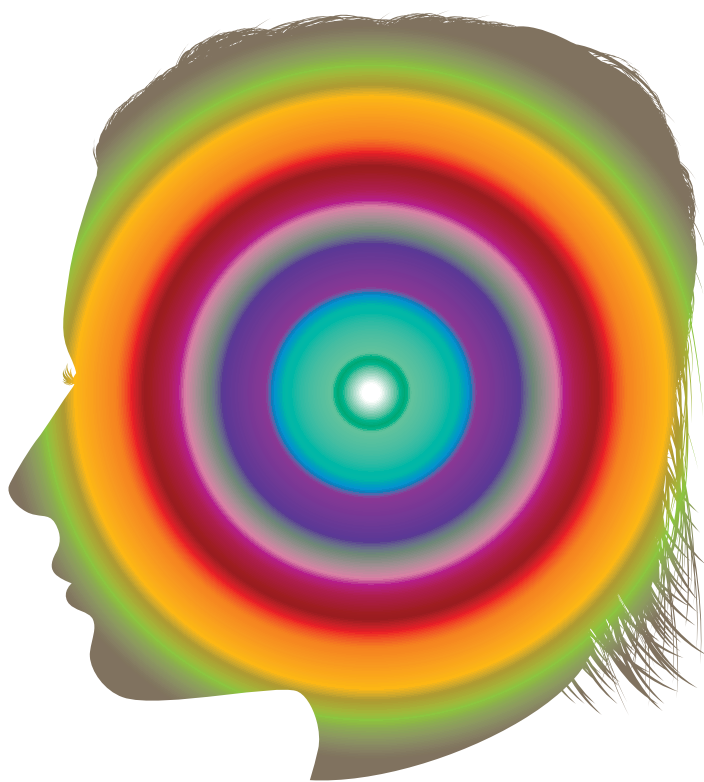


This information is taken from a more detailed report. The full regional report can be found at: www.yorksandhumber.nhs.uk

If you require further information please email sha.enquires@yorksandhumber.nhs.uk

Healthy Ambitions

NHS
Yorkshire and the Humber



How will the outcome of the Next Stage Review affect me?

What is the Next Stage Review?

The NHS Next Stage Review is about shaping the NHS over the next decade.

The aim of this national review is to identify a world-class 21st century NHS which is led by our best clinicians, puts the patient first and listens to local people.

Healthy Ambitions is the outcome of the regional review in Yorkshire and the Humber. We want to create better health and a better health service for you.

Why are we doing this?

The NHS has come a long way in the last ten years. There have been real improvements in patient care but we cannot stand still.

There are new challenges to be faced. Our population is ageing. There is rising obesity.

There are advances in clinical practice and technologies, and changing public expectations, so we need to look ahead to identify what good quality care looks like in face of these challenges and opportunities.

We cannot ignore the impact that these changes will have upon how care and treatment are delivered. We need to anticipate changes and adapt to make sure we have an NHS that provides world class care whilst remaining true to its founding principles.

We want, and need, to improve the health of people living in our region. Better care and fairer care for all.

How will the outcome of the Next Stage Review affect me?

How did we do it?

Nationally the NHS review has been led by Lord Darzi and his team of clinicians. They have been working with thousands of staff and members of the public from across the country to find out what people really want from the NHS, so that in its 60th anniversary year we have a health service that is fit for the next 60 years.

In Yorkshire and the Humber we appointed Professor Chris Welsh, a doctor from Sheffield, to head our review. 8 groups were established, made up of expert doctors, nurses, midwives and other healthcare staff from every area of our region, to examine their specific area of expertise.

These 8 groups covered care from birth to end of life. The groups considered the problems to be solved over the next decade, the evidence of what worked from around the world and what potential solutions might be.

This work was then shared with a range of expert groups from across our region, public focus groups tested the ideas and large public meetings involving local government, the voluntary sector and a range of other key partners discussed the issues at hand. All these views were taken in to account by each group who then agreed on a set of recommendations in a report.

These 8 reports of clinicians' recommendations are brought together in Healthy Ambitions.

