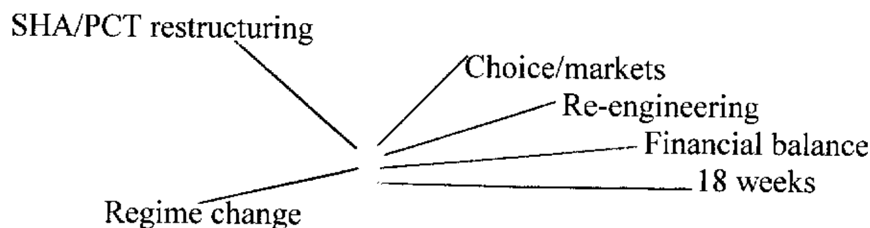
WEST HERTS CLINICAL SERVICES FOR THE FUTURE MEETING

12th July 2007
Peace Children's Centre

Mike Edwards – need to engage clinicians
In 10 years – if PCT done its job – clinicians in PBC groups and providers

Laurie McMahon – setting the scene
Managers treat clinicians as clients
Fitting within:

- Economy
- National guidelines
- Clinical priorities



"Steady as you go"

Review = do nothing

4 fields:
(a) Policy
(b) Finance
(c) Structural change
(d) Services

(a) Policy drivers

- Patient choice
- PBR
- Plurality of supply
- Foundation hospitals
- Primary care choice

(b) Money

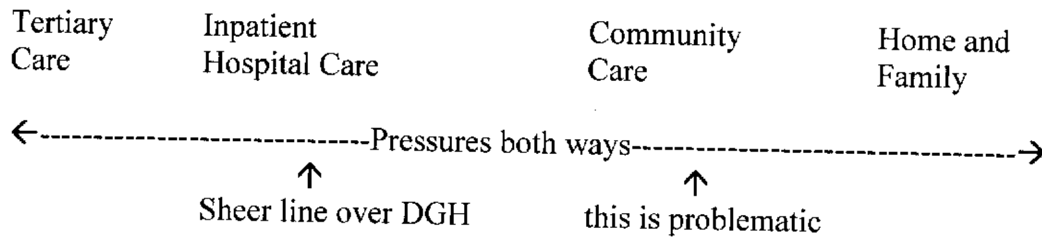
- No wriggle room
- Saw it coming
- Not just about April this year

(c) Re-structuring

- Independent NHS Board?
- PBC and PBP – very important
- Emergence of new primary care organisation

(d) New commissioning

- Objective or impartial commissioners – is fine
- Doesn't exist to protect providers – not protective
- Concerned with continuity and capture
- This review is the last outpost of commissioning – last throw



Pressures for decentralisation
"Pitching is OK – catching is a problem"

Important:

- Mobile and modular treatment and diagnostic kit
- Public demands for better access
- Big cost pressures

Hatfield will never be built

Unless ambulatory care / day care / diagnostics / outpatients / Intermediate Care are taken out of hospital setting – have no idea of what need in the hospital

Who runs external services? DGHs? GP Practices?
His guess is to do a mix

'Cornish Health Fit' example
→ external localising services – converting what was out there
→ shrink DGH – "build smallest possible hospital I can get away with"

Subsidiarity role – patients don't go any deeper into the system than they have to
Local hospitals – service range

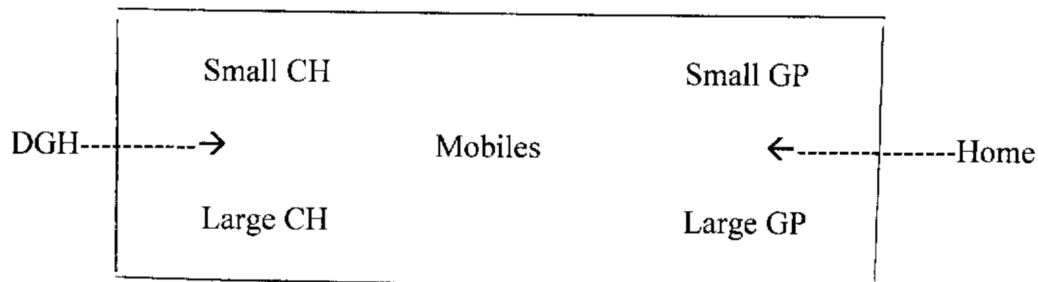
Didn't need hospitals – mobile and modular functions were possible
The Trust realised that, if they didn't get out there – the cost of entry of doing complex diagnostic and clinical treatment is so low – someone will come in and do it

Provide higher range of higher quality services closer to home
Reduce hospitals by decentralising services

So: same thing
The future facilities but no big picture
'Clinical conclave' to develop picture

Service design mapping

CH = community hospital



"In 10 years the demand for NHS beds will be down 25% due to telemetry"

If look at issues in isolation, get stasis at best, interference at worst

The things going for us:

- Policy – care
- Policy – PBC
- Political doctor hugging
- Public trust of clinicians
- GPs 'organised' in the west
- 'Business thinking' consultants – edge of real need for capital investment
- Supportive PCT
- Highly receptive acute Trust
- No big PFI build shaping essential capital investment

We have a 'second loop' problem

Gareth Jones

The Acute Services Review – not consulting on the shift of primary and secondary care to community care – nor on the relocation of acute services to Watford

The 2 most important people involved in the ASR are he and David Law of WHHT

Last year W Herts spent £610 million
From 2010 to 2013, it will be £760 million pa

Small increase in acute sector only, therefore not disinvestment
Centralising at Watford → proper service, not bricks and mortar

Significant reinvestment in primary and community care
£100 million now → £135 million in 2013/2014