The Future Vision for Healthcare in the North

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A good place to start?
But noone uses crystal balls anymore
Just as well!
Where are we now?

• Reducing resources
• Skewed spending patterns
• Recruitment difficulties
• Concerns re standards / variation
• Silos rather than integrated
• Multiple organisations (all sectors)
• Outcomes in “the north” below national average
• Pre election!
However

- Outcomes are improving (still a gap)
- Standards are explicit (Primary Care?)
- Patient Satisfaction is good
- CCGs finding their feet
- Potential for greater clinical influence
- Wider recognition of the need to change
Is the Financial pressure real?

• NHS funding reached its peak of around 8% of GDP in 2009

• If the current NHS funding squeeze continues until 2021/22, as per current planning assumptions, then NHS funding will fall back to just over 6% of GDP in 2021, equivalent to 2003 funding levels.

• This will undo most of the impact of Wanless Report in 2002 which led directly to a 50% real terms increase in NHS funding over the next 7 years.
So where are we aiming for?

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.
Vision for future healthcare

- **COMPREHENSIVE CARE**
  - Highly sophisticated centres of urgent and elective care
  - 5m-2m population

- **LOCAL BASED CARE**
  - Active management and diagnosis
  - 300-500k population

- **PRIMARY CARE**
  - Multifaceted care in social context
  - 30-50k population

- **SELF CARE**
  - 30k population

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9  NHS | Presentation to Royal College of Surgeons, 20th May 2014
Empowering Citizens

- Placing patients at the centre
- Listening
- IT (Summary Care Record, Digital systems)
- Constitution
Primary Care at Scale

- What does it mean?
- Wider and more consistent scope of services
- Tailored Care
- Telehealth
- Standards
- Greater integration
- 7/7 working
- Can our current model deliver?
Modern Model of Integrated Care

• Vertical or Horizontal?
• Primary, Secondary and Social Care
• Local versus standardised?
• Communication
• Referrals / Transfers / Handoffs

• Patients can see the seams but have no idea why they are there
Urgent Care

- Community and Hospital based

- Clear route of entry (111)

- Clear expectations of settings

- Avoid duplication

- Record sharing
Step change in efficiency of elective care

- End to end pathways
- High quality (standards)
- Adequate numbers
- Less duplication
- Fewer sites
Specialised Services

- Concentrated in centres of excellence
- Maximise quality, effectiveness and efficiency
- Appropriate co-locations
- Connection to research and teaching
- Fewer sites
How?

- Clinically led
- Evidence based
- Patient focussed
- Openly discussed
- Reduced competition
- Ruthless collaboration
- Scale and pace
Questions?