The Yorkshire and Humber review team have examined what our NHS could look like in the future and what needs to change to deliver the best quality care for local people. Healthy Ambitions is based on the advice of all these clinicians.

Healthy Ambitions demonstrates how we can improve the NHS in Yorkshire and the Humber for you and your family.



What is the problem?

- Three largest threats to health in Yorkshire and the Humber for the next decade are alcohol abuse, rising obesity and smoking.
- Alcohol consumption and binge drinking is rising.
- Rising levels of obesity. We are getting fatter, faster than other regions. Obesity can cause diabetes, heart disease and reduce life expectancy.
- Smoking remains the single biggest cause of premature death in our region.
- Information and opportunities aren't easily available on how to keep healthy.

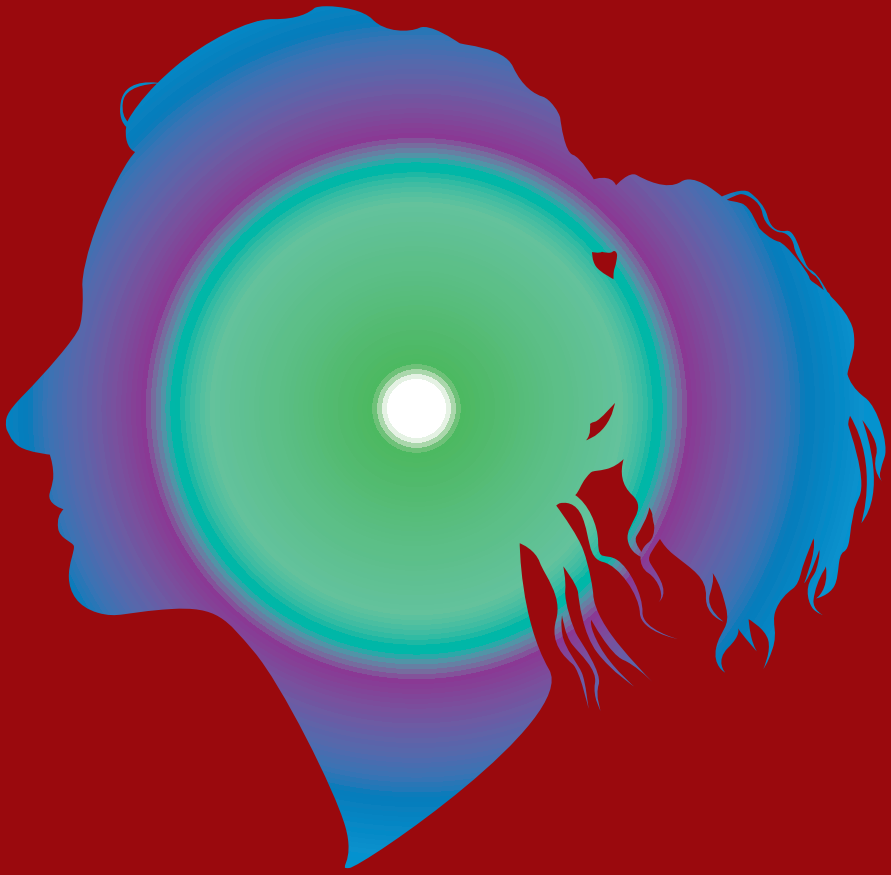
What are we recommending?

- Alcohol: improve screening and identification of people with alcohol use problems, offer tiered support services; use influence to reduce availability of cheap alcohol.
- Obesity: every area to commission local weight management services; areas to work together to commission bariatric surgery where this is the best for morbidly obese people; programme of local work with partners on food policy and skills for adults; improve opportunities for active leisure.

- Tobacco: commission free nicotine replacement therapy; systematically use every NHS opportunity to encourage and support giving up smoking.
- Overall – recommend investment switch from treatment to prevention.

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, quality of life and health outcomes.
- Will help to 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.



What is the problem?

- 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 by national bodies.
- Latest national guidance not always immediately implemented across region.

What is being recommended?

