

# **Your health in Bedfordshire, the future services review**

**John Rooke**  
**Bedfordshire Clinical Commissioning Group**

BEDFORDSHIRE & MILTON KEYNES

# Healthcare Review

## Your health in Bedfordshire – the future services review

**Dr Alvin Low**  
Local GP and locality chair  
Bedfordshire CCG

29 April 2014



# BCCG – who we are

- We are run by local GPs
- We plan, organise and buy NHS-funded healthcare for the 441,000 people who live in Bedfordshire
- This year, we will spend around £440 million on hospital services, community health services and mental health services



# What we do

As clinical leaders, it is our job to create the best NHS services for our population, today and in the future

This means we have to:

1. Know what our population needs from healthcare
2. Listen to Bedfordshire people about what they want from healthcare
3. Learn from the best locally, nationally and internationally about how to provide this care
4. Work with others – patients, the public, GPs, local councils, hospitals, community and mental health partners, voluntary organisations, community leaders



That is exactly what we intend to do through the Health Review

# About the Health Review

## Aims

The Review will:

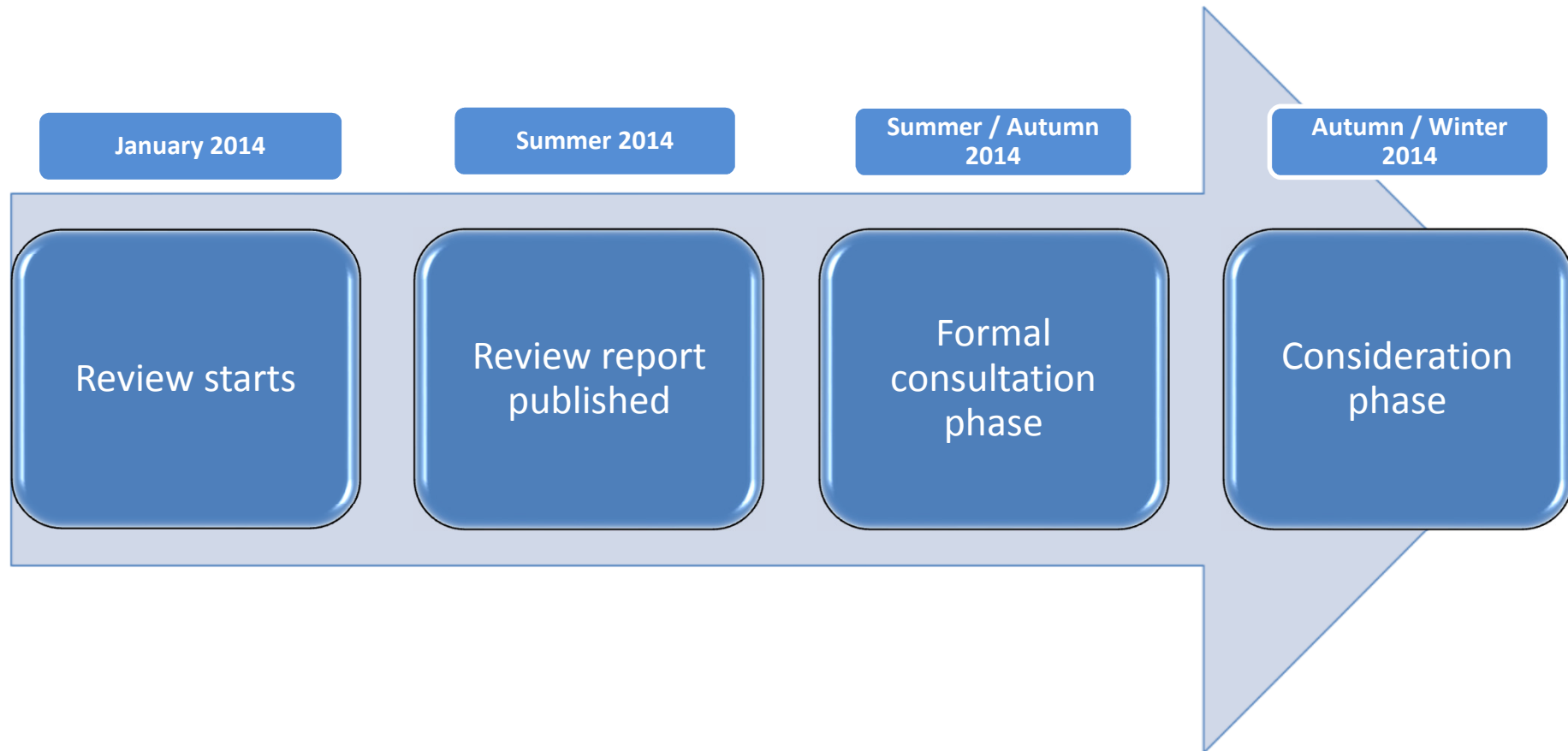
- Cover Bedfordshire and Milton Keynes
- Address challenges, deliver better health outcomes and better quality care
- Be run in partnership with Milton Keynes CCG, NHS England, Monitor and the Trust Development Agency
- Enable decisions to be made about the future of Bedford Hospital
- Generate options for delivering sustainable, high quality (hospital and out of hospital) services for the CCGs to take to formal public consultation

