

# Cotswold & Vale Primary Care Trust

Managing healthcare change  
in Cotswold and Vale

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This document outlines some of the changes that are taking place in healthcare both nationally and locally. It explains why new challenges require new solutions and seeks to outline some initial thinking about a new model of care for Cotswold and Vale. It also underlines the need for the NHS here, as elsewhere, to live within its means.

An earlier draft of this paper was circulated to the PCT's key stakeholders and health partners and comments were invited. We received a number of observations that have now been incorporated into this document.

Later this year we will be launching a major public engagement exercise in which we will take the ideas contained in this paper out into the community. If, however, you would like to comment on this document immediately your comments would be most welcome.

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## Introduction

We live in a time of great change and few areas are changing more rapidly than the NHS. Better drugs, more effective therapies, new technologies and improved surgical techniques are all helping to improve the quality of life and extend life expectancy. Such changes are also reducing the time people spend in hospital for routine treatments. The number of people being treated as day-case patients is growing as techniques improve. And the use of new technologies such as digital X-ray cameras, mobile MRI scanners and electronic patient records is transforming the way in which doctors and nurses work.

Additionally we are seeing great change in the way in which the NHS is managed and organised. A series of initiatives such as practice based commissioning by GPs, different ways of funding the NHS (known as “payment by results”) and increased choice for patients over where they are treated are all revolutionising the delivery of health services. All these changes provide us with an opportunity to offer a better service to local people.

Alongside these changes in technology, drugs and patient management are the changing needs of local people. In most parts of Britain the incidence of smoking-related lung cancer is falling but the incidence of asthma is rising. Advances in medicine and better standards of living are allowing many people to live longer. Generally as people get older, they have greater healthcare needs, and the health and social care systems must be responsive to this.

As a result of these changes the opportunity now exists to further develop our model of healthcare in Cotswold and Vale Primary Care Trust (PCT). We want to develop a new way of delivering the health services that local people are involved with and want and need and to ensure that healthcare is delivered as locally as possible. We would like to provide patients with a new and better model of care that is modern, integrated and thoroughly appropriate to the 21<sup>st</sup> century. And, of course, we need to provide value for money and ensure we can live within our means.

When the Cotswold and Vale PCT was created our vision for services was to:

**“...deliver a comprehensive range of high quality local healthcare services around the clock, as close to the patients home as possible, organised by integrated teams of health and social care staff based within local communities”**

This sense of partnership working between health and social care staff remains central to our purpose. The opportunity now exists to build on this and to create a new model of care that truly delivers better healthcare closer to home.

## Changing patterns of healthcare

Cotswold & Vale Primary Care Trust (PCT) was established on 1<sup>st</sup> April 2002 and is responsible for assessing the health needs of the local population and securing the appropriate care to meet those needs. This healthcare includes:

- Primary care (from GP Practices, pharmacists, opticians and dentists)
- Secondary care (from acute hospital trusts) and
- Tertiary care (very specialised care often only provided in a small number of locations)

The PCT organises health services in four localities: North Cotswolds, South Cotswolds, Stroud and Berkeley Vale. It funds other health organisations (such as the Gloucestershire Hospitals NHS Foundation Trust and the Partnership Trust) in order that they can provide health care for the people of Cotswold and Vale and it provides some health services itself. The PCT's own services include those provided by community and primary care staff and services provided from local community hospitals.

The PCT area covers 627 square miles (see map below). In geographical terms it is one of the largest and most rural PCTs in England with discreet communities and market towns. Most of the 200,000 or so people who live in the area enjoy better than average health when compared with the rest of Gloucestershire and with England and Wales as a whole. But the population of the area is set to rise by about 2-3% in the next few years with the largest increase being in the 75-84 year age range. The percentage of over 65s in the Cotswolds is higher than the average across England and its rising. People are living longer and this has implications for the provision and future planning of health and social care.

Furthermore the patterns of illness are changing. Some conditions that were once major killers can now be treated or managed effectively with regular drugs or therapy. The emphasis is no longer upon regular treatment in hospital but rather upon the long-term management of illness in the community with the hospital reserved for specialist treatments.



## New challenges - new solutions

These challenges will place increased demands upon the NHS and inevitably new challenges will demand new solutions. From our own engagement work with people in Cotswold and Vale - and from discussions that have taken place with patients in other parts of the country - it is increasingly clear what people are seeking from their local NHS.

