

# **NHS Yorkshire and the Humber**

## **Outcome of NHS Next Stage Review – “Healthy Ambitions”**

### **Launch Event**

**Old Broadcasting House, Leeds**

14<sup>th</sup> May, 2008

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**Karl Milner, Director of Communications**

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Lord Ara Darzi, Parliamentary Under Secretary of State

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Margaret Edwards, Chief Executive

Chris Welsh, Clinical Lead

14<sup>th</sup> May, 2008

**Yorkshire and the Humber is characterised by sound finance and delivery, but poor health..... and significant variations within that**

**Population 5.12 million**

**Life expectancy  
(amongst lowest in Eng)**

**Male = 76.6**

**(Eng. Av. = 77.3)**

**Female = 81.0**

**(Eng. Av. = 81.6)**

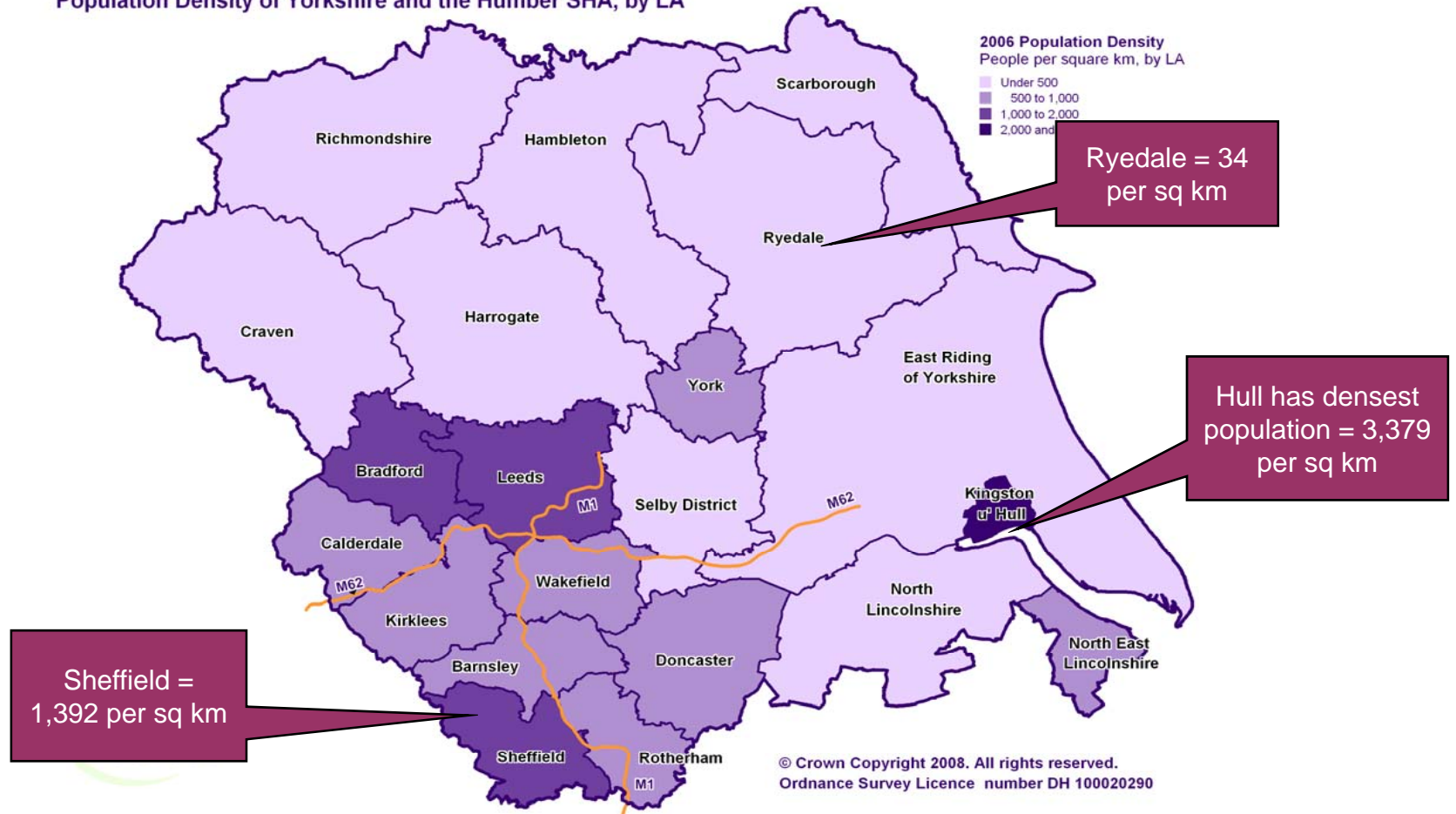
**In Hambleton men can expect to live until 79.3 –  
in Hull this is only 74.7**