## Principles

Throughout, we will:

- Build on existing evidence and understanding of local health needs
- Seek out, listen to and act on patient, carer and public opinion
- Be open-minded and transparent
- Ensure local clinicians make key local decisions and are the lead voice for the review
- Draw on examples of good quality, innovative care from elsewhere

# Health Review timeline



# Because it's a big task, none of us can do it alone



Patients, the public and clinicians all have something different to bring to the table. That's why we need to work together.

The Parish Council network is key to communicating with rural communities



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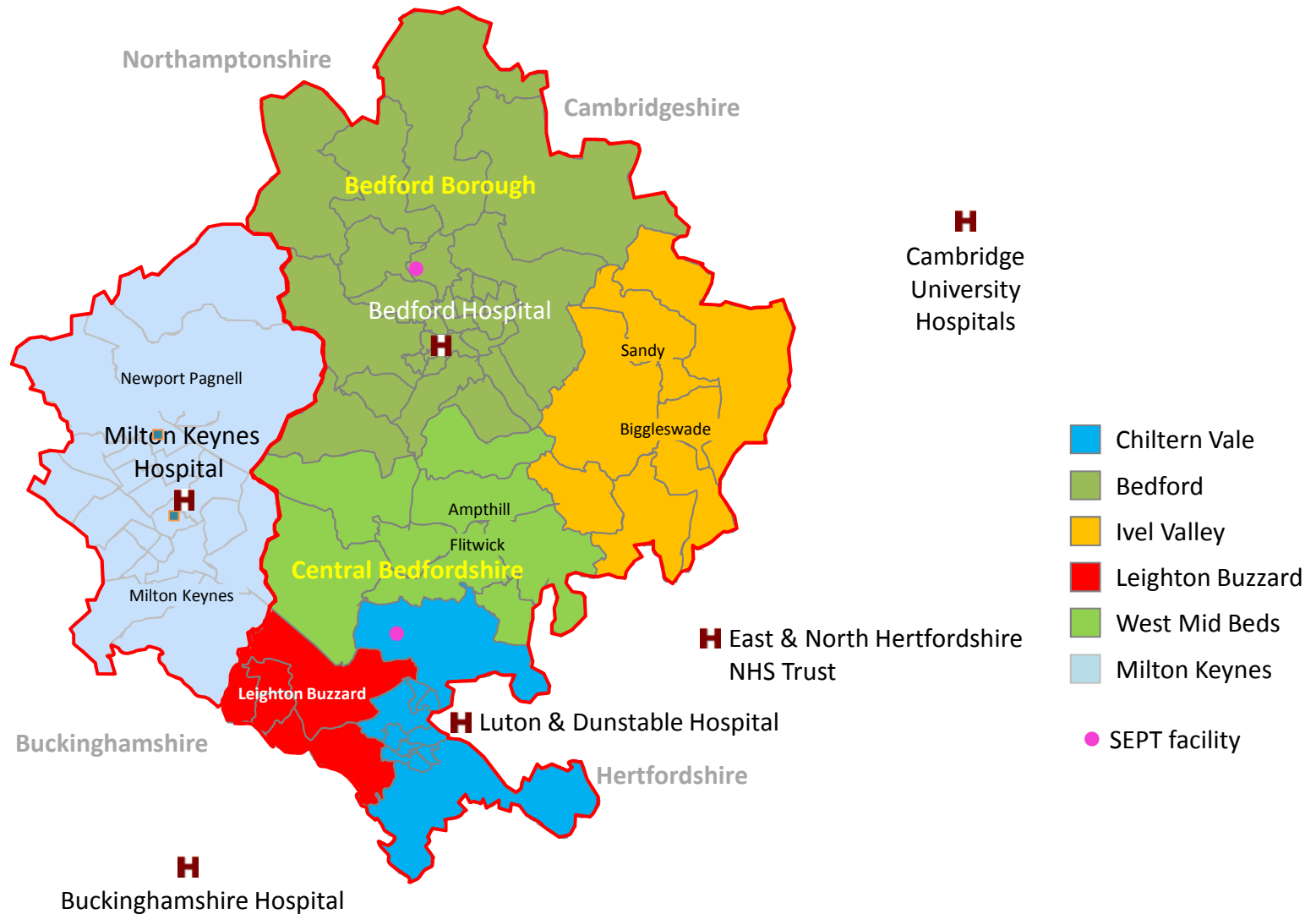
**John Rooke**  
Chief Operating Officer  
Bedfordshire CCG

