

Commissioning and Decommissioning

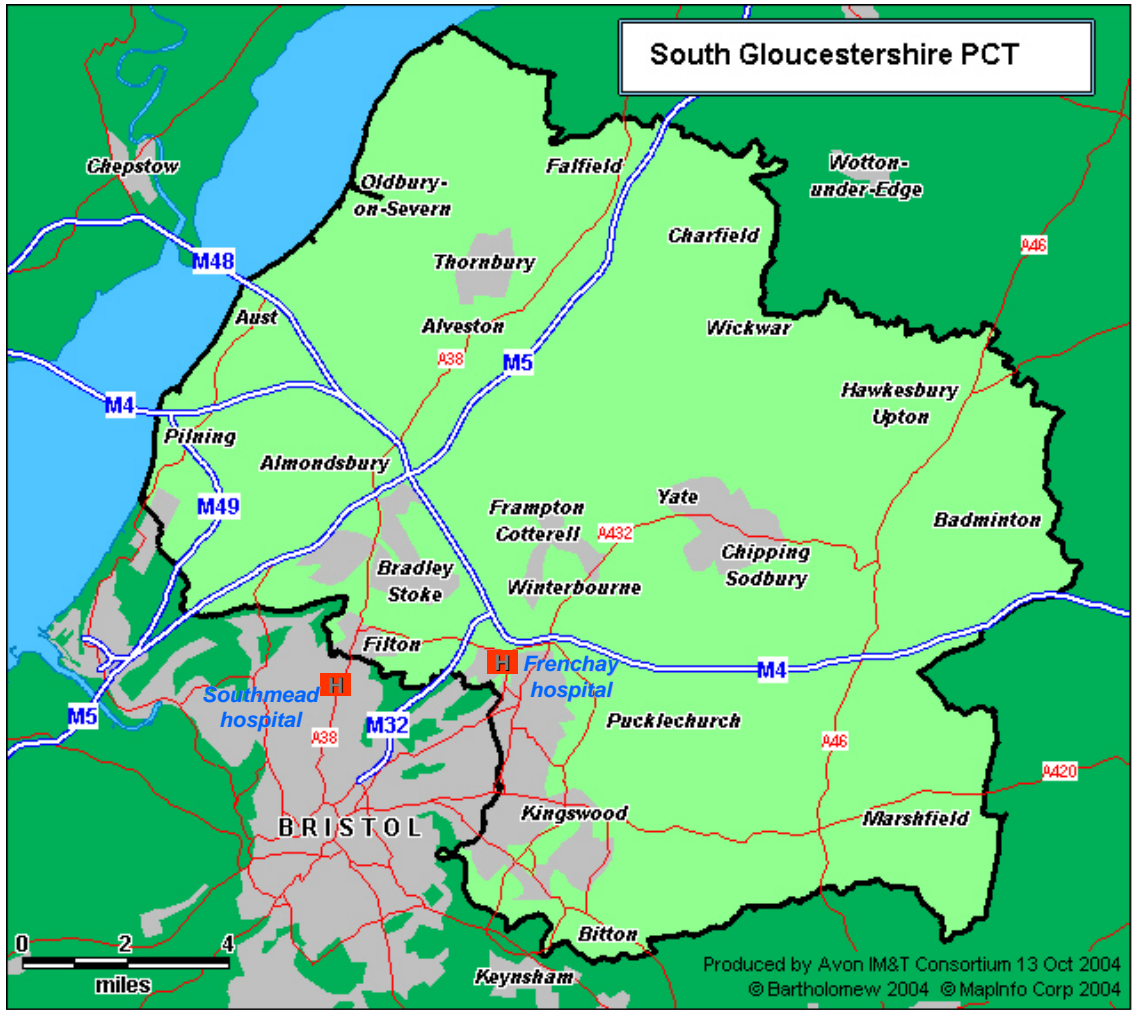
**in with the new and
out with the old**

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In with the new and out with the old!

- ❑ **Transforming Services – the Plan**
- ❑ **Delivering the Change**
 - Our partnership
 - The commissioning tools
- ❑ **What have we achieved?**
- ❑ **Commissioning – the route to better care**

What and Where is South Gloucestershire?



