NHS
Redbridge

Working together innovatively to provide efficient and effective local services

London Health '09

Conor Burke, Borough Managing Director

November 2009

Talk to us today about
Redbridge healthcare services
on **0800 0926 995** or visit
www.redbridgepct.nhs.uk

Doctors | Dentists | Physiotherapy | Blood testing | Health centres | Urgent care | Diabetes care | Sexual health
Podiatry | Patient advice | Nutrition | Health visitors | Speech and language therapy | Cancer screening
Immunisations | Family planning | School nurses | Palliative care | Smoking cessation | Children's services

The Challenge

NHS Redbridge

Decommissioning -

- 20% of OP
- 6% Electives

Prevent -

- 35% LTC Adms

HEALTH CHIEFS INSIST KGH CHANGES ARE 'CLINICALLY DRIVEN'

GPs 'back axing of hospital A&E'

REPORT: ANNA NALBORCZYK
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GPs IN REDBRIDGE are backing plans to axe King George Hospital's A&E department, it was claimed this week.

In a meeting at the Barley Lane, Goodmayes hospital on Monday, health chief Heather O'Meara told the *Recorder* clinicians, including doctors, nurses and midwives, support the proposals.

And Ms O'Meara, who is sector chief executive for outer north east London, which is driving the changes, stressed the plans were different to the ill-fated Fit For the Future proposal in 2006.

"This process has been absolutely clinically driven from the beginning. It's not being management led," she said.

The proposals by Health for North East London are the result of regular meetings by six working groups made up of medical staff.

Stephen Burgess, who is leading the urgent surgery clinical working group, said: "I think there's a view that the care people are getting within north east London is not as good as it could be.

"The public perception of an A&E and what it actually does is very different. Only 15 per cent of the people we see are actually ill or injured enough to need admission to hospital."

The remaining 85 per cent are already starting to consider going elsewhere, such as to a polyclinic for emergency treatment.

Ms O'Meara, who is also chief executive of NHS Redbridge, added: "Within the first eight weeks of Loxford Polyclinic opening, 200 people presented there, who would have been emergency patients."

One thousand people also registered with a GP at the polyclinic, many of them for the first time.

Mr Burgess added: "This is not about the closure of King George Hospital and not about not having urgent care.

"There will be a 24/7 facility at King George where things like diagnostics, blood tests and rapid blood tests will be carried out."

Since 2006, heart patients have been taken to the London Chest Hospital, Bethnal Green and stroke and trauma victims to Queen's Hospital, Romford. Patients with other injuries are taken to their nearest A&E.

Ms O'Meara added: "Ten per cent more people survive a heart attack if they are taken straight to the specialist hospital and we want to deliver the best healthcare outcomes for Redbridge."

Dr Hector Spiteri, Redbridge GP and Clinical Director for Seven Kings Polysystem, said yesterday (Weds): "The Health for North East London proposals have been developed by local doctors and are all about improving the care we provide to our patients.

"These plans will help us medical practitioners do more to enable people to live healthy lives and significantly improve health outcomes across north east London."

KGH looks set to hold on to its rehabilitation services and outpatient services such as chemotherapy, securing the future of the hospital's Cedar Centre, built with the help of funds raised by *Recorder* readers.

The 14-week consultation is due to begin in November but the plans will be tested by the Joint Committee of PCTs and the Department of Health.

