EBMC VPPG Newsletter March/April 2017

The NHS is much in the news. This very full Newsletter demonstrates how much is being done to improve the services the NHS offers.

As usual we report on the latest EBMC news - the extensions to the Medical Centre are now complete.

The additional local treatments becoming available at EBMC take place in the context of Rushcliffe CCG's Vanguard Project, the Nottingham University Hospitals Service Review and the Nottinghamshire Sustainability and Transformation Plan (STP).

We also report on

- Changes to Prescriptions on Over the Counter Medicines
- Stroke Rehabilitation Services
- Local Courses and Events of Interest

As always please refer to the official websites if you want more detail.

EBMC News

The EBMC extensions are complete

The benefits for EBMC patients are:

- Parking for patients should now be much easier; there is one extra car parking space; we also must thank those EBMC staff who have agreed to park elsewhere.
- The extra treatment rooms will permit EBMC patients to receive more treatments closer to home, instead of going to hospital or other treatment centres.
- New services will be phased in (details will follow), but will include
    - A Fracture Liaison Clinic (see below)
    - An Ultrasound Service
    - A Travel Vaccine Clinic

Fracture Liaison & Osteoporosis Service at EBMC

This service will offer specialist care for patients who have

- sustained fragility fractures
- or are at an elevated risk of sustaining such fractures:

It ensures patients who have sustained a fragility fracture and have been admitted to hospital are followed up and treated (where necessary) in the community – this avoids the need for patients to travel to hospital for clinic appointments and bone strengthening treatment.

The Nottinghamshire service comprises a team – Professor Sahota of QMC, **Dr Stewart of EBMC**, Donna Rowe – Clinical Nurse Specialist Lead. A dedicated team of nurses visit patients at their GP practice to discuss their bone health, assess them for treatment and (if appropriate) administer the treatment

The service operates via an innovative 'Virtual Clinic' facility between Professor Sahota and Donna Rowe – this allows all care to be Consultant-led, but without the need for patients to attend hospital.

Furthermore, where treatment is recommended, the service provides an infusion service – this avoids the need for oral treatment, which is often not well tolerated

More information on the Success of the EBMC Flu Clinics

EBMC uptake was again very high - much above national data for last year:

Coronary heart disease (CHD)	89.3%
Chronic obstructive pulmonary disease (COPD)	86.5%
Diabetes	87.2%
Stroke	90.4%
65+ at risk	86.7%
Under 65's group (excluding 2-4 yrs old)	70.9%
Children 2 - 4 yrs old	98.9%

Rushcliffe CCG News

EXTENDED GP EVENING AND WEEKEND OPENING HOURS for Rushcliffe Patients

Three Rushcliffe CCG practices (East Bridgford Medical Centre, Castle Healthcare in West Bridgford and Keyworth Medical) are working together to offer extended opening hours and so help those Rushcliffe patients who cannot attend during regular weekday surgery hours.

Key features:

- Extended hours appointments
  - **6.30 pm to 8pm weekdays**
  - **8.30 to 12.30 weekends**
- **pre-bookable only through your normal practice**
- appointments will be offered at one of the three practices, according to which practice is operating the extended hours service on the day.
- the appointments will be with a Rushcliffe GP, Nurse or Healthcare Assistant and not necessarily with a member of the EBMC staff
- **no walk-in service will be offered**
- if urgent assistance is required before 8 am or after 6.30 pm please call 111

The 3 participating practices are

- East Bridgford Medical Centre 2 Butt Lane, East Bridgford, NG13 8NY
- Castle Healthcare Practice, Embankment Primary Care Centre, 50-60 Willford Lane, West Bridgford, NG2 7SD
- Keyworth Medical Practice, Bunny Lane, Keyworth, NG12 5JU

Prescriptions of over the counter medicines for minor ailments

Rushcliffe along with Nottingham West and Nottingham North and East NHS Clinical Commissioning Groups (CCGs) with effect from Wednesday 1 March 2017 will no longer proscribe over the counter medicines (such as ibuprofen and paracetamol) for minor ailments.

There are no plans to limit medicines for people with long-term conditions and GPs will be able to prescribe in other circumstances of clinical need.

