

# Transforming Primary and Community Services

**Presentation for V.A.L and Luton Forum**

**September 10<sup>th</sup> 2009**

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# Key Drivers of Change

## Internal

Transforming Primary and Community care is one of our three strategic priorities (Five year plan 2009-14)

## External

Launch of “Transforming Community Services” (DH, Jan 2009)



# Main Diseases of Health Inequality

- **CHD**
  - CHD mortality rate is 50 per 100,000 in Luton compared to 45 in England and 38 in EoE
- **Stroke**
  - Nearly 500 people experience a stroke each year in Luton, 20% of these will die
- **Diabetes**
  - Almost 9000 people in Luton registered with their GP are diabetic
  - 4.3% males and 5.0% females have diabetes
- **Obesity**
  - 15.6% men and 16.3% women obese
  - 12.5% Year R and 20.5% Year 6 children obese compared to national average of 9.6% and 18.3% respectively.



# Why Does NHS Luton need a Strategy?

- Health needs not always met.
- If we continue to do what we have always done, we will carry on getting the results that we have always had.
- Whatever we change needs to be planned, thought through and evidence based.
- Current duplication in some schemes.
- Prepared for the future.



# The Case for Change

- Developing disease prevention and self care
- Developing a clear patient pathway
- Meeting the needs of specific populations
- Addressing the variation in access
- Addressing the variation in quality
- The delivery of enhanced services
- Managing LTCs in the community
- Responding changing national policy
- Decreasing the reliance on secondary care
- Access to diagnostics

**IMPROVING CARE FOR PEOPLE  
WITH LONG-TERM CONDITIONS**



# Challenges

- Economic situation – need to ensure quality improvements, productivity and prevention
- Improving primary care – to ensure people access secondary help less often
- Improving quality and getting feedback from patients (more demanding people get better service!)
- Clinical leadership



# Development of TPCSS

- To be launched in April 2010
- Will map current provision
- Will identify strategic development opportunities
- Will define the direction of travel and shape of primary and community services across Luton to 2015

# Approach to Date

- Review current configuration and performance (May / June)
- Benchmark best practice in other PCTs (May / June)
- Develop alternative models for stakeholder engagement (June / July)
- Stakeholder engagement via discussion document (July / August)
- Development of draft strategy (July / August)

# Stakeholder Engagement

- 190 members of the public
  - E.g. Disability group, Hindu, Irish forum, Young at Heart, visioning event
- 60 Professionals
  - E.g. LMC, LPC, Practice managers group, visioning event
- 50 completed questionnaires

# Timelines

Dates	Activities
September 2009	Board review of draft plan. This requires sign off from the board as the plan will then be redrafted for public consultation.
October 2009	Redraft of strategy
November – December 2009	Consultation to involve the general public, community groups. LINK, voluntary groups, professional groups, providers and other stakeholders
January 2010	Analysis of consultation and plan re-write. Incorporate implementation in year one into annual operating plan
March 2010	Board review and approval of final plan prior to launch
April 2010	Launch 5 year TPCSS