HEATHER O'MEARA: "Clinically driven"

STEPHEN BURGESS: "Not about KGH axe"

ILFORD RECORDER OCT 22

Shift Acute Acti

- 40% A&E
- 12% Elective
- 42% OP

ity -

Weak AHC

ity

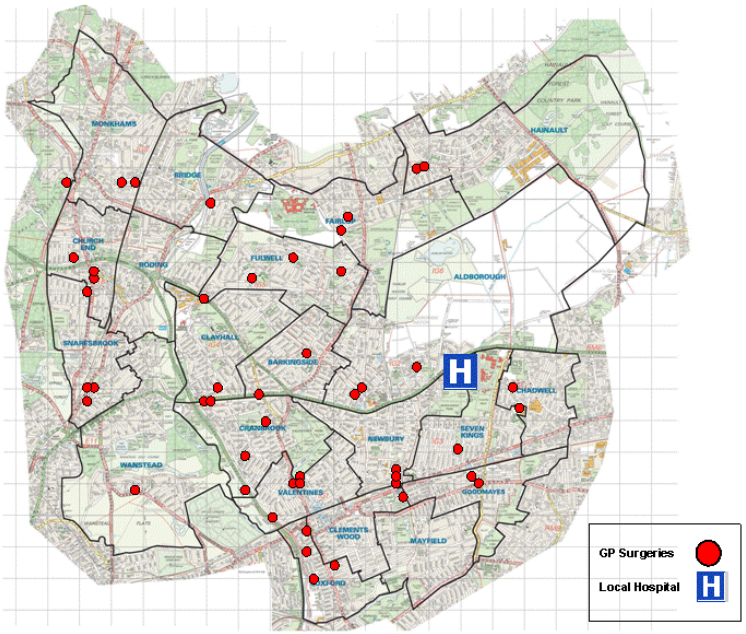
t Experience

HOSPITAL
£ VALUE
POLYCLINIC
OPEN
MINOR
IN
OUT
FAST TRACK
GP
SERVICES
HEALTH MOT
MORE LOCAL SERVICES
Services are closer to home
QUICK ACCESS ACUTE SERVICES
LOCAL AMBULANCE SERVICES
SPECIALIST CARE TREATMENT
SPECIALIST HOSPITALS
CONSULTANT
I can have this done in the evening
MATERNITY SERVICES
Where are you having your baby?
Pharmacies have so much information!
PHARMACY
info
TECHNOLOGY
LIBRARY
Here's everything you need
5-a-day keeps the doctor away
FRUIT & VEG
HOME
DIRECT ACCESS
COMMUNITY NURSING
Talking therapy has helped me so much
MENTAL HEALTH
Eat healthy, live longer
I've just had my health check at the chemist
PHARMACY
FAMILIES
ADVICE
PERSON CENTRED
EXPERT PATIENT
SUPPORT
What are my options?
CHOICE
1
2
3
Blood tests when I want
What should I do?
PHARMACY
YOUR HEALTH
LEARNING
I can do more than I thought
It's easy staying healthy and fit
EXERCISE
THERAPY & REHAB
VALENTINES PARK
WELL BEING
24/7
URGENT CARE CENTRE
I've broken my arm
I've burnt myself badly
POLYSYSTEM
Building a better health service together
HOSPITAL
Where do I go?
GOOD
NOT FIT
Redbridge Health and well-being

The Landscape

NHS Redbridge

- 50+ GP practices
- 40+ Community Pharmacists
- 300+ Primary Care Professionals
- 2 Large Acute and 1 large mental health Trusts
- Range of community providers
- Voluntary Sector
- Community & Public
- Diverse Politically
- PolyPlan Events 1 - 4



