INTEGRATING NHS SERVICES:

Our System Clinical Strategy for the next five years

Contents

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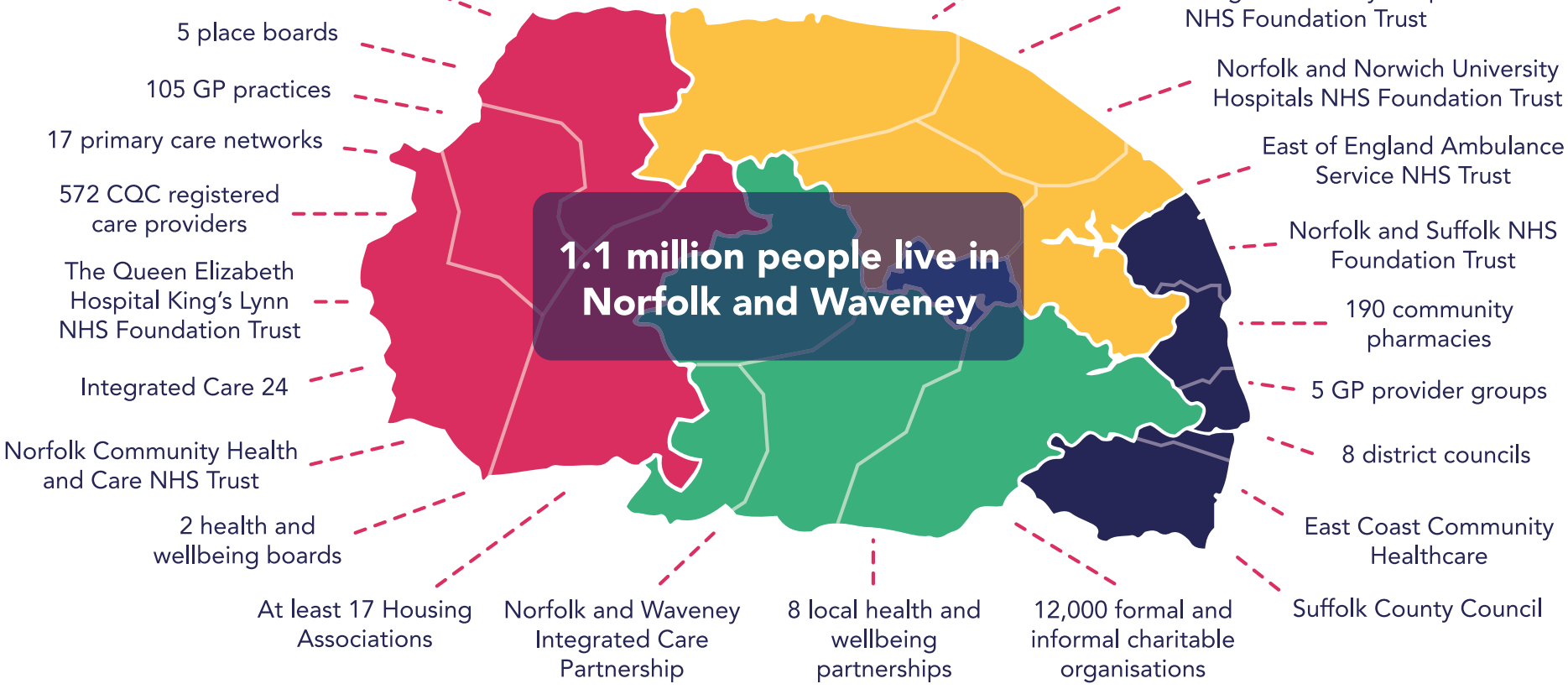
Foreword

The Norfolk and Waveney Integrated Care System is made-up of a wide range of partner organisations, **working together to help people lead longer, healthier and happier lives.** Our Integrated Care System includes:

Norfolk & Waveney Integrated Care System



Foreword (cont.)

Over and above everything else we want to achieve, we've set ourselves three goals:

To make sure that people can live as healthy a life as possible.

This means preventing avoidable illness and tackling the root causes of poor health – how healthy you are should not depend on where you live.

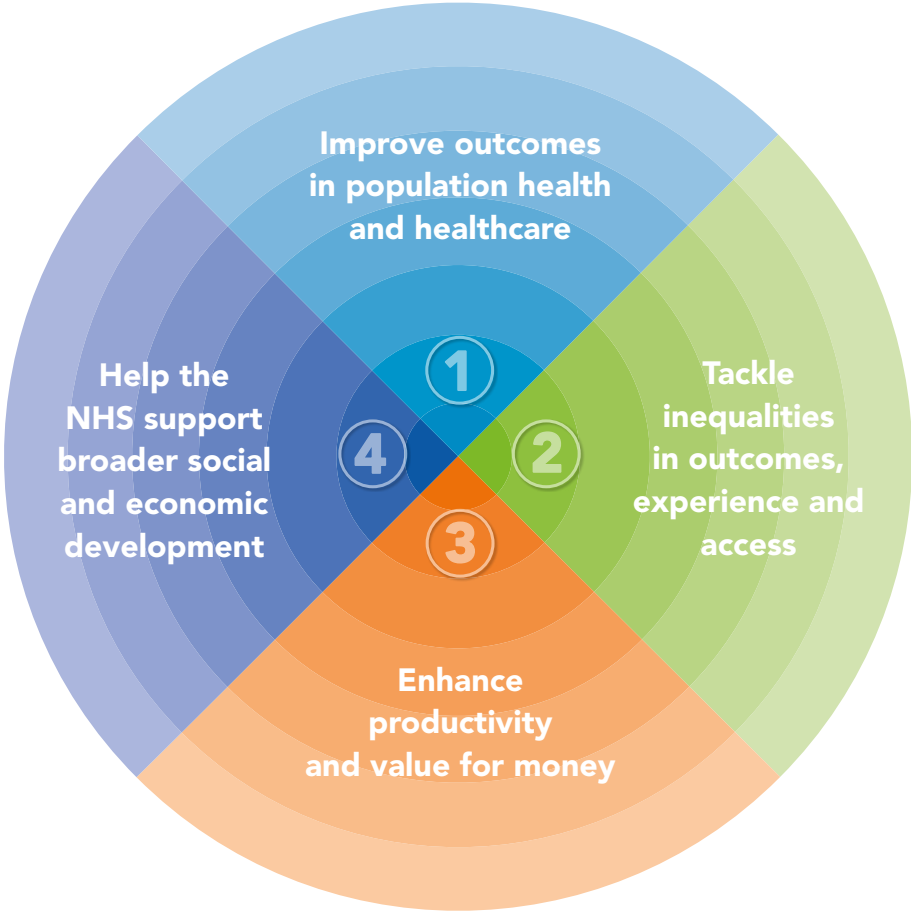
To make sure that you only have to tell your story once.

Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.

To make Norfolk and Waveney the best place to work in health and care.

Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

Like all Integrated Care Systems in England, we have an **overarching purpose** to:



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It is important to understand why, in the new world of system integration, this is specifically an NHS services strategy.

In this context it means our plans to ensure that NHS services:

- **Consist of the right things to meet the needs of our population**
- **Work together in the right way to help improve the care and treatment of people,**
- **and enable everyone in Norfolk and Waveney to lead longer, healthier and happier lives.**

The diagram describes how our ICS will work and where this NHS clinical strategy sits within the developing system.

However, while this is our plan for clinical services, it will complement, inform, and be integral to wider integration developments between the NHS, local government and the voluntary sector.

Norfolk and Waveney ICS

Our ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

Our Integrated Care Board (ICB)

Will take on the roles and responsibilities of CCGs, including:

- Commissioning and managing resources.
- Allocating resources to deliver the plan across the system
- Establishing joint working arrangements
- Establishing governance for collective accountability
- Arranging the provision of high quality health services in line with the allocated resources.
- Leading system implementation of workforce, including delivery of the People Plan and People Promise
- Leading system-wide action on digital and data strategies.
- Ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability
- Driving joint work on estates and procurement

Our Integrated Care Partnership (ICP)

Our Integrated Care Partnership, will work with partners to develop an Integrated Care Strategy to improve health and care outcomes and experiences for our communities. It will set out the challenges and opportunities which can only be tackled in partnership and will build on existing work and relationships to:

1. **Address the wider determinants of health and wellbeing.**
2. **Integrate local government, the NHS and others, including the voluntary sector.**
3. **Effectively link to Joint Health and Wellbeing strategies for Norfolk and Suffolk.**
4. **Integrate health services within the NHS (THIS DOCUMENT)**

Introduction

This Clinical Strategy for Norfolk and Waveney is based on the experiences, hopes and ideas of the patients who use the NHS, the staff that work in it and the communities it serves.

The key findings are drawn from known data supplemented by interviews. We spoke with more than 50 senior clinicians including GP's and out of hours services, doctors, nurses, and consultants in our acute, community and mental health hospitals. We also spoke with commissioners and service managers, staff in public health, Norfolk County Council, members of the public and Healthwatch colleagues. We have also used evidence from independent research where individuals and groups representative of the cross-section of people living in Norfolk and Waveney were interviewed. These included patients who were moderate to heavy users of health services, and the thoughts of junior doctors, nurses, GPs and allied health professional staff.

While these sources form the bedrock of this strategy, we have been careful to ensure that we have tested this strategy with as wide a group of people within and outside of the NHS as possible.

The most striking thing we have learnt is the extent to which patient and clinician views are the same, particularly about the importance of reducing waiting times and people's mental health and wellbeing. Understandably for people that work, live and breathe patient care, our staff have a more detailed view of the challenges and potential solutions, but people who use services are no less clear and agree about the main issues.

We know that for most patients the NHS is seen as one organisation. However the reality is that, while we all operate under the same banner, the NHS is made up of many different organisations. These include organisations in primary care such as individual GP practices, mental health, different community care organisations, and individual hospitals, to name a few. We know that this arrangement of services can be confusing for people to navigate, and frustrating when information about their care is not readily available between services when it needs to be. It means that care can take longer than it needs to and for some people it means poorer outcomes for their health and wellbeing.

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Introduction (cont.)

These issues are also frustrating for the great many dedicated people who work in our NHS services in Norfolk and Waveney. Time spent chasing for information about someone's care is time that should be spent using valuable skills in delivering the best care. Now, more than ever before, we have to make sure that the people working in our NHS are able to easily work together. We have to help our healthcare workforce by making sure that we have the right number of people, with the right skills and tools, working in the right places, throughout Norfolk and Waveney.

Beyond all of this, we have to ensure that everyone working in our NHS services in Norfolk and Waveney feels valued and supported for the incredible jobs that they do.

All of us wish for good health. For many people in Norfolk and Waveney good health throughout life can be determined by what we eat, whether we (or our parents) smoke or drink too much alcohol, or how physically active we are. Most people know that they have a personal responsibility in preventing illness, but this has its limits and can be influenced by many factors. The NHS has an important role alongside Public Health to support everyone to make good lifestyle choices. One of the main principles in the Norfolk and Waveney health system is to prevent and pre-empt illness and crisis to maintain health and wellbeing.