**Financial position £280m surplus (3.4%)**



Yorkshire and the Humber covers a large and diverse geographical area. In this environment a one size fits all approach will not work...

Population Density of Yorkshire and the Humber SHA, by LA



- **Wide-ranging review to identify the way forward for the NHS - *your future NHS***
- **Four critical challenges:**
  - **Ensure that clinical decision-making is at the heart of the future of the NHS**
  - **Improve patient care**
  - **Deliver more accessible and more convenient care**
  - **Establish a vision for the next decade in time for the 60th anniversary of the NHS**
- **Make recommendations to the Prime Minister, Secretary of State for Health and Chancellor**



## **Overall clinical lead**

*Chris Welsh*

## **Maternity and newborn care**

*Dotty Watkins - Sheffield Teaching Hospital*

## **Children**

*Ian Lewis - Leeds Teaching Hospitals*

## **Staying healthy**

*Wendy Richardson - Hull PCT*

## **Mental health**

*Nick Morris - Bradford District Care Trust*

## **Planned care**

*Mark Baker - Leeds Teaching Hospitals  
and Ian Jackson - York Hospitals*

## **Acute care**

*David Dawson - Mid Yorkshire Hospitals Trust*

## **Long term conditions**

*Vicky Pleydell - North Yorkshire & York PCT  
and Eileen Burns - Leeds Teaching Hospitals*

## **End of life care**

*David Levy - Sheffield Teaching Hospital and  
June Toovey - Leeds Teaching Hospitals*

## Review themes

- Improve quality and safety
- Extend access
- Tackle inequalities

## In Y&H we wanted to:

- Build on the best local pathways from across Y&H
- Generate a shared vision of excellence
- Accelerate improvement
- Build sustainable clinical leadership across Y&H
- Improve responsiveness to patients

## Thanks go to:

- The 150 clinicians who gave up their time to be involved in this work – most of the clinical chairs and the facilitators are here today
- PCT “Buddy” CEs
- The SHA team
- Colleagues at Leeds Met

# NHS Yorkshire and the Humber

## The Case for Change

Chris Welsh, Clinical Lead

*We want, and need, to improve the health of people living in Yorkshire and the Humber and to reduce inequalities*

## Key Facts

The biggest avoidable threats to the health of our population are: the abuse of alcohol; rising obesity and the continued prevalence of smoking.

Over the previous decade, we have seen an increase in life expectancy in Y&H – by over two years for men (76.6) and one year for women (81.0). But this is still below the national average life expectancy in England of 77.3 years for men and 81.6 years for women.

*The local NHS is not always meeting the expectations of the public about cleanliness, access and information*

## Key Facts

The NHS in Y&H has relatively high levels of satisfaction from people who are using services. But still a substantial minority (14%, from September 2007 polling data) are not very satisfied with services.

Cutting waiting times has ranked high on the public agenda for many years now. We are pleased with the progress we have made in Y&H, though there is still more to do. By the end of this year referral to treatment time will have fallen to 18 weeks.

*The quality and safety of care needs to improve - it is unfair that some people get access to better services than others*

## Key Facts

We have high hospital admissions for children with asthma.

If you are thought to have suffered a stroke in Y&H, the likelihood of being referred for a scan to confirm diagnosis straight away – a key step in getting you well again – can vary significantly.

