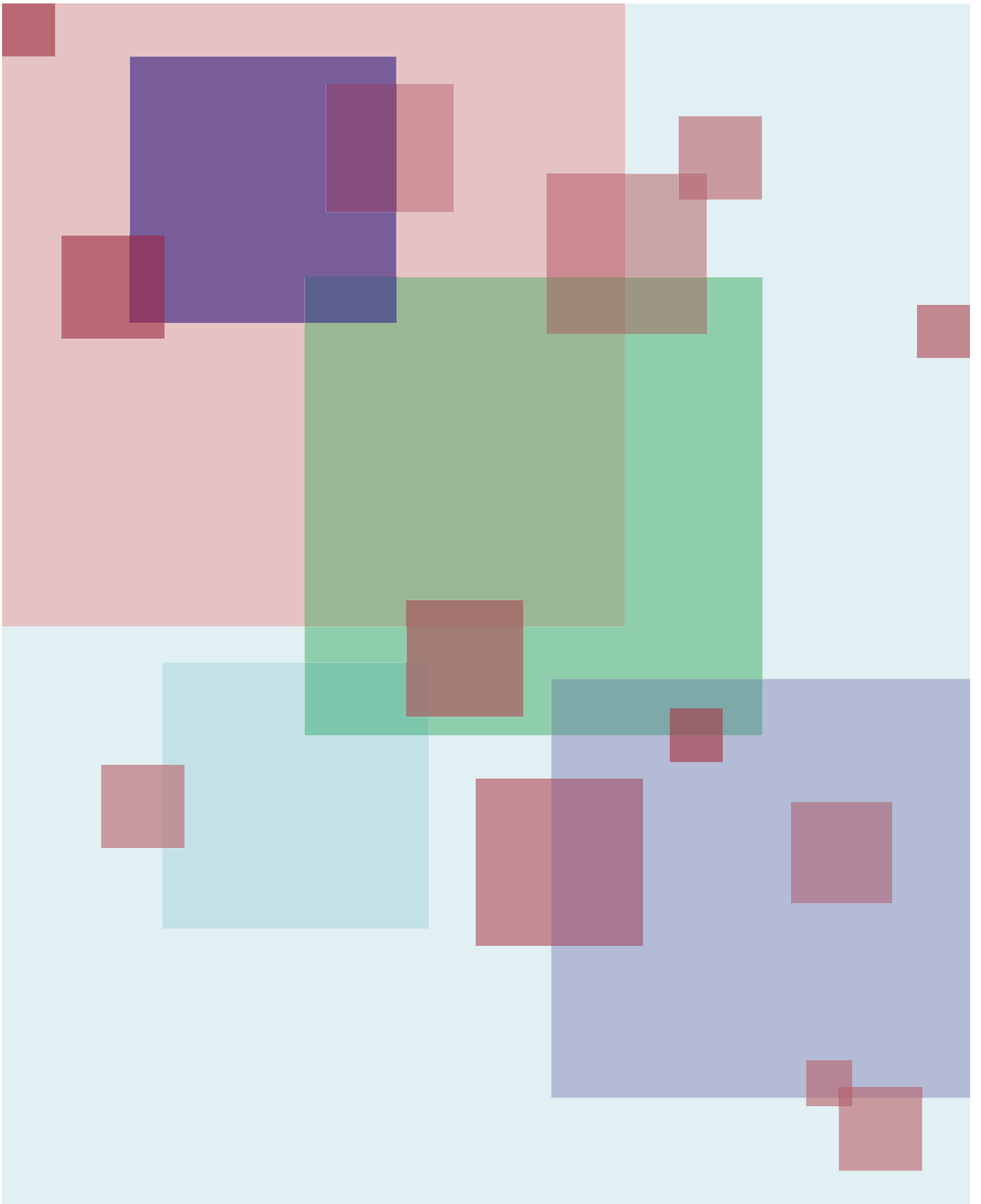


Improving health services in Worcestershire

Emerging Issues 2 - 2009 update

A report on health issues for the Worcestershire public

September 2009



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Part 1

Setting the scene

1 Introduction

This report is written for the residents of Worcestershire and NHS Worcestershire's partners to keep them informed about the health issues they have told us are most important to them.