- 259,000 population
- £360m budget
- Main providers : NBT, UHB, AWP, GWAS, PCT Provider Arm
- Unitary Authority
- 3 MPs
- Single PbC consortium

Key Headlines

- ❑ Significant population growth (313,000 population by 2028)
- ❑ Higher than expected reliance on secondary care (currently >50% of spend)
- ❑ Life expectancy in top 10% of PCTs
- ❑ Fifth lowest allocation in country
- ❑ Limited community services
- ❑ Historic debt and poor performance
- ❑ 3 'save our hospital' campaigns

Transforming Services – The Plan

- ❑ Public /stakeholder feedback supports prevention and services aimed at maintaining independence
- ❑ The Bristol Health Services Plan (2004) signalled a major transformation of services



Our QIPP Programme

- Driven by our strategy, supported by benchmarking
- £14m savings 2010/11, £72m to 2013/14
- Key shift of £10m from acute to community, agreed within contracts 2010/11
- Driven by PEC/PbC, linked to Local Authority
- Quality Framework to monitor patient experience

Delivering the Change

Our Partnerships

- ❑ Single Practice Based Consortium (PbC) with plan aligned to QIPP
- ❑ Model of community engagement in projects – 50% NHS, 50% Non NHS members



Cossham Hospital

Delivering the Change

Our Partnerships

- ❑ Collaborative service redesign programme with local acute trust – building our future together

- ❑ Working with local authority on:
 - Planning for real
 - Joint commissioning for aligned services
 - Health improvement, eg exercise on prescription

Yate West Gate Health Centre – opened February 2010 (one of 3 joint children's hubs)



The Commissioning Tools – a means to an end

□ Collaboration

- Acute Trust contract with formal risk share arrangements
- New primary care mental health services with new providers
- Single point of access for urgent care with our community services, OOH and 8 'til 8?



The Commissioning Tools – a means to an end

- Using procurement to achieve value for money and improved quality
 - 8 'til 8 and APMS
 - Prison primary health care and pharmacy
 - Dentistry (GDP and oral surgery)
 - Patient transport services (PTS)
 - Childrens contract with Acute Trusts and Barnardos



The Commissioning Tools – a means to an end

- Market entry & development
 - One Stop Urology service (local GP provider organisation)
 - NHS Treatment Centre



NHS Treatment Centre (Emersons Green) opened November 2009

What have we achieved?

- ❑ Historic financial challenges – control total met each year
- ❑ Improving performance – year on year
- ❑ IPSOS Mori research on patient and public involvement
- ❑ Successful GP led telemedicine pilot
(2009 Health Business Award)
- ❑ Local drug action team received highest NTA rating

Care has really changed!

- ❑ Extended orthopaedic assessment and paediatric GPSi cuts referrals by 50%
- ❑ New mental health team led to less secondary care spend (only 21 beds in use)
- ❑ Community DVT/PE service with high patient satisfaction and safety
- ❑ Two '8 to 8 primary care centres including dentistry for price of one

Care has really changed!

- ❑ Exceeded contract of NHS Treatment Centres in Year 1

- ❑ Redesigned elective pathways and thresholds
 - Fit for surgery
 - Referral tool

- ❑ Model of community based rehabilitation strongly advocated by Senior Citizens Forum

- ❑ 1500 care plans owned by GPs in less than a year

Less Traditional Care

- ❑ NHS Institute exemplar site for elective care – PbC/PCT plan achieved 3.5% reduction in referrals in 2009/10