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# Where you currently access care



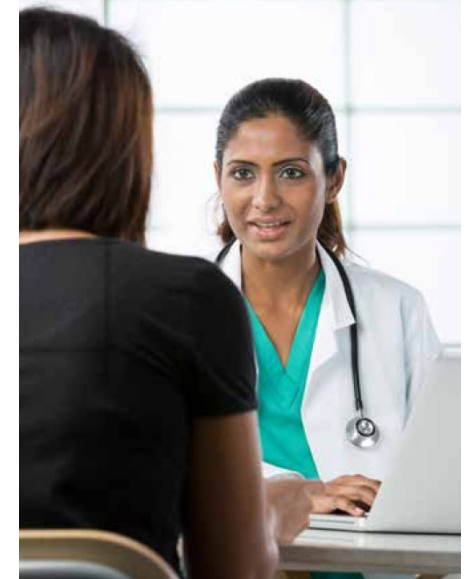
# The challenges we face

- Inconsistent quality of care
- Growing and ageing population
- Increasing numbers of people living with long-term conditions (and with more than one of them)
- Inequalities in life expectancy and access to healthcare
- Workforce shortages across the healthcare system
- Big financial challenges



## A few key facts

- Population of Bedfordshire expected to grow by 71,000 people (17%) between now and 2031
- Number of over 65s in Central Beds expected to increase by 87% between 2011 and 2031
- Number of people in Bedfordshire with diabetes and coronary heart disease is expected to increase by 11% between 2013 and 2020
- 24% of local GPs close to retirement
- If we were to continue to spend at the same rate as now (approximately £1,000 per person), then by 2031 we would need an additional £71 million