We have developed this strategy during the response to the pandemic. Covid-19 continues to leave its effects on all of us, bereavement, anxiety associated with long periods of isolation and fears for family, friends and co-workers continue. We know that the pandemic is having an unfairly greater impact on some parts of our society than others, and we need to do more for these people. All of this compounds a backlog of diagnosis and treatment in many areas of the NHS that is greater than at any time since waiting lists were recorded.

However, there is hope for patients and staff as we have seen that by coming together we can achieve unprecedented levels of innovation, co-operation, and transformation on a scale and at a rate never seen before. We will work together to deliver the changes described here.

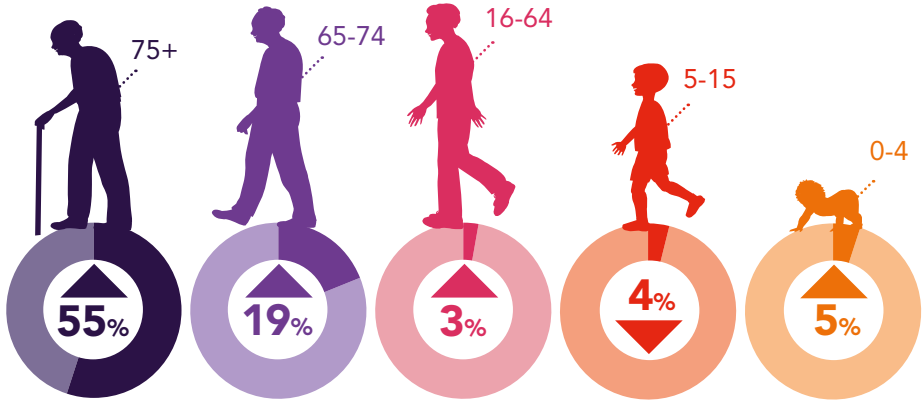
Dr Hilary Byrne **Professor Erika Denton**

Co-chairs of the Norfolk and Waveney Clinical and Care Transformation Group

The Norfolk and Waveney picture: who we are and how we live

Norfolk and Waveney has a **less ethnically diverse** and an older population compared to England.

By 2040 our population is expected to **increase by over 110,000**, with older age groups growing faster than younger age groups.



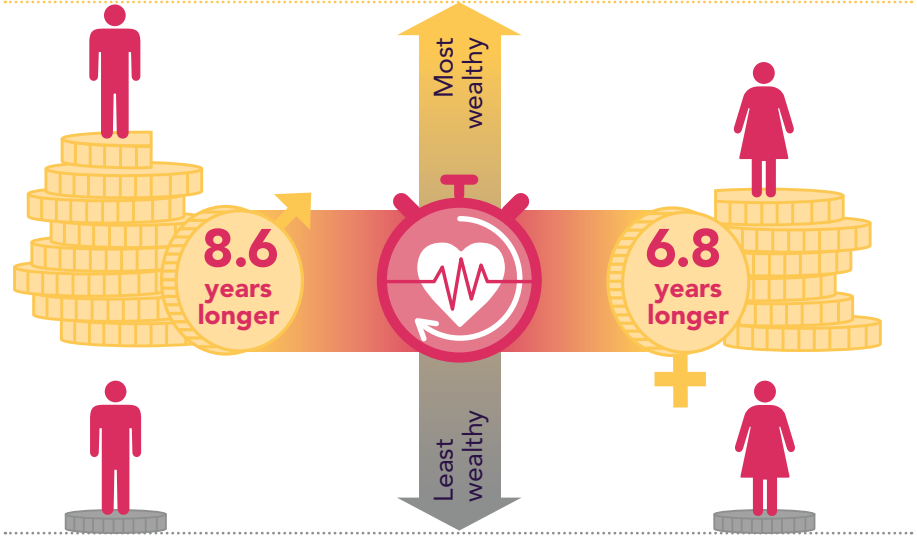
We know that as we get older our chance of having more than one significant illness, frailty and risk of emergency admission increases. More than **26%** of people have one or more long term conditions.

- 8,600 severe frailty
- 31,300 moderate frailty
- 80,100 mild frailty
- 123,900 fit
- 243,900 population 65 and over

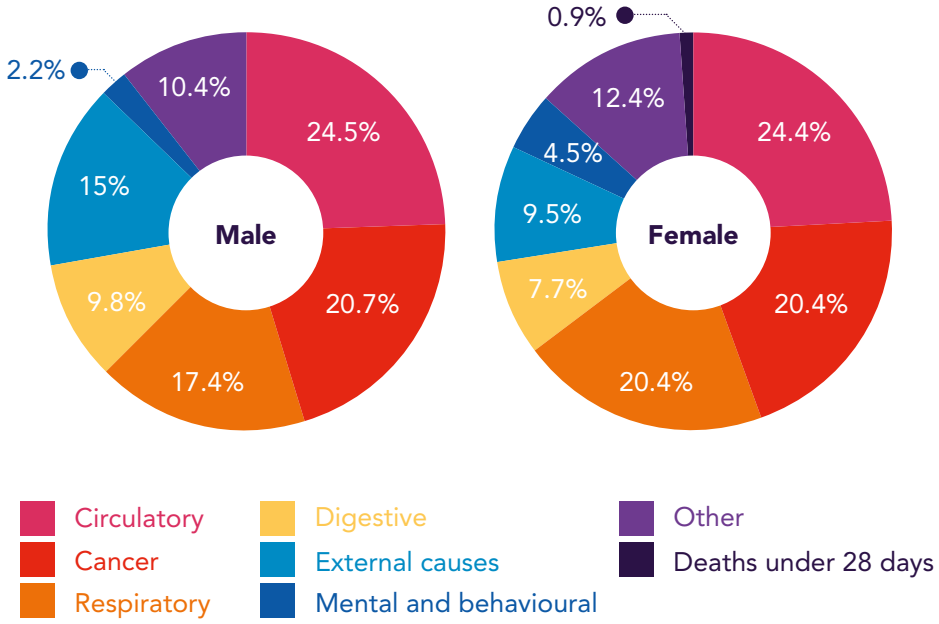
The Norfolk and Waveney picture (cont.)