*To enjoy the advances in research and science, we need to change how we deliver services*

## Key Facts

There are now increasing examples of how technology can support people to take care of themselves at home.

Clinicians tell us, based on the best evidence available, that we could see improvements in the chances of survival for some conditions, if the appropriate services are centralised into much larger units. The public have told us that they would support this approach.

*Advances in science mean we have to change the way we deploy our clinical expertise*

## Key Facts

Over recent years surgeons have increasingly specialised in particular areas of the body, such as breast surgery or paediatric cardiac surgery.

The most complex cases require a range of diagnostic equipment (MRI scanners, gamma cameras, PET scanners) as well as skilled specialist to be available all in one place. To do this means locating high tech equipment in centres of expertise where trained staff can utilise it.

*We need to make the best possible use of taxpayers' money*

## Key Facts

The “obesity time bomb” that we face as a region means that we need to make sure that we are spending money effectively and efficiently.

We know that in Y&H we know we do not always treat patients in a day, but make them stay overnight in hospital for relatively simple procedures.

# NHS Yorkshire and the Humber

## Overview of the recommendations in “Healthy Ambitions”

Chris Welsh, Clinical Lead

## Case for Change

### Three largest threats to health:

- Alcohol abuse
- Rising obesity
- Smoking

## Recommendations

### Alcohol

- Improve screening
- Offer tiered support
- Reduce availability of cheap alcohol

### Obesity

- Commission local weight management services
- Commission bariatric surgery
- Programme of food policy and skills for adults
- Improve opportunities for active leisure

### Tobacco

- Commission free nicotine replacement therapy
- Encourage and support giving up smoking

## What difference will it make?

- Halt the rise of obesity
- Systematic, effective support for people wanting to quit smoking
- Early, effective help for those with alcohol problems
- Reduction in smoking and alcohol abuse will improve life expectancy
- Help contain rising costs of NHS and ensure better use of resources
- Improved prevention of physical and psychological harm
- A healthier, happier region with better, sustainable NHS support

## Case for Change

- Wide variation in breastfeeding rates
- Variable levels of satisfaction with present system
- Still too many mothers smoking in pregnancy
- Variable quality in some units
- Staffing cover may not comply with future standards set nationally
- Latest national guidance not always immediately implemented

## Recommendations

- Latest national guidance strongly backed by local clinicians
- Increase the levels of consultant staffing cover
- Action to improve performance on breastfeeding
- Action to reduce smoking in pregnancy
- Improve the quality and consistency of information
- Prioritise midwifery time to women who need it most

## What difference will it make?

- Larger units will have more consultant cover
- Higher rates of breastfeeding in first six weeks
- Reduced smoking in pregnancy
- Improve the experience for women throughout pregnancy and delivery
- Improve the health and wellbeing of babies

## Case for Change

- People with long term conditions are the most intensive users of health services
- Future care for people with long term conditions may not necessarily be provided in hospital
- Diagnostics could be provided closer to home
- Lack of information can limit the ability of people to support themselves as much as they would like
- Poor management of some conditions can have major consequences

## Recommendations

- Personal care plans agreed annually with patients
- Actively identify people in the community at risk from long term conditions
- More support for people to manage their own conditions
- Better coordination of care
- Better use of technology to help self-care
- Focus on prevention of problems

## What difference will it make?

- Reductions in unnecessary hospital admissions
- More support for people and their families to manage their own condition
- Reduction in poor outcomes e.g. lower limb amputations
- Money will be spent where it is needed most and where it helps most
- Keeping people in our region healthier for longer

## Case for Change

- The health of children in Y&H is amongst the worst in the country
- Infant mortality rates are high and vary considerably
- There are significant unexplained variations in use of services
- Only 15% of children with diabetes have good diabetic control
- We have high acute asthma admissions for children

## Recommendations

- The development of comprehensive children's primary care teams
- Improved paediatric expertise in primary care
- A single phone line for advice on children
- A series of summits for our regional experts to improve the care of children with asthma and diabetes
- Routine planned surgery for children to take place as locally as possible

