

NHS England: Call to Action

Introduction

65 years on from the creation of the NHS, we now need to rethink the post-war NHS model of delivering care. If we want to maintain a high quality health and care system, free at the point of need, our only option is to fundamentally change the way services work. Other sectors of the economy have transformed in recent decades – the way we bank, shop, work, travel, communicate and live have changed dramatically during the last generation. NHS health and care services must now change too. We need to transform the way that hospital, GP, mental health and social care services work in order to meet the needs of a growing capital city with a rapidly changing and diverse population.

The size, diversity, history and capital status of London places the NHS and social care system in a uniquely challenging situation. The big pressures are:

1. The population is getting bigger
 - Between 1990-2010 life expectancy in London increased by 5.2 years (a year longer than the national average of 4.2 years). But there are wide variations between different boroughs and some stark health inequalities. It is morally wrong that we have up to 17 years difference in life expectancy between rich and poor areas of London. It is appalling that people with an enduring mental health problem can have a life expectancy up to 25 years less than the national average.
 - There has been a significant increase in the number of over 65s (19% by 2020)
 - 80,000 people are living with Dementia – a predicted 16% increase in the next decade.
2. Londoners are living longer with more long-term, complex conditions.
 - Patients living with long term conditions have the greatest needs and absorb more healthcare resources.
 - We spend 75% of the NHS budget on the 20% of patients with multiple long-term conditions.
3. Lifestyle choices such as drinking, smoking, poor diet and lack of exercise affect our health. Since the NHS was created in 1948, we have found cures for many common diseases that used to kill people prematurely. But as we have become more scientifically advanced and affluent, lifestyle related conditions now account for the

biggest demand on the NHS. 80% of premature deaths are attributable to lifestyle factors such as alcohol, smoking, poor diet and exercise.

- Childhood obesity: 1 in 5 children in London are at risk of obesity – higher than the national average – and mostly prevalent in our poorest communities. Predictions suggest that 40% of Londoners will be obese over the next two decades, leading to more diabetes and cardiovascular diseases like heart conditions and stroke.
 - The rate of acute sexually transmitted diseases is higher than any other region. The 10 boroughs with the highest rates of sexually transmitted infections are in London. More than 50% of people with HIV nationally live in London.
 - 40% of the nation's TB cases are in London.
 - Inner London has higher levels of smoking, binge drinking heart disease and cancer.
4. Patients want more information, the best quality medicines, technology, choice and convenience.
 5. Gradual improvements to current services won't be enough to keep up with the pace of change and growing demands.

The NHS need to change:

- Many Londoners struggle to get a GP appointment
- Patient experience and satisfaction rates are disappointing: Overall rates of public trust in the NHS are high, but there are some worryingly low satisfaction levels with some services in London. For instance in cancer services, nine London hospitals are in the bottom ten nationally for positive satisfaction scores.
- Weekend and 24/7 care is poorer and less safe: For example, we know that one of the most important factors in emergency care is fast access to a senior consultant who has the right skills to prescribe the appropriate treatment. Where services are available at weekends, the quality of these services varies considerably because the availability of senior clinicians varies across Trusts and across different times of the week. This must improve.
- London's accident and emergency departments' emergency admissions have risen: On average, London's Trusts deliver against the national 4-hour minimum waiting time but performance is very inconsistent with some Trusts routinely failing to meet targets. During winter, services can be extremely stretched which places more pressure on hospitals, staff and patients. All the experts agree that we need to organise more health and care professionals into community-based settings, closer to people's homes, instead of over-stretched hospital departments.
- Poor rates of early diagnosis for diseases like cancer: 1 in 3 cancer diagnoses are made in A&E often when it's too late to treat successfully. 23 of the 25 boroughs with

the lowest breast screening rates nationally are in London. The NHS in London could save 1,000 more lives per year if early diagnosis rates equalled the best in Europe.

- More people are living with long-term conditions and account for a disproportionate amount of NHS resources: 50% of all GP appointments, 70% of hospital bed days and 70% of the total health and care spend in London. We have to transform the way we support patients to self-manage their own condition because we can
 - a) achieve better patient outcomes and
 - b) reduce the costs to the NHS generated by expensive hospital visits.
- We need a big improvement in the way we develop care plans, use technology and support people closer to their homes
- A hospital-centred health system is not the best way of caring for these patients. Multiple-morbidity in patients is projected to grow from approx. 1.9m people in 2008 to 2.9m people by 2018. We need to innovate and find new ways of harnessing technology and using a range of professionals – clinicians, dieticians, pharmacists – to coordinate care closer to home.

Historic problems

- When the NHS was created, it was designed to simply treat the sickest people. Services were organised to help patients recover from common diseases such as – smallpox. Now we need services that are geared towards helping patients prevent themselves from becoming ill, or to help them live longer by managing age-related conditions, like hearing loss or the frailties of older age. We need to shift focus from being a ‘sickness service’ to being a service about improving health and wellbeing.
- London has a relatively high concentration of hospitals which means they have smaller patient catchment areas compared to the rest of the country, making them very financially challenged.
- 40% of London’s GPs operate from single-handed or small practices, limiting the range of services they can offer.
- Whilst we have some impressive buildings, much of the NHS estate is ageing and in urgent need of modernisation. In general practice, London has a higher proportion of sub-standard premises.