In 2019 more than **160,000** people in **Norfolk and Waveney** lived in areas categorised as the **least wealthy 20%** in England. While these are mainly located in urban areas, there are also smaller areas of deprivation in more rural areas.

Inequalities exist from birth to older age (e.g. smoking in pregnancy, obesity, educational outcomes, lifestyle, unemployment). These contribute to a gap in peoples life expectancy of **8.6 years for men** and **6.8 years for women** between the least wealthy and most wealthy areas in Norfolk and Waveney. The life expectancy gap between these communities is mainly due to more people dying at an earlier age of circulatory, cancer and respiratory diseases.



The charts show the causes of death contributing to the life expectancy gap for men and women who live in the **20% least wealthy** communities in Norfolk and Waveney **compared to the most wealthy 20%.**



Source: Public Health England based on Office of National Statistics death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

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The Norfolk and Waveney picture (cont.)

100,000+ smokers

1 in 7 adults smoke

280,000+ adults could eat better

3 in 5 adults eat '5-a-day'

Lifestyle

There are significant prevention opportunities across Norfolk and Waveney

180,000+ adults drink too much

1 in 4 adults drink >14 units per week

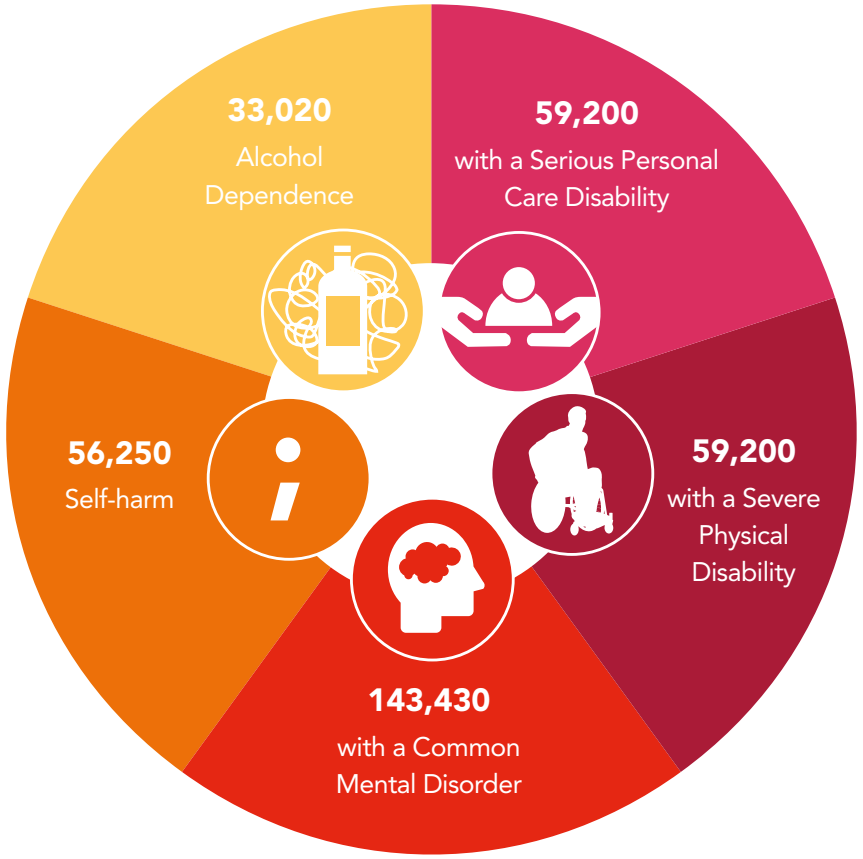
140,000 adults do no exercise

1 in 5 adults are physically inactive

475,000+ adults are overweight or obese

2 in 3 adults carry excess weight

Norfolk and Waveney selected health conditions and comorbidities common in vulnerable groups. Vulnerable groups can include children and older people, people who are differently abled, people living with mental illness, learning disabilities or autism, or people who are homeless:



A summary of our clinical objectives:
In Norfolk and Waveney My NHS….

Too often patients are told what the NHS is going **to do for or to them.** We feel that it is more important that we set out what the public, patients and our staff should **expect** from their NHS.

Therefore, we decided to create a plan to set out what you could expect from your NHS.

The six statements that you can see here describe what our plan will try to achieve. The statements have three key aims:

They describe the expectations that you – patients and staff - have told us you want from your NHS in Norfolk and Waveney.

They explain how we plan to help improve certain areas of health within our population.

They detail how NHS services will work together to achieve our goals.

To make a difference our plan needs to set objectives that address the challenges, problems and opportunities identified by patients, staff and the wider public.

The objectives need to be achievable and limited in number so that energy and resources can be directed effectively. They also need to be communicated and described in a way that people can understand. We also want the objectives to mean something to people – especially staff – so they can support them and make things happen.