# A case for change – launched 9 April

## Input from...

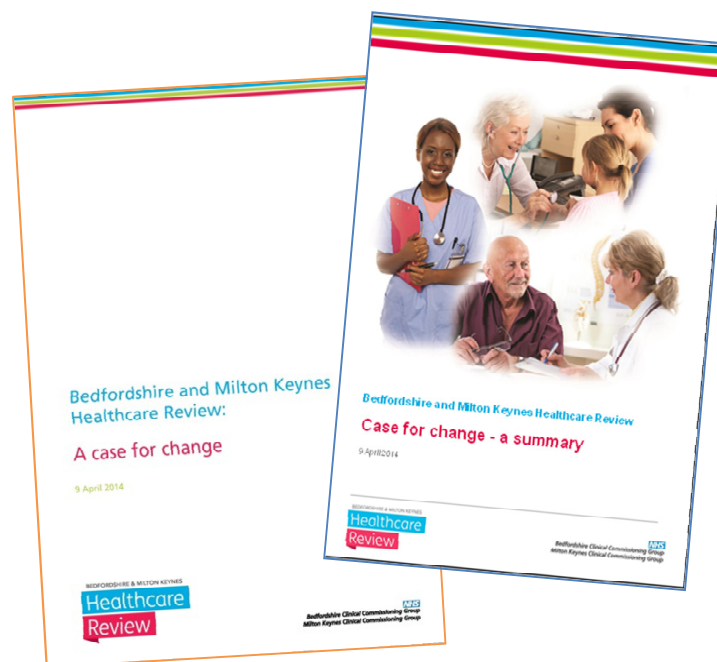
Clinical Forum

Stakeholder  
Forum

Public  
meetings

Bedford  
Hospital focus  
group

MCAG, SNAP



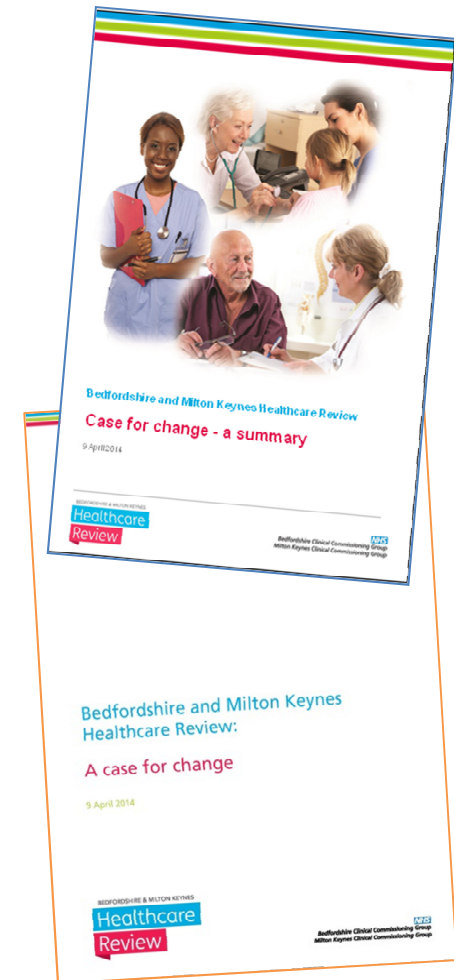
This is the midway report that sets out in detail the challenges facing our local NHS services, and the opportunities available to us

Copies of the full report and summary are available from [www.yourhealthinbedfordshire.co.uk](http://www.yourhealthinbedfordshire.co.uk)

# Opportunities

As well as the challenges, the Case for Change also highlights opportunities, such as:

- Investing more in prevention and patient education
- Learning from good practice elsewhere
- Working more closely with council-funded social services
- Linking payment for healthcare to benefits for patients rather than the current system which pays for the number of treatments or patients seen



# What else we have learnt

- Care is usually good, but there are signs of strain
- Access to GP varies significantly – people may not seek help or go to A&E instead
- Most GPs, community clinics and hospitals are meeting basic safety standards, but quality of care is inconsistent
- Delays in diagnosis of long term conditions
- Opportunities for early intervention are often missed
- Interaction can be impersonal and services are not always joined up





# What else we have learnt

- Local hospitals have struggled to meet NHS waiting time targets in key areas of A&E and orthopaedics
- The small scale of some local hospital services impacts the care they can provide
- Hospital care differs significantly for weekday and weekend admissions
- Pressure on hospital emergency services is impacting on planned care, putting patients at risk and leading to poorly co-ordinated discharge and aftercare
- Not enough prevention, early diagnosis and self care



# What the public and patients are saying

GP's give us good quality advice and treatment

But I can't always get an appointment when I need it

There is a lack of communication

24/7 care is a must

Services need to be more joined up

We need more focus on care for the elderly and mental health services

We could make better use of technology

I need more information on where to go for help

# Consultation so far

100s of people, all ages, many locations



- Stakeholder and clinical forums
- Public meetings
- Bedford Market, supermarkets, libraries, RAVE bus
- Targeted engagement with harder to reach groups
- Bedford Hospital staff roadshow
- Regular e-newsletter
- 100s of people on our stakeholder email list
- Website regularly updated with news and feedback
- Facebook and Twitter

# Keeping you informed

- Sign up to our e-newsletter at [www.yourhealthinbedfordshire](http://www.yourhealthinbedfordshire)
- Regular updates on website
- Invite us to an event
- Can you help us to engage with any harder to reach groups?



@bcccg5



/bedsccg



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# Any questions?

