

West Norfolk Health Services Review



'The Need for Change'



Introduction

West Norfolk Clinical Commissioning Group (CCG) is the name of a group of local doctors and other health professionals whose job it is to ensure that health services in West Norfolk meet the needs of local people.

Working together with organisations across health, social care, borough council and the voluntary sector as the 'West Norfolk Alliance', we published a 'Case for Change' in summer 2013, which set out the challenges facing local health and care services at that time and how services would need to be provided differently in the longer term.

Since then the situation has become worse with increasing pressure on money affecting the long term future of our local health services. That's why, since October 2014, a 'Contingency Planning Team', put in place by the health regulator Monitor, has been working with organisations and people across West Norfolk and beyond to find a way to fix the money and quality challenges currently faced by The Queen Elizabeth Hospital and to find solutions across the wider community that ensure health services can be maintained locally into the future.

Nationally there are some major challenges facing the health service:

- ▶ An ageing population, with people living longer with a combination of health problems.
- ▶ Changing patterns of health and illness requiring more expensive drugs and treatments.
- ▶ Increasingly tight regulation about standards such as staffing numbers, quality and safety of care.
- ▶ Not enough money to fund everything at the same rate in the future.
- ▶ The requirement to extend services to longer hours and 7 days a week.



Locally West Norfolk services are particularly affected because:

- ▶ We have a high proportion of elderly people.
- ▶ Our population is spread thinly across a wide, rural area with poor transport links.
- ▶ Our local hospital is struggling with money.
- ▶ We have a high proportion of people with chronic conditions such as diabetes, lung disease and obesity.
- ▶ It's difficult to recruit health and social care staff in West Norfolk.



There are some things we are doing really well:

- ▶ Some services in the area are of a very high standard, such as emergency surgery and intensive care.
- ▶ There is a lower death rate at The Queen Elizabeth Hospital than the UK average.
- ▶ There is a strong partnership between West Norfolk health, social and voluntary organisations, with an Alliance established since 2012 to improve residents' experience of care.
- ▶ There is a strong network of voluntary support organisations in the West Norfolk community, helping people to stay independent and well at home.
- ▶ We have introduced 'care navigators' to help patients find the services they need.
- ▶ We have introduced a 'hospital care at home' team to support people to get out of hospital earlier or to avoid going in.
- ▶ The Alliance has joined forces to share recruitment and training of staff across organisations and to create joint systems and processes.
- ▶ The borough council has developed an information service called LILY (Living Independently in Later Years) to provide advice and information to elderly people.

There are opportunities to do some things better:

If nothing changes, the NHS in West Norfolk is predicted to have a funding gap of up to £70 million in five years time, of which around £40 million relates to The Queen Elizabeth Hospital.

As NHS funding cannot keep pace with the growth in demands and costs, we must ensure we get the most from the money available, by organising the resources we have to best provide the health services that meet changing needs.

This means we have to:

Be more efficient

The NHS has worked hard to deliver cost savings for a number of years. It has become increasingly hard to deliver savings year-on-year and maintain quality of care, especially with a rising demand for healthcare services and population pressure. We believe that significant cost savings can now only be made by looking at the NHS in West Norfolk as a whole, and not just individual organisations. This could mean organising services in a different way, providing them in different locations, or reducing the number of organisations duplicating some services.

Make better use of technology

Advances in technology such as 'tele-health' remote monitoring, 'Smart-card' safe information sharing, diagnostic testing in the community and 'Skype' consultations could be used in West Norfolk to treat patients closer to home, reduce travel and inconvenience, help doctors and other healthcare professionals support patients without moving them to hospital.



Co-ordinate and join up care

We can improve care by no longer repeating tests or assessments, or duplicating effort and through better sharing of information. This will maximise our resources and improve the outcome and experience for patients too.

Make better use of our buildings

There are 21 GP surgeries within West Norfolk which could give us the physical capacity to extend surgery hours allowing more people to access their own, or an out of hours GP, nearer to home. Whilst there is an additional 68,000 square metres of usable space in the rest of the local NHS estate (most of which is at The Queen Elizabeth Hospital), there is only around 1.5% of this space that is under-used. Therefore any further opportunities to make better use of current NHS space would require significant changes to support new ways of delivering services.

Having your say:

Although we are not in the process of a formal public consultation on any proposed changes, we are keen to continue talking with stakeholders and members of the public about the challenges, and to use feedback to inform future plans.

The approach has been to engage with staff, stakeholders, patients, carers and local people throughout the Contingency Planning Team's work in West Norfolk.

We held six public information events prior to our publication of this document to share early thinking and capture views on the information shared. Over 100 people attend these first events and their feedback and key themes are summarised on next page.

There is much to be proud of:

"On the whole things are good"

"Recently my husband had a stroke, the support, care and follow up has been outstanding"

However, individuals recognised the need for change, and the challenges experienced:

In response to the question:

'Do you recognise the challenges identified in West Norfolk?'

96% of respondents said **Yes**

In response to the question:

'Has the 'Case for Change' been made in a compelling way?'

74% of respondents said **Yes**

In understanding the need for change:

"I understand that the system of care has to change. Finite resources"

"More emphasis needed on size of the area, very rural and corresponding issues, challenge to recruit and keep skilled professionals compared to other areas"

"Publicity must keep reminding people the current service mix is not sustainable without significant structural and financial change"

We also had some very useful feedback as to how we can ensure that we continue to engage people effectively through minimising 'NHS jargon' used in communication materials, presenting information in different ways recognising individuals differ in how they interpret information, using different communication mediums (such as text, visual presentation, video or audio), and finding as many ways as we can to engage people through more events and other communication channels.

Tell us what you think

This summary, and the full document available on the West Norfolk Clinical Commissioning Group website, describes the challenges faced in delivering healthcare now and in the future, both nationally and in West Norfolk.



We welcome any comments, suggestions and thoughts you may have on healthcare services in your local area and we invite you to feedback to us through local stakeholder events, website and face-to-face sessions, written feedback and social media.

Next steps

The early part of the Contingency Planning Team work has been to establish the key challenges faced by local health services. The next phase built on this to consider the potential range of solutions that may address these challenges for the long term. We will continue to speak to local stakeholders, clinicians, patients and the public to gain local views as these ideas take shape.

The final report from the Contingency Planning Team proposing options for future improvement will be delivered to Monitor by the end of March 2015. West Norfolk Clinical Commissioning Group will have an opportunity to review and share the contents of this report with the public subsequently, considering this alongside its commissioning intentions and five year financial plan. Any material changes proposed to the way in which services might be delivered will be shared publicly and subject to formal proposal and consultation with local people if appropriate.

Only after such a process and taking into account the feedback of local people on the recommendations, would any changes begin to be implemented.

Nothing at this stage has been decided and we want to hear your views, so tell us whether you think this evidence is clear and understandable. You can do so in a number of ways detailed below, as well as keep in touch with the review of healthcare services in West Norfolk as it progresses, and for further opportunities to get involved:

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