My NHS will see me as a whole person

Our plans for the NHS in Norfolk and Waveney

- We will ensure that people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths, needs and preferences. To do this we will implement the NHS Comprehensive Model of Universal Personalised Care.
- We will make sure that patients do not have to repeat their health story and that clinicians have all the information they need to diagnose and treat patients effectively. To do this we will develop effective and consistent protocols and processes to record and share information in real time between NHS providers and social care
- We will agree a common approach to care across our services that pays equal attention to peoples mental and physical health, their identity and social situation. This is known as a biopsychosocial model of assessment and care.
- We will create a co-production centre. Co-production involves engaging with people, and their families and carers, who use services and working with them in equal partnership to develop existing and new services.
- We will deliver a plan that ensures that we all make the most out of our use of medicines. We will have a particular focus on the known risks to people who are prescribed and regularly use five medications or more (this is also known as polypharmacy), and the use of dependence forming drugs (such as opioids).
- We will agree and deliver an 'overdiagnosis and overtreatment' review and action plan. Overdiagnosis and overtreatment are the detection and treatment of harmless conditions that could be safely left undiagnosed and untreated. These can trigger unnecessary tests and treatments that offer low or no benefit to patients.
- We will deliver a plan to keep people and their care as close to home wherever it is possible to do so.

What we mean by this

My NHS will prioritise my mental and physical wellbeing, recognising that there is no health without mental health.

My NHS will see and treat me with knowledge of my life circumstances. This will help them to understand how these affect my ability to cope when I am unwell or waiting to be diagnosed or treated.

My NHS will listen to me to create a shared treatment plan that responds to my health and wellbeing needs.

My NHS will only use medication to treat my condition where essential, and only if non-medication remedies are inappropriate or unavailable.

My NHS will help me to take responsibility for my lifelong health and wellbeing.

My NHS will prioritise my independence. It will encourage me to help myself wherever possible, and keep me at home or as near to home whenever support is needed.

My NHS will be one high quality, resilient service

Our plans for the NHS in Norfolk and Waveney

- We will develop services to have joint leadership, people, resources, and systems of governance. This will strengthen organisations and bring systems and services together.
- We will create an integrated Clinical Learning and Resource centre to make sure that, together, we learn from our successes and challenges and act to improve services, patient safety and treatment outcomes.
- We will create a Quality Team that will identify and reduce unexplained differences in peoples care and outcomes (also known as unwarranted clinical variation).
- We will 'fast track' rotation opportunities for staff to effectively move between services and locations in Norfolk and Waveney.
- We will work together to identify and understand local service pressures, and take appropriate action to support them.

What we mean by this

My NHS will provide services that give people the same high quality of care wherever similar services exist in Norfolk and Waveney.

My NHS will work with others in and outside the NHS to put my health and wellbeing first.

My NHS will improve care through sharing information, learning from each other and from listening to me about my experiences of care.

My NHS will improve my experience of care by making it's use of staff, buildings and equipment more efficient.

My NHS will simplify how services are organised, creating partnerships and preventing gaps in care.

My NHS values staff and their importance in relation to my care. My NHS will improve their working lives, support them to work well together, and create an environment of mutual support, sharing of ideas and the development of skills.

My NHS in Norfolk and Waveney will be the best place to work and develop a career in healthcare.

My NHS will reduce long waiting times

Our plans for the NHS in Norfolk and Waveney

- We will agree and report on progress against clear targets relating to the reduction of waiting times across care settings, prioritising areas of greatest concern.
- We will deliver plans that protect services and spaces that provide planned care (such as hospital beds for patients who are having surgery). This will maximise the number of patients that receive their treatment without delay or cancellation.
- We will undertake an appraisal to develop one or more separate elective surgery centres to help deal with hospital waiting lists.
- We will make a major investment in diagnostic capacity in line with the Richards Report: Diagnostics: Recovery and Renewal
- We will develop management and care plans for people on waiting lists across all care settings.
- We will develop a plan for the use of virtual services. This includes things like outpatient consultations, advice and guidance services, team meetings between multiple clinicians around a persons care, and virtual wards where people can be supported to stay where they live while being monitored from a hospital setting.

What we mean by this

My NHS will significantly reduce long waiting times to be seen and treated, wherever long waits may occur in primary, secondary and community care.

My NHS will be open and honest about overall service waiting times and will make sure I know about how long I am likely to wait to be seen or treated.

My NHS will support me to maintain my health and wellbeing while I wait for treatment.

My NHS will act early to improve health

Our plans for the NHS in Norfolk and Waveney

- We will set up a Health Improvement and Transformation partnership made up of key NHS, social care, Public Health and voluntary sector groups. The partnership will produce a plan that addresses five key areas of healthy living, these are tobacco, mental health and wellbeing, healthy weight, alcohol, and physical activity.
- We will develop a plan to improve the way we work together to manage long-term health conditions (particularly in relation to dementia, heart failure, hypertension, cardiovascular disease, diabetes, cancer, and breathing conditions).
- We will deliver five key areas for urgent and emergency care to ensure people get the right care in the right place whenever they need it. These are: think NHS 111 first, the development of urgent treatment centres, same day emergency care services, reducing time spent in hospital, and ambulance services.
- We will have a structured programme to drive the uptake of vaccinations. In particular we will focus on known areas of inequality and risk in places, communities, and for people who are seldom heard or harder to reach.

What we mean by this

My NHS will provide services that work together using all available information, to predict, detect and act early, helping me prevent poor health and avoidable crisis wherever it can make a difference.

My NHS will work with me throughout my life providing me with information, personal understanding and support, so that I can make healthy choices, stay healthy and reduce ill-health.

My NHS will empower and support staff to make the best timely decisions in the interests of patients.

My NHS will be reliable

Our plans for the NHS in Norfolk and Waveney

- We will agree and adopt a model of Value Based Healthcare. This is a clinically led approach to efficiency that focusses on actions that improve health and wellbeing outcomes for patients.
- We will work with teams across services to resolve known areas of inefficiency (e.g. requesting tests in different care settings).
- We will create a clinical team to advise on an Acute Hospital Services Plan. This will define the sustainable long term organisation of new hospitals, hospital services, and healthcare sites.

