

# PLANNING GLASGOW AND CLYDE SERVICES FOR THE FUTURE

**WE** want to update you on how our work is progressing to plan and redesign NHS services to make sure they meet the changing needs of patients and relatives beyond 2015.

Our Clinical Services Fit for the Future programme has involved clinicians, managers, patients, carers and other key stakeholders throughout. This is to ensure we are all working together to achieve the best possible solutions to meet the rapidly changing needs of our population and exploit the fast-changing health technologies that are emerging.

Health systems around the world are preparing for these same changes and here within NHS Greater Glasgow and Clyde we have approached it in a very broad and involving way, with clinical groups examining all the evidence, research and best practice available and engaging widely with patients and staff.

Our main focus has been on long-term conditions, care for older people, emergency and trauma services, mental health services, cancer, children and maternity services and planned care (which includes pre-planned operations or other appointments such as scans or outpatient visits).

We need to plan how we can best use our workforce and our financial and technological resources to deliver all of those services in the most efficient, effective and safe way for patients.

The groups have developed service



models for wide discussion and comment. We have brought these together into this newsletter, which summarises a more detailed discussion paper on the emerging service models.

The content explains the reasons for change, what patients are saying they want from services in the future and how they can improve. It also summarises the possible models of care and the shape of things to come and what services could look like in the future.

Some staff and patients have asked why things are going to have to

change so much. Why can't we just keep doing what we do today?

The truth is that the NHS has always changed and planned for future challenges. Hospital services and NHS community services today bear little or no resemblance to what they were 20 or 30 years ago. Change is inevitable and change has been good for health outcomes.

Our aim is to ensure we continue to rise to the changing challenges that the future presents... and the opportunities to use our precious resources more effectively.

Please read on...

# THE REASONS WE NEED TO CHANGE THE WAY WE PROVIDE SERVICES IN THE VERY NEAR FUTURE...



- The health needs of our population are significant and changing.
- We need to do more to support people to manage their own health and prevent crisis.
- There is growing pressure on primary care and community services.
- Our services are not always organised in the best way for patients – we need to ensure it is as easy to access support to maintain people at home, when clinically appropriate, as it is to make a single phone call to send them to hospital.
- We need to do more to make sure that care is always provided in the most appropriate setting.
- We need to provide the highest-quality specialist care.
- Increasing specialisation needs to be balanced with the need for co-ordinated care which takes an overview of the patient.
- Healthcare is changing and we need to keep pace with best practice and standards.
- We need to support our workforce to meet future changes.

## What our patients say when asked what services should be like in the future...



“I know who the main person in charge of my care is. I have one first point of contact. They understand both me and my condition.”

“The professionals involved with me talk to each other. I can see that they work as a team.”

“I understand my condition

and am supported to manage my care.”

“Having someone identified to help co-ordinate my care is important.”

“Receiving care in a specialist unit is fine as long as I can access local services for follow up and advice.”

“There are no big gaps between seeing the doctor, going for tests and getting the results.”

“I am as involved in decision making as I wish to be.”

“Understanding who can help and support me, not just with my clinical care, is important.”

For more information, visit: [www.nhs.uk](http://www.nhs.uk)



# AN 'INTERFACE' BETWEEN HOSPITAL AND COMMUNITY SERVICES

**AT** the moment, NHS “hospital” and “community” services are largely seen as separate and all too often this results in poor communication and a lack of joint planning across the system.

If we continue providing the same services in the same way, we risk entering a vicious circle where we need to invest more and more in hospital services, reducing our ability to develop community services, and treat people at home in the way they want to be supported.

We need to create new types of health services – building on the expertise of both community and hospital staff. These new services will support people to stay healthy and out of hospital and receive treatment or care where possible in a community setting.

We need to do more to stop people being admitted to hospital because it’s the easy thing to do, not because it’s the right thing to do.

Similarly, we know we need to do more to help people leave hospital more quickly and be supported in their homes or in their communities while they recover.

This new approach will see hospital doctors and GPs work together to improve communication, develop new types of care and manage better the needs of the patient – all based on what is best for the patient, not what suits old ways of working.

By bringing hospital and community together, we can put patients at the centre of our health service. This is good for our patients – it will put them in control of their own care, supported by the right health professional at the right time, and allow people to live fuller lives more independently.

The diagram below illustrates where we propose to develop our health service to better meet the needs of our population and the challenges ahead.

**Our aim is to deliver a system that:**

- Puts patients at the centre of everything we do.
- Supports families and carers to support patients.
- Leads to better health, especially where an individual has more than one health need.
- Is easier to understand and easier for people to find their way around than the current complex set up.
- Demolishes the information silos (or removes the blockages to sharing information) and creates systems so that all health professionals who need information on a patient, have it.
- Provides care in the most appropriate setting, relative to the patient’s needs.
- Makes best use of available resources with care focused on early intervention, better co-ordination of more complex cases and a reduction in duplication of care.