Rather than visiting their GP, most people can take care of themselves when they have a minor ailment through a combination of self-care and OTC medicines. If the patient finds that their symptoms persist, of course they should then contact their GP Practice and arrange an appointment.

OTC medicines can be bought cheaply in supermarkets, shops or pharmacies; paracetamol can cost as little as 20p per packet in some supermarkets – whereas on prescription it costs the NHS a minimum of FIVE times as much.

Last year, the NHS in the South Nottinghamshire area spent over £880,000 a year on prescriptions for paracetamol and ibuprofen. This could pay for approximately: 112 hip replacements, or 19,733 GP appointments, or 25,371 hours of community nursing

Stroke rehabilitation services across South Nottinghamshire

The three South Nottinghamshire Clinical Commissioning Groups (Nottingham North and East, Nottingham West and Rushcliffe) have announced that a new improved community based stroke rehabilitation service will be provided by Nottinghamshire Healthcare NHS Foundation Trust from 1 April 2017.

A co-ordinated team of health professionals will work together to achieve rehabilitation goals which have been tailored to a patient's lifestyle within their own home environment and so maximise their recovery, mobility and independence.

Support will be offered by physiotherapists, occupational therapists, speech and language therapists, rehabilitation support workers as well as a clinical psychologist and a community geriatrician.

For more info. see

http://www.rushcliffeccg.nhs.uk/news/2017/patients-set-to-benefit-from-improved-stroke-rehabilitation-services-across-south-nottinghamshire/

NHS News

Nottingham University Hospitals Service review

Seven services will soon be delivered in a community setting, closer to patients' homes, providing better value to the local NHS and improved outcomes for patients

Source: http://www.rushcliffeccg.nhs.uk/news/2017/update-on-nuh-services-review-feb-2017/

The following services will, from July 2017, be delivered in the community through either open procurement or integration with existing community services (*more details will be forthcoming*):

- Pain Management and Back Pain Service Patients will still receive injections in line with NICE guidelines - which might take place in NUH or in the community dependent on clinical requirements
- Integrated Dietetics Service – across community and acute care (where required care will still take place in the hospital setting).
- Chronic Fatigue Syndrome Service
- Home visiting service for patients with Motor-Neurone Disease (patients will still be under consultant care)
- Geriatric Day Care
- Medicine Day Care
- Complex Rehab – following patient feedback, this service specification will include a separate annex for Parkinson's disease patients. Engagement is also ongoing with this cohort of patients.

Nottinghamshire Sustainability and Transformation Plan (STP)

STPs are five-year plans covering all aspects of NHS spending and are intended to make different parts of the NHS and social care system work together to provide more co-ordinated services to patients – for example, by GPs working more closely with hospital specialists, district nurses and social workers to improve care for people with long-term conditions. STPS also aim to increase efficiency and reduce costs, with targeted savings of £90 million by 2020-21.

For a simple guide to Notts. STP see

http://www.stpnotts.org.uk/media/116401/sustainabilitytransformationplansummaryguide.pdf

or for more details

http://www.stpnotts.org.uk/media/116400/sustainabilitytransformationplanexecutivesummary.pdf

As it is a major programme, we have set out the Notts. STP's challenges and the targets it is setting across the County in the Appendix. We hope this is helpful and not just too much information.

Other Courses, Events and Information

Health & Wellbeing Workshops for Carers

Bingham Library Tue 28th March 10:30 am to 3:30 pm Refreshments will be provided

http://www.rushcliffeccg.nhs.uk/media/4014/inspire-health-and-wellbing-workshops-for-carers-feb-march-17.pdf

Talking Memory 5 week courses

for those with dementia or caring for those with dementia. The course uses objects, artefacts and photographs to stimulate activity, recall and conversation.

