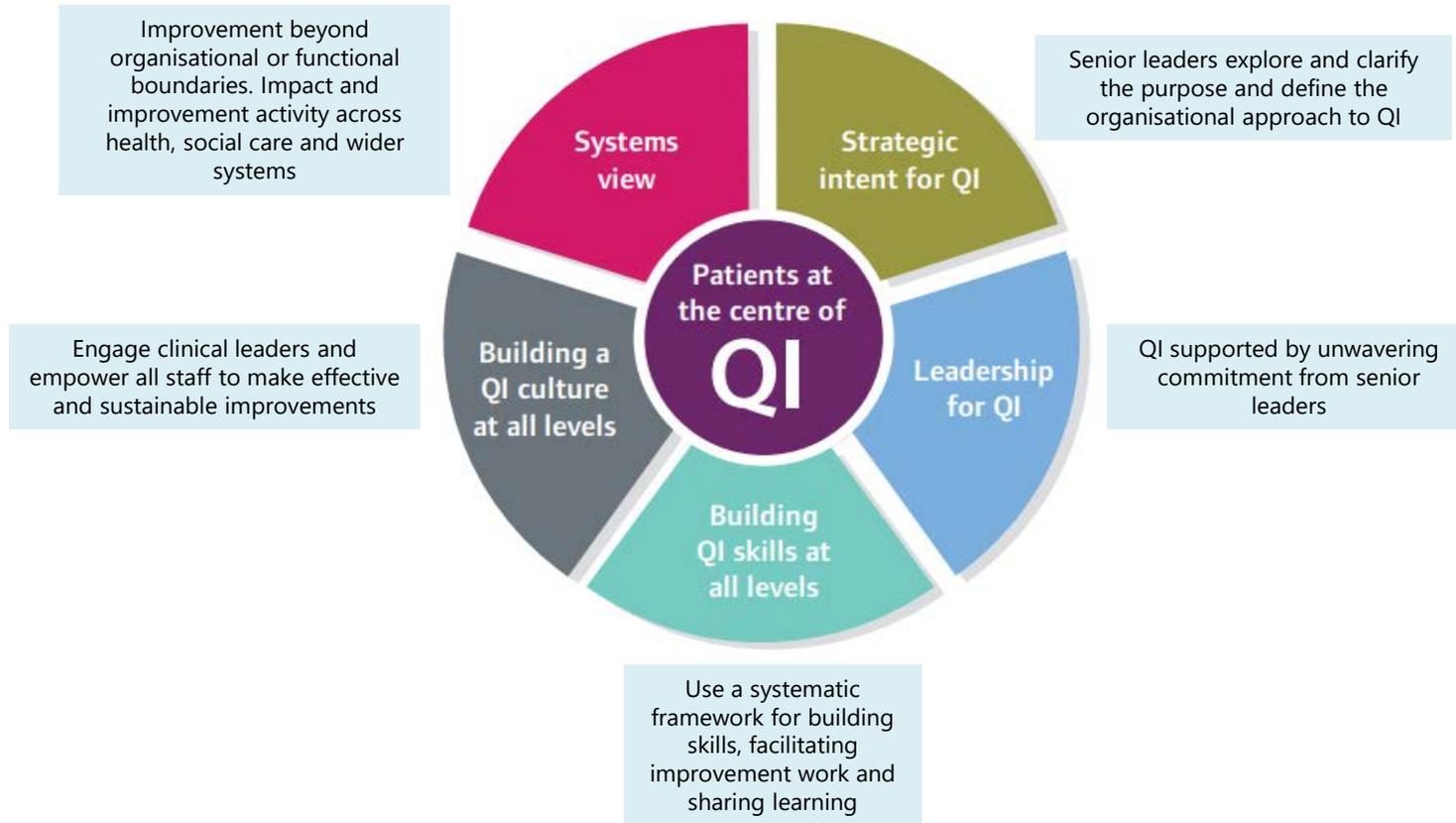
In April 2011 a set of clinical quality indicators were introduced to measure the quality of care delivered in A&E departments in England.