What we mean by this

My NHS will provide reliable services which reduce cancellations of appointments and operations year on year.

My NHS will look to provide effective local services to people and avoid long travel times wherever possible.

My NHS will provide appropriately staffed services for the safety and wellbeing of me and the people who work in these services.

My NHS will support staff by effectively sharing resources across health settings and sites, to support the Teams and services that need it the most.

My NHS will not seek to solve problems in isolation or use human or financial resources in a way that prejudices the balance of patient outcomes elsewhere.

My NHS will work together across different organisations, to make the best use of money and deliver the best possible results within its budget.

My NHS we will do everything possible to eliminate waste and ensure staff have the tools they need so that they can focus on caring for patients rather than unnecessary bureaucracy

My NHS will tackle health inequalities

Our plans for the NHS in Norfolk and Waveney

- We will produce a plan that targets resources to deliver the national Core 20 Plus 5 plan in Norfolk and Waveney. This includes reducing health gaps for people who live in the least well off neighbourhoods compared to people who live in the most well off neighbourhoods, and five key areas of care shown to have the greatest impact on Health Inequalities. These are maternity, severe mental illness, long term breathing illnesses, early cancer diagnosis and high blood pressure.
- We will use Place Based Partnerships to help drive reductions in health inequalities in Norfolk and Waveney.
- We will deliver an increased uptake of screening programmes where there is known low uptake in patient groups and communities in Norfolk and Waveney.
- We will ensure there is long-term resource to minimise and stop the wider adverse effects of increased health inequalities as a result of the impacts of Covid-19.

What we mean by this

My NHS will give a larger proportion of resources to the communities and patient groups that experience the greatest health inequalities and worst health and wellbeing outcomes.

My NHS will ensure that services are offered fairly to everyone, making reasonable adjustments as they are required.

My NHS will give more resources to supporting mental health and wellbeing, particularly for the most vulnerable.
This includes children and young people, people with eating disorders, people with learning disabilities and people with dementia.

My NHS has limitations on what it is able to achieve in isolation. Other partners in local government as well as national policies, have a role to play that is equally as important as the NHS. Together we can achieve far greater results.

Our NHS Services by numbers:
A summary of our healthcare services

Here are some key facts about how people who live in Norfolk and Waveney are cared for in a normal year

Our General Practice:

We have **105** **GP practices** in Norfolk and Waveney, with an average of **10,244 patients per practice**

There are approximately **70 GP's** **for every 100,000 people** in Norfolk and Waveney.

On average Primary Care undertake over **6 million** appointments per year with the majority of patients being seen in a face to face setting.

Our Hospitals:

We have three hospitals in N&W giving us more than **2,000** inpatient beds and over **150** commissioned general and specialist services

Our emergency departments, minor injury units and walk in centres see **285k** patients a year

As a whole our hospitals have nearly **400k** inpatient admissions per year

Admissions include **135k** emergency and unscheduled admissions and nearly **200k** elective and daycase procedures, and people access regular hospital care as part of an ongoing treatment need nearly **70k** times a year.

There are over **1.4m** outpatient appointments undertaken in a normal year which include over **300k** new appointments, **700k** follow ups and **280k** procedures.

Our urgent and emergency services:

The 111 service manages over **250k** calls

Our GP out of hours service has over **100k** contacts per year

Our 999 services receive over **170k** calls per year.

Our NHS Services by numbers:
A summary of our healthcare services (cont.)

Our community services:

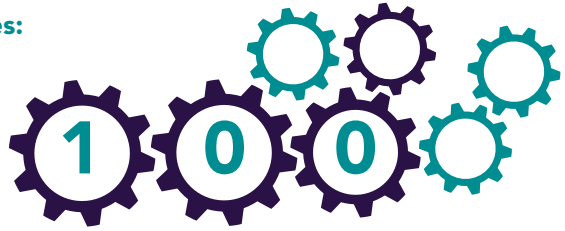
We have two community service providers who offer over

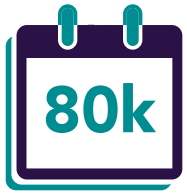
Our community Teams undertake over **1.4m** contacts per year

There are over **2.5k** community inpatient admissions

Our Mental Health Services:

We have over **100** services in Norfolk and Waveney ranging from care for people who have severe mental illness to Wellbeing services and support for people with Autism and Learning Disabilities





Inpatient services manage over **80k** days of occupation per year.

There are over **80k** contacts with our Wellbeing services

People in Norfolk and Waveney receive nearly **300k** MH contacts per year for more specialised care needs

...and this is just for people who live in Norfolk and Waveney and doesn't include everyone who needs care from our services when they visit us from other places

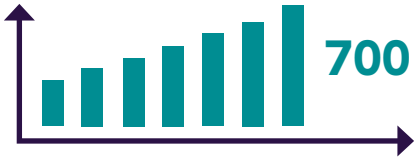
Our NHS Services by numbers: How our services managed in the pandemic and the challenges that lie ahead

Here are some key facts about how we all coped in the first two waves of the pandemic and the challenges we now face

First two waves of the Pandemic facts and figures:

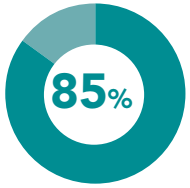
Public Health data:

At the peak of the pandemic nearly **700** new cases were being diagnosed every day.



The peak of the pandemic saw **670** hospital beds being occupied every day by people who had COVID, this is 30%.