So what might that service look like? Turn to the back page...

WHAT NEEDS TO BE IN PLACE TO CHANGE WHAT WE DO?



# THE FUTURE COULD LOOK LIKE THIS – WHAT DO YOU THINK?

■ Starting with the patient, the new arrangement of services relies on timely access to **high-quality primary care**.

■ A comprehensive range of **community services**, integrated across health and social care and working closely with the voluntary sector and communities to increase the support at home.

- Focused on preventing deterioration of health and maintaining independence.

- Providing safe and appropriate timely support to bring patients back from hospital to their own homes.

- Multi-disciplinary care plans in place to respond in a timely way to crisis.

- Building teams of health and care professionals around the needs of different populations or patient groups.

■ Proactive planning of treatment options and care arrangements for those known to be **most at risk**:

- Access to specialist advice by phone, in

community settings or through rapid access to outpatients.

- Jointly agreed care plans with input from GPs, community teams, specialist nurses and consultants, with shared responsibility for implementation.

- Rapid escalation of support whenever it is required – seven days a week, 24 hours a day.

■ **Hospital admission** which focuses on understanding the patient's needs at the earliest point possible. This will mean that patients are seen by a senior clinician as soon as possible after arriving in hospital. Having had their needs assessed, patients will then be treated in the most appropriate setting. Patients will stay in hospital when they require care that can only be provided in a hospital setting. Patients will be supported to leave hospital when appropriate by early involvement of health, care and community support.

■ **Planned care** which is locally accessible on an outpatient / same day treatment basis where possible:

- Wider range of specialist clinics in the community, working as part of a team with primary care and community services.

- Diagnostic services organised around patient needs.

- Interventions provided as day cases where possible.

■ **Low-volume and high-complexity care** provided in specialist units equipped to meet the care



needs. These units will be defined by clear evidence of the relationship between volume and outcome.

**NEXT STEPS:** The work of the clinical and patient groups continues to develop the detail around those future models of care. Your views are welcome. Read the full document on the Clinical Services Review progress and make your views known via our website. If you would like to discuss the work of the



CSR and the content of this newsletter, please contact Community Engagement Team on 0141 201 5930

If you require this information in an accessible format, such as large print or braille, or in a community language, please contact Stephen French on 0141 201 4548.

Jeśli niniejsze informacje potrzebne Ci są w specjalnym formacie, np. drukowane dużą czcionką lub pisane brajlem, czy też w języku, jakim posługuje się społeczność, skorzystaj z danych kontaktowych na ulotce informacyjnej lub w liście informacyjnym dla pacjenta.

如果您需要此信息的其他格式版本，如，大字体、盲文版或其他族群语言版本，请按患者信息资料或信函上提供的方式进行联系。

ਜੇਕਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਸਿ ਵਰਤਣਯੋਗ ਪ੍ਰਾਰੂਪ ਵਚਿ, ਜਵਿ ਕੀ ਵੱਡੇ ਅੱਖਰ ਜਾਂ ਬੁਰੇਲ ਵਚਿ, ਜਾਂ ਕਸਿ ਸਮਾਜਕ ਬੋਲੀ ਵਚਿ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਰਿਯਾ ਕਰਕੇ ਮਰੀਜ ਜਾਣਕਾਰੀ ਨਾਲ ਸਬਧਤਿ ਤੁਹਾਡੇ ਦਸਤੀ ਇਸ਼ਤਹਿਾਰ ਜਾਂ ਪੱਤਰ ਵਚਿ ਦਤਿ ਸੰਪਰਕ ਵੇਰਵਿਆਂ ਦੀ ਵਰਤੋ ਕਰੋ।

اگر آپ کو اس معلومات کی قابل سہولت اشکال جیسے واضح چھپائی یا بریل، یا کسی قومی زبان میں ضرورت ہیں تب براہ کرم آپ کے معلوماتی دستے اشتہار یا خط براہ مریض میں دی گئی رابطہ کی تفصیلات کا استعمال کریں۔

إذا كنت ترغب في الحصول على هذه المعلومة بتنسيق سهل الاطلاع عليه، على سبيل المثال طبعة كبيرة أو بطريقة بريل أو بلغة محلية، يرجى استخدام تفاصيل الاتصال الموضحة على نشرة معلومات المريض الخاصة بك أو خطابنا.

For more information, visit: [www.nhsggc.org.uk/fitforthefuture](http://www.nhsggc.org.uk/fitforthefuture)