



Planning for the future

Bath and North East Somerset, Swindon and Wiltshire's Sustainability and Transformation Plan (STP)

A short guide

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Introduction

The NHS has been variously described as one of “the most trusted organisations in British society”, our “proudest achievement” and “the envy of the world”. It is not just a great institution but a unique expression of a noble ideal - that healthcare should not be a privilege to be purchased, but rather a moral right which is available to all.

As we acknowledge and celebrate the achievements of the NHS we must also address the health and care challenges of the future to build a fully integrated, collaborative system. Nationally these issues have been addressed in the NHS Five Year Forward View which notes that while the values of the NHS are unchanging, the service itself must change if it is to meet the needs of the people in a rapidly evolving world.

More recently the development of Sustainability and Transformation plans has provided the NHS with a framework within which change can take place. There are 44 such plans currently under development across England.

This guide provides a summary of our local five year Sustainability and Transformation Plan (STP).

It sets out the very significant challenges that we face and the opportunities we must take to ensure local people can access high quality, sustainable and safe, physical and mental health care into the future.

Health and care organisations and local councils from Bath and North East Somerset (B&NES), Swindon and Wiltshire have come together to draft a plan which considers the reasons services need to change and how we can provide them differently in a way that benefits patients and helps people stay healthier for longer.

There are three areas where change is urgently needed to ensure health and care services meet the needs of local people well into the future:

1

Improving health and wellbeing

We need to get better at preventing disease, not just treating it. Illnesses such as heart disease and type 2 diabetes are putting significant pressure on NHS services, but by supporting people towards healthier lifestyles, we can prevent these diseases from developing.

2

Improving the quality of care people receive

We need to ensure consistently high standards of care across the whole geographical area, from the point of a patient's diagnosis through to specialist hospital treatment, rehabilitation or social care.

3

Ensuring our services are efficient

Based on funding predictions and current demands, our health and social care system faces a financial gap by 2020/21 so we need to make tough choices about how we provide services.

Of course, our future plans won't stop the good work that's already happening. Our joined-up approach means that we will be able to share great ideas more easily, building on good examples of where health and care services are already working well.

Our plan needs to respond to the needs of local people, patients and carers as well as healthcare professionals and voluntary organisations. We can't make future changes alone, and we would really like to hear your views on our approach.

- If you have any feedback or questions, please email: ruh-tr.STP-BSW@nhs.net or contact your local Healthwatch office listed at the end.
- We will develop detailed proposals for consultation, as appropriate, throughout 2017 and 2018 and information about how to take part will be promoted through local press, our websites and local Healthwatch.
- Information about on-going public engagement events will be promoted so please keep an eye out for details on our websites, on social media and through local Healthwatch.
- We encourage you to read our full STP at bit.ly/bsw-stp.
- We also encourage you to visit our STP website at: www.bswstp.nhs.uk

Our local area

Our goal is to improve the way health and care services are delivered across B&NES, Swindon and Wiltshire (BSW) area.

The standard of health and care services across BSW is generally very good compared with other parts of England. But there are still services and areas that can be improved. For example, in some regions people are still waiting too long to see their GP or to access A&E when they have a serious illness or injury. They may also face long waits for hospital outpatient appointments and treatments for certain medical conditions.

Our aim is to ensure everyone gets the high-quality health and care they need, regardless of where they live across BSW. The following organisations are working together to create better health and care services:



874,000

Current population

1,000,000+

Predicted population by people by 2026



Bath and North East Somerset
Clinical Commissioning Group



Swindon
Clinical Commissioning Group



Wiltshire
Clinical Commissioning Group

Bath & North East Somerset Council



Wiltshire Council
Where everybody matters



Great Western Hospitals
NHS Foundation Trust



Royal United Hospitals Bath
NHS Foundation Trust



Salisbury
NHS Foundation Trust

Avon and Wiltshire 
Mental Health Partnership NHS Trust


Health Education England

 **Wiltshire**
HEALTH AND CARE

healthwatch
Swindon

healthwatch
Wiltshire

healthwatch
Bath & North East Somerset


South Western Ambulance Service
NHS Foundation Trust



 **West of England Academic Health Science Network**

 **WESSEX**
Local Medical Committees
Incorporating Wessex LEaD

About our area

Across B&NES, Swindon and Wiltshire there are many diverse communities with different health and care needs. Our geography is also very mixed, with large rural areas and densely populated urban centres.

