



Model of Care Update

What is the Our Health Our Care (OHOC) programme?



Healthier
**Lancashire &
South Cumbria**



- The OHOC programme has been working with senior doctors and nurses, health and care professionals and the public to develop how hospital and broader health services can be improved in the future.
- The OHOC programme was formed to deliver better health outcomes and improved patient experience for local people.
- The OHOC programme is part of the overall vision for Healthier Lancashire and South Cumbria.


Chorley and South Ribble
Clinical Commissioning Group


Lancashire Teaching Hospitals
NHS Foundation Trust

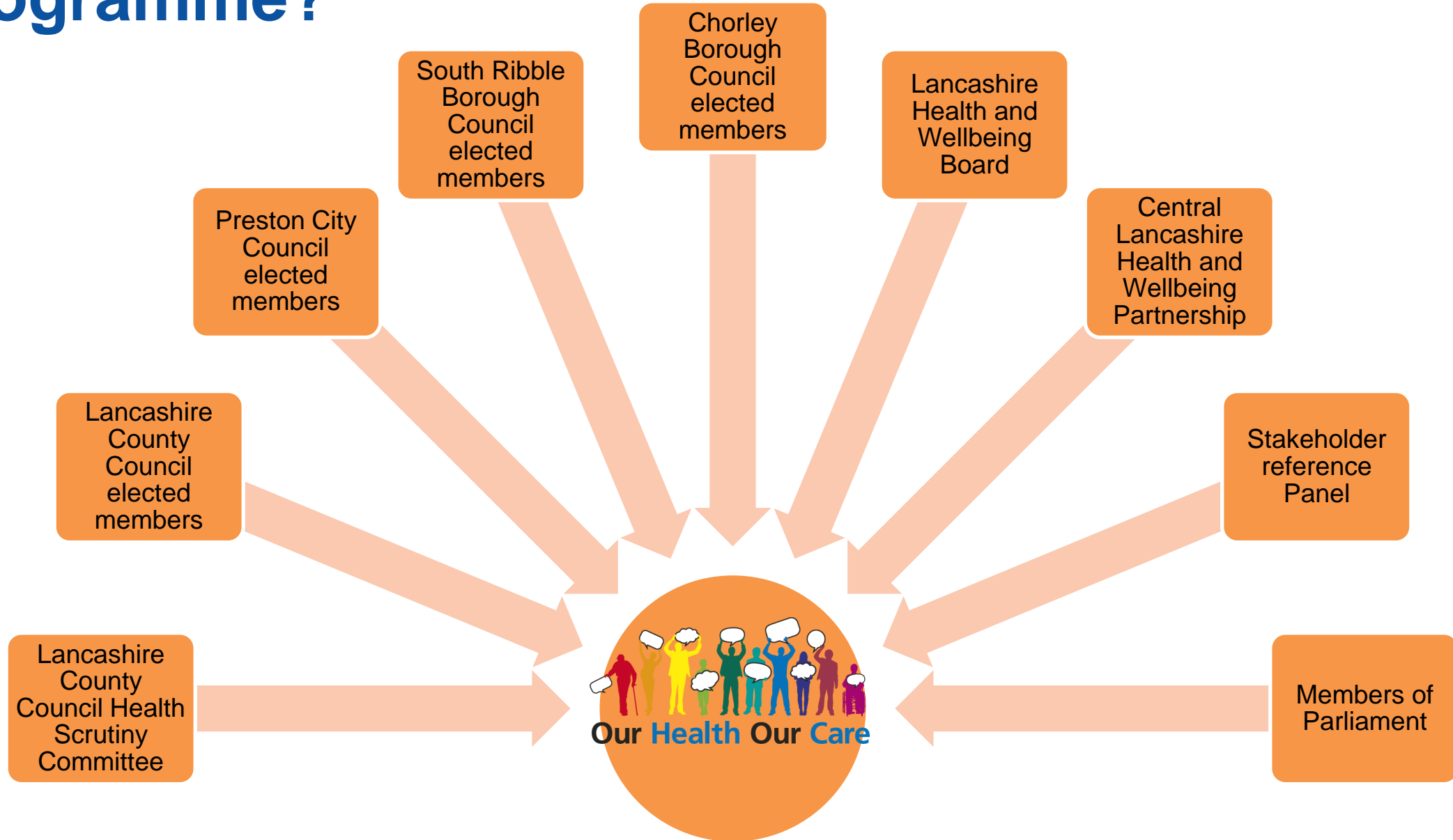

Greater Preston
Clinical Commissioning Group

Lancashire Care 
NHS Foundation Trust

Lancashire
County Council 



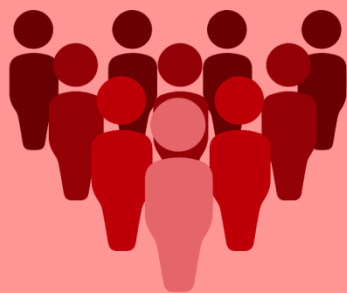
Who is working with the OHOC programme?



