

FOR DISCUSSION

Clinically Led Service Redesign – A West Herts Approach

Our collective aim across the Hertfordshire NHS is to improve health. To do this we need to aspire to be the best commissioners and providers of care to local people. The practice based commissioners, working within the PCT, need to be able to effectively identify need, set out desired clinical outcomes and use the procurement means at their disposal to ensure that high quality providers can deliver against these expectations. As providers, the acute trust, community provider and others need to be able to respond to these requirements and deliver accessible, timely and local quality care in the right place and at the right time. All of this needs to be delivered within available budgets, must deliver key national targets and must therefore be consistent with local NHS strategy. An integral part of our local strategy is to deliver the new hospital configuration in West Herts. This is dependent upon successful transfer of services from a hospital base to a community setting.

It is our collective view that effective clinical leadership, engagement and ownership of service redesign across primary and secondary care will provide the best opportunity to enable this to happen. The PCT and PBC groups and acute trust have agreed that for many of the key clinical care pathways, a single best practice clinical pathway is preferable to individual PBC by PBC approaches.

Initial meetings have taken place of what has been termed the West Herts Clinical Conclave. The group, co-chaired by Mike Edwards, West Herts PEC Chair and Graham Ramsey, West Herts Trust Clinical Director, comprises of GP leads from the 4 PBC Groups and West Herts Clinical Directors. The group is supported managerially under the leadership of Andrew Parker, Director of Primary Care and Service Redesign from the PCTs, Nick Evans from the Trust. At its second meeting the group agreed to prioritise the development and implementation of 5 key clinical pathways as follows:

- Intermediate Care
- Diabetes
- Heart Failure
- Urgent Care
- COPD/ Respiratory

The group wish to ensure that existing good practice development is utilised, hence will be aiming to build on the work of existing cross West Herts redesign groups. To ensure these groups work effectively and have an impact there needs to be clarity of decision making and due governance. The Conclave Group has no statutory powers but for it to be effective will need to be enabled to agree best practice pathways and unblock any blocks to their implementation.

It is proposed then that it is viewed as follows:

The Conclave Group is accountable jointly to the PBC Groups and to the Boards of both Trusts, through the PEC and the Clinical Directors Group.

It is responsible for the output of the relevant service redesign groups.

The role of the service redesign groups will be to develop, agree and oversee the implementation of best practice clinical care pathways.

When the pathways are in their business planning phase, support will be provided by both the commissioner and the provider trust to ensure all elements of activity, finances, estates, workforce etc are taken into account. These business plans will be signed off by the PBC groups and through the PBC Governance Committee.

There will be a separation of responsibility at the point of procurement. PBC Groups, through the PCT, will wish to 'test the market' to ensure that the best providers are selected to ensure the delivery of these best practice care pathways. The procurement process will be managed by the PCT.

Recommendations

- That this clinically led approach to service redesign is endorsed.
- That the initially identified care pathway service redesign priorities are agreed.
- That the approach to governance is agreed including:
Terms of Reference for Clinical Conclave Group and Service Redesign Groups

Andrew Parker
Director of Primary Care and Service Redesign

7th September 2007