- Latest national guidance strongly backed by local clinicians.
- Increase the levels of consultant staffing cover in line with Royal College guidance.
- Action to improve performance on breastfeeding.
- Action to reduce smoking in pregnancy.
- Improve the quality and consistency of information for pregnant women.
- 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.

Long Term Conditions



What is the problem?

- People with long term conditions are the most intensive users of health services, and their number is set to rise as the number of older people increases. Long term conditions account for 77% of hospital bed days.
- Some care for people with long term conditions is provided in hospital – in future this may not always be necessary given the availability of new medicines, technology and support at home.
- People may have to travel to hospital for diagnostics, which could be provided closer to home.
- Lack of information can limit the ability of people and their families to support themselves as much as they would like.
- Poor management of some conditions can have major consequences e.g. lower limb amputations for diabetics.

What is being recommended?

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

What difference will it make?

- Reduction 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.



What is the problem?

- The health of children in Yorkshire and the Humber is among the worst in the country. Close to 1 in 5 boys and 3 in 10 girls are predicted to be obese by 2010. For girls this is nearly twice the national average.
- Infant mortality rates are high and vary considerably across the region.
- There is poor uptake of breastfeeding in many areas.
- There are significant unexplained variations in use of services e.g. 10x variation in children attending A+E depending on which practice a child is registered with.
- Only 15% of children with diabetes have good diabetic control. Poor diabetic control in childhood increases the risk of major complications such as kidney failure, risk of amputation and blindness in early adult life.
- We have high acute asthma admissions for children.

What is being recommended?

- 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, specialist and emergency surgery to be concentrated where it will improve outcomes.
- Support for the recommendations in a number of other areas as they affect children (e.g. urgent care; planned care, staying healthy etc.).

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.



What is the problem?

- We don't make best use of the latest technology e.g. telephone follow-up, e-mailing results.
- We could be much more efficient, treating people in one day rather than needing overnight stays in hospital.
- There are too many follow-up outpatient appointments. This wastes your time and is an inefficient use of NHS resources.
- Specialist care in some places is not always staffed with the same level of expertise, and this is likely to have an impact on outcomes.

What are we recommending?

- 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 this 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.



What is the problem?

- Variations in access to some parts of acute care worsen the outcomes of illness for people in Yorkshire and the Humber. For example, there are about 600 avoidable deaths from stroke in the region every year.
- A&E attendances are rising, with the proportion of patients admitted from A&E in our region already the highest in England.
- Clinical analysis shows that much of this demand could be better met in the community rather than in hospitals; this will become increasingly important as the prevalence of long term conditions rises.
- 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; but also are creating a more specialist workforce.

What are we recommending?

- A wider range of services to avoid having to go to A&E (pharmacies, extended primary care, urgent care centres).
- 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?

- It will save lives and reduce disability, from stroke and heart attack.
- It will improve patient satisfaction.
- It will make best use of our staff and facilities.
- It will offer a better service and experience for patients.



What is the problem?