What we need to consider in central Lancashire



Population Growth



Chorley and South Ribble CCG expect to see their population increase by **11.7%** between 2014-2037

The population increase projections in Preston will be below the North West average, being projected at **3.5%** in the same period

Working age adults



Working age adults: The number of working age adults in Chorley, Preston and South Ribble is forecast to **reduce** in the period between 2014-2037

A population which is expected to get older

The number of people over the age of 65 is forecast to increase by **33,000** over the same period across both CCGs. This means that the expected impacts of an ageing population (in terms of growing use of NHS services) need to be planned for now

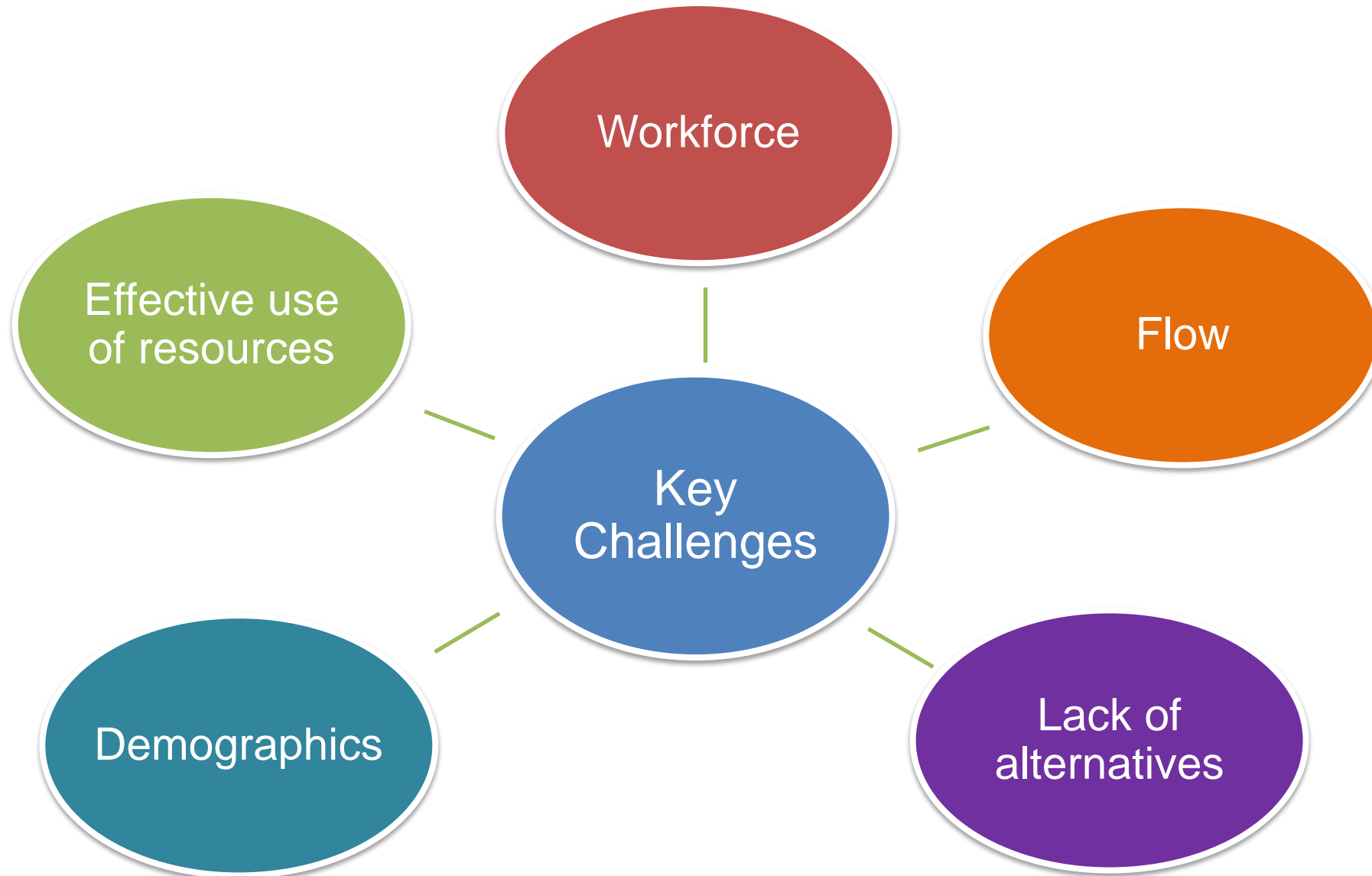


New homes

For the period up to the end of 2019 it's predicted that there will be more than **6,000** new homes built within these areas



What are the main challenges we face locally?



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Demographics

The number of people in central Lancashire is growing and the population is ageing. Our local hospitals aren't set up in the best way to deal with these changing needs.

Lack of alternatives

Our patients don't have enough options for their care. This can result in increased use of the urgent and emergency care services provided by our local hospitals.

Flow

Too many people wait too long for their care and too many experience delays when they're in hospital.

Workforce

Across our health and care system, including our local hospitals, we don't have the workforce that we need in critical areas.

Effective use of resources

As a health and care system we're not making best use of the resources we have.

What is our Model of Care?

- Our Model of Care gives a broad outline of the way health and care services should be delivered in the future.
- It focusses on hospital services across central Lancashire but also looks at how services provided away from the hospital (such as GP services) should work alongside hospital services in the future.
- It aims to ensure people get the **right care, at the right time, from the right team and in the right environment**
- It does **NOT** define where services will be located in the future



Who is leading this programme?



- This programme is being led by the Our Health Our Care team.
- This team is made up of employees from both Greater Preston CCG & Chorley and South Ribble CCG and clinicians including:

Five clinical leads for this programme who currently work within Lancashire Teaching Hospitals NHS Trust.

Two clinical leads who work in GP Practices who are making sure our vision for the future is fully integrated with out of hospital services.



How we've listened to you

28



Public
engagement
events

725

Attendances
at public
events



