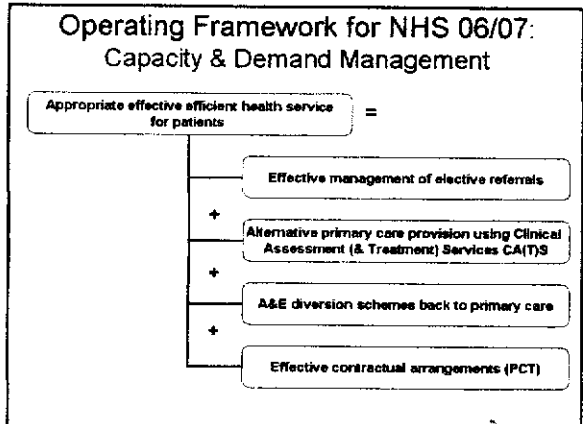


Watcom:
Clinical services for the future

Sheila Borkett-Jones
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inspiration for business plan for last 2 yrs

Watcom Commissioning Plan 07/08

- Elective Care
- Unscheduled Care
- Prescribing
- Community Nursing
- Mental Health

think of in hosp or out of hosp with 20 or 10 case Watford is

Current climate:

- Need to reduce PBR activity
- 1° & 2° care = old thinking (liYH)
 - "Out of" and "In" hospital care
 - Services not buildings, patient centred
- Several local GPs working in 2° care
- GPs engaged in redesign
 - value local services
- Collaborative work with secondary care clinicians
 - In redesign, also needed in service provision
- Loss of clinical gov. forum across PCT and W Herts providers

*lot of support for local services
 pts think about MRSA*

our local hospital + links are good think about services rather than buildings

Elective Care:

- Reduce referrals
 - Enhanced 1° care services e.g. anticoagulation & specialist minor surgery
- Manage more care through CA(T)S
 - Musculoskeletal +
 - Dermatology (incl. plastics and general minor surgery)
 - Diabetes (incl. Year of Care bid)
- Agree follow up & discharge criteria for OP
 - Cardiology & Gastroenterology
 - Others

develop links but then want support from Herts

Future elective care redesign

- CA(T)S:
 - Dyspepsia and elective OGD*
 - COPD pathway *#
 - Heart failure pathway *#
 - Haematology
 - Cataracts
 - Gynaecology
- * with Stroke = in W Herts Map of Medicine pilot
- # liYH LTC pathway development)
- To incorporated specialists in the delivery of CATS

a lot locally bring out as common service

50% of budget not spent ↓ rheumatology spend by 40%

looking @ business case 60% of work incorporate Daclom work 85% not need haematologist

very unnecc work which could be done in 1° care

Services should access the site what is going to use skills & resources more effectively
 KM Nature of service not site

Prescribing

- Need to continue collaborative MM work across W Herts
- To prescribe cost and clinically effectively
- Across our organisations (success e.g. PPIs)

Unscheduled Care/Out of Hours

- (W)Herts wide project to redesign OOH provision
- Watford Urgent Care Centre is a priority

does not ~~get~~ want to get sidetracked

Community Nursing

- Strengthen services
- Review and revise arrangements for W&3R
- Integrated Nursing teams
- Community Matrons and Case Management
- Capacity of Intermediate Care

case management work up for grabs

challenge designing services that

provider services want

Mental Health

- Enhanced 1° Care M H Team pilot
- Being commissioned with HPT across W&3R as a Mental Health CATS
 - Graduate mental health workers
 - Link workers
 - Re-tendering of counselling services
 - Computerised CBT

Challenges & Opportunities

- Both 1° & 2° care clinicians need to work together and differently and out of hospital
- CA(T)S central to managing demand from 1° care
- Choice - where and how?
- Any willing provider implications
- Assurance of quality and equity across the PCT
- Q: how can we do all this better within the evolving commissioning environment?

2° clinicians need to work with us sits in front of choice agenda

Oh - how do we create a structure to organise to discuss this

Don't want to do trips x 4 - COPD / Heart failure - wait for PBC yrs - trust has to be

Get rid of particles of fourth eg IC - substantial shifts in thinking

when is beneficial for change

destructive

very