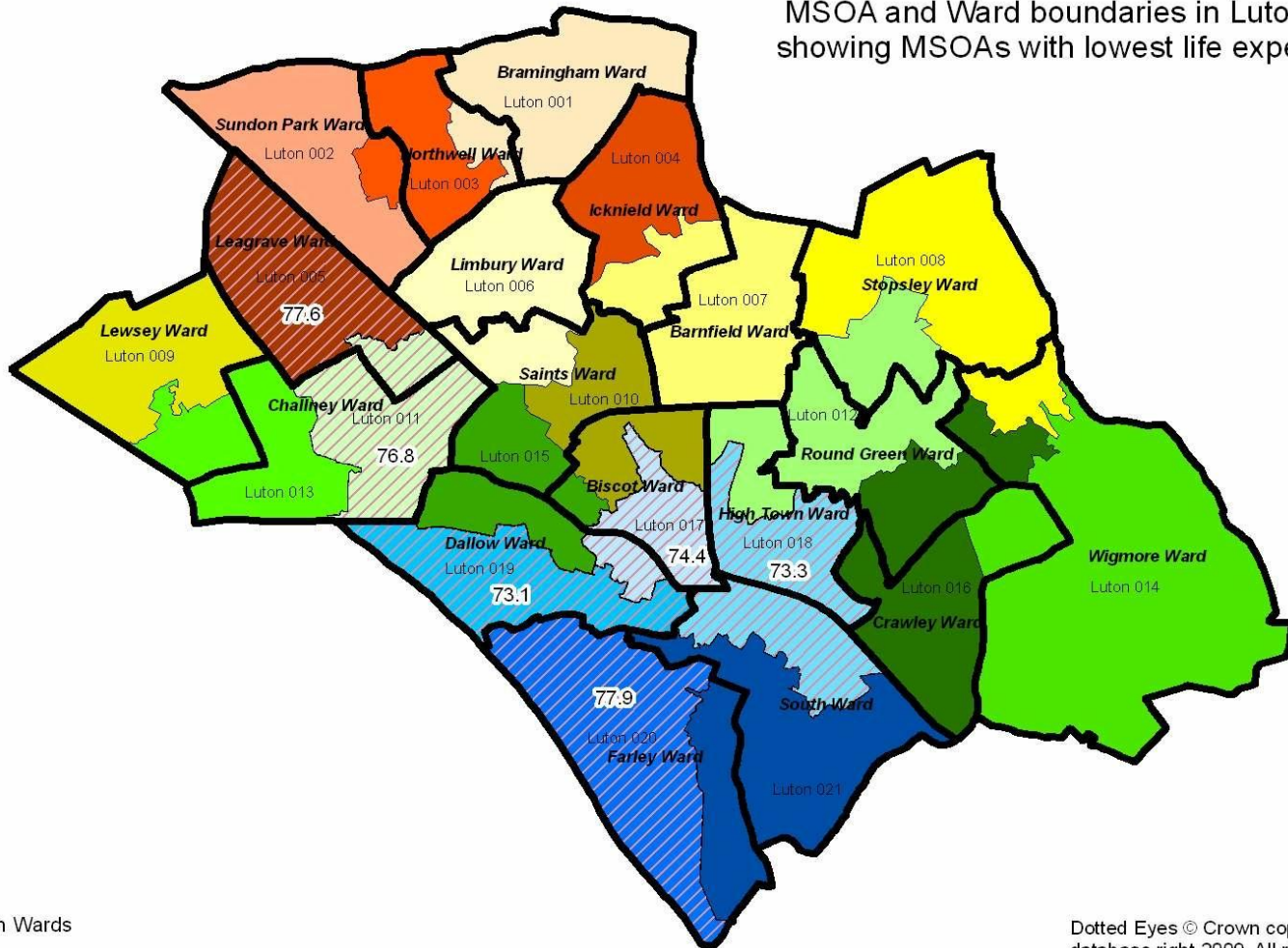


# What it means for us

- Voluntary organisations
- Members of the public
- Officials in public office
- Health care professionals
- Members of NHS Luton



MSOA and Ward boundaries in Luton also showing MSOAs with lowest life expectancy



 Luton Wards

Source: Life Exepectancy by MSOA - ERPHO 2008 Health Inequalities Profile

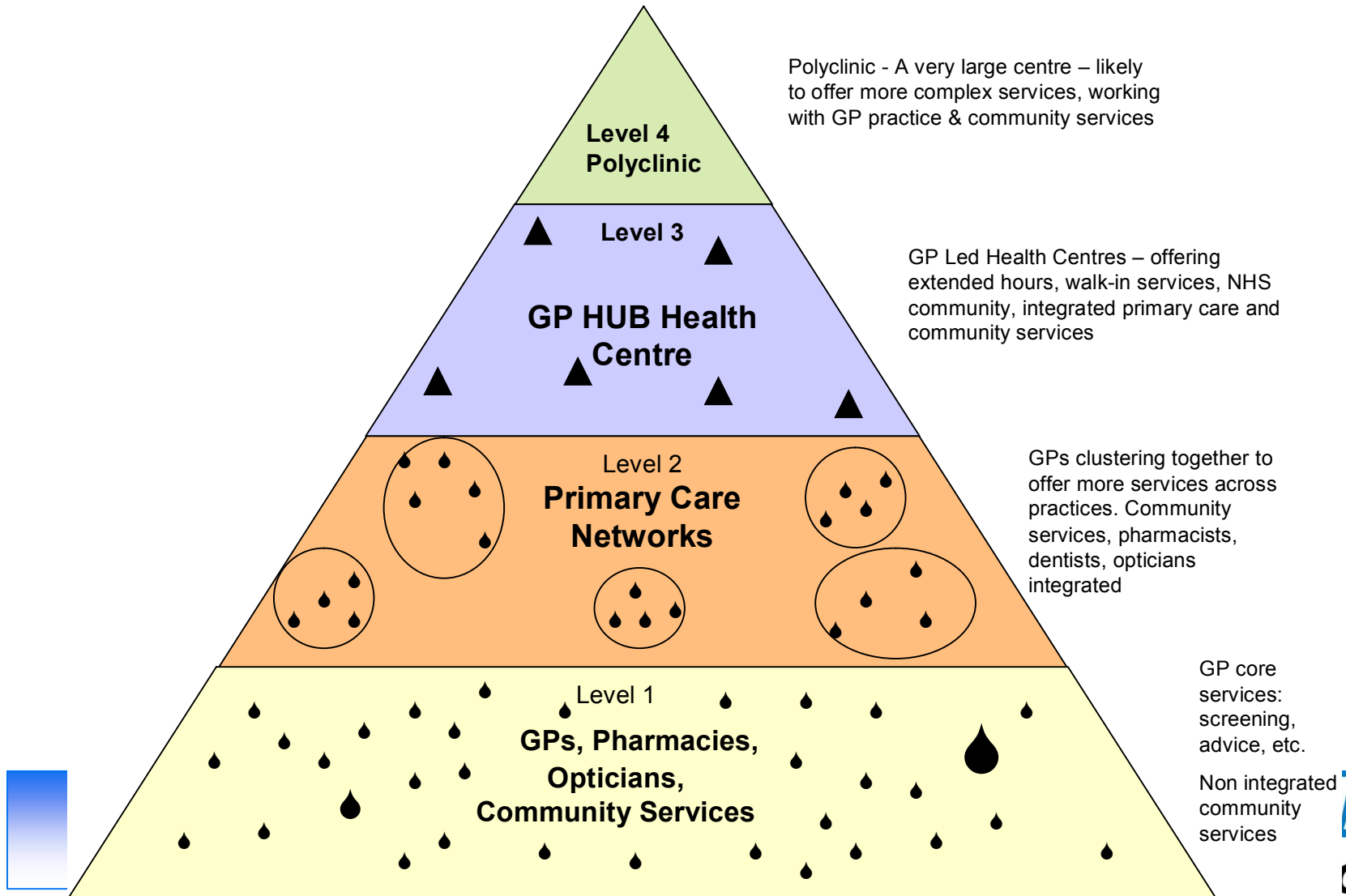
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# Populations wants