PolyPlan Events: Dec 07- Nov 08

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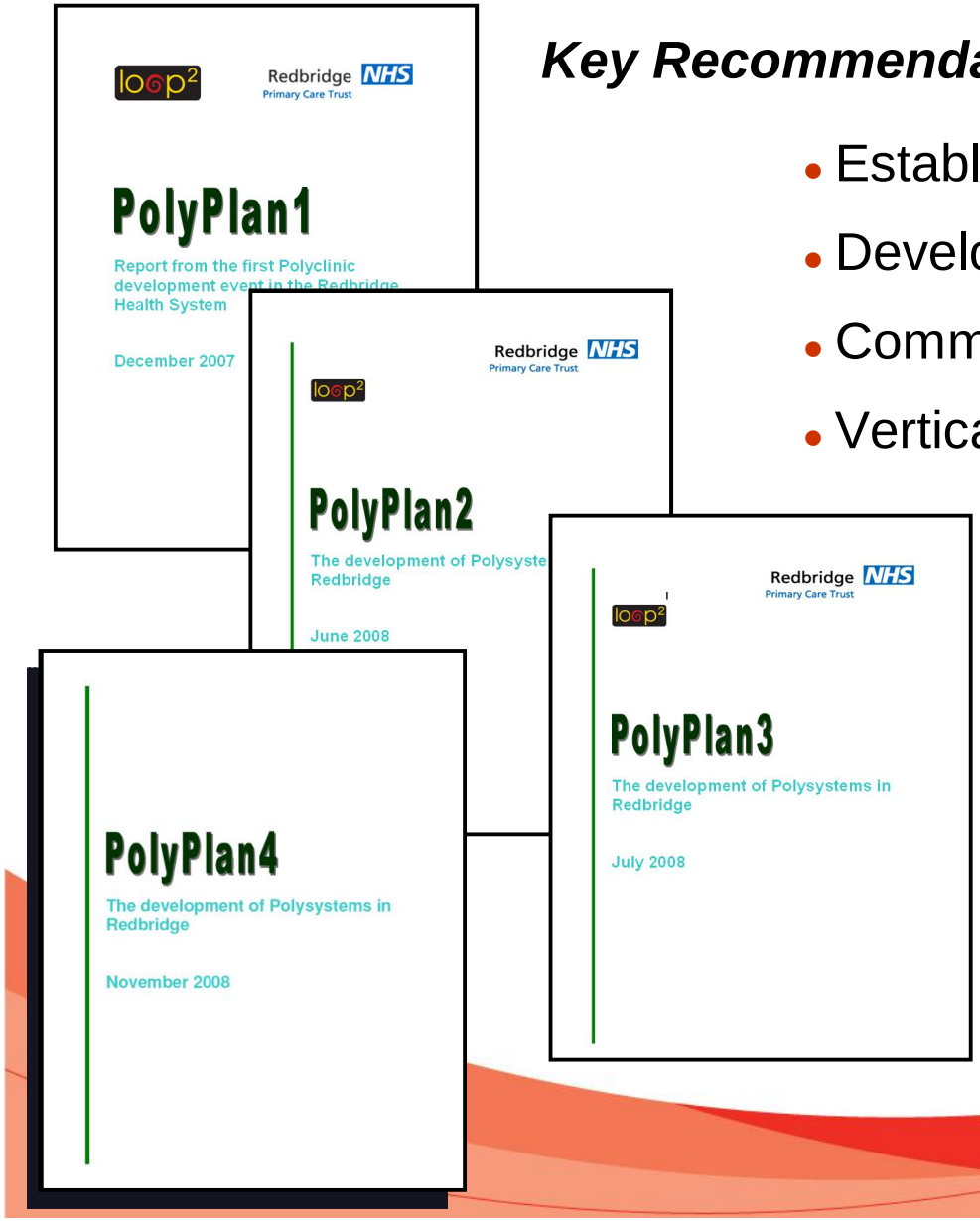

Key Recommendations:

- Establish 5 'PolySystems'
- Develop Governance and Plan
- Community Pharmacy Commissioning
- Vertically Integrate…..

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As an integrated local healthcare delivery network 'PolySystems' will:

Promote the health & wellbeing of all people in the local community

Achieving improved health outcomes overall and for specific communities e.g.