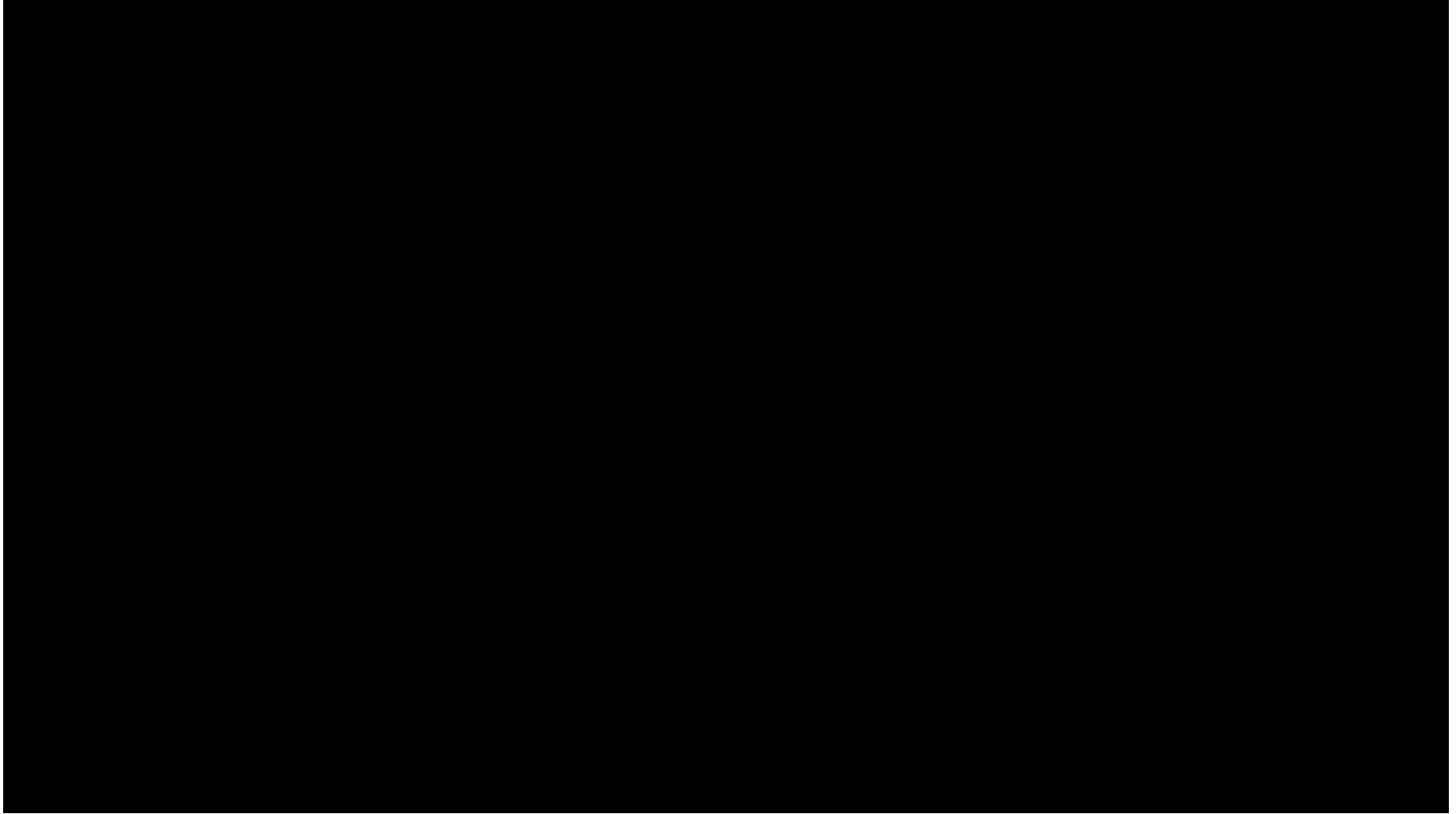
- ❑ Referrals in 2010/11 now show
 - 2.2% reduction overall
 - 8.5% reduction to acute hospitalsWhen peers saw 0.9% reduction

- ❑ Non-elective admissions year on year show – 3% reduction.
When peers saw 3.1% increase

- ❑ Excess Beds Days – 14.6% reduction

The route to better care

- ❑ Clinical leadership is key
- ❑ Secondary and Primary Care clinical conversations matter
- ❑ Partnership is not collusion – be clear of your position
- ❑ Having the public on your side is a strength – be bold and use them!



The route to better care

- ❑ Incentivise change
- ❑ Use your commissioning tools thoughtfully
- ❑ Shamelessly copy others
- ❑ Abandon what does not work
- ❑ Recognise this is the day job

Link to
NHS South Gloucestershire
video

<http://www.youtube.com/watch?v=LknD1mmN6vU>