Our plans need to consider these differences and make sure we provide the right services for patients in the right place both now and in the future.



Swindon (including Shrivenham) is small and densely populated. Its **population is set to rise by 10%** from 221,000 to 243,000.



Wiltshire, by contrast, has a **low-density population (483,000)** spread across a large rural area, including Salisbury Plain.



Wiltshire's armed forces **population is set to rise by 10,000 servicemen and their families** by 2021.



B&NES' population is 182,000; **over 50% live in Bath**, where there is an above average number of 20-24 year olds due to a large student population. The rest live in diverse rural communities and market towns.



B&NES will build **13,000 additional homes** by 2029.

Swindon will build **22,000** more homes.

Wiltshire will build **13,000** homes by 2026.



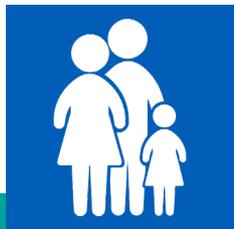
People generally have good incomes but there are some pockets of deprivation.

6.4% of people live in the most deprived areas of England.

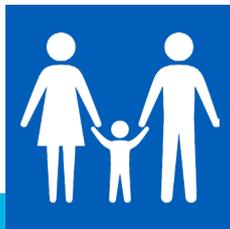
Why do we need to change how we provide services

Like many other areas of England, health and care services across BSW are facing unprecedented challenges. The work we're doing now will help to address these challenges by 2020/21.

Challenges facing our health and care services



We have a growing population of people with more complex needs, in all age groups



Increasing demand for services, and rising public expectations



There is a shortage of skilled healthcare professionals - GPs, nurses and midwives



The cost of drugs and new medical technology is rising



There is too much variation in the quality of care a patient receives depending on where they live



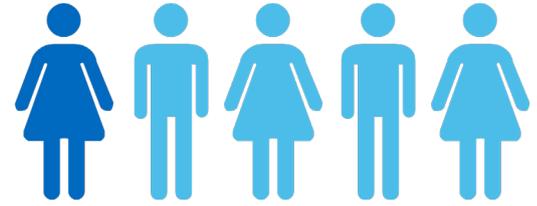
Funding for services is not growing in line with demand, causing financial pressures.

BSW fact file

Population growth over the next 10 years.

6.6%

By 2026, one in five people will be over 65 years old.



Significantly worse admission rates for self harm in B&NES and Swindon than the national average.



11.7 Life expectancy gap between the most and least deprived in Wiltshire.



40% of the NHS budget is spent on over 65s.

50%

GP appointments taken up by long-term conditions

£1,760

Expected spend per person, per year on health care by 2020/21.

verses

£1,650

25 Swindon is short of 25 GPs when compared with areas of similar populations.

Expected healthcare budget per person, per year



Higher than average numbers of people in Wiltshire with high blood pressure. Obesity rates are also higher than the national average in some areas.

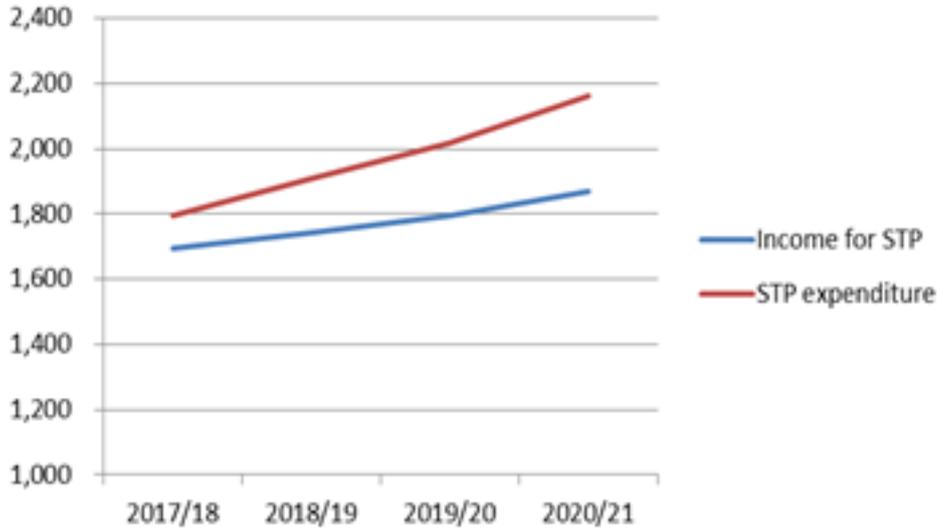


In B&NES, 10 extra GPs will be needed to support projected housing growth.