Financial reasons to change

- The NHS budget may remain at its current levels – or flat growth in real terms
- As demand rises and other costs (medicines, power and pension) the NHS will generate huge cost pressures.
- It is estimated that without radical changes the NHS in London will be in deficit by more than £4bn by 2020.

NHS England's 'Call to Action' aims to trigger a big debate about the way health and care services need to change over the next decade. Working with Clinical Commissioning Groups, we will devise commissioning strategies to begin reshaping services in London. To help us get it right, we will be seeking opinions to a range of questions such as:

- **Where should we be investing precious resources?**
- **How can we make massive improvements to the way we manage long-term conditions?**
- **How can we make best use of technology to improve access to services, advice and improve patient outcomes?**
- **How can we redesign services to meet the needs of a very dynamic population?**

CCG Activities

Local Clinical Commissioning Groups (CCGs) have already undertaken a range of activities in support of 'A Call to Action' and these are continuing in the coming months:

Barnet:

Barnet CCG held three public meetings in October where A Call to Action was part of the agenda. At all three, A Call To Action was introduced as a national initiative and explained how it fitted in with the CCG's engagement plans locally, i.e. to use feedback from discussions to shape commissioning intentions over the next three to five years.

The first two events were specifically about securing Barnet's health for the future in light of all the changes that are taking place and need to take place locally. A Call to Action was one of the group discussion topics and attendees discussed locally adapted versions of the national questions.

The third event was around the future of services for children and young people and although A Call to Action was not explicitly a topic of discussion, the overall themes that emerged will feed into Barnet CCG's commissioning intentions and form part of the feedback to NHS England.

Camden

Camden CCG has developed:

- A web page giving details of Call to Action and links to the NHS England web pages: <http://www.camdenccg.nhs.uk/about/call-to-action-2013>



- A survey for public responses: <https://www.surveymonkey.com/s/BXTGNSC>
- An option to write-in with thoughts and comments
- Adverts in the Camden New Journal & Ham & High (next week) inviting residents to respond to Call to Action.
- A number of public engagement events that will be linked with Call to Action

Enfield

Enfield CCG was a national pilot for the Call to Action, one of only six CCGs nationally, and the only CCG in London and the South East to take part in this work. This involved Enfield CCG hosting a co-design event on September 5 with NHS England at Forty Hall in Enfield. Over 60 people including members of the public, Patient Participation Group representatives, Councillors, voluntary sector groups, local organisations such as Southgate College and Job Centre Plus, and other NHS organisations, attended this event as well as GPs and CCG staff.

At the co-design event, NHS England presented and tested resources that have now been adapted to produce a national engagement pack. Patients and key stakeholders in Enfield have therefore played a key role in shaping the conversation with patients across England about the Call to Action. Enfield CCG was very pleased to have had the opportunity for patients to influence the development of the Call to Action and NHS England found the discussions and feedback on the day very valuable in understanding patients' response to the Call to Action.

Moving forwards, the Call to Action conversation is being embedded in commissioning plans, key strategic documents and all the events. Enfield is committed to holding three public events a year around the commissioning cycle, most recently in October, and Call to Action is used to help explain commissioning priorities and future challenges facing the NHS. Enfield has also added Call to Action resources to the CCG's websites and will be distributing resources including the new patient booklets to GP practices and stakeholders over the next few weeks.

Haringey

Haringey CCG is undertaking its own systematic engagement strategy to inform its commissioning and provide feedback on the quality of local services. Rather than planning any specific 'call to action' events, the intention is to provide evidence from locally-developed activities to demonstrate the extent and quality of engagement and show how feedback from local people has influenced commissioning plans. Haringey CCG's engagement strategy can be viewed at

http://www.haringeyccg.nhs.uk/Downloads/Strategies/PPE_strategy_v1_20130515.pdf



Islington

Islington CCG has a comprehensive engagement programme which is looking at the overall Call to Action but also specific targeted areas within this. These include:

- Last Years of Life care
- Integrated care
- Urgent care
- Self care
- Mental health and learning disabilities

Upcoming

- Transition from children to adults
- Primary care
- Community asset and mobilising with a local estate

A range of methods are being utilised, including

- Public meetings
- Telephone Interviews
- Email interviews
- Face to face interviews
- Insight workshops
- Group discussions
- Discussion forums
- Patient stories
- Capabilities theory
- Surveys

On top of this we are working with the social (third sector) to develop their skill base and capacity. We have set up a social sector discussion forum which captures their feedback.

We also hold quarterly PPG meetings (Islington and locality wide) to discuss key commissioning topics.

What you can do

- Please send us your formal response by the end of December, there are key questions for which we would like your input
- You can also join the debate by attending your local CCG's public engagement events as well as:
- Emailing responses to: england.london-communications@nhs.net
- Contributing on Twitter using #calltoaction
- Discussing it on www.myhealthlondon.nhs.uk