176



Questionnaire
responses

214



Telephone
interviews



213

Face to
face
interviews



2,419

Website
homepage
hits



50,000+

Twitter
impressions



200+



Emails

How your feedback has informed our Model of Care – responses from Market Research



85% agreed that the NHS must reform to provide the services we need in the future

Respondents had a **strong preference** for care in the community, where applicable, and would support change if it led to improvements in care.

70% would like to be discharged from hospital as soon as possible after an operation and to be able to recover at home.



Respondents expressed a willingness to **travel further** for special hospital care if they felt that they would receive the best care by doing so.

93% would be happy to see changes at their local hospital if it meant improvements to the quality of the care it offers.



79% would be willing to travel further to receive the best care



For serious illness or specialist care many would be willing to **travel greater distances** if this meant they received better care as a result.



86% agreed that long term health conditions are better treated either in the community or at home rather than in hospital



80% preferred the option of having hospitals that specialised in certain kinds of treatments

How your feedback has informed our Model of Care



Improved access through
longer opening hours
and **7-day services**



Better coordination
between services



More **services**
delivered
closer to home



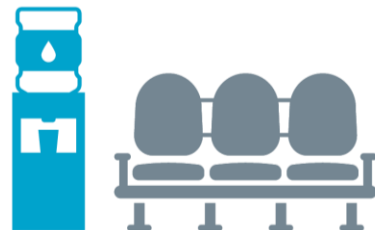
Centres of excellence to improve
care and make jobs more attractive



Follow-up support at home to avoid
patients being readmitted to hospital



Better use
of **technology**



More comfortable and
appropriate **waiting areas**



More support
for **mental health**
and **social care**

How you can help us to deliver the best health and care services for central Lancashire



Supported Lifestyle Choices

By eating healthier, increasing exercise, stopping smoking and reducing your alcohol intake you can lead a healthier life. This will help you to use your health and care services well.



Provide regular feedback

Providing regular feedback via Friends and Family surveys, attending our engagement events and patient feedback groups all help us to build an accurate picture of how our services are performing for our patients. This feedback is crucial to help us to continue to improve.

How you help us to deliver the best health and care services for central Lancashire



An A&E department deals with **genuine life-threatening emergencies** such as:

- loss of consciousness
- acute confused state and fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds
- stroke
- major trauma such as a road traffic accident



Less severe injuries can be treated in urgent care centres or minor injuries units.