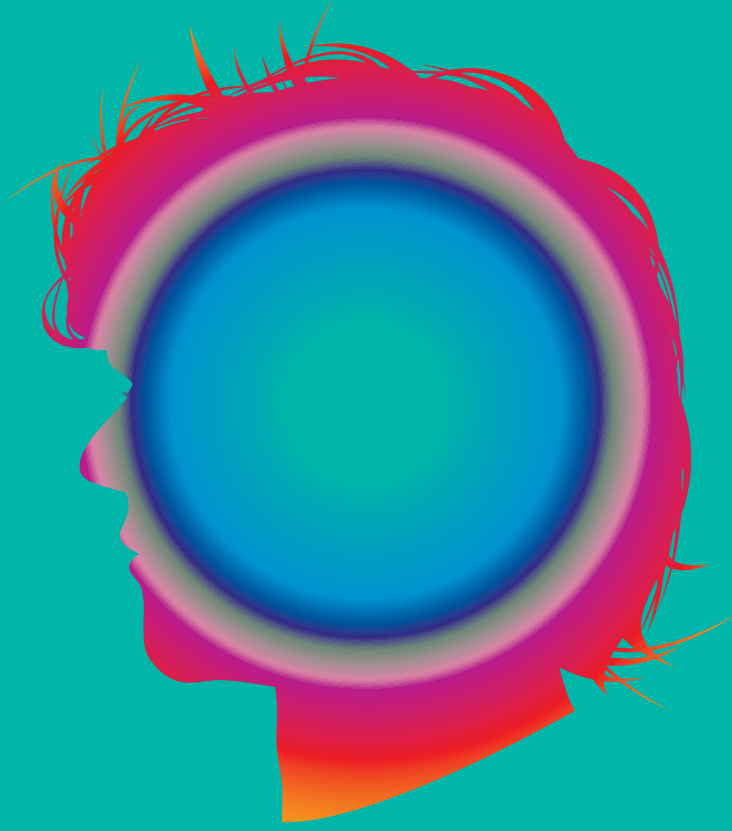
- We have an above average suicide rate (9.5 per 100,000 as opposed to 8.4 nationally) and rising – against a national trend.
- People have long waits for psychological therapy services.
- Establishment of early intervention teams has been slow. Early intervention is critical to chances of making a full recovery from a first episode of psychosis.
- Services do not always link together well – for example substance misuse and mental health; learning disabilities and mental health; children and adolescent mental health services and adult mental health.
- Considerable variation in services provided across the region.
- Complexity of services making it hard for patients to reach the most appropriate services and access different elements of service.
- Complicated referral systems.
- Services required to support some patients in general hospital settings.
- An ageing population is likely to lead to a rise in dementia. Appropriate (and better) services need to be developed to meet the needs of the future and delay deterioration of mental health in older people.

What are we recommending?

- Help when it is needed – no queues.
- The adoption of a vision for mental health “to live free from discrimination, disability and poverty”.
- 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.



What is the problem?

- Nearly two thirds of people with a terminal illness do not have their preferences met over where to die. (60% would prefer to die at home; 18% do so. 24% would prefer to die in a hospice; 5% do so).
- 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 in the NHS.
- Mixed levels of skills and understanding amongst NHS professionals.

What is being recommended?

- 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 co-ordinator.
- 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 this 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.

How quickly will I see improvements being made?



How quickly will I see improvements being made?

Some of this work is already being implemented and a great deal of effort will be made to make these improvements to your NHS as quickly as is practical. However, many of these changes cannot be made overnight and the ambition for the kind of NHS we want to provide means that elements of Healthy Ambitions will take time to implement fully.

The NHS cannot do it alone. Strong and focussed partnerships with a whole range of agencies like local government, schools and charities will be essential to realise our ambitions.

What will it mean for staff?

The 140,000 staff who work for the NHS in Yorkshire and the Humber do a fantastic job, not to mention all the volunteers, charities and other agencies involved in supporting care.

We need to make sure that staff get the training they need to develop their skills to meet the challenges of the future. We need to make sure that information systems support staff well so they can concentrate on doing their job of looking after patients.

We want to continue to build and sustain staff and clinical involvement in leading these changes and we will work with all our staff organisations through our partnerships approach.

What does this mean for NHS services where I live?



What does this mean for NHS services where I live?

It will mean better, safer and fairer care, easier access to services, support and information, fewer trips to hospitals, more treatment available nearer to you and more prevention, meaning less need to cure problems.

Changes to the NHS often cause concern and we understand the reasons for this. Let us be very clear, Healthy Ambitions will help the NHS in Yorkshire and the Humber to use our staff, facilities and expertise to provide you with the best health and healthcare. This means the future for your local NHS services is strengthened not threatened.

Putting Healthy Ambitions into action means the NHS will:

- Help you to stay healthy and prevent illness.
- Make sure local services are up to the highest clinical standards which will result in better outcomes if you are a patient.
- Provide clear information for patients on where to get treatment and how to manage conditions.
- Reduce trips to hospital and offer more care out of hospitals.
- Make the most of new technology to treat patients faster and better.
- Make sure we spend money well and make the very best use of our resources.
- Make sure that NHS organisations work together better for you.
- Explain what we do, why we do things and how we come to decisions clearly to you.
- Offer you better health and a better health service.