Financial pressures

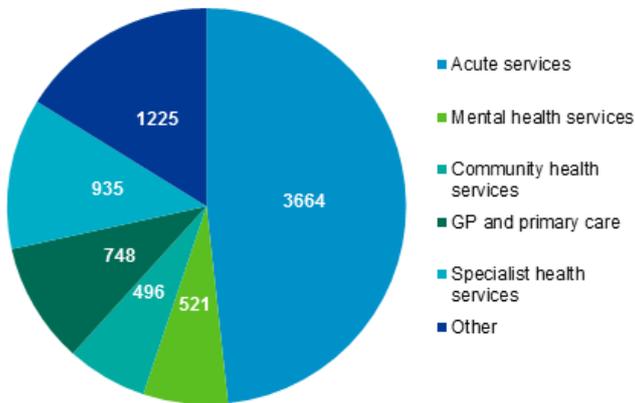
We need to make savings now to be able to meet people’s needs in the future. If we don’t, there will be a gap in funding of around £300 million by 2020/21.

Funding gap 2017 to 2021 (£million)

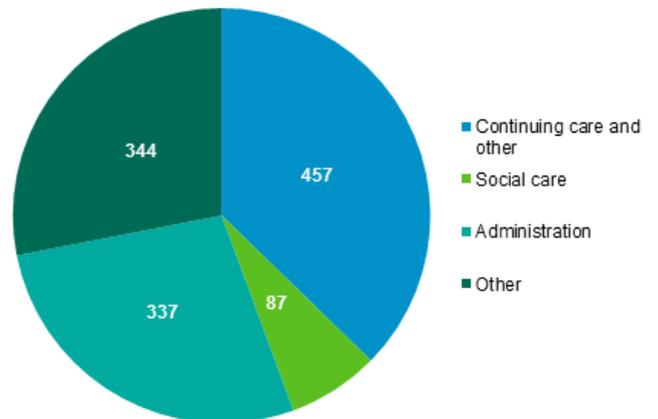


Cost of services for the STP area 2017 - 21 (in £millions)

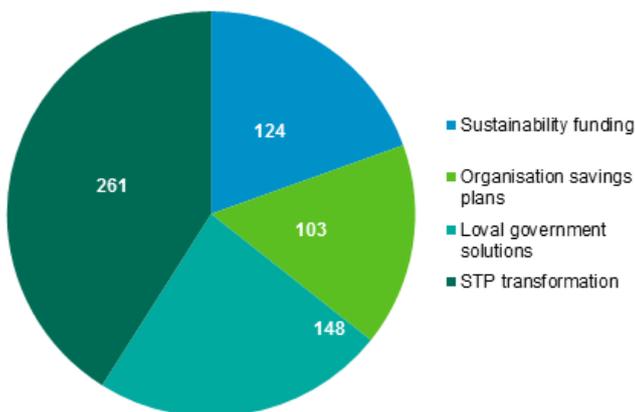
Total expenditure 2017/21 (£million)



Other expenditure 2017/21 (£million)



Addressing the financial gap 2017/21 (£million)



Almost half of our health and care costs will be on acute health care. Other costs are broken down as follows:

- Continuing care and other
- Social care
- Administration
- Other

We will continue trying to make savings locally, but around 40% of the predicted shortfall in budget will need to be addressed through changes to the way services are delivered and accessed.

Changing how we work

We believe that care should be provided at home, in the GP surgery or in a community setting wherever possible. If someone has a more serious illness or injury, they should receive treatment in centres with the right facilities to maximise their recovery.

We will make greater use of technology, which has huge potential to improve care through better information sharing and supporting direct patient care, for example through e-consultations and video consultations.