- Childhood obesity
- Teenage conception
- Physical activity

Maximise Independence & quality of life for people with long-term needs

- Reduce emergency admissions
- Care Navigation & Coaching
- Improved care coordination & dmanagement
- Better quality of life measures
- Reduced cost per head

Improve service for people with non-critical acute care needs

- Reduced waiting RTT
- Improved patient satisfaction
- Better value for money
- Increased Access

Everybody in Redbridge is already a member of a polysystem

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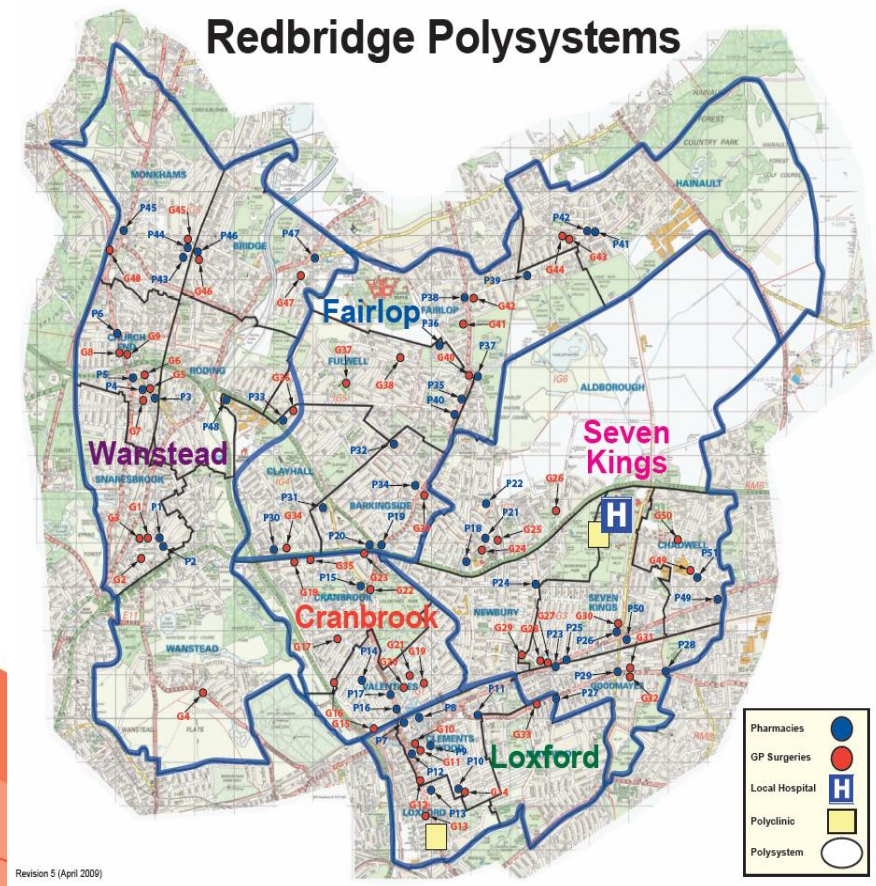
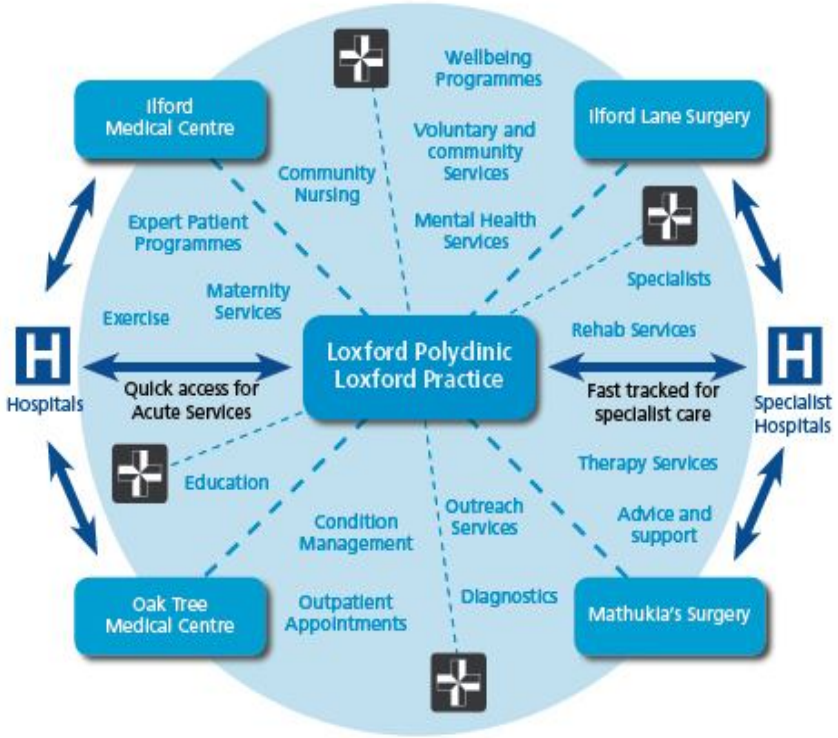
5 established and will become the engines driving change at the local level – delivering local services that are clinically and cost effective.