It provides an update on the first Emerging Issues report which was published in June 2008, as well as setting out some of the new emerging issues facing us.

The most obvious and unwelcome of these is the economic downturn and the effect this will have on the future of the NHS. We have been given some protection for 2009/10 and 2010/11, and we must use this short period of time to involve our partners and the public in determining our overall resilience objectives for 2011/12 onwards, as we know that from then onwards we can expect little or no growth. We need to decide what is most important to us and what shape we want to be in as we emerge from the recession. We have made a lot of progress over recent years developing health care in Worcestershire and we are determined this should not be sacrificed.

We welcome comments and observations, questions and challenges about the contents of this report. For further information contact Rebecca Bourne, Communications Manager, on 01905 760020 or email Rebecca.bourne@worcestershire.nhs.uk

We hope you find the following information helpful and informative.

Paul Bates

Chief Executive of NHS Worcestershire

2 Setting a direction for improving public health and developing health services in Worcestershire

NHS Worcestershire prepares Strategic and Operational Plans as part of a sophisticated national planning and accountability system. You can read these - as well as all of our other major plans, strategies, reports, Board Meeting agendas and minutes - on our website. If you don't have internet access, paper copies can be provided or be seen at our headquarters.

The following are some of the key documents which set the context in which we carry out our work:

- West Midlands Strategic Health Authority, "Investing for Health" A Strategic Framework for the West Midlands – August 2007 – available at www.ifh.westmidlands.nhs.uk
- NHS Next Stage Review "High Quality Care for All" presented by Lord Darzi – 30 June 2008 – available at www.dh.gov.uk/publications
- The Operating Framework for the NHS in England 2009-2010 published by the Department of Health - 8 December 2008" – available at www.dh.gov.uk/publications
- Worcestershire Primary Care Trust: Operational Plan 2008-2011 Refresh 2009-2010 – January 2009 – available at www.worcestershire.nhs.uk → publications → operations plan
- Worcestershire Primary Care Trust – "Investing in Health for Worcestershire". A draft five year strategy 2008-2013 – March 2009 – available at www.worcestershire.nhs.uk → publications → Scroll down to → Strategic Plan – full version March 2009
- Worcestershire Primary Care Trust: "Investing in Health for Worcestershire" Summary Report – June 2009 - available at www.worcestershire.nhs.uk → Publications → Strategic Plan → Summary version
- Plan Update: www.worcestershire.nhs.uk → About Us → Board Meetings → 18 March 2009 Item 18.

3 Our roles and responsibilities

On 1 June, 2009, Worcestershire Primary Care Trust adopted the “trading name” of NHS Worcestershire to reflect our broad role as the leader of the local NHS. This is a move supported by Health Ministers and similar re-branding is being undertaken by nearly all PCTs.

The provider arm of the PCT is using the title Worcestershire Primary Care Trust Provider Services.

The move to the NHS Worcestershire name is designed to ensure that the public knows which local NHS body has the overall responsibility for its health care. Worcestershire Mental Health Partnership NHS Trust and Worcestershire Acute Hospitals NHS Trust continue to be separate statutory bodies from NHS Worcestershire which commissions - or “buys” - health care for local people.

We have a budget in excess of £800m to arrange and pay for the care of Worcestershire’s 560,000 residents. This works out at just over £1,400 per person.

Our main functions are to:

- Promote healthy lifestyles and improve the health of the population
- Reduce health inequalities
- Commission (buy and arrange) hospital, community, mental health and learning disability services. These services are commissioned from a range of NHS, private, independent and voluntary organisations both within and outside the county. We work closely with Worcestershire County Council to jointly commission many of the services needed by our local population
- Employ staff and directly provide health services such as community hospitals, district nursing and health visiting. The PCT directly provides services when it is in the best interests of the people of Worcestershire and represents best value for money
- Work with general practitioners (GPs) to develop primary care and to support GPs who wish to hold their patients’ share of the commissioning budget and exercise a more local influence on the commissioning of services for their patients.