By November 2021 **85%** of all people over the age of 12 had been vaccinated with their first dose and **78.6%** of people had had their second dose.



Primary Care delivered the vast majority of the vaccination programme on top of usual business (**20,000** vaccinations in August 2021 alone)

Vaccination uptake amongst some of our most vulnerable patients includes **98%** of people recorded as having dementia; **86%** of people with a serious mental illness; **76%** of people with learning difficulties; and **71%** of people who are 'immunosuppressed'.

Our General Practice:

Primary care undertook **5.73 million** appointments during the first two waves of the pandemic

of these appointments were face to face with patients.

Video and telephone appointments increased by over **125%** from 800k in the previous year to 1.82 million during the pandemic

Our Hospitals:

Our emergency departments, minor injury units and walk in centres still saw **230k** patients

Our hospitals managed to undertake over **110k** planned inpatient and day case procedures and saw **10%** more people who needed regular ongoing treatments than in the year before the pandemic.

Our hospitals undertook nearly **450k** appointments without needing to bring people into hospital in person - an increase of nearly 400%.

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Our NHS Services by numbers: How our services managed in the pandemic and the challenges that lie ahead (cont.)

Our Mental Health Services:

During the pandemic, **20%** more care was given through inpatient mental health services than in the year before.

20% more care was also given to people needing specialist care but not as an inpatient.

At over **100k** contacts, the Wellbeing service helped over **25%** more people than in the year before the pandemic.

Our urgent and emergency services:

At **260k** calls our 111 service managed more people during the pandemic than in the year before

Our GP out of hours service managed over **100k** people during the pandemic

Our 999 services managed **36%** more people over the telephone than the year before the pandemic.

Our community services:

Community services supported over **30%** more people during the first two waves of the pandemic with nearly **2m** contacts.

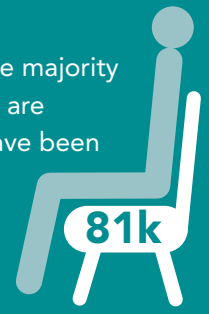
Nearly **15%** more people were cared for in community inpatient beds than before the pandemic giving critical bed space to our hospitals.

Backlog and other information:

Our Hospitals:

The overall number of people waiting to be assessed or treated at our hospitals is over **111k** (February 2022).

At over **81k** the majority of this number are people who have been referred to hospital and are waiting to be seen for the first time as an outpatient.



There are a further **26k** people who are waiting for a planned day case or inpatient procedure, and over **3.7k** people who are waiting for a diagnostic test for decisions to be made about the best course of action for their care.

Because of the effect of the pandemic on our services, there are a large number of people who have been waiting a long time (over 40 weeks) to either be seen for the first time, assessed or treated. In total this number is approaching **33k** with over **12k** people waiting over one year (52 weeks).

The views of people receiving and giving care in Norfolk and Waveney

Engagement has been the most important principle to us in developing this clinical strategy. What you have read so far has been created based on the views of a wide range of people. We have sought views from people working within the NHS, patients and carers who experience NHS care, and from a great many partners from other sectors such as local government and social care, the third sector, education and beyond. This section gives a summary of what we have learned.

Covid – Waiting Lists – Quality of Care

Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid.

However, there is concern from both groups about the impact of the pandemic on the quality of care received by patients.

Both clinicians and patients see the size of patient waiting lists as the single greatest challenge facing the health service. Closely related is the worry and fear that this will lead to poorer health for some patients as they "de-condition" and decline in health and quality of life while waiting for treatment.

Workforce recruitment and retention

Clinicians are concerned about the impact of the pandemic on staff. There is a very real worry that much of the NHS frontline workforce remains exhausted. Staff are not able to recover from the stress of the pandemic – which we should remember is not over – whilst ramping up services to recover the back log of tests and operations patients require. There is significant worry that staff will leave the service, whilst recruitment was already an issue with a shortage of frontline staff in Norfolk and Waveney, as with the rest of the country, running into the thousands.

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Views (cont.)

Sharing information, greater co-operation for the benefit of patients

There should be a system wide commitment to safely sharing information including:

- individual patient information, in real time between organisations to improve clinical decision making and smooth care for patients
- operational information should be shared between NHS organisations more effectively and in a more timely way than has been the case. This will ensure 'situational awareness' of each organisation's pressures (primary, community and secondary care) so that there can be system-wide co-operation to assist struggling services for the benefit of patients
- NHS organisations should share outcome measures in patient treatment and care so that unexplained differences in care (unwarranted variation) between NHS providers can be identified and improved. Patients have a right and should expect, that where they are treated by the NHS, should not determine the quality of healthcare they receive.

Patients agree with these points and want to see more joined-up services. This means better communication between the services and the staff that work in them. In addition, patients don't want to have to keep repeating their health story over and over again as they pass from one clinician to another across different services.

Structural change

Structures or at the very least the boundaries they have imposed, that have significantly shaped previous relationships, must be dissolved. Suggestions from NHS clinicians and managers included:

- by bringing the leadership of the three hospitals JPUH, NNUH and QEH, into a single team
- accelerating the implementation of staff "passports" to allow staff to move between acute hospital sites, community care and primary care settings and work effectively when doing so
- assisted by introducing standard/unified patient protocols across providers.

The aim of these suggested changes is to end what people working in and with the NHS see as the fragmentation in commissioned services, patient pathways, and ultimately the patient experience of care.

click to continue this section

Views (cont.)

Essential areas of clinical focus and change – waiting times

Public, patients and staff agree. The long patient waits to be seen and treated are unacceptable. They must be tackled as the NHS's first priority.