- Local access
- Quick access
- Languages
- Not going to hospital
- Signposting to navigate the system



# Models Explored



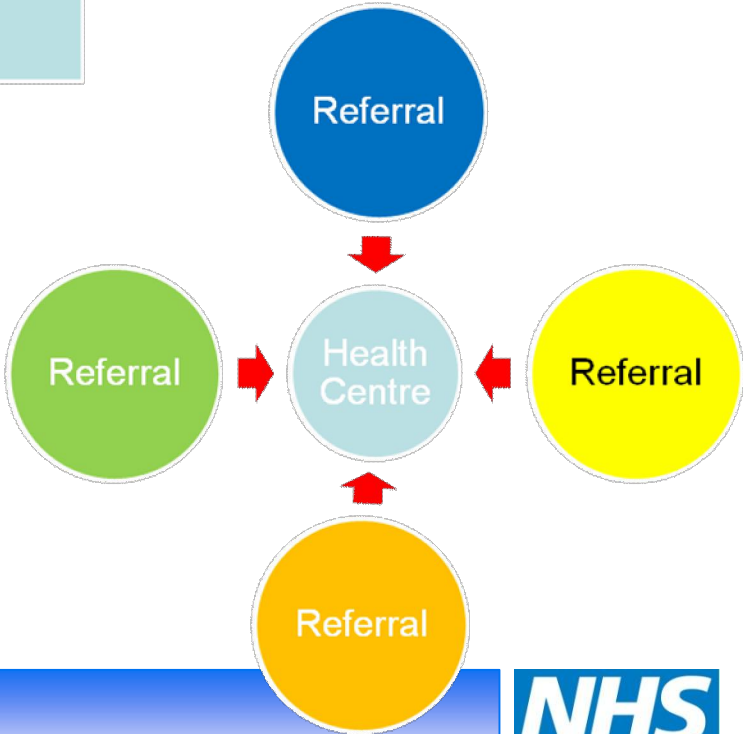
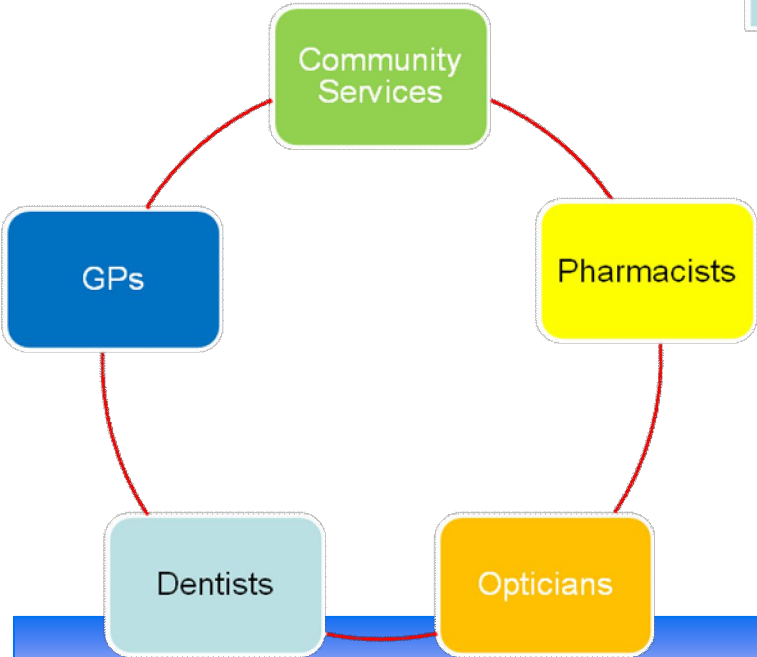
GPs

Pharmacies

Opticians

Community Services

Dentist



**NHS**

**Luton**

# The Emerging Model



# Key Questions to be answered in consultation

- How well do services currently meet your needs?
- Have we identified the right reasons for change?
- Do you believe the proposed model will improve services?
- What are the Core services that should be provided within the network?
- What range of advanced / specialised services should be provided within the network?