4 Our vision

Our vision is of a county where people live longer and live better, have the support they need to adopt healthy lifestyles and have a choice of high quality services which are delivered as close to home as possible.

We aim to:

- Support local people to remain healthy and independent – we will promote health, well being and prosperity working in partnership with the public, local authorities, the voluntary sector and all other stakeholders
- Support self care by providing information, offering choice and giving patients control over their care
- Commission safe, high quality care, supported by evidence which demonstrates improved clinical and social outcomes – we have examined the lessons to be learnt from the failures in care at Mid-Staffordshire Hospital and will focus even more intensely on patient safety, and creating public confidence in the NHS
- Commission care promptly as close to home as possible from appropriately trained professionals
- Improve integration between services particularly for the most complex and vulnerable patients – we know that patients need help navigating the health and social care system. We need to integrate assessment systems and provide good advice and information to patients
- Reduce health inequalities and improve access to services
- Increase efficiency, reduce duplication and optimise capacity.

This vision and our aims were published in our Strategic Plan, ‘Investing in Health for Worcestershire’. In confronting the economic challenges of the years ahead we will need to improve productivity, quality and innovation. Our vision seeks to offer patients choice and to move care closer to home. We will need to explore and debate with you whether our ambitions for choice and more local services may have to be traded off against the need to continue to invest in promoting healthy lifestyles, and in offering high quality services.

5 How good is the local NHS?

Our partners and the public need to know how good (or otherwise) their local health services are in order to judge what the priorities should be, and what reasonable expectations they can have of progress in the future.

The local NHS is inspected and assessed by a whole range of regulatory bodies. Two of the most important are the Audit Commission and the Care Quality Commission (previously called the Health Care Commission). The next results are due in September 2009. The last results were as follows:

	Use of Resources	Quality of Service
NHS Worcestershire	Fair	Fair
Worcestershire Mental Health Partnership NHS Trust	Weak	Excellent
Worcestershire Acute Hospitals NHS Trust	Fair	Good

In 2008 the Government introduced World Class Commissioning under which every PCT was assessed to determine how well it was commissioning health care and serving local people. We were the middle ranking PCT in the country and in the top quartile of PCTs in the West Midlands - about average.

Perhaps even more important than what the inspectors say is what surveys of the public and staff say. The headlines from the last available surveys are:

Public Survey

- In Worcestershire 28% of people thought that the NHS would get better over the next few years
- Key priorities for improvement amongst Worcestershire residents were ease of access to an NHS Dentist, cleanliness of hospitals and waiting times
- 65% of people across the West Midlands had never heard of a Primary Care Trust although in Worcestershire 38% of people questioned could name us as the organisation that commissioned health services on their behalf.

Source: NHS West Midlands telephone survey May 2008

Staff Survey

- 41% of staff thought that care of patients and service users was the Trust's top priority, 42% thought that senior managers were committed to patient care
- 33% thought that there were opportunities for them to progress in their job and 65% said they were supported to keep up with developments in their field
- 50% of staff understand the national vision for the NHS and 45% would recommend the Trust as a place to work
- 45% agreed that their role made a difference to patients and service users and 68% said that there were frequent opportunities for them to show initiative in their role
- 85% thought that their team had clear objectives but only 26% thought that communication between senior management and staff was effective.

Source: Staff Survey – September 2008

The picture which emerges is that we, along with the rest of the local NHS, have left behind the legacy of deficits and the associated lack of confidence in local NHS leaders, and moved to a position where in general we are an average health community. However, this is not enough and all the NHS organisations in Worcestershire aspire to deliver high quality NHS services that are as good as the very best.

6 Financial planning - our assumptions for the future

NHS Worcestershire is in a stable financial position and in a better state of financial health than we have been for many years. Nevertheless, we face the most difficult financial challenges for decades.

In 2008/09 we achieved our financial targets and made a planned surplus of £4.9m (0.6%). We have enjoyed record levels of growth of up to 9% a year in the last decade but those increases cannot be maintained.

The NHS has been given significant protection from the impact of the downturn and we will continue to receive significant levels of growth above inflation in 2009/10 and 2010/11 (although less than in the previous three years), allowing us to maintain financial stability and hit our targets this year and next.