Loxford Polysystem



Incentives and Performance

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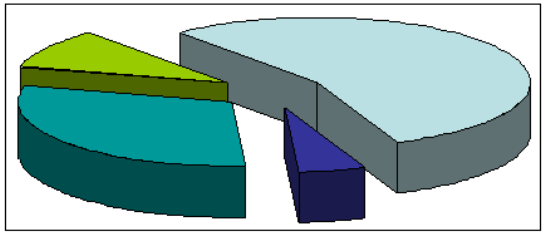
Polysystem Commissioning

09/10 Goals & Payment Scheme

Future Savings Split three Ways



- 5% Cash to GP practice
- 10%Polysystem bonus to GP Practices
- 55% Polysystem Investment
- 30% NHS Redbridge

PolySystem 'A' – worked example

				Reduction (referrals)			Savings (referrals)		
GPs	Practice population	Actual Referrals	Referral ratio (practice population)	Mean	Mean minus 1 SD	Mean minus 2 SD	Mean	Mean minus 1 SD	Mean minus 2 SD
GP A	5932	2551	43%	1976	1613	1250	575	938	1301
GP B	8592	2613	30%	2863	2337	1810	-250	276	803
GP C	5571	1499	27%	1856	1515	1174	-357	-16	325
GP D	6784	2368	35%	2260	1845	1429	108	523	939
GP E	4397	1608	37%	1465	1196	926	143	412	682
GP F	10270	4228	41%	3422	2793	2164	806	1435	2064
GP H	1963	481	25%	654	534	414	-173	-53	67
GP I	4025	1388	34%	1341	1095	848	47	293	540
GP J	8606	1785	27%	2201	1796	1392	-416	-11	393
Total	54140						462	3798	7114
mean	6016		33.32%	Poly-system savings			£72,347	£569,728	£1,067,108

Denotes referral rates under the mean referral rate

Denotes referral rates over the mean referral rate

Information Driving Change at all Levels

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Long Term Conditions Matrix

help

Risk Percentile

%

Selected Risk Percentile Range 0% to 100% (show all)
no patients below, *129,753* within, and *none* above this range help

The percentile contains 129,753 patients of whom 26,916 20.74 % have one or more Long Term Condition as defined by the Combined Model.

Number with Condition Compared to Population

Select Condition

- Asthma
- Depression
- CAD
- Diabetes
- Cancer
- Hypertension
- CHF
- show all conditions
- COPD

Patient Care

Risk Percentile

%

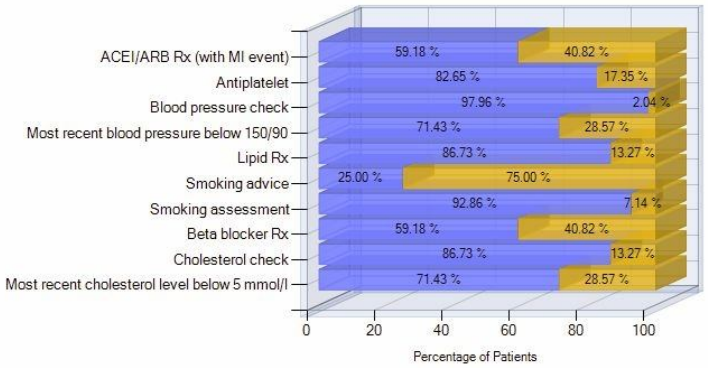
Selected Risk Percentile Range 0% to 100% (show all)
no patients below, *129,753* within, and *none* above this range help