The A&E indicators included:

1. Left department before being seen for treatment rate
2. Re-attendance rate
3. Time to initial assessment
4. Time to treatment
5. Total time in A&E

Patients at the centre of quality improvement in hospitals⁶

The Quality Improvement (QI) journey sharpens the focus on delivering high-quality patient care and aligning improvement activity to outcomes and patient experience. Patients must be at the centre, involved and enabled as true and equal partners for QI. CQC have identified several elements of QI, as described by hospital trusts⁶.



Principles of Patient Centred Care by the Picker Institute⁷

Picker institute state that understanding and respecting people's values, preferences and expressed needs is the foundation of person centred care. They have formulated patient centred care into 7 principles:



Fast access to reliable health advice



Effective treatment delivered by trusted professionals



Continuity of care and smooth transitions



Involvement of, and support for, family and carers



Clear, comprehensible information and support for self-care



Involvement in decisions and respect for preferences



Emotional support, empathy and respect

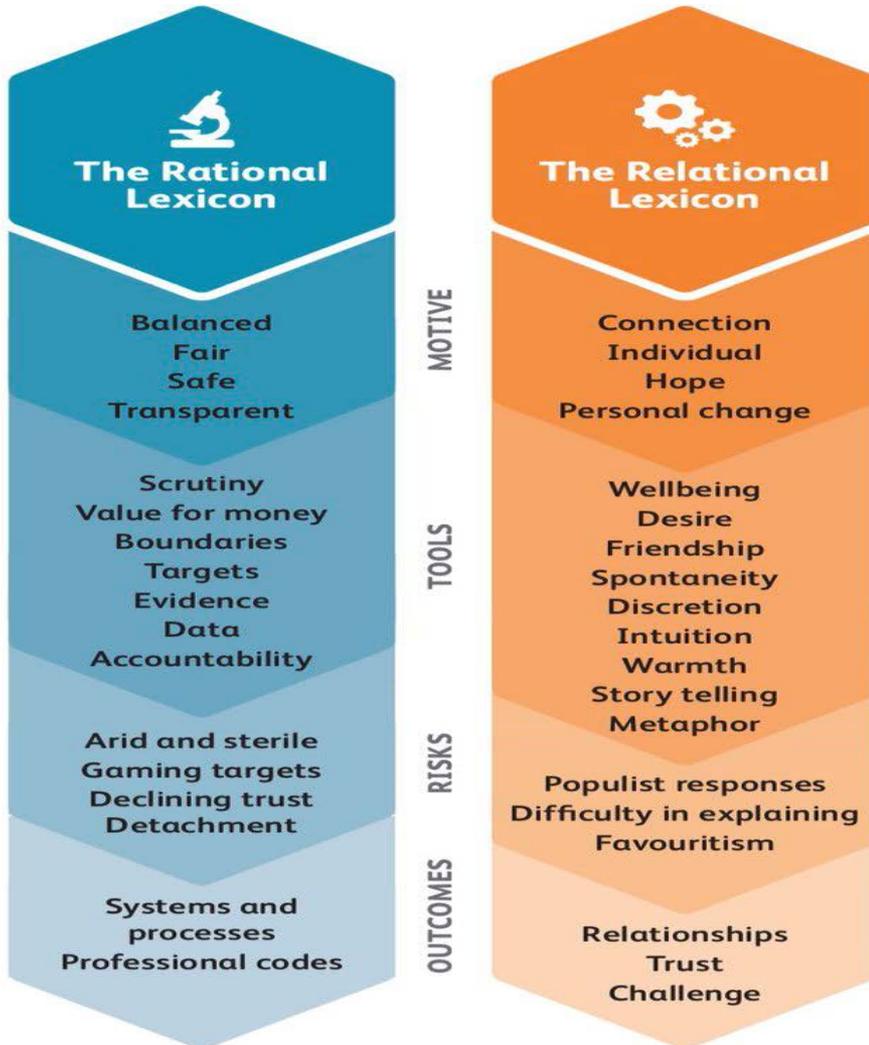


Attention to physical and environmental needs

What do we measure for patient experience?



Personalised care



CarnegieUK Trust

Commissioning from acute trusts

Does compassion (the value of human connection and relationships) hinder or help commissioning?

Thinking Differently

What are your expectations around hospital services?