Suggestions for tackling the current excessive waiting times include a single or "unified" waiting list across all hospital pathways. This received strong support from patients and clinicians. What this means is that instead of each of our acute hospitals (JPUH, NNUH and QEH) having their own separate waiting lists, patients would be on one Norfolk and Waveney list for their particular condition; for example waiting for hip replacement surgery. The most urgent patients would receive treatment according to the urgency of their condition wherever they can be seen not according to the length of the waiting list at the nearest hospital where they were originally referred to be seen or treated

This is not without challenges, not least whether a patient in one part of N&W could or would want to travel to another part of N&W to be seen. So a unified patient waiting list would need careful introduction and one of the key things would be to offer patients the choice to be treated at the acute hospital, community or primary care setting (for example, a doctor's surgery or local centre for minor surgical procedures), that will provide the earliest or earlier treatment.

Related to this is the idea of delivering more care in primary and community settings where it is clinically appropriate to do so, including a greater range of services commissioned by Primary Care Networks (PCN). These are the groupings of GP practices that in time will coordinate services closer to where people live, meaning there will be less need to travel to N&W's three large hospitals for some treatments.

More active management of patients on waiting lists so that they do not decline or "decondition" - physically or mentally – while they wait for treatment.

A single real-time patient record available to all clinicians regardless of where a patient enters the health system. This will reduce the need for a patient to keep repeating their story. Having this information available will allow clinicians to make better decisions about how to treat someone because they will be able see what medicines or other healthcare a patient is already receiving

Sharing staff between sites, including primary care, to maintain service resilience and reliability and to ensure that wherever possible, patients get seen in the right place at the right time for the care they require.

click to continue this section

Views (cont.)

Mental Health and Learning Disabilities services

Both patients and clinicians recognise the need for improved mental health services. Recent years have seen a rebalancing of national policy with renewed emphasis on the need for a greater proportion of NHS resources to be put into mental health. There has been a drive to close the gap in life expectancy between people with learning disabilities and other members of society. In Norfolk and Waveney the CCG is in the process of commissioning new and expanded eating disorder services with significantly greater emphasis on early intervention in a patient's condition. The pandemic has redoubled the urgent need to support mental health services as both the public and clinicians are acutely aware of the toll that the pandemic has had on many people's mental wellbeing, especially children and young people.

Suggestions for improving the mental health services available to patients include:

- Extra resources to support greater community provision
- Earlier intervention as a patient's condition develops to reduce the risk of conditions worsening and becoming entrenched, for example, in eating disorders
- Direct extra resources to the communities and age groups most in need especially children and young people
- Reduce fragmentation of mental health services across multiple providers
- A revised offer to reduce 'medicalising' someone when they present. This means adapting current practice and moving towards what is called seeing and treating the "whole person". Taking the time to understand how mental and physical health conditions are often inter-related and that to be properly understood when someone seeks help, clinicians need to recognise context and pressures someone might be facing in their home, relationships, employment and other aspects of their lives. Wherever clinically possible to treat and support patients with therapies that do not involve prescribing medicines.
- Commissioning services to reflect the inter-related nature of mental health and physical conditions.

click to continue this section

Views (cont.)

Prevention of ill-health and early intervention to address health inequalities

Everyone knows that prevention is better than cure. Ill-health maybe the result of an accident or someone's genes, it is certainly a feature of how we all grow old.

Having good health in older age can be determined by what we eat, whether we smoke, what exercise we take and the environment we are born into and live in. The NHS has an important role alongside colleagues in Public Health to advise people in making good lifestyle choices and preventing illness. The NHS cannot in isolation close the health gap which exists between the wealthiest and poorest in our society. However, clinicians believe a greater proportion of resources should be directed at those communities and patient groups who have the highest health inequalities and worst outcomes.

We know that people also recognise that there is a role of personal responsibility in preventing illness but that this has limits.

Intervene early to reduce patient crises

Thousands of people are now living with long-term conditions such as diabetes, heart disease or mental health issues. Many will comfortably manage their condition through changes in their lifestyle or through regularly taking prescribed drugs. Others will return from hospital to continue their recovery at home.

All of these groups are at risk of changes in their health that may go unspotted or happen relatively quickly. When this happens the result is all too often an emergency trip and admission to hospital.

Monitoring and recognising changes in health when at home – often by patients who have been taught the warning signs – and intervening before a health crisis happens, is far better for the patient and the NHS. The guiding principle in the Norfolk and Waveney health system will be to prevent and pre-empt crises to maximise someone's time in health at home rather than in a care setting.

click to continue this section

Views (cont.)

> Two great enablers clinicians and patients want to see used more – digital innovation and population health management.

Patients and the public recognise that the NHS has delivered more care in new ways during the pandemic. Many GP and hospital appointments switched from face-to-face to "virtual" in the form of telephone or video consultations.

Both the public and clinicians recognise the value in this new flexibility and speed of diagnosis it can offer. There is also support for other innovations such as "virtual wards" where, for example, a patient is discharged home and wears a device so that they can be monitored remotely by their hospital or GP. Should the patient show early signs of a decline in their condition then their doctor can intervene. Meanwhile more hospital beds are available for those patients that have to be in hospital for their care.

There is an expectation that the NHS will provide more services through forms of digital innovation. Both groups are clear that such developments shouldn't a be a one-size fits all. That both patient and clinician will need the freedom to exercise their clinical judgement about whether an appointment should be in person or virtual, or that remote monitoring will work for some patients but not others.

Clinicians are convinced that the NHS in N&W needs to be more systematic and rigorous in identifying communities and patients with the greatest health needs so that they can be targeted for help earlier. Many are enthusiastic advocates of the use of what are called population health management tools to do this.