We will work more efficiently and reduce our costs by reviewing all of our property and estates, many of which are very expensive to run because they are under-used. Whilst this means that some buildings may be sold, we expect that several new centres will be built, located in places which are more convenient for greater numbers of people. We will work with local people so that they have a say in what will work best.

Commissioners and providers will work together to establish whether we can provide improved access to specialist care within the region, reducing the need for people to travel to other areas.

Our emerging priorities

Of course much of our day-to-day work will continue as normal. But we have identified the areas which give us opportunities to do things much better and over the next five years we are planning to prioritise changes to services in five key areas:

- 1 Create locality-based integrated teams supporting primary care
- 2 Shift the focus of care from treatment to prevention and proactive care
- 3 Develop efficient infrastructure to support new care models
- 4 A modern workforce establish a flexible and collaborative approach to workforce
- 5 Enable better collaboration

Pages 10-13 explain our priorities in more detail.

1

Create locality-based integrated teams supporting primary care

GP surgeries have a critical role to play in delivering healthcare.

In future we will see groups of practices working together to share resources, hosting health professionals with a range of skills in specific areas e.g. diabetes, mental health.

These teams will come together to work out the best treatment for a patient, which could then be delivered in their own community, closer to their home.



This means:

- Groups of practices joining together in closer partnership, providing a wider range of local services to 30,000 - 50,000 people.
- Practices offering more outpatient services by hosting consultants, specialist nurses and therapists, reducing the need for patients to be referred elsewhere into hospital for diagnosis or treatment.
- Care co-ordinators based at some practices, working across health and social care services and reducing the need for care home and hospital admissions and enabling more care in people's homes.
- Improved access to GP services at evenings and weekends.

2

Shift the focus of care from treatment to prevention and proactive care

We are exploring ways to reduce A&E admissions and hospital-based care by focusing on preventing illnesses, supporting people to manage their own care and providing a wider range of healthcare services in the community, closer to people's home.

Urgent & emergency care

We know people find it very confusing to understand or know where to get the care they need when they want help urgently. We will develop a joined-up, improved urgent care service that offers clinical advice and treatment. We want this to include one single access point for NHS 111, GP out of hours and ambulance services.

More outpatient services will be delivered in our communities, including access to specialist treatments and rehabilitation in the community so that people don't have to go to hospital.

Ageing Well

We will address the needs of older people with a particular focus on those most at risk of illness. This will include supporting people to live independently in their own homes, maintaining independence and reducing social isolation. We will work closely with the voluntary sector to support older people.

We will plan awareness campaigns across BSW promoting flu and pneumonia vaccines to help protect vulnerable people.



A successful Fracture Service that has been running in Salisbury and Bath for several years will be rolled out across BSW.

Older patients who have a bone fracture as a result of a fall or trip are referred to the service for follow up advice and support, to avoid accidents from happening again.

Long-term conditions

In Swindon alone, 50 % of all GP appointments are associated with long-term conditions. Our plan is for health and care providers, including the voluntary sector, to work together to educate and support people to manage their conditions better.

There will be targeted support for older people to help them manage long-term conditions, most particularly help to manage diabetes.

There will be improved access to support for patients with mental health needs.

We also plan to improve care for speciality conditions, based in the community, e.g. a community pain management service across BSW.

A clinical hub has been piloted in Wiltshire to help refer very ill patients to A&E. When referrals are received from NHS 111 or NHS999, a range of health professionals, sharing the same workspace, are able to agree the best course of action for patients with complex symptoms.

This means the patient receives the right care promptly without necessarily having to go into hospital. If the scheme is successful, it may be expanded to include B&NES and Swindon.



3

Develop an efficient infrastructure to support new care models

We can make savings and improve patient care by embracing technology. We can also reduce costs by making better use of our buildings.

Across BSW, we will:

- Adopt new technology to benefit patients and professionals
- Share patients' records securely across health and social care providers
- Reduce some patients' need to travel by using e-consultations for remote appointments
- Promote smartphone apps that help patients manage their own care
- Explore opportunities to share anonymous data that will help us meet future demand
- Review how we work in all of our buildings to make the best use of space
- Improve IT systems to reduce the time clinicians spend on paperwork

Text reminders will reduce thousands of missed appointments

Did you know that an equivalent of 516 days of GPs' time was lost over just three months in 2016 due to 15,000 missed appointments across Wiltshire?

