



# Seizing the Future

The case for change

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# National challenges

- ◆ The national review of the NHS will set the agenda for the future direction of the NHS.
- ◆ An interim report, “Our NHS, Our Future” signals the move of more services into primary care out of traditional hospital settings, and emphasises the effectiveness of specialist centres in terms of better outcomes patients.



# The clinical drivers for change



# Specialist Doctors save more lives

- ◆ Greater specialisation over past 20 years
- ◆ “The more you do it the more skilled you become” –
- ◆ A critical mass of patients is required to build expertise
- ◆ 500,000 population ( Royal College of Surgeons - Delivering high quality surgical services for the future 2006)
- ◆ Generalist the norm 20 years ago- specialist now the norm
- ◆ Survival following heart attack and stroke is improved when promptly assessed and treated by specialist teams
- ◆ Leads to need for bigger teams to enable cover of rotas



## New technologies used by specialists save more lives

- ◆ New technologies and techniques contribute to advances in outcome
- ◆ Stroke care- immediate specialist treatment in specialist centre



## Better availability of consultants saves more lives

- ◆ Mortality lower for operations performed during the day when consultants available ( NCEPOD)
- ◆ Similarly outcomes are improved in Obstetrics, neonatal care and major trauma
- ◆ Reduction in junior doctors hours = loss of 31 posts equivalent combined with need to improve consultant availability
- ◆ Recruiting more is not always a possibility, some specialties have a national shortage of consultants
- ◆ Those available will be able to select the best trusts that allow them to fulfil specialisation interests and needs

# Shorter hospital stays = improved efficiency



- ◆ New techniques and improved procedures
- ◆ Numbers of day cases growing steadily
- ◆ Recovery times shorter
- ◆ Patients discharged sooner



## Care closer to home

- ◆ Development of more services outside hospital and closer to where people live



## cost effectiveness

- ◆ PBR – paid for what we do and .....
  - Patients have choice of providers  
from April 08
  - GP commissioning
- ◆ Fixed tariffs - need to be cost-effective



## The case for change: local challenges

Population changes

- ◆ Ageing population
- ◆ Increase in Long Term conditions (e.g. diabetes heart disease, dementia)
- ◆ Geographical access



# Geographical access

- ◆ Rural population
- ◆ Low car ownership in parts
- ◆ Poor access to public transport in parts



## A local presence

- ◆ Each site serves small populations
- ◆ Removing services for a site could mean losing those patients to other providers
- ◆ Equality of access to be preserved



## Pressing clinical issues

**Cover and pathways for emergency care**

- ◆ **Emergency medicine 3 sites**
- ◆ **Critical care cover for 3 sites**
- ◆ **Emergency surgery 2 sites**
- ◆ **Surgical cover**
- ◆ **Provision of 24 hour consultant cover to all sites**
- ◆ **Children's services**
- ◆ **24/7 diagnostic cover**



## And all this against a backdrop of :-

- ◆ Trusts costs 10% above average
- ◆ Good financial position (£7 m surplus 07/08)
- ◆ Need to continue to trade at surplus to enable investment in services



## summary

- ◆ A range of national and local drivers leading us to need to change
- ◆ Standing still is not an option
- ◆ Improved and excellent patient care is our goal
- ◆ We need to use all our assets to enable success and deliver services to all patients in our community