

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Blackburn with Darwen Health and Wellbeing Board
<b>FROM:</b>	Blackburn With Darwen Clinical Commissioning Group
<b>DATE:</b>	11 <sup>th</sup> March 2015

**SUBJECT: Scheduled Care Service Redesign Programme**

**1. PURPOSE**  
 The purpose of this paper is to provide an overview of the proposed programme of service redesign across the Blackburn with Darwen Scheduled Care health system. This paper is for information purposes only.

**2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**  
 The recommendation to the Board is to:

- note the contents of the paper;
- the Board are requested to provide any view or input in relation to the service redesign to the CCG.

**3. BACKGROUND**

Scheduled Care is the name given to those routine services or treatment's where you have a pre-arranged appointment or scheduled operations. It is provided by medical specialists in a hospital, community or other medical care setting. In many cases this appointment will have been arranged and/or referred by your GP or health centre.

Blackburn with Darwen CCG has undertaken a review of the current Scheduled Care system, and as a result a series of service redesign projects have been developed in order to address current pressures within the health economy and improve the quality of patient care and experience.

The emphasis of this overall service transformation programme is to remove inefficiencies from scheduled (planned) care pathways, improving the quality and accessibility of services whilst providing better value for money. This will include the increased provision of some specialities to be delivered in a community setting rather than acute/hospital setting. This proposal is in line with Blackburn with Darwen CCG 5 Corporate Objectives:

- *We will fully play our part in helping the population of Blackburn with Darwen to live longer and live better, tackling health inequalities and promoting a culture of continuous improvement.*
- *We will build and maintain successful partnerships so that care for people whether from an individual or organisation in or outside of the NHS is integrated with no gaps and no duplication.*
- *We will effectively engage patients and the public in all our work and will encourage and enable people to take responsibility and control for their own, and their family's health and wellbeing.*
- *We will co-commission and deliver continuous improvement in primary care services and*

*tackle inequalities.*

- *We will commission either independently, or in partnership with others, safe and clinically effective services which provide a high quality experience to those using them.*

#### **4. RATIONALE**

Following an in depth review of the current scheduled care system four key specialities were identified as areas for improvement, and therefore four detailed business plans were developed to propose the changes to be implemented across the next 12 months. The four specialities are:

- Dermatology
- Ophthalmology
- Muscular Skeletal/Pain Management/Rheumatology
- Urology

In order to inform the new models the CCG have scoped the current activity and range of treatments/procedures provided within the hospital setting and the aim is to move, where possible, more appointments into a community setting. The CCG intend to transfer services such as outpatient appointments and diagnostics to community settings in order to improve patient pathways and experience, as well as reducing demand on hospital services.

In line with NHS England guidance on Planning and Delivering Service Changes for Patients (December 2013) the CCG are seeking feedback and support from the Health and Wellbeing Board in relation to the Scheduled Care service redesign work programme, as part of the requirement of the holistic engagement and governance process outlined by the CCG.

The CCG are now working in partnership with current providers which include (Primary Care, Community and secondary care providers) to redesign the current services to reflect the new proposed models. The main objective of the service redesign programme is to offer greater patient choice, increased patient experience, to provide care closer to home and for people to be seen in the right place at the right time. Patient engagement work has been undertaken within community and secondary care settings and a final report produced. In summary, the outcome of the engagements supports the outcomes and aims of the project in relation to requiring that services are delivered in a more convenient location closer to home, shorter waiting times and provided a more convenient times.

We are working with providers to review activity and demand levels to ensure that more patients will be seen in the community and within primary care, with secondary care only dealing with the most complex patients who require specialist input. A further area of developmental work in addition to the patient pathway redesign is that the CCG are also working with general practices, on locality footprints and with the integrated locality teams, to up skill primary care staff to manage more patients within a primary care setting. We are also working with the Dermatology and Ophthalmology GPwSI (General Practitioners with Specialist Interest), who are both based at Barbara Castle Way Health Centre, to develop and widen the accessibility and capacity of these specialist community services.

#### **5. KEY ISSUES**

The service redesign projects are monitored through CCG governance structures, CCG risk register and via the System Resilience Meetings which meets on a monthly basis. Key issues and

risks have been identified in the individual speciality level business cases and are managed via the monthly project implementation meetings. The service redesign programme relies on a whole system change approach beginning in primary care and spanning through community services and into secondary care services.  
The Health and Wellbeing Board are requested to consider any further issues or impact that this work programme may have.

## **6. POLICY IMPLICATIONS**

No known policy implications.

## **7. FINANCIAL IMPLICATIONS**

All financial implications have been considered by the CCG Commissioning Business Group, and it is anticipated that any service changes will be managed within the current CCG allocated budgets. Therefore there is no financial implication for any other partners.

## **8. LEGAL IMPLICATIONS**

The CCG is jointly working with the Lead Commissioner, East Lancashire CCG, on a regular basis to manage the projects and actively seek contractual and legal advice via the Midlands and Lancashire Commissioning Support Unit and Hempsons Solicitors. No legal issues/implications have been identified to date.  
All the service redesign proposals have been through a process of due diligence, and ratified against the four legal tests as per NHS guidance 'Planning and Delivering Service Changes for Patients'.

## **9. RESOURCE IMPLICATIONS**

As the proposed changes to services are within current providers contracts, it is anticipated that the new service models will be provided within current resources, however the resources may be distributed differently across the health economy (i.e. movement between secondary and community provision).

## **10. EQUALITY AND HEALTH IMPLICATIONS**

CCG Equality Impact Assessments was completed at the beginning of the service redesign programme. These documents are monitored and will be continually updated as we move into the implementation stage of the service redesign. The Midlands and Lancashire Commissioning Support Unit Equality Team are aware of this programme of redesign and are continually supporting the team to ensure that any changes propose consider equality implications.

## **11. CONSULTATIONS**

Midlands and Lancashire Commissioning Support Unit are supporting the CCG with the Communications and Engagement Strategy and Plan which has been developed around the scheduled care programme of redesign.  
All providers involved in the redesign have been involved in the co-design of the new proposed services, and continue to work with the CCG through project implementation groups.  
Engagement Officers have attended all the services potentially affected by the service changes, and have consulted with patients, their families and carers, in order to ensure that their views are considered when proposing any service changes. A full Communications and Engagement Plan is available, as well as a public Engagement Report.

**VERSION: V2**

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