Surgery

[redacted]

Asthma | CAD | CHF | COPD | Diabetes | Hypertension

Care Analysis for CAD



Patient Details

help

NHS Number: [redacted]

Episode List | Scoring | Timeline | Bar Chart

Inpatient Episodes

Show: Incident Primary Diagnosis Secondary Diagnoses

01 records

Spell #	Incident Date	Provider	Episode	Classification	Admission Method	Discharge Method
2918964	18/10/2006	RF4DG	1	Day case admission	Booked	Patient discharged on clinical advice

Outpatient Episodes

Show: Appointment Clinical

03 records

Attendance #	Date	Provider	Commissioner	Referral Source	Priority	Attended or DNA	1st Attendance
10695920	24/01/2006	RF4DG	5NA00	04	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	Follow-up attendance face to face
10812844	28/04/2006	RF4DG	5NA00	03	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	First attendance face to face
11033021	15/09/2006	RF4DG	5NA00	11	Routine	Attended on time or, if late, before the relevant CARE PROFESSIONAL was ready to see the PATIENT	Follow-up attendance face to face

A&E Episodes

Show: Episode Clinical

03 records

Attendance #	Arrival Date	Arrival	Disposal	Patient Group	Category
051020841	29/11/2005	Other	02	Other accident	First A&E attendance
051028501	02/12/2005	Other	05	Other accident	First A&E attendance
060020531	07/01/2006	Other	02	Other	First A&E attendance

GP Episodes

79 records

Surgery ID	Practice	Incident Date	Read Code	Value 1	Value 2	Item
1452	Y00090	21/05/2004	XaJQx	0	0	Other White background - ethnic category 2001 census
1452	Y00090	20/10/2004	2469.	150	90	O/E - Systolic BP reading

					✓	✓	✓		
✓					✓		✓		
✓						✓	✓		
	✓								
✓				✓			✓	191	0.15 %
✓				✓				170	0.13 %

Click chart to drill down to the patient list.

