

Recommendations

Our recommendations

Introduction

This section is organised around the three strategic shifts for the NHS:

hospital to primary care and community services

analogue to digital

treatment to prevention

(Please note that we do not regard this list as comprehensive. We expect the readers of this report to add their own).

We start from the premise that demand for medical services will always exceed supply. Apart from 'natural' growth in demand - an ageing population for example - Guildford's population could easily increase by one-third over the next ten years, significantly increasing the load on NHS services.

Hospitals will always be full, forever. The Royal Surrey is constrained by its relatively small size and its ability to expand on its existing footprint. Government and NHS England policy is now about 'evening-out' demand across the community, re-locating hospital outpatients and reducing emergency admissions. This is essentially to protect hospitals.

Increasing supply locally care means building capability and capacity outside the Hospital. It's also likely to be quicker to deliver: re-configuring complex medical real estate takes time.

Recommendations

1. Hospital to primary care and community services

The immediate need is for the ICB to undertake a comprehensive survey of current GP and community capacity.

This should include an audit of the state and capability of GP premises. Many existing GP premises are acknowledged as 'not being fit-for-purpose'.

PCNs should also poll practices set about the ambitions of their members for their practices, what they would like to do going forward. This information will help with the re-shaping of both primary and community care.

Our recommendations (continued)

PCNs should provide details of how much of their AARS allocation they have taken up and how this cohort of employees can be co-ordinated with existing community care providers.

Information about case numbers, costs and outcomes would also be helpful.

It will be important to know how this cohort of employees can be co-ordinated with existing community care providers.

There needs to be an understanding of which local neighbourhoods are in deprived areas, in which practice these patients are registered. This will help understand the morbidity load.

The treatment cost of these patients needs to be simulated. To assist with planning, the admission/hospitalisation costs of these patients need to be assessed.

Consideration should be given to our re-envisioning of the 'Hub and spoke' real estate. Our view is that community care should become the new hub, not the DGH, to signal the policy change. What are stakeholder views.

The need to increase/adapt community health care premises should also be evaluated. How well equipped are existing hubs – Cranleigh and Haslemere, - for example? The RSCH says 'our community estate has been significantly under-invested and requires improvement'.

What needs to be done in the short-term to provide temporary accommodation for community care MDTs and back-office support.

Our view is that the Jarvis Centre site should be redeveloped as the de novo model.

Is the Royal Surrey prepared to invest in the rebuild of the Centre to create a community care hub for North Guildford?

The RSCH and ICB should undertake a financial/economic assessment for this project. We believe that the long-term impact on the RSCH balance sheet would be close to neutral.

Our recommendations (continued)

The RSCH should look at different scenarios for its future development as the controller of a number of free-standing business units. We set out details in this paper. We'd be happy to hear stakeholders' views and any alternate proposals.

We believe that RSCH's highly competent clinical and business management of the Hospital is capable of expanding its reach. In particular, we would like to hear its views on our proposal that it takes control of all local community care activities leading to a unified system.

The ICB should amend its community care contracts with all providers – GPs, CICs, voluntary organisations and charities - to establish a reporting line through to the free-standing, RSCH managed, community care organisation. Existing providers' views should be sought.

The care of these patients would then be supervised and delivered, one by one, by MDTs.

The ICB should respect the NHS Patient Choice obligations and also look at the capacity available from independent sector providers.

2. Analogue to digital

We are working on the basis that technology including AI will transform all care delivery within the next five years. This will require a considerable amount of workforce adjustment.

A lot of care will be managed from back offices.

The ICB should seek expert help to set up a system to risk score all members of the local population with a view to creating a register of those at most risk. The ICB should commission a provisional IT system to ensure their effective monitoring.

The system should become the controller for the care of all community care patients, whoever the provider. Each 'at risk' patient would have their own care pathway which would be updated dynamically. This should be supported by decision support systems.

Our recommendations (continued)

The ICB should work with RSCH and PCNs to create an integrated IT capability for patient tracking. This would include components such as the Doccla Virtual Ward system and the NHS Foundry

The IT capability might be developed further by Health Care Partners Ltd which should be reconfigured as the leader in local analytics

We believe that the town of Guildford is, through its local institutions, well set up to take a leadership role in this area. Could it be a new business start-up for the Hospital or University?

3. Treatment to prevention

A lot of preventive health comes from improving access by care workers to local populations and patients.

The move to focus on community care raises the possibility that preventive health care can be re-invented. This would come from strengthened on the ground multi-disciplinary teams, particularly if AARS staff can be integrated with embedded community health providers.

There is the additional opportunity of raising the standard of public health programmes, many of which have been curtailed by reductions in funding. Better coordination on the ground between the NHS and local authorities is necessary. Programmes should be measured more consistently, particularly to understand whether the desired treatment outcomes are being achieved. There is more aspiration than delivery.

The role of social care workers should not be under-estimated. For many people, caring is just as important as care. A way of sharing records is essential. Could GP health records be accessed using mobile devices issued to social care workers?

Next steps

There are, still, big issues which need addressing

Guildford, as a consequence of decisions which have been made (or not made) by the ICB and its predecessors has constrained their options going forward.

Its primary care premises stock is in poor shape. There are no plans to radically change things.

Community care is not co-ordinated. AARS is becoming a missed opportunity.

The local health economy has limited capacity to deliver on new government priorities.

It has probably over-invested in an already well-endowed RSCH.

The only way ahead seems to have been an extrapolation of the past, a sub-optimal application of already scarce funds.

Most of recent investment has failed to address levels on health inequality in certain less prosperous parts of the town.

As is usual in these circumstances, those who will need the most help will get the least.

It's a time for a correction.

Next steps

This analysis in the first instance is having a very restricted circulation – senior members of the ICB and RSCH only.

We believe we make a compelling argument for how community health care should be expanded in Guildford

What happens next is clearly down to you.

We will be back in touch in a couple of weeks to get your reaction about how your organisations see the way forward for Guildford's health care delivery.

If any of what we have written needs clarification, please let us know.