



The Horseshoe
Bolters Lane
Banstead
Surrey
SM7 2AS

www.secamb.nhs.uk

Tristan Godfrey
Research Officer to the HOSC
Kent County Council
Sessions House
County Hall
Maidstone
Kent ME14 1XQ

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Dear Tristan

Re: Health Overview and Scrutiny Committee Meeting – 10th June 2011

I am writing further to Cllr Nick Chard's letter to Paul Sutton of 26th April 2011 regarding the above. I can confirm that Robert Bell (Acting Director of Finance) and I will be attending the HOSC meeting to answer any questions from the Committee. The following highlights SECAMB's responses to the specific questions raised in Cllr Chard's letter.

NHS Financial Sustainability

- What are the challenges to ensuring the NHS in Kent is financially sustainable

The key challenge facing the Kent Health economy is the delivery of the QIPP agenda to ensure that the NHS locally can provide high quality accessible services, whilst achieving the overall efficiency savings required.

This will require commissioners and providers to develop intelligent commissioning that is evidence based and incorporates consultation processes with patients, public and statutory bodies.

- Are there any implications for the range and quality of health services available to the people of Kent as a result of any measures being taken to achieve or maintain financial stability

The key aim of the QIPP program is to ensure continued fair access to appropriate healthcare that meets the needs of the local population. However, we need to recognise the challenge in achieving this aim whilst delivering on financial sustainability of the Kent health economy balance.

- Why is achieving financial balance across the local health economy important and what are the potential consequences of not doing so

The NHS, like all public sector organisations, is required to deliver value for money to the taxpayer and to live within its means. It is important that we deliver financial balance for the patients and public we serve to deliver this aim and also to ensure that we can continue to provide services that meet the clinical needs of patients.

Therefore, a key aim of the QIPP programme is to support local providers of healthcare to work together to develop improvements in the clinical pathways for patient care that are evidence based and reduce inefficiencies. If the Kent healthcare system cannot achieve this aim then the potential consequence for the system will be that we do not deliver value for money and live within our means.

- What kinds of measures have been taken in 2010/11 in terms of changing services you provide and the way in which they are provided within your organisation to try and achieve financial balance

SECamb has agreed with commissioners that its key role in supporting the QIPP agenda is to ensure that patients get the right clinical response, at the right time and that patients are directed to the right intervention for their healthcare needs. This will ensure that patients are not inappropriately managed within the healthcare system and that resources are effectively used. This is delivered via enhancing the clinical skills of our staff and ensuring that we have the ability to manage patients to the right intervention on receipt of their call.

We are enhancing the skills of our staff by ensuring that all new paramedics are graduates and we have developed the two new post graduate roles of paramedic practitioners and critical care practitioners to ensure that our service can meet the changing need of patients. This will enable our staff to “see and treat” patients and avoid the inappropriate conveyance of patients to hospital. We have recently introduced NHS Pathways, a clinical call triaging system linked to a directory of services, which enables SECamb to effectively manage 999 calls to the right intervention for the patients. This system enables the Trust to undertake “hear and treat” at the first point of contact with patients. The introduction of “hear and treat” and “see and treat” has been undertaken in partnership with PCTs and local healthcare providers and it will enable SECamb to be used more effectively to reduce inappropriate admissions to hospital and giving access to healthcare at home or through passing the patient to the most appropriate health professional.

This will be delivered through what we call;

Front loaded service model – we are training more professionally clinically qualified staff so that when a call is responded to it is by the most appropriate level of staff. This is so that a patient can be triaged and helped at home/on scene without having to pass them to another healthcare professional, or to avoid taking the patient to hospital for a relatively straight-forward health

issue, or to decide with the patient that actually they do need to see another healthcare professional, whether a community nurse, their GP or a minor injuries unit.

NHS Pathways – we have worked with commissioners, GPs and other healthcare providers to install triage software, that when a call comes in that can be more appropriately dealt with by a clinician over the phone, that clinician can either give the right advice to a patient and prevent any further access to other healthcare, or using what we call a ‘directory of service’, can see within the patient’s area what other available clinical resources there might be, covering GPs, dentists, community nurses, walk in centres, etc. Again this is about directing the patient to the most appropriate source of help for their health need, which traditionally would have been A&E departments within a hospital environment.