Clinical Commissioning - Governance

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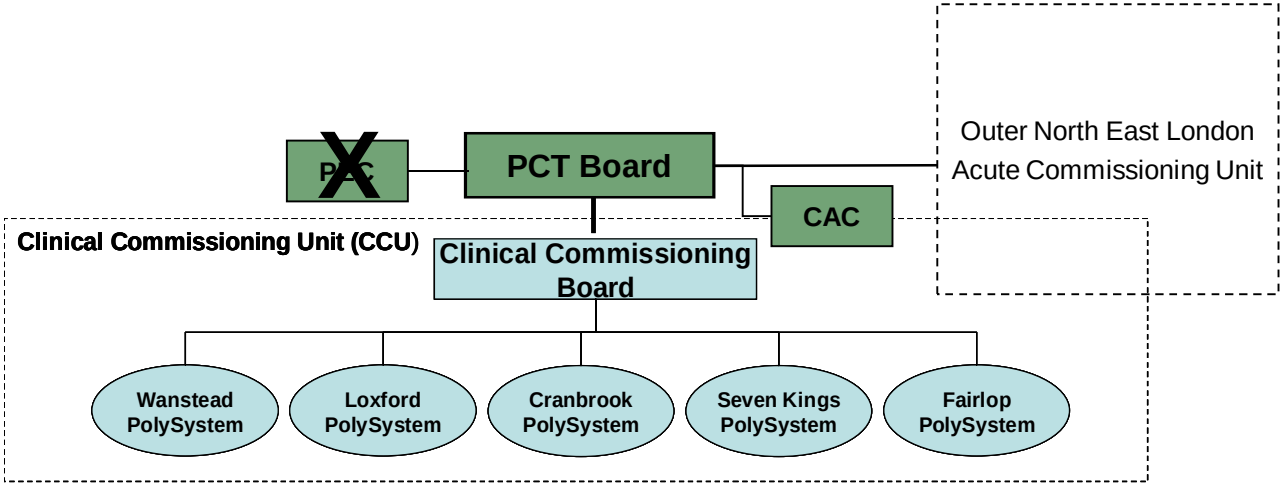
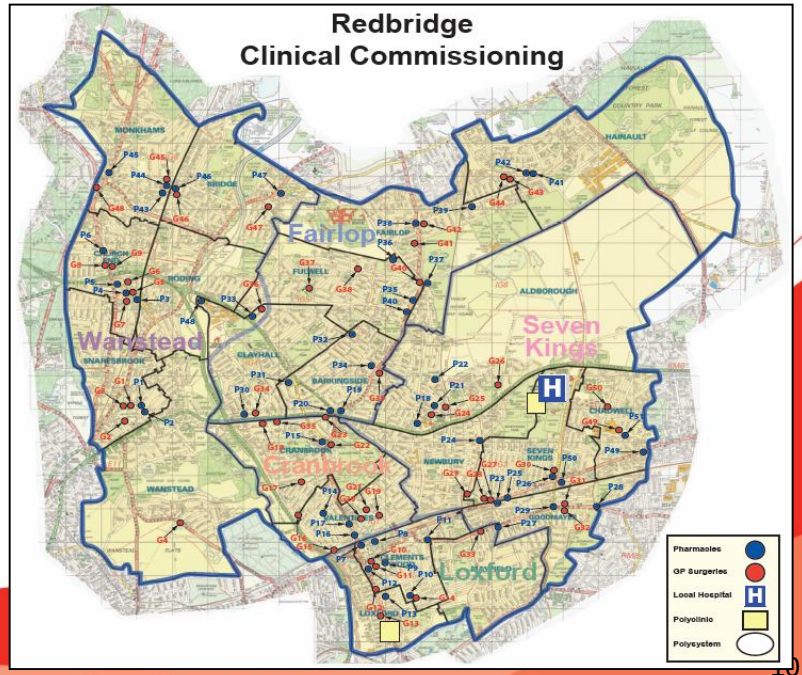


- Boroughwide Clinical Commissioning Board
- Clinical leadership team and self-monitored
- Accountability for PolySystem performance
- Responsible for Pathway delivery
- Manage budget and incentive schemes
- Partner relationship with PCT



Integrating Design & Delivery

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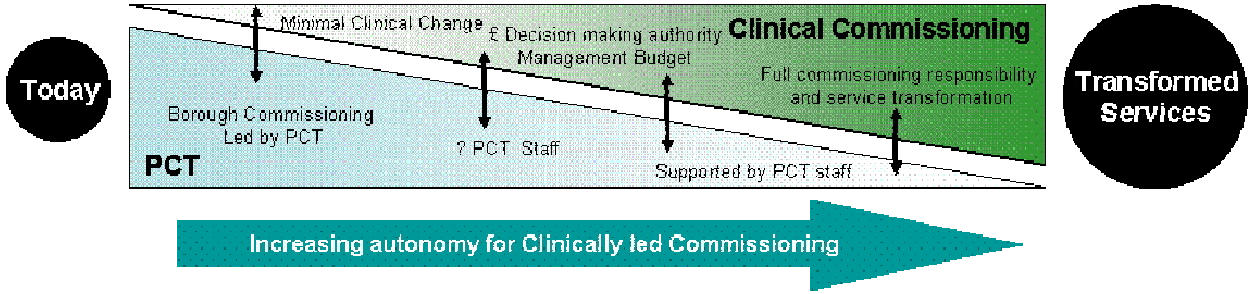
- PolySystems are the 'engine' which drives local change to meet the wider health and healthcare needs of its community.
- PolySystems are accountability for the delivery of high quality and productive services.
- PolySystems are held accountable for delivery and in return will be resourced and supported appropriately to enable change to happen.