Unfortunately this wastes a lot of time and money, preventing other patients from being seen. That's why we plan to introduce a system across the whole area which sends patients an automatic text reminder of their appointments, with an opportunity to cancel in advance



4

Establish flexible and collaborative approach to workforce

We can't deliver this ambitious plan for healthcare improvements without a flexible, skilled and committed workforce, including GPs, nurses, therapists, hospital consultants and care staff.

We already have excellent staff, but they are under pressure and it is becoming very difficult to recruit people to our area. Our plan will therefore include new ways of working and initiatives to retain our high-quality staff and attract new people too, particularly within social care and domiciliary care (care in the home).

This will include:

- Better advanced planning for recruitment across the area.
- Developing the skills of care home and domiciliary staff.
- More opportunities for training, education and apprenticeships
- Joining up teams from different health and care organisations and introducing new roles e.g. care coordinators in GP practices.
- A programme of activity to support the health and wellbeing of our own workforce.



A number of health care organisations are signing up to the Workplace Wellbeing Charter to show their commitment to the health and wellbeing of their workforce. Workplace initiatives include discounted membership to the gym, organisation-wide 'step' competitions and after-work exercise

5

Enable better collaboration

We need to ensure the clinical and financial sustainability of our three acute NHS Foundation Trusts – The Great Western, Royal United and Salisbury - and Avon and Wiltshire Mental Health Partnership NHS Trust. Like other trusts across the country, they face high demand on services with limited capacity.

The three acute hospitals are committed to leading change across the sector through closer collaboration and taking a broader system-wide view of patient needs.

They are working together to look at how they can make efficiencies. This is likely to include sharing some services (such as office services and IT). They are also investigating the possibility of joining up out-of-hours services where practical, such as laboratories and pharmacies, radiology and specialist imaging.

Tell us what you think

Previous engagement with patients and carers, along with health professionals, has given us valuable insight into what you want and need from future health and care services. This has informed our plan and the priorities outlined in this short guide.

You can also read our full STP at bit.ly/bsw-stp.

We'd love to now hear what you think, and you can share your views in the following ways:

- Sending an email to: ruh-tr.STP-BSW@nhs.net
- Contacting your local Healthwatch office, an independent body representing the voice of patients and public.

Visit www.healthwatch.co.uk or contact your nearest branch.

Healthwatch Bath and North Somerset

The Care Forum, The Vassall Centre, Gill Ave, Fishponds, Bristol, BS16 2QQ

Telephone: 0117 9654444

Email: info@healthwatchbathnes.co.uk

Healthwatch Swindon

Swindon Advice and Support Centre, Sanford House, Swindon, SN1 1HE

Telephone 01793 497777

Email: info@healthwatchswindon.org.uk

Healthwatch Wiltshire

Unit 20, Hampton Park West, Melksham, SN12 6LH

Telephone: 01225 434218

Email: info@healthwatchwiltshire.co.uk

We are committed to engaging with people as our plans develop. Engagement events will be publicised through media, our websites and through local Healthwatch. Please keep checking for details.

Glossary

Acute care

Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

Allied health professionals

Allied health professionals include dental hygienists, diagnostic medical sonographers, dieticians, medical technologists, occupational therapists, physical therapists, radiographers, respiratory and speech language therapists.

Health and (social) care services

Social care is the extra support that helps people to stay independent and get on with their daily lives. This care may be practical or emotional and includes practical support in the home, home adaptations and home-visiting services. Social care is provided by local authorities, community providers and a host of charitable and voluntary organisations.

Health care relates to the treatment, control and prevention of a disease, illness, injury or disability and the patient or individual's after-care.

Patient pathway

The patient pathway is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

Primary care

As many people's first point of contact with the NHS, around 90 per cent of patient interaction is with primary care services. GP practices and community pharmacies are the key primary care services that are a focus for our STP.

Secondary care

Secondary care services are usually based in a hospital or clinic as opposed to being in the community and patients are usually referred to secondary care by a primary care provider such as a GP.

STP footprint

The geographical area covered by our local Sustainability and Transformation Plan (STP). In other words, B&NES, Swindon and Wiltshire.