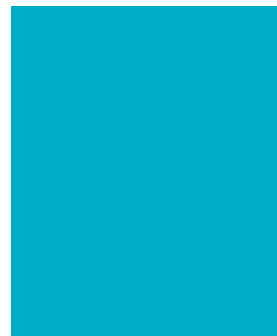


# The Future Vision for Healthcare in the North

John Hussey – Medical Director, NHS England



NHS England / 20<sup>th</sup> May 2014





A good place to start?



But noone uses crystal balls anymore



Just as well!

## Where are we now?

- Reducing resources
- Skewed spending patterns
- Recruitment difficulties
- Concerns re standards / variation
- Silos rather than integrated
- Multiple organisations (all sectors)
- Outcomes in “the north” below national average
- Pre election!

## However

- Outcomes are improving (still a gap)
- Standards are explicit (? Primary Care)
- Patient Satisfaction is good
- CCGs finding their feet
- Potential for greater clinical influence
- Wider recognition of the need to change

## Is the Financial pressure real?

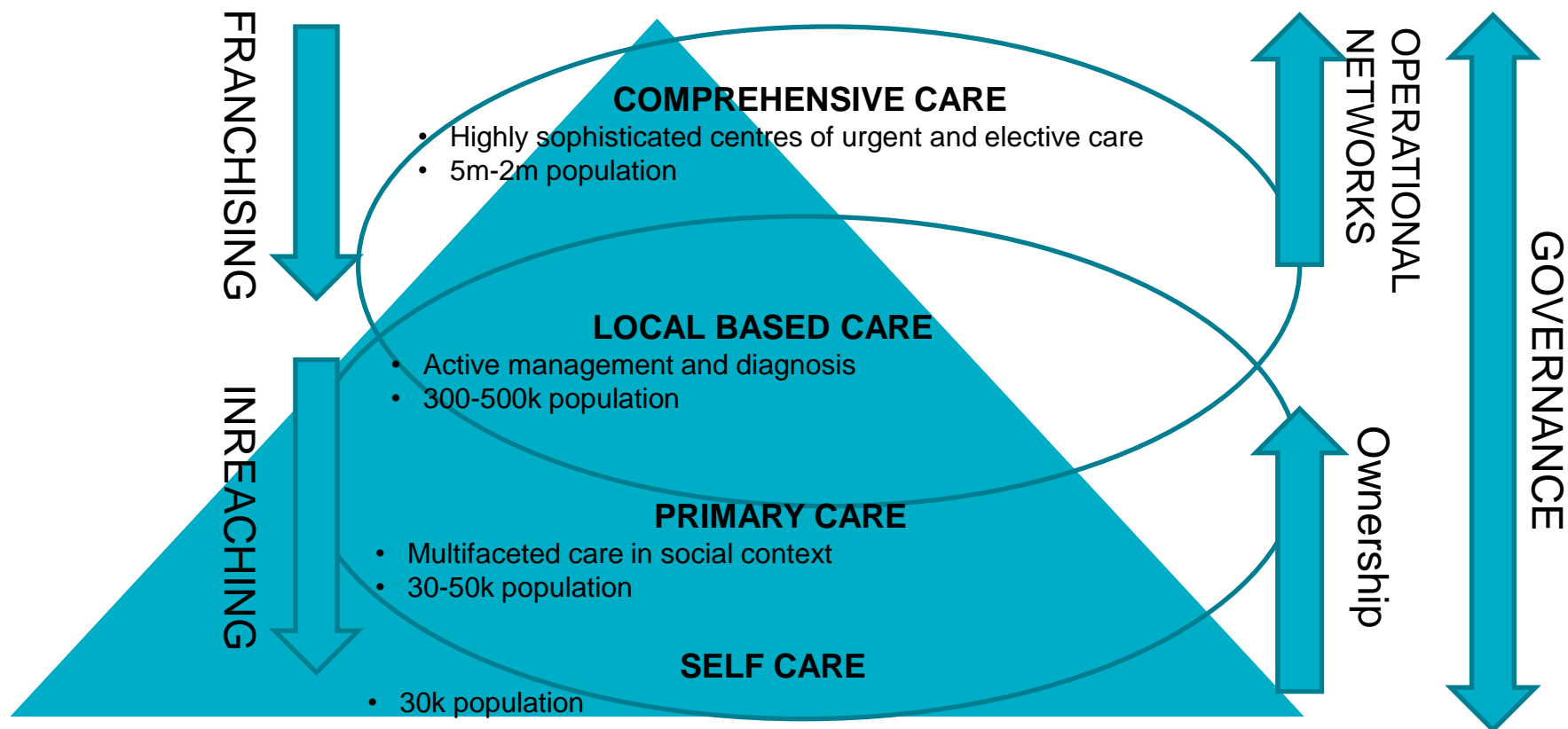
- NHS funding reached its peak of around 8% of GDP in 2009
- If the current NHS funding squeeze continues until 2021/22, as per current planning assumptions, then NHS funding will fall back to just over 6% of GDP in 2021, equivalent to 2003 funding levels.
- This will undo most of the impact of Wanless Report in 2002 which led directly to a 50% real terms increase in NHS funding over the next 7 years.

## So where are we aiming for?

- A completely new approach to ensuring that citizens are fully included in all aspects of service design and change and that patients are fully empowered in their own care.
- Wider primary care, provided at scale.
- A modern model of integrated care.
- Access to the highest quality urgent and emergency care.
- A step-change in the productivity of elective care.
- Specialised services concentrated in centres of excellence.



# Vision for future healthcare



# Empowering Citizens

- Placing patients at the centre
- Listening
- IT (Summary Care Record, Digital systems)
- Constitution

# Primary Care at Scale

- What does it mean?
- Wider and more consistent scope of services
- Tailored Care
- Telehealth
- Standards
- Greater integration
- 7/7 working
- Can our current model deliver?

# Modern Model of Integrated Care

- Vertical or Horizontal?
- Primary, Secondary and Social Care
- Local versus standardised?
- Communication
- Referrals / Transfers / Handoffs
  
- Patients can see the seams but have no idea why they are there

# Urgent Care

- Community and Hospital based
- Clear route of entry (111)
- Clear expectations of settings
- Avoid duplication
- Record sharing

# Step change in efficiency of elective care

- End to end pathways
- High quality (standards)
- Adequate numbers
- Less duplication
- ? Fewer sites

# Specialised Services

- Concentrated in centres of excellence
- Maximise quality, effectiveness and efficiency
- Appropriate co-locations
- Connection to research and teaching
- Fewer sites

## How?

- Clinically led
- Evidence based
- Patient focussed
- Openly discussed
- Reduced competition
- Ruthless collaboration
- Scale and pace



The End

**Questions?**