## What difference will it make?

- Improve children's health and wellbeing
- Halt the rise in obese children and young people
- Increase breastfeeding rates, particularly in more deprived areas
- Access to GPs who are trained in the needs of children
- Fewer asthma sufferers admitted to hospital
- Improved support for diabetics to control their condition
- Improved services in the community for children, and less variation
- Parents will be better supported with information and help with parenting skills

## Case for Change

- We don't make best use of the latest technology
- We could be much more efficient, treating people in one day
- There are too many follow-up outpatient appointments
- Specialist care in some places is not always staffed with the same level of expertise

## Recommendations

- Improve access to diagnostic services
- Better communications between GPs and hospital doctors
- More procedures completed as day cases and fewer patients needing to stay overnight in hospital
- Make sure we have appropriate specialist cover for intensive care
- Some specialist care in non-hospital settings, beginning with diabetes and some lung conditions
- Explore potential for home monitoring of some conditions

## What difference will it make?

- Patients will spend less time in hospital, and make fewer trips to hospital
- Quicker access to diagnostic tests
- Better use of resources and more efficient systems
- Best care for all regardless of where you live

## Case for Change

- Variation in access to some acute care worsens the outcomes of illness for people in Y&H
- A&E attendances are rising
- Some dissatisfaction with GP services in some areas, especially access to out of hours services
- Advances in medical science and technology are creating opportunities to provide care in different settings

## Recommendations

- A wider range of services to avoid having to go to A&E
- Better support to look after yourself, including a self-care manual
- A single telephone number for local urgent care and out of hours care
- New models of care for stroke; heart attack; trauma and for older people
- Guidance for ambulance services to take people immediately to the best location
- Experienced staff making decisions at the door of all A&E departments

## What difference will it make?

- Save lives and reduce disability, from stroke and heart attack
- Improve patient satisfaction
- Make best use of our staff and facilities
- Offer a better service and experience for patients

## Case for Change

- We have above average suicide rates
- People have long waits for psychological therapy services
- Establishment of early intervention teams has been slow
- Services do not always link together well
- Considerable variation in services provided across the region
- Complexity of services making it hard for patients to reach the most appropriate services
- Complicated referral systems
- An ageing population is likely to lead to a rise in dementia

## Recommendations

- Help when it is needed – no queues
- A single access point to ensure you get the right support quickly
- Investment in community mental health services to ensure capacity meets demand
- Mental health teams attached to GP practices
- Modernised dementia services

## What difference will it make?

- Quick access to the right services
- Reduction in waiting
- Better capacity and capability to deal with rising dementia
- Improved services for people of all ages
- Reduction in inequalities and better outcomes

## Case for Change

- Nearly two thirds of people with a terminal illness do not have their preferences met over where to die
- Carers and families need better support
- Some people receive poor care in the last days of life
- Low priority given to end of life care in society and sometimes NHS
- Mixed levels of skills and understanding amongst NHS professionals

## Recommendations

- Every NHS area to develop a better range of services for people nearing the end of their lives
- Clinical teams caring for patients, their families and carers should deliver agreed standards of care
- Each area to establish a single care coordinator
- Every patient should have access to a 'key worker' contact through their practice
- Advanced care planning should happen everywhere
- End of life care to form part of training and education for NHS staff
- Create a more open climate to discuss the end of life care