A&E is not an alternative to a GP appointment. If your GP is closed you can go to 111.nhs.uk or call 111 and they will direct you to the best local service.

Health and Care should be delivered as “one system” for our patients



Specialist
Hospital
Services

Hospital
Services

- Only **20%** of a populations' health can be attributed to the clinical care they receive.
- In order to improve health outcomes, other **factors that influence health need to be considered**

Level 3: GP Practices and community services working together to provide services outside the hospital (Across larger areas than level 2)

Level 2: GP Practices and community services working together to provide services outside of the hospital

Level 1: Preventative services (eating well, exercise classes) Self Care, Pharmacies, Charities and Voluntary Services



How can you stay well for longer?

- We all need to focus on looking after ourselves better. This is the best way to keep our NHS sustainable for the future and also reduce the need for us to go to hospital.
- We can help you by providing access to a range of services like exercise classes, dietician appointments, and stop smoking. Working together, we can often help you to avoid unnecessary illness or reduce the impact of your existing conditions.
- Our health and care professionals such as GP's and Pharmacists will work together to make sure that we can point you in the right direction.
- Councils also work closely with the NHS in terms of the other issues affecting your health. For instance, Councils look after issues such as air quality and improved public transport to ensure our residents can live better lives.



How our services will work closer together to benefit you



- The OHOC Model of Care will integrate with ongoing developments across the system to ensure greater range of services will be provided closer to your home.
- Existing plans will see GP practices will work together in “networks” to support populations of 30-50,000 people.
- As part of these plans, GP practices will also work in larger groups to provide services across larger geographies. This is “neighbourhood” care.
- You will have access to a wider range of services which aim to keep you well and supported to live a healthy life.
- They are provided in a community environment and aim to avoid you being referred to hospital unnecessarily.
- Most of this care is planned, as opposed to unplanned.



7 ways we'll make things better for you



Improving the
Co-ordination of care

Improving **Urgent
Care Services**

We want to make
things better for
our residents,
our taxpayers,
our patients

Delivering better
Emergency Care

Making our **Critical Care
Services** run smoother

Separating
**Planned and
Emergency Surgery**

Improving
Outpatient Services

Reduce the delays in
getting patients home
from hospital

Improving the co-ordination of your care

- Our clinicians will be able to refer you to a range of services provided outside of the hospital via a single phone number.
- Our clinicians will also be able to speak with experienced urgent care clinicians working at the hospital, to ensure you get the best treatment and are seen in the best location.

This will mean you will receive care in the best location, first time round.



Improving Urgent Care services

- An urgent care service is a team of senior doctors, nurses and other professionals available 24 hours a day 7 days a week to provide diagnosis, treatment and support for when you require urgent care due to illness or minor injury.
- By combining the skills of our existing workforce, we can provide an urgent care service that that does more for our patients.
- The new urgent care service will be able to treat more people



This will help improve flow and reduce demand on Emergency Services, meaning you won't need to wait as long for care.

Developing better Emergency Care

- Emergency Care provided across central Lancashire will be safe and effective.
- Clear communication will ensure that patients are seen in the most appropriate service, first time, reducing the need for a transfer.
- Patients who present with life threatening illnesses and major trauma will be seen first.

This means you will have better access to emergency care when you need it most.



Making our Critical Care services run smoother

- Critical Care Units are for patients whose conditions are serious or life-threatening and who require more intensive care and constant monitoring.
- There must be a Consultant in Critical Care Medicine who is dedicated to providing care free from any other commitments 24/7.



Separating Planned and Emergency Surgery

- By separating planned and emergency surgery, the risk of operations being cancelled will reduce.
- This will allow emergency surgery to be more specialised for you when you need it most.

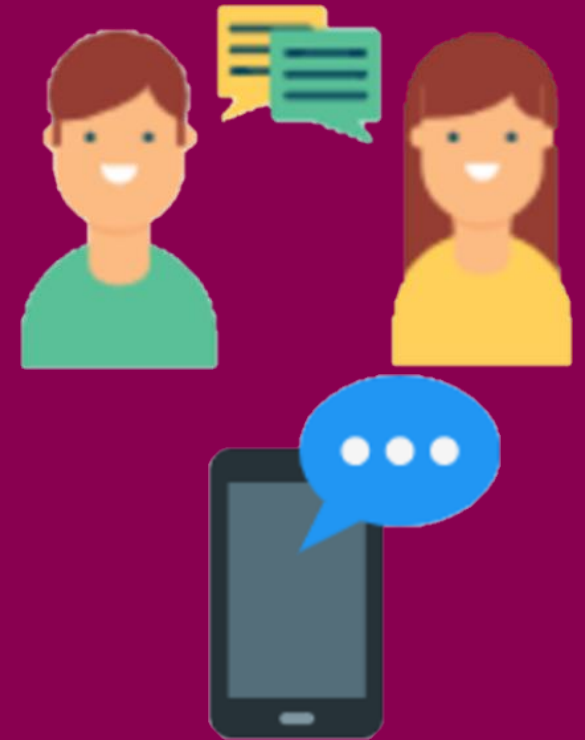
Cancelled surgery appointments will reduce and you will have better access to emergency surgery when needed