Bingham Library - June 8th - July 6th 10.00 -12.00 Free to those on means tested benefit, otherwise £29.00 course fee

http://www.rushcliffeccg.nhs.uk/media/4015/talking-memories-course-list.pdf

Self-Care Forum factsheets

The Self-Care Forum is a national organisation which aims to help people look after themselves. It has a wealth of resources to help health teams, such as GP practices promote self-care amongst their patients. They have put together a series of fact sheets on common ailments like:

- sore throat
- eczema
- fever in children
- back pain.

http://www.selfcareforum.org/fact-sheets/

(see over for Appendix on Notts STP)

APPENDIX

The NOTTS STP:- The Challenges Facing Nottinghamshire

Health and wellbeing

- The proportion of local people living in ill health is growing, and while people are living longer, an increasing proportion of their lives is spent in ill health. Our healthy life expectancy is lower in Nottinghamshire than many other parts of England. This is due to:
    - An increase in conditions such as diabetes, heart disease and respiratory disease that are often the result of lifestyle choices
    - A result of people living longer, with growing numbers of people with dementia or at risk of experiencing loneliness or social isolation
- • We have significant health inequalities, with more than one-quarter of our population living in the most deprived areas of England, and with Nottingham ranked as one of the most deprived city regions in the country. These need to be reduced
- • There are big differences in deprivation levels across the city and county affecting older people and children and young people, and a concentration of higher levels of economic deprivation in Nottingham City, Mansfield and Ashfield

Care and quality

Access to care - Nottinghamshire is among the worst performers in the following areas:

- We consistently fail to meet the target for 95% of people arriving at A&E being seen and treated within four hours
- Our ambulance response times are lower than the national average
- Waiting times for treatment for cancer are higher than the national average
- Nottinghamshire has a higher rate than the national average for people with learning disabilities or autism being admitted to hospital
- Young people with mental health needs are receiving care within 10-13 weeks of being referred, against an aspiration of four weeks
- Access times to see a GP vary significantly across Nottinghamshire

Quality of care - we have wide variation within Nottinghamshire in the following areas:

- The numbers of people with long-term conditions aged under-75 who die from preventable conditions is higher than the national average in Nottingham City but not Nottinghamshire, and the number of excess deaths in general for people under-75 is also higher than the national average • Our providers have good/outstanding regulatory ratings, but Sherwood Forest has a 'requires improvement' rating and is continuing to work to improve the quality of services it provides.
- Our social care performance includes some of the best in the country, but we are facing sustainability challenges, particularly in the care at home market

Finance and efficiency

- While demand is growing, healthcare services are receiving small budget increases, while social care faces significant decreases
- If we do nothing next year, we are forecasting an overall system gap of £314m for the local authority social care and public health budget.

- By 2021, this would grow to an an overall system gap of £628m for the local authority social care and public health budget
- Closing this gap would require a reduction of 4.5% in spending growth every year against our historic performance of 2%.

Notts STP:- Targets (to 2020-21) in five high-impact areas:

1. Promote wellbeing, prevention, independence and self-care

Our focus is to prevent illness, disease and frailty to enable our citizens to live healthy and independent lives. We will tackle inequalities in health by targeting our support to those individuals and communities where ill-health and the occurrence of unhealthy lifestyles is greatest. We will measure our success by increases in healthy life expectancy, a reduction in inequalities across population groups, and supporting people to live healthy lifestyles. This will result in:

- An increase in healthy life expectancy of three years by 2020/21 through a reduction in the occurrence and severity of disease including:
  - Decrease the prevalence of smoking from 24.2% to 8.8% (city) and from 17.1% to 15.2% (county), with separate targets for pregnant women
  - Reduce levels of overweight and obese children aged10-11 (from 37.9% to 35% in city and 31% to 28% county) and adults (from 62.3% to 59.3%, city and from 67.3% to 65.5% county)
  - Reduce rate of alcohol-related admissions from 927.5 to 696.1 (city) and from 653.9 to 585.9 (county) per every 100,000 citizens
- Reduce organisational staff sickness absence rates
- A reduction in avoidable demand for health and care services by promoting independence and self-care, including through improved information and education and greater use of technology
- Reduction in health inequalities across the STP by reducing the slope index of inequality (mortality from causes considered preventable) from 206.6 to 167.8
- Increase in population levels of physical activity and good diet and nutrition including breastfeeding, and mental wellbeing
- Reduce levels of physical inactivity to 25.6% (city) and 26% (county)
- Increase breastfeeding rates from 48.6% to 51.6% (city) and 39.8% to 44.4%(county)

