

NHS Yorkshire and Humber Presentation

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**Why the NHS can't just stay the same?**


City of York Council  
Health Scrutiny Planning Day

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**Why do we need an SHA?**

NHS mission to provide:

"Better health and healthcare at better value to 100% of the people, 100% of the time."

"The power relationship between user and provider is so stacked against the patient that the system needs active management to ensure patients interests and protected and promoted".

David Nicholson, Chief Executive of the NHS, Annual report 2007

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### SHA objectives for the region is to ensure:

- » 100% access to services across the region.
- » there is choice available to everyone
- » the quality of the healthcare offering is appropriate
- » the promotion of competition and co-operation in local health economies
- » Improve local services in the interests of patients and citizen
- » To promote and protect the NHS brand

We do that by performance managing 14 PCTs on 3 questions:

- » Have they done what they said they would do?
- » Have they met the needs of the local public?
- » Are they being ambitious enough?

**We do all that on behalf of the NHS board and the Secretary of State for the 5 million tax payers of Yorkshire and the Humber**

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### Are the NHS promoting change because of poor performance?

#### What we already do in the county:

- » 90,000 GP appointments a day (Up 50% since 1998)
- » 4 million patients a year using our service on an average of 6 times each
- » 60,000 per day use other NHS services
- » 6,000 a day in A&E: 98% treated in 4 hours
- » 1,700 Angioplasties in 1997 : 5,400 in 2006
- » Life expectancy is up by two years for men and women since 1997
- » 8 out of 10 women with breast cancer survive

**We are improving – but a long way to go**


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Are the NHS promoting change because of poor performance?

What the Tax payer of York think of NHS performance:


	York	Y&H
Overall Satisfaction	77.1	74.1
GP Service	83.3	80.3
Hospital Outpatient Service	76.3	73.4
Hospital Accident and Emergency (A+E)	75.2	71.0
Hospital Inpatient (One or more overnight stays)	76.2	72.1
Ambulance service	83.3	81.6
NHS dentist service	72.4	69.6
Community care (eg services such as district nurses or health visitors)	77.9	74.3
NHS walk in centre	72.4	70.8

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Are the NHS asking for change because of the money?

- » 30% more GPs, 21% more consultants, 3,000 more nurses than 10 years ago – continue like this by 2030 every second graduate will work in the health service
- » £7 billion
- » £873 million NY&Y (up 9%)
- » 20% of the working person's overall tax burden
- » North Yorkshire – over spend £32m per year
- » **NHS Y&H can afford NY&Y overspend if:**
  - (a) Poorer communities agree to continue lending money
  - or
  - (b) NY&Y spend their future income on you now

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### So: Why should we change then?

Because 3 people in every ten aren't satisfied with our service?

Because York is spending more than its fair share?

No, the primary reason for changing the system is ...

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### ... because the world moves on

- Technological advances
- Demographics and patterns of disease
- Public expectations
- Evidence of what works (quality and safety)
- Best Value
- Investment in health and wellbeing

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### Technological advances – greater than in any other industry

- From saws and scalpels to lasers and robots
- Less invasive surgery eg. Keyhole surgery
- Drug therapies
- Telemedicine

All these changes mean:

- We need a different infrastructure
  - eg. 90% of cataracts now done as day cases so we don't need as many beds
- Saving lives changes the nature of our population
  - rise of 1 million people a decade with long-term conditions
- More specialisation of some elements of care because of



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### Demographics and patterns of disease

- **Living longer:**  
eg. Number of over 85s in Yorkshire and the Humber set to rise by 65% by 2020 - costs four times as much as "average patient"
- **Rise of long-term conditions:**  
example of impact includes  
average length of stay for children was 8 days now most stay in hospital for about 6 hours  
or COPD home care

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### Public expectations & working expectations


- How to meet demand for a 24/7 service
- "The patient will see you now"
- The "fully engaged" scenario
- Work / Life balance

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### Evidence of what works (quality and safety)


- Evidence of links between volume and outcome
  - *Diagnosis of appendicitis is twice as good in hospitals with larger caseloads;*
  - *Bristol Inquiry into paediatric surgery;*
  - *improving outcomes for people with cancer*
- Evidence / requirement for doctors to work fewer hours
  - *implementation of the European Working Time Directive*
- Evidence of the role of the consultant
  - *Consultant presence linked to reduction in foetal distress*

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### Clinical evidence leads to:

- Pressure to centralise specialist care in order to provide better outcomes (but also definition of specialist care changes – because of technology)
- Problems in staffing units – even if surplus doctors – the caseload is not there to ensure doctors have the right skills
- Potential withdrawal of training accreditation by the Royal Colleges
- Changes in the levels of staffing needed for hospitals to get insurance (eg. Consultant cover on maternity wards)

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### Best value

- Imperative to ensure every penny spent wisely – eliminate waste
- For every indicator in the NHS, there is at least a two-fold variation – not explained by differences in the patients or the wider context
- Better Care Better Value indicators provide easy benchmarking tool – e.g., 25% of all “bed days” in Y+H are pre-operative – virtually no clinical or social need for this; savings from prescribing low cost statins.
- The cost to the patients of their time (eg. Why should you have bloods taken in hospital ? Why can't GPs order the most common diagnostic tests?)

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### Investment in health and wellbeing

If we want a healthy, wealthy and happy Yorkshire and the Humber, then we need to:

- invest in more “upstream” interventions;
- support people taking care of themselves.

This will alter the infrastructure we need to deliver care

- eg home monitoring systems & fewer beds

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### And finally .....

Better health and healthcare at better value to 100% of the people,  
100% of the time.