Improving Outpatient Services

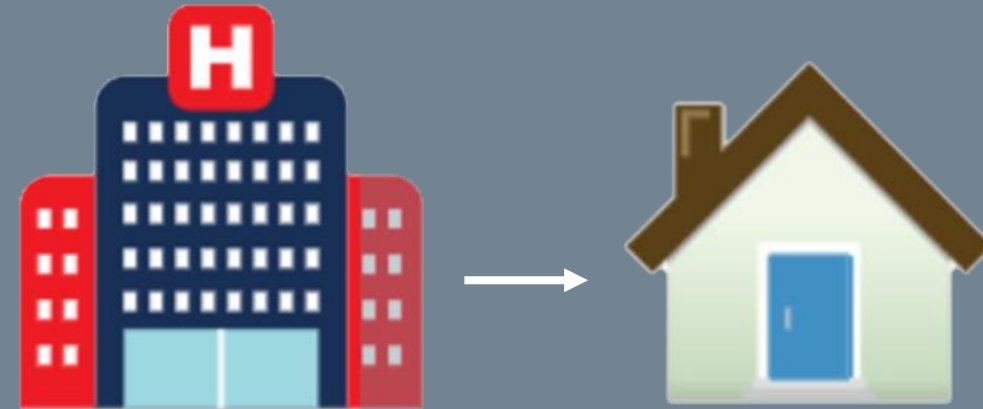
- We plan to improve the way clinicians refer you for outpatient appointments by providing more training and feedback for all referrers.
- We will also provide more outpatient care closer to home to reduce the need to travel to hospital; this may include the use of technology for patients who are comfortable using it.

This will mean that you will have to travel to hospital less and waiting times for outpatient appointments will reduce.



Reducing the delays in getting patients home from hospital

- Better planning on how best to manage patients' time in hospital will take place, starting when they arrive
- This planning will take place alongside other routine patient care.



This will mean that you won't stay in hospital longer than is clinically needed.

How our model of care benefits you



- ✓ Services will be delivered closer to home where this is both safe and practical.
- ✓ You can expect to experience the benefits of new technologies, research, learning and ways of working in the NHS.
- ✓ You will continue to be able to access cost-effective care as taxpayers in line with the standards set out in the NHS Constitution.
- ✓ You will continue to be supported to make the right choices about the best places to receive care and advice, helping you to lead better, more independent lives.
- ✓ You will continue to be supported to make practical choices and lifestyle decisions which will help you use NHS services in a sustainable way.
- ✓ As the Clinical Commissioning Group, we will always focus on, reducing differences in clinical outcomes and making services responsive to your individual needs.



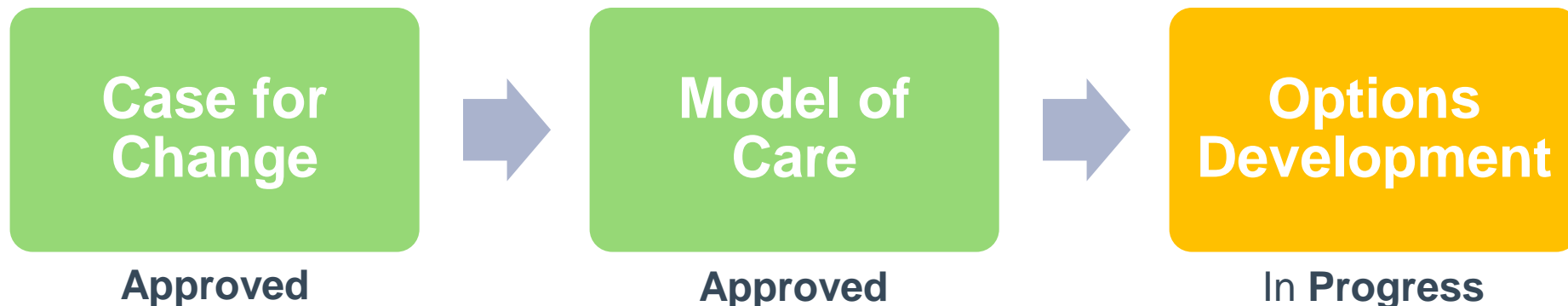
How our model of care benefits clinicians

