

Competition, integration or local coalition?

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Questions

- How can Acute Trusts develop service provision to meet changing expectations of how primary and secondary care function together to provide improved patient care at reduced cost across the board?
- What experiences can you share with us of working effectively and creatively with your partner PCTs?
- What has worked well and what are the areas in which there is scope for improvement?

Homerton University Hospital

- University Hospital- approximately 550 beds
- Emergency care predominates (>110,000 A+E, 160,000 OPD, 35,000 IP)
- Relatively young population with increasing birth rate
- Income approx £170m



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NHS funding 'manipulation threat'

Hospitals could manipulate a new system of NHS funding to get more money than they should, local NHS officials fear.



Emergency admissions will be covered by the scheme

Payment by results is currently being introduced, whereby hospitals are paid per patient treated rather than in lump sums based on past activity.

The NHS Alliance poll of 109 officials found 83% thought hospitals would admit people unnecessarily and keep them in too long to earn funds.

The government said rewards for other NHS services were available too.

Payment by results is already being used for elective operations, but from April it will be introduced for A&E, emergency surgery and outpatient care. The rest of the NHS will follow in 2009.

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Competition, integration or local coalition?

-so we have a few cross-cultural issues to address before we can get this to work
- Is there a neat distinction between primary, secondary and tertiary care or is it all rather messy?

Competition, integration or local coalition?

- Questionable assumptions:
- Hospitals and their doctors want to keep patients in
- GPs want or are able to keep patients out of hospital
- Patients want to be out of hospital
- Care is cheaper out of hospital
- FTs are predatory beasts seeking to admit patients and code them up to maximise profit, hence bankrupting PCTs/PBCs

Competition, integration or local coalition?

- Our trust already runs
 - Paediatric hospital-at-home
 - Continuing care of the elderly and hospital-at-home
 - Community maternity services including home delivery
 - Sexual health and community gynaecology
 - Community diabetes
 - A+E (significant primary care component)
 - Locomotor service

Competition, integration or local coalition?

- Developed and developing
 - Paper clinics
 - Telephone, e-mail, fax advice clinics
 - Rapid access clinics
 - Hospital-at-home in other areas
 - Cardiology
 - COPD
 - PUCC

Competition, integration or local coalition?

- Do we have to stay in hospital?
- In whose interests is it to reduce hospital attendance?

Competition, integration or local coalition?

- Social services
- Employment
- Transport
- Crime reduction
- Housing
- Public health education (food, drugs, alcohol)
- Infant mortality
- Influenza planning

Competition, integration or local coalition?

- Longstanding joint working with local GPs, now formalised in PBC Liaison Group.
- Local PBC Consortia, FT, Community Health Services (to be managed by FT from April 2011)
- Generic workstreams: electronic communication, choose and book, CHS integration, CQUINS
- Specific pathway workstreams (eg urgent care, sickle cell, frail elderly, epilepsy, outpatient follow up, consultant to consultant referrals, direct radiology and endoscopy access, direct booking onto theatre lists)

Competition, integration or local coalition?

- ACERS (award winners)
- Admissions for COPD
 - 115/142/131 (April to Sept data for 2008/2009/2010)
- LoS for COPD
 - 7.7/6.6/4.6
- Patient experience vastly improved, substantial savings on hospital care

Competition, integration or local coalition?

- What works well – clinicians talking to each other to work out cost effective changes
- What could be better – overconcentration on questionable data (eg C2C referrals, first to follow up ratios, percentage diverts to PUCC)
- If we try to get it right for patients (individually and as groups) we have an outside chance of making the system work
- If we just argue about money, structures, processes we almost certainly won't

Orson Wells on peace

- Don't be so gloomy. After all it's not that awful. Like the fella says, in Italy for 30 years under the Borgias they had warfare, terror, murder, and bloodshed, but they produced Michelangelo, Leonardo da Vinci, and the Renaissance. In Switzerland they had brotherly love - they had 500 years of democracy and peace, and what did that produce? The cuckoo clock. So long Holly.