- What kinds of measures are being considered for 2011/12

The key measure for 2011/12 is to work in partnership with PCTs, emerging GP commissioners and healthcare providers to develop pathways of care, linked to the directory of service, to support patients to receive the right care at the right time. We will be able to provide the HOSC with information regarding the implementation of NHS Pathways during 2011/12.

We will continue to extend our coverage of the ‘see and treat’ and ‘hear and treat’ to more patients and manage more patients through this route. This is planned to see an overall reduction in conveyances to hospital by around 12% over the five year plan period (we are in year 2 of the plan).

We are working with PCTs to understand how the proposed new ‘111’ or ‘single point of access’ system will be implemented within South East Coast. It is anticipated that this will be via a competitive tendering process during 2011/12 and SECAMB would welcome the opportunity to become the provider of the single point of access for South East Coast. This will enable the Trust to build on the skills and experience it has from the development of the NHS Pathways and directory of services for our existing 999 calls. It would also enable SECAMB as the first point of contact to manage even more effectively the calls received from patients for help and to direct them to the most appropriate healthcare provider, whether to ourselves or others, and to book those patients in with those providers direct.

- What do you see are the main challenges to achieving financial balance across the health economy as a whole

The main challenge will be around developing the system wide approach, so that all providers are bought into the pathway approach for patients and for those providers to be able to scale up or down their resources to deal with the change in numbers of patients, and to get the efficiencies from the anticipated service changes. For example where a community nurse may currently see 3-4 patients in a typical 7 hour day, can that be increased to 4-7 patients? This means an increase in access to healthcare but with no increase in costs.

- What has been the impact of the operating framework for 2011/12 and the financial settlement for this financial year

SECamb has welcomed the 2011/12 Operating Framework as it enables both commissioners and providers to understand the key aims and deliverables to be achieved. It also acts as the basis for the respective contract negotiations and enables organisations to plan for the negotiation process. The key impact on SECamb during this financial year has been the local agreement of the development of Payment by Results for the Trust. This change will enable SECamb to be incentivised to support the QIPP programme and move away from a traditional conveyance model to one providing mobile healthcare and “hear and treat” and “see and treat”.

The financial negotiations for this financial year have been extremely challenging for both commissioners and providers as both parties needed to recognise the need for the health economy to balance its books and the pressures we all face in managing patient demand. However, the outcome of the 2011/12 contract negotiations has enabled SECamb and its commissioners to introduce localised Payment by Results that will incentivise the Trust to support the QIPP agenda and more importantly provide improved quality services to the patients we serve via “hear and treat” and “see and treat”.

- How is the QIPP challenge being met within your organisation

The answers to the previous questions highlight how SECAMB is meeting the QIPP challenge and the Trust is becoming more of an enabler to the whole health economy system supporting the overall aims of the QIPP. This is achieved by delivering managed conveyances that will lower the pressure on the secondary care sector and enabling the whole healthcare system to reduce its costs to commissioners. This will mean that commissioners are either only paying one provider for the healthcare for that patient, or more effectively using under-utilised resources in other providers to meet the healthcare needs of the patient.

- Are there any particular challenges and/or opportunities that come from your organisation covering more than one PCT area

The challenge to SECamb of covering more than one PCT area is that each PCT will have a different financial position, activity growth, patient demographic and maturity of its provider network. It is the aim of SECamb to be able to be flexible to work within this to support the PCTs and providers in whatever situation they find themselves.

The opportunity for the Health economy across the whole of the South East Coast is that SECamb has successfully introduced these service delivery changes in other areas and can demonstrate the impact achieved and therefore the opportunities to local commissioners. As the trust also works across PCT boundaries it can also act as an enabler to more effective cross border working.

Item 6: NHS Financial Sustainability

- Are there any particular demographic trends in Kent that will have an impact on the kinds of services you provide

The demographics of Kent reflect the issues faced across the whole of SECAmb's operational area, namely:

- *Ageing population*
- *Increasing chronic illnesses*
- *Significant levels of new house building leading to influxes of new populations*
- *Levels of immigration*
- *SECAMB is already working across these demographics and working directly with individual communities to try to address their local needs.*

I trust that the above is helpful information for the HOSC and I look forward to the follow up discussion on 10th June 2011.

Yours sincerely



Geraint Davies
Director of Commercial Services
South East Coast Ambulance Service Foundation Trust