- ✓ Clinicians will see smoother patient transition between services due to the development of a truly integrated workforce
- ✓ Clinicians will benefit from greater knowledge sharing through the development of an urgent care hub that allows conversations in real time between different services
- ✓ Clinicians will see better flow across the system due to improved planning for patients returning home from hospital
- ✓ Clinicians will see a reduction in avoidable presentations due to enhanced prevention and early help in the community
- ✓ Clinicians will work in a more predictable environment due to the separation of planned and emergency care meaning fewer cancellations



What's next in this process?

- At this stage, the Model of Care only looks at how services could be organised. It doesn't look at where services could be provided.
- The next stage of the process is to develop a range of open minded options that outline exactly how services would look in the future
- All options that are developed will have to be clinically viable as well as affordable
- All future options will be within the framework outlined by the Model of Care



What we're trying to achieve for you



Now

- John, 85, lives on his own and sees his local GP when he is unwell.
- Often his care can be reactive and he spends a lot of time in hospital.
- John doesn't know where to go to get information on services or on how to best look after himself.
- He tends to have numerous appointments with different people and they rarely have all the facts about his care.

By 2022

- John is supported by a coordinated team of different professionals who help with all of his health and social care needs.
- The whole team knows John's story and proactively engages with him to identify issues early and prevent them from getting worse.
- John now finds he is able to get quick help from the right person without waiting for an appointment with his GP.
- John has also found local support groups to help combat loneliness.
- As a result he has far fewer trips to hospital, feels more independent and in better control of his wellbeing.



What are we trying to achieve for patients?



Now

- Fiona is a 73 year old female who attended A&E 4 years ago with extreme pain and sickness and was diagnosed with bowel and liver cancer – started chemotherapy within a month of diagnosis.
- 4 months later Fiona needed emergency surgery and a colostomy – delaying her chemotherapy treatment. Her first appointed surgery was cancelled.
- Fiona started her chemotherapy again but develop sepsis and other infections – once more, delaying her chemotherapy treatment.
- Fiona was admitted into hospital after presenting at A&E again with extreme pain and sickness.

By 2022

- Fiona would be taken directly to the most appropriate ED and assessed quickly by an experienced Doctor.
- Fiona would be booked in for surgery within a protected planned surgery service. Her surgery is protected and will not be cancelled.
- Fiona would then be offered chemotherapy in a convenient location closer to her home.
- Fiona would be followed up by a clinical nurse specialist and provided with a contact number should she require a conversation with a clinician. This helps to pick up early complications and avoid unnecessary ED attendance



What are we trying to achieve for patients?



Now

- Diane is a 53 year old woman who lives with her son who is also her carer.
- Diane has a number of complex conditions which means that her son needs to manage her appointments carefully.
- Diane often struggles with her appointments either conflicting or being at opposite sides of the hospital and finds it inconvenient when there is a large gap between appointment times provided on the same day .
- Diane lives in a rural location and needs to book transport to her appointments. She is concerned that if the transport stops she will not be able to attend her appointments and her health will deteriorate.

By 2022

- Diane will receive care from a team in her community known as Primary Care Networks. These teams will be able to care for a number of Diane's conditions in her rural community, reducing her need to travel to hospital
- When Diane does require a hospital appointment, she will first be offered a range of alternatives including telephone or video consultations where appropriate. She may also benefit from virtual follow ups where she can log how she is feeling on a web system for a doctor to review .
- If Diane wishes to still be seen in hospital, every effort will be made to make sure appointments are suitably arranged around her needs and that transport will be provided.



What are we trying to achieve for patients?