"PolySystems will only achieve their full potential if they bring together primary and secondary clinicians to innovate by designing and delivering care models that enable system change."

Delivering Polysystems…..

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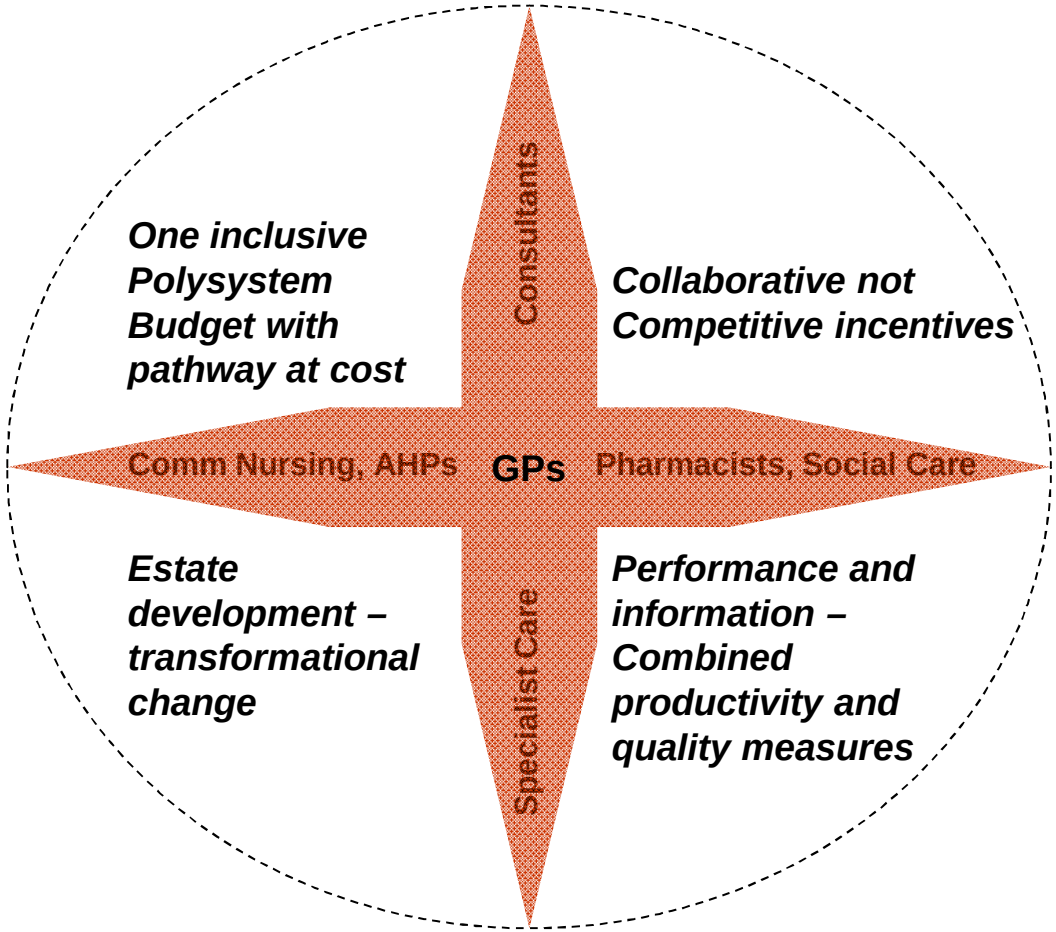

…..Integrating Horizontally and Vertically

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Thank You for Listening

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