People in general (and older people in particular) want:

- More services available 24 hours a day, 7 days a week
- Routine health care to be provided as close to home as possible (this is particularly important in a rural area where many people currently travel long distances for routine appointments)
- To live as independently as possible in their own homes
- Support for dependent people to be delivered in their own homes

The Cotswold and Vale PCT is determined to respond to these public demands and work together with local communities to design their healthcare provision. It wants to:

- Develop a new and greater role for our community hospitals with routine outpatient appointments, diagnostic tests and day-case treatment all being delivered there
- Ensure that consultants go to where the patients live rather than patients going to where the consultants work
- Increase to 70% the percentage of outpatients seen in the locality rather than at a distant hospital
- Reduce the amount of travel that patients need to undertake in order to get treatment. (We estimate that local patients currently drive three million miles a year to outpatient appointments in Gloucester or Cheltenham)
- Help people to recover from hospital treatment, get home and resume independent living more quickly
- Develop more services that can be delivered at home or closer to home
- Deliver more health care from GP surgeries including post-operative follow up
- Give more power to GPs to decide what services are provided and where

We have very good relations with the providers of local services, local district general hospitals, mental health service providers and the providers of specialist services. We will, of course, continue to secure all the necessary services from our network of surrounding major hospitals but bearing in mind the growing importance of patient choice we would like to see more of those services - for example, outpatients clinics - delivered locally. This is very much in line with national government policy.

At the heart of our thinking is a redesigning of local healthcare and an enhanced role for our community hospitals in which they are made more available and accessible to a much larger number of people.

For instance, at Fairford Hospital, in the last year for which figures are available (2003/4), the total number of inpatients treated over the course of the year was a little over 150 and there were just 88 follow-up appointments in the Minor Injury Unit. This in a community hospital serving a population of well over 10,000 people. Fairford Hospital is a much loved local hospital. We want to use it more and more effectively.

At Moreton and Bourton Hospitals there are limited outpatient or diagnostic facilities but there are many beds. Two out of three local people (mostly older people) who need hospital outpatient appointments have to travel long distances typically to the Cheltenham General or Gloucestershire Royal Hospitals. This is unacceptable. We are determined to reduce unnecessary travel for local people.

## Our strategic vision for Cotswold and Vale - a new model of care

Our thinking in Cotswold and Vale PCT is very much in line with national thinking in the NHS and very much in line with what is happening around the country. From the Department of Health's "NHS Plan" through to its recently published document "Creating a Patient-led NHS" the direction of travel is clear. The NHS must deliver better health care closer to where people live.

We therefore want to...

- Make better use of the PCT's facilities, working with GPs (particularly its community hospitals)
- Deliver more healthcare closer to where patients live
- Develop a local NHS fit for purpose in the early 21<sup>st</sup> century

We want to develop a new model of care, a new way of delivering the healthcare that local people need. This new model of care is all about...

- Promoting good health rather than just reacting to poor health
- Getting patients better quicker
- Keeping patients fitter longer
- Preventing unnecessary hospital admissions
- And ensuring - wherever possible - that people (especially older people) are able to live independently in their own homes

Why are we proposing this new model of care?

- Because the evidence suggests it is better for patients
- Because patients tell us it is what they want

Doctors, nurses and other healthcare professionals in Cotswold and Vale are now working on this new model of healthcare. We are committed to our Community Hospitals but it is likely to involve fewer in-patient beds but more outpatient appointments, more diagnostic appointments and more services such as physiotherapy, occupational therapy and chiropody. It is also likely to involve more staff delivering health care services direct into people's homes.

We have faith that the public is increasingly aware of the complexities involved in decision making in the NHS. They understand that sometimes they will need to travel for specialist treatment in a centre of excellence but generally they want routine treatment provided locally. There is an increasing understanding that the quicker you get out of hospital the quicker you get better.

## The drivers and opportunities

A number of factors are driving the need for change in Cotswold and Vale and change offers a number of opportunities beyond that of generally improving local health services.

Key drivers include:

**Old buildings** - Some of our present buildings do not provide the standards of privacy and dignity that we need for today's inpatients. Many of them have spaces that work well for outpatient clinics and diagnostic services but it is difficult - if not impossible - to create facilities such as single rooms with en suite facilities in some of our present buildings.

**Clinical safety** - Advances in medicine are being achieved through greater specialisation and it is increasingly clear that specialised medical care is safer medical care.

**24 hour cover** - Across the country very small medical facilities are finding it increasingly difficult to maintain effective clinical cover 24 hours a day, seven days a week.

Key opportunities include:

**Engaging the community** - There are big benefits to be gained from engaging our local community. The more local people understand about the management of healthcare the more they will be able to access services in a sensible and effective manner.

**Living within our means** - The new model of care will enable us to make significant improvements to local health services. It will also help the PCT to live within its means not least by making better (i.e. more extensive) use of community hospital facilities, by locating GP practices on hospital sites and by increasing the range of outpatient services.

## Change and development

It is, of course, too early to be specific about the fine detail of service changes that our new model of care would entail. But government policy - supported by our own discussions with the local community - suggests a clear direction of travel.