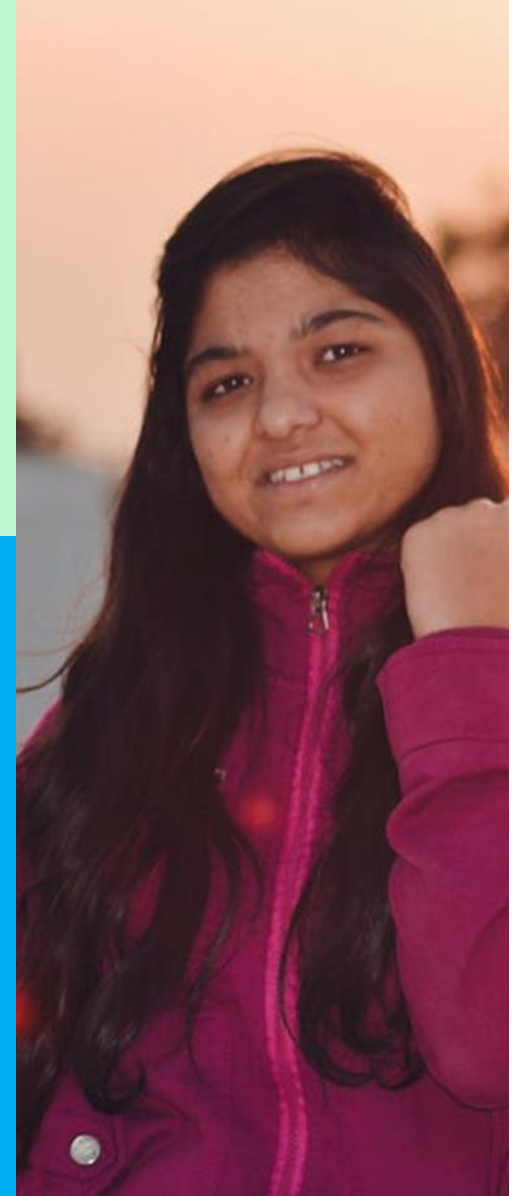


Now

- Samra is a 22 year old woman, originally from Pakistan. Her first language is Punjabi. However, she does understand some basic day-to-day English words and phrases.
- Samra has severe sight loss and struggles to read, unless this is given to her in large print. She also has type 1 diabetes, is classed as clinically obese, which causes her difficulties in walking very far.
- Because of her conditions, Samra struggles with hospital appointments often deciding not to go because of her struggle to navigate her way around the hospital.
- This has had a detrimental impact on her health and wellbeing.

By 2022

- Samra would be looked after by a GP in Primary Care setting close to her home. Her GP agrees her care plan with her, making sure an interpretation service is present.
- Samra is referred to support groups in her local community to help her with her weight and general wellbeing and manage her diabetes.
- If required, her GP can pick up phone to the new urgent care hub to seek advice about specific diabetes queries to avoid Samra having to travel unnecessarily to hospital
- If more specialist support is required, her GP can arrange for a specialist Diabetes nurse to assess Samra (making sure interpretation service is available) in her own home.
- Samra also would benefit from a new outpatient model that would provide appointments closer to her home. For example, telephone consultations (where appropriate) may be beneficial.