2. Strengthen primary, community, social care and carer services

- We aim to ensure that our communities are supported to stay healthier for longer, and that when they are at risk of becoming unwell they are able to swiftly access consistent levels of care that is organised around their needs. Increased levels of access to integrated primary, community, mental health and social care services will help people to live longer, healthier and more independent lives. It will also offer much needed support for carers, reduce the pressure on general practice and reduce the number of people requiring hospital services. This will result in:
- Swifter access to general practice, which will be available 8am-8pm, seven days a week
- Reduced numbers of avoidable hospital admissions
- Increased early detection of illnesses, in particular in cancer and dementia
- Reduced instances of waste and patient harm from poor medicines management
- More people dying in accordance with their wishes as a result of better end-of-life planning

- A more multi-skilled and empowered workforce not limited by traditional boundaries
- A net savings of £50m by 2020/21

Through the above, and other objectives, we will:

- reduce the number of emergency admissions in our hospitals (for example, 30% in south Nottinghamshire and 19.5% in mid Nottinghamshire)
- reduce our prescribing costs by 2%
- increase to 40% the number of citizens with diabetes meeting treatment targets.
- be in the top 25% of areas for citizen satisfaction with GP opening hours, those recommending their practice, and those with a same or next day contact.
- be in the top 25% of areas for numbers of older people remaining at home 91 days after discharge from hospital.

3. Simplify and improve urgent and emergency care

We aim to support citizens to access the most appropriate advice or service for their urgent care needs, minimising disruption for citizens and their families. For those with more serious needs, we aim to provide a service that can respond rapidly to meet those needs, whether in the community or hospital, ensuring that patients receive the best possible care and return home as soon as they are well enough. This will result in:

- More people able to self-treat as a result of improved quality of information and support available
- Fewer people arriving at hospital as a result of improved access to urgent care in settings other than A&E, such as general practice or pharmacy
- Timely and safe care for those needing hospital-based urgent and emergency care as a result of swifter access to a senior clinician on arrival at A&E
- People who are admitted to hospital able to return home sooner as a result of more effective processes for discharging patients
- A net savings of £16m by 2020/21

Targets:
First and foremost,

- at least 95% of our citizens attending A&E will be seen and treated within four hours.

Additionally, we will

- reduce the total number of emergency admissions by 5% via improved navigation of our citizens and workforce to appropriate services,
- reduce mental emergency attendances and re- admissions over the next two years by 10%,
- reduce 200 beds in our acute setting by providing better alternatives for our citizens who are medically fit to leave the hospital but currently do not have enough support in the community or at home.

4. Deliver technology enabled care

We aim to use technology to help citizens stay healthy and manage their own care, and to help clinicians and other staff deliver care more efficiently. This will result in:

- Improved access to information for citizens, including about the availability of services and to all records and relevant self-care information

- Patients and service users no longer required to repeat the same information multiple times to different health and care professionals
- Clinical and care staff able to access and share information to support individuals' health and care needs.
- Availability of new technologies to support independent living, care at home and better self-management of conditions
- Savings of £3m per year by 2020/21 as a result of making better use of technology

5. Ensure consistent, evidence based pathways in planned care

Early diagnosis of illnesses and health conditions can improve outcomes and reduce costs of treatment. This is particularly true of cancer and other long- term conditions. Through early diagnosis we will support citizens to manage their condition and prevent deterioration. Much of this support can be given close to home in a community setting. Where specialist treatment is needed in a hospital or specialist centre, consistent pathways will ensure that patients receive the most appropriate treatment and are supported to return to their place of residence quickly following treatment. This will result in:

- Fewer people diagnosed with cancer or an underlying medical condition through the urgent and emergency care system
- The 18-week referral-to-treatment time for routine planned care will be consistently achieved by ensuring that the right patients are referred forspecialist care
- All national standards on waiting times for cancer diagnosis and survival rates will be achieved
- Improved outcomes for people who have hip and knee replacements
- Reduced avoidable admissions for people with musculoskeletal disorders
- Savings of £21m by 2020/21

As a result, we will:

- reduce gastro and cardiology outpatient appointments by 23% by 2018/19,
- reduce unnecessary ophthalmology referrals ensuring patients have access to the most appropriate service without delay, provide community ophthalmology closer to home allowing hospitals to treat the most serious conditions
- achieve a 9% reduction in musculoskeletal outpatient referrals.