We believe we should:

- Increase the range and capacity of community nursing facilities to provide more care in people's homes
- Do more to get people home from hospital more rapidly
- Make the best possible use of all our facilities and enable the whole community to access services from community hospitals

There are also some key questions we need to address:

- Should we further develop inpatient rehabilitation services in Cirencester and Stroud Hospitals? This would enable our patients to better manage at home and go home much quicker. The consequences of this service improvement would be a reduction in the number of beds at some of our other community hospitals freeing up space to provide more outpatient clinics and diagnostic facilities such as digital X-ray.
- Should we ensure that the services provided at Moreton and Bourton Hospitals complement each other (for example, should we provide certain outpatients clinics at one and different clinics at the other)?
- Should we work with GPs and the local ambulance service to rebuild the Moreton District Hospital as a new and integrated facility to include a Minor Injury Unit and expanded x-ray and outpatient departments in addition to ambulance and primary care facilities?

## Living within our means

Like every other organisation and every family or individual in Britain the Cotswold and Vale PCT has to live within its means. According to national government assessments the PCT receives about £12m a year more than it should given the size and make up of its population. Accordingly it is currently receiving considerably lower annual funding increases than neighbouring PCTs. Additionally when the PCT was created in 2002 it inherited a substantial budget deficit. All these factors make it more challenging for the PCT to live within its means.

But the road towards better healthcare for local people and the road towards financial stability both head in the same direction. Our thinking with respect to a new model of care will enable us to make better use of existing resources, to enable more people to use our community hospitals and to develop new community-based services. And all these changes should help us to live within our means.

## Next steps

Since its inception Cotswold and Vale PCT has been committed to the principles of public engagement and consultation. We undertook a major public involvement exercise when the PCT was established in 2002 and another around our health and commissioning a year later. We consider ourselves to be on a continuous journey of engagement with our community and improvement in our services.

Specifically over the past few months we have been engaging with the local community in Fairford over the possibility of service change at Fairford Hospital. We have learned much from this engagement exercise but it is now clear to us that we should extend this process across the whole area.

We want to test our thinking about a new model of care and its implications with the wider community. We then propose to undertake formal public consultation wherever the details of service change make it necessary and appropriate for us to do so.

We believe many of the changes that are likely to flow from our new thinking will be self-evidently sensible and positive and will involve the provision of more and better services. These changes will not require public consultation. But in locations where there are choices to be made or different interests to be balanced we will undertake formal consultation.

We are keen to involve the public, patients, carers, voluntary organisations and our own staff (including, of course, doctors, nurses and health professionals) in the development of our plans and to ensure that service changes are only made after full consultation.

## Timetable

As we develop our plans we are determined to adopt a holistic approach. We will not develop new services in isolation. We propose to look at the big picture. We want to ensure that our proposals are seen to be coherent and strategic rather than piecemeal or disjointed. So for this reason - and in order to avoid public confusion and "consultation fatigue" - we propose now to develop a single process and timetable for engagement and consultation on our new model of care.

Our plan is as follows:

- Between July and September 2005 we will continue to develop the model of care briefly outlined in this paper.
- Towards the end of September we will begin a three month, PCT-wide period of community engagement during which we will seek public views on the new model of care and its implications.
- By the end of December 2005 we will have gathered as much feedback as possible and developed some detailed proposals for change. In conjunction with the Overview and Scrutiny Committee we will then be in a position to identify which of our proposals require formal public consultation.
- We then propose to consult on these proposals in early 2006 and to make key decisions on any changes in service provision in April 2006.

Our summary timetable of engagement is therefore as follows:

Action	Timescale
Further development of model of care	July - September 2005
Wide community engagement across the whole PCT	September - December 2005
Local community consultations	January - March 2006
Key decisions	April 2006

The NHS is a complex organisation. Even those who work in it can find it complex and at times confusing. The organisation of the NHS is constantly changing. At present plans to merge Primary Care Trusts into larger organisations are being considered. But whatever changes may happen to the management of the NHS we believe it is important that our local community appreciates the PCT's broad direction of travel with respect to the delivery of patient services.

We want to make it as easy as possible for people to understand what we are doing and why. For this reason we believe it is important to bring as many of our change/engagement/consultation plans as possible into synchronisation. We will do our very best to make sure that all the necessary developmental work is done in time to enable formal consultation on all key issues in the early part of next year.

Because the NHS is constantly changing there will, of course, be further engagement and consultation in due course but for the moment we hope to group our engagement activities in such a way as to avoid confusion and "consultation fatigue".

There are too

### **Fairford consultation**

We have already conducted a programme of community engagement in Fairford. What we have discovered there has been instrumental in encouraging us to extend this process of engagement across the Cotswold and Vale area.

Because we have already engaged with the community in Fairford there is an expectation that we will move rapidly towards formal consultation in that locality. Having raised expectations we think it would be unfair to the people of Fairford if we now delayed consultation there until early next year. For this reason we propose to proceed with consultation in Fairford earlier than elsewhere.