What we're trying to achieve for staff

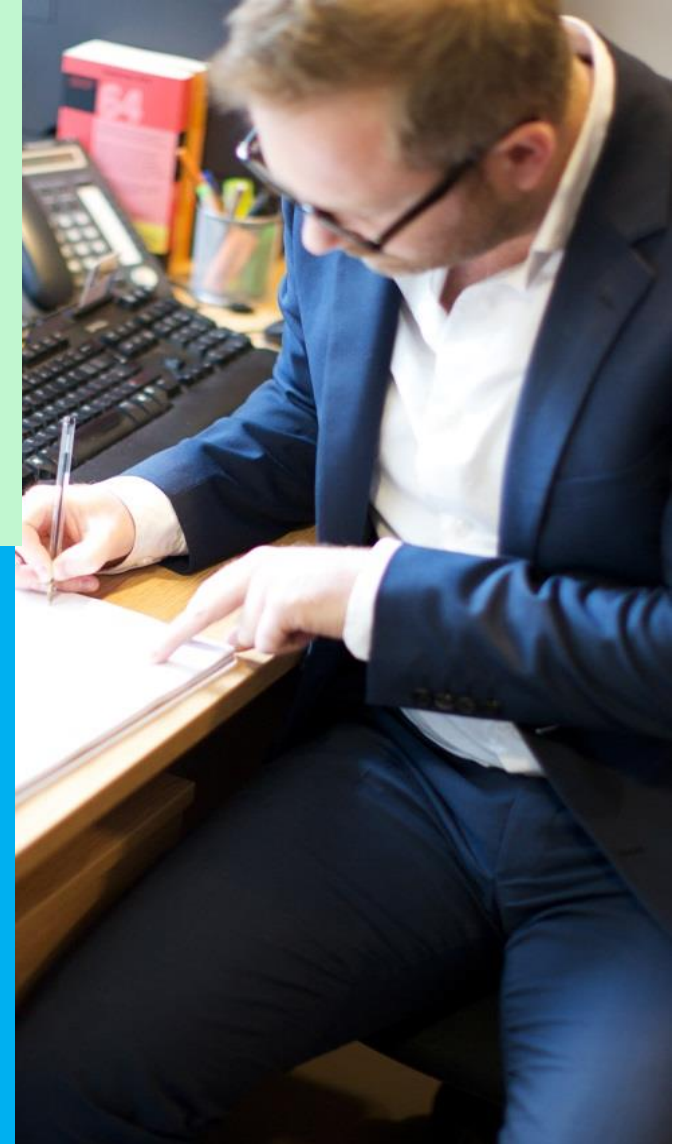


Now

- Dr Hillcroft is a local GP. Due to his busy workload, he does not always have the time to provide proactive care to his patients as he would like.
- He sees patients mostly at times when they are acutely unwell and struggles to find the time to advise individual patients on how to best look after themselves and their conditions.
- Dr Hillcroft coordinates his patients' care and to meet their varying needs has to refer them into different teams and services, often provided by different organisations.

By 2022

- Dr Hillcroft feels he is able to help patients with whatever issues they raise and can point them towards a service that can help them.
- He feels part of a wider team responsible for her patients' thanks to the barriers between different organisations and service being removed.
- Patients who don't need to see a GP are being diverted into the appropriate appointments and services, improving patient care and reducing her workload.
- The wider health and care team supports his patients' to be as fit and well as possible.



Your existing services at both hospital sites



- This table shows which services are **available at both** of your local hospitals.
- These services will benefit from the changes suggested in our Model of Care
- We will now be looking at the best options to deliver the overall vision described in the Model of Care

Clinical Service	Preston	Chorley
Accident and Emergency	✓	✓
Ambulatory Care (Medical)	✓	✓
Cardiology	✓	✓
Dermatology	✓	✓
Diabetes	✓	✓
ENT (Ear, Nose & Throat)	✓	✓
General medicine including acute elderly	✓	✓
General Surgery – Elective	✓	✓
Gynaecology – Benign	✓	✓
Hospital Sterilisation and Decontamination Department	✓	✓
Critical care	✓	✓
Investigations	✓	✓
Lower Gastrointestinal (inc endoscopy)	✓	✓
Maxillofacial – Outpatient	✓	✓
Medical Assessment Unit (MAU)	✓	✓
Nutrition	✓	✓
Obstetrics – midwife led unit	✓	✓

Clinical Service	Preston	Chorley
Oncology – Outpatient (Chemo. etc.)	✓	✓
Ophthalmology	✓	✓
Orthopaedic surgery	✓	✓
Outpatient Parenteral Antimicrobial Therapy (OPAT)	✓	✓
Outpatient services	✓	✓
Palliative Care	✓	✓
Pathology (Tissue/Fluid Diagnostic)	✓	✓
Radiology	✓	✓
Renal dialysis	✓	✓
Respiratory and cardiovascular	✓	✓
Stroke Rehab – Ward	✓	✓
Theatres	✓	✓
Upper Gastrointestinal (inc endoscopy)	✓	✓
Urgent Care Centre	✓	✓
Urology	✓	✓
Vascular	✓	✓

Your existing services at one hospital site



- This table shows which services are **available at only one** of your local hospitals.
- These services will benefit from the changes suggested in our Model of Care
- We will now be looking at the best options to deliver the overall vision described in the Model of Care

Clinical Service	Preston	Chorley
Breast		✓
Colorectal	✓	
Elderly rehabilitation		✓
General surgery – Emergency	✓	
Genito urinary	✓	
Gynaecology – Cancer.	✓	
Haematology (Bloods)	✓	
Major Trauma	✓	
Maxillofacial – Inpatient	✓	
Nephrology (Kidneys)	✓	
Neonatal	✓	
Neurology	✓	
Neurosurgery	✓	
Neuro Rehab	✓	

Clinical Service	Preston	Chorley
Oncology – Inpatient	✓	
Oral surgery and orthodontics (dental corrections)	✓	
Paediatrics – medical and surgery	✓	
Plastic surgery	✓	
Surgical Assessment Unit (SAU)	✓	
Stroke Rehab – Outpatients		✓
Trauma	✓	