Direction of healthcare in terms of strategy in context of London, and potential impacts upon spatial planning, development and resource allocation.

14/05/2008

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Direction of healthcare in terms of strategy in context of London, and potential impacts upon spatial planning, development and resource allocation.

• The changed nature of planning The old NHS and planning for an organisation
• The changed nature of planning The new NHS and managing a system
• Drivers for change -The structure of the reformed NHS
• PCTs in London
• London as a sense of place
• Health care for London the overall case for change
• Areas included in the report
• Health care for London drivers for change
• Next steps
The changed nature of planning The new NHS and managing a system

• The patients are now released from inside the organisation with information and choice to drive change
• Demand is released from inside the organisation to develop a relationship with need
• Supply is increasingly independent to work with demand
• The transactions between supply and demand are more transparent about money
• The organisations of the NHS manage a system not an organisation
• What comes out of this cannot be ‘predicted’ but must be managed
The changed nature of planning The old NHS and planning for an organisation

- NHS used to be run as an organisation
- 1948 style planning and organisation for a 1948 organisation
- Single CEO, single labour market, single organisation
- E.g. workforce planning
- The patients were inside the organisation to be moved around like the staff and bits of the organisation
- So the structure of our planning was to say that there will be 6 new hospitals replacing 6 old ones etc etc.
- We thought we could plan (predict) and carry out (but it never worked for staff buildings or change)
The structure of the reformed NHS

1 *Developing better value in demand*

2003 Locality population based Commissioning through PCTs. GPs are gatekeepers their medical decisions have to be reflected in their overall budgets. Commissioning health improvement provision. Creating some patient choice (see 1948 page 1 promise)

2 *Developing better value in supply*

2004 to date public hospitals with more independence Foundation Trusts, Competition for patient choice in hospital services. Developing sized up primary care

3 *Developing the transactional relationship between demand and supply*

Ensuring providers have to earn money rather than just spend it: 2003 to date developing pricing at a national level for 70% of hospital work. Developing pricing for community and primary care work.

4 *Developing the N in the HS*

Developing the system as a whole; NICE, national frameworks for main disease patterns and National independent inspection
PCTs in London and the Commissioning Regime

- 31 PCTs and 33 Local Authorities real boundaries but
- 2007/8 Commissioning regime development of
- Operational plans
- Development plans
- Strategy plans
- Now a vital relationship with Local government
- 5 Coordinating Commissioning Initiatives
- Specialist Commissioning Group
- 1-5-31
- National Commissioning Group
What is different about London as a place

- World cities drive the world in some way and increasingly the world wants to go and live in them because of that.
- London is a financial, and cultural leader. (and if we work hard it may construct a model for how diversity is an economic and social gain)
- World cities contain more population movement and ‘churn’ than other places and (while they are world cities) this will increase
- Our model of GP registration (and most public services) assumes a longer term relationship with a locality than for those people involved in churn. This causes problems for health and health services
- For health services this international churn provides a very fractured epidemiology that will change and change again this is very important for health and health services
- For medical research it provides a massive opportunity for the world is here
- With staff it provides an opportunity for the world is here as staff to serve the world as public and patients
Health Care for London The overall Case for Change

1. The need to improve Londoners health
2. The NHS is not meeting Londoners expectations
3. One city but big inequalities of outcomes
4. Hospital is not always the answer
5. The need for more specialised care
6. London should be at the cutting edge of medical innovation
7. We are not using our workforce properly
8. Making the best use of tax payers money
**Areas included in report**

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**Future service models**

1. Birth
2. Staying Healthy
3. Acute episode
4. Planned care
5. Long term conditions
6. End of life
- Mental Health
- Social Care

**Health delivery structures**

1. Need for change
2. Models for delivery
   - A. Home
   - B. Polyclinic
   - C. Local hospital
   - D: Elective centre
   - E. Major acute hospital
   - F: Specialist hospital
   - G: Academic health sciences centre
3. Feasibility

**Enablers**

1. Commissioning
2. Clinical leadership and communicating change
3. Workforce
4. Estates
5. Information
6. Partnership working
7. Incentives and funding flows
8. Measuring success
London can build a new delivery model using 6 types of institution

1. **Home**
   There is increasingly potential to provide care in people’s homes, including specialist care, rehab and support for long term conditions.

2. **Polyclinic**
   Polyclinics provide the infrastructure to shift hospital-based care into a more local setting, and improve existing GP and community care and social services.

3. **Local hospital**
   Local hospitals provide non-complex inpatient and day case care in the local setting, ensuring patient access and convenience without sacrificing quality of care.

4. **Elective centres**
   Elective centres focus on specific types of activity and exclude emergency work to be more productive and produce better clinical outcomes.

5. **Major acute hospital**
   Major acute hospitals enable co-location and critical mass of specialist services to maximise clinical quality and efficiency, some being a hub for teaching and R&D.

6. **Specialist hospital**
   Specialist hospitals retain established infrastructure, expertise and focus to deliver leading-edge complex services in a specific area.
Healthcare for London Drivers for change

- Health services have faster drivers for change than most other services in terms of technology and new services.
- Framework for Action identifies drivers for change and how that change may be implemented.
- **Medical leadership.** Case for change originates in new medical interventions and experience
- **Commissioning.** 31 PCTs commission over 10 billion pounds of health care for London. Using that to drive medical standards. The London Commissioning Group representatives from 5 different geographical sectors.
- **Workforce strategy** SHA with others developing a view of work force needs for a changed health service
- **Education strategy** How we commissioning education and what we commission
- **Estates strategy.** How we use our property for change
- **Next steps review** as a national review is looking at mental health and children's services
Health care for London consultation and next steps

- London Commissioning group of PCTs runs the process
- Consultation run by Joint Committee of PCTs all London and two neighbouring to London
- Oversight and Scrutiny by joint London OSC
- Consultation finishes March
- Mayoral election purdah for public discussion
- Gather responses and restart discussion after election with JCPCT
- Publish response on June 12th
- National next steps review published in July