## What difference will it make?

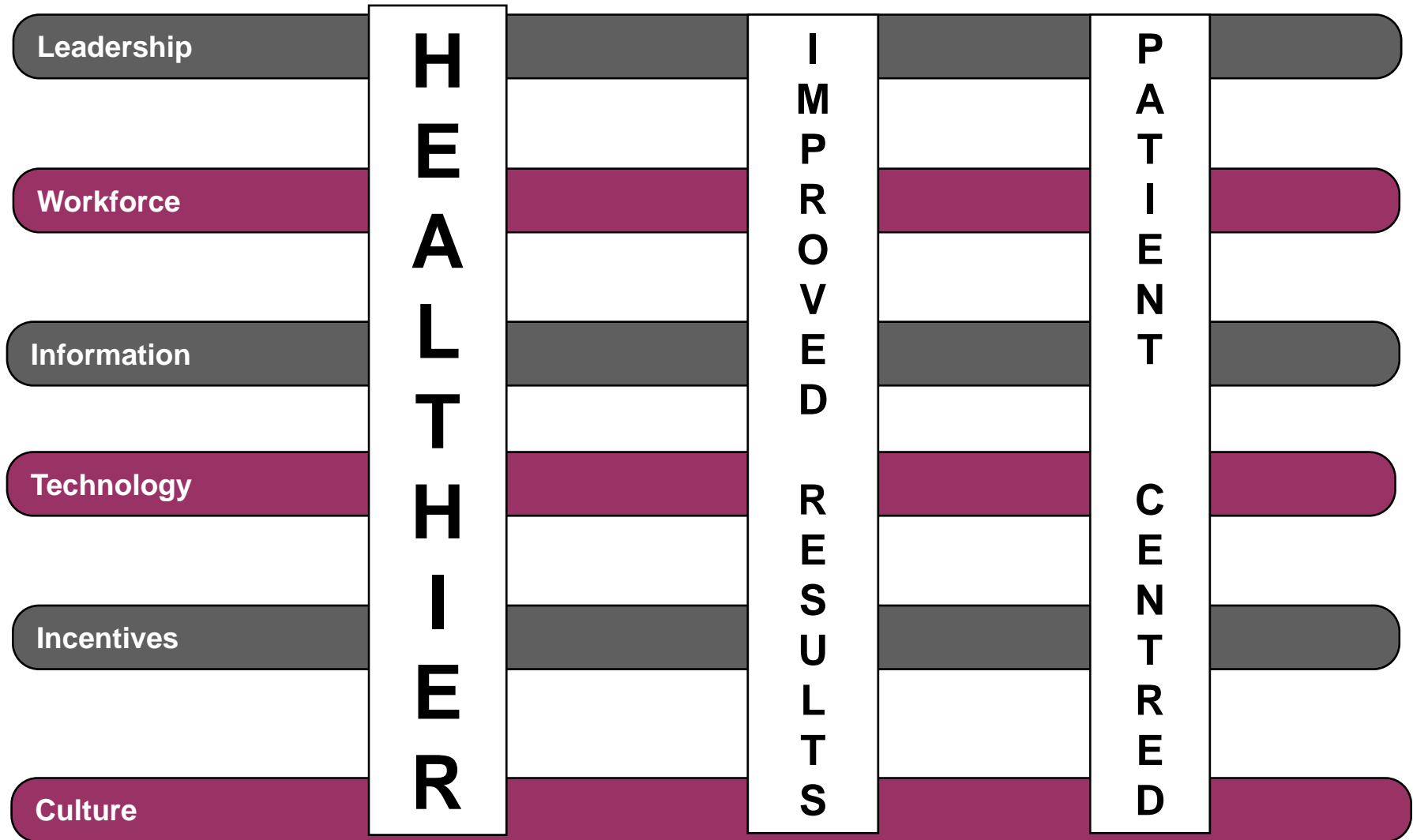
- Far more people should die in a place of their preference and with appropriate support
- Families will be better informed and supported
- Professionals will be better skilled to deal with patients nearing the end of their life

## DGHs:

Integrated models of care spanning specialist centres and DGHs supporting the sustainability of services at both types of hospital

## Primary Care:

A vision for primary care. High quality, flexible to respond to the needs of patients. GPs will be at the centre of a service increasingly delivered by a range of professionals in a variety of settings



# NHS Yorkshire and the Humber

## How we will take “Healthy Ambitions” forward

Margaret Edwards, Chief Executive

**Patients and the public will get the best results and the best experience**

- **A better system with fewer journeys for patients, carers and families**
- **Healthier lifestyles – with a halt in the rise in obesity**
- **Rising breastfeeding rates – with reduced variation across the region**
- **Halving the number children admitted to hospital with asthma**
- **No waits for mental health services**
- **Half the number of preventable admissions from diabetes**
- **Senior decision-makers at the front door and beyond for acute care**
- **600 fewer premature deaths from stroke**
- **Double the number of people able to die at home rather than hospital**

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