But from 2011/12 onwards the assumption is that growth will, at best, be flat, ie inflation will equal growth. Even in this best case scenario, demographic factors will create service and cost pressures higher than today and there is an assumption that the NHS will make efficiency savings of around 4%.

We cannot be sure what inflation will actually be, and some reputable commentators (including the NHS Confederation) predict real term reductions in funding year on year of 2.5% to 3%. For us this would mean a reduction in “buying” power of around £20m to £24m a year.

We are publishing a separate document detailing our approach to confronting the challenges ahead - challenges which can only be met by working with all our partners, and especially the Worcestershire Partnership (including local authorities, voluntary bodies, etc). The emphasis will be on quality, innovation, productivity, prevention and partnership (QIPPP) but we have to assume that even if we have huge success in these areas we will still have to consider reducing income for some services. We have 18 months to plan ahead and must start by saying “no” to new developments and commitments. We want to preserve the commitments we have already made but cannot offer guarantees. If any commitments have to be unmade we will be completely transparent in doing so.

We will make every effort to explain a complex, uncertain and ever changing financial environment and will involve our local population and partners in the debate about the difficult choices ahead. But we cannot expect you to reach a consensus on difficult prioritisation decisions – especially as the choices that lie ahead may be on a scale never seen before. Our ambition is to involve you in a way that, when difficult decisions are made, you have confidence in us even if you cannot agree with individual proposals.

We will also work very closely with the County Council, including the Health Overview & Scrutiny Committee which provides the window through which we can involve and account to the public.

7 Priorities for improving health and health services in Worcestershire

This section provides a brief summary of the priorities for the NHS and how we must pursue them in Worcestershire so that the emerging issues can be

seen in context. This report is very deliberately about issues of importance to local people rather than those which have been assessed at a national or regional level.

The strategic context within which local priorities are set is derived from the documents described in section 2, including the NHS Next Stage Review, the NHS Operating Framework, the SHA’s 'Investing for Health' and the strategic and operational plans issued by NHS Worcestershire.

We have selected seven key strategic priorities, namely:

- 1 Staying Healthy
- 2 Maternity Services
- 3 Children and Young People
- 4 Adult Mental Health and Well Being
- 5 Long Term Conditions
- 6 Falls Prevention
- 7 End of Life Care.

Progress on our strategic priorities will help us improve public health and the range and quality of health services delivered to local people. At the same time as making these improvements we must maintain current services and continue to achieve targets such as treating 98% of patients within four hours of attending A & E, and reducing health care acquired infections.

The strategic priorities, the outcomes and our investment plans will be kept under review continuously. The Strategic Plan will be refreshed regularly and the results will be incorporated into our Operational Plan published annually.

It is inevitable that the nature of our strategic priorities and the pace at which we can proceed will be affected dramatically by the economic downturn.

In the following section we provide an update on each of the topics covered in the first edition of Emerging Issues. In the section after that we describe some of the new emerging issues which we believe the people of Worcestershire expect us to address.

Part 2

Update and progress report

8 Access to NHS dentists

Following the introduction of the new Dental Contract in April 2006, NHS Worcestershire has been working hard to make sure that all adults and children who want access to NHS dentistry can get it.

We have commissioned additional dentists and practices to replace the capacity lost when some dentists declined the offer of a new NHS contract in 2006 and have since commissioned further additional dental activity. During 2008/09, we commissioned enough additional activity to enable around 15,000 new patients to receive NHS dental care and we are planning to increase this even more in 2009/10.

We regularly monitor the number of patients who have accessed NHS dentistry at least once in the last two years. This is a national requirement. In March 2006, immediately before the new contract was introduced, this figure was 54%; in March 2009 it was 51%. In the intervening period, the figure initially fell sharply but in recent months has begun to rise very modestly, partly due to our ongoing marketing campaign which includes the use of local buses to advertise the availability of NHS dentistry and the establishment of a local dental helpline. Currently approximately 550 residents are ringing the hotline each month to get details of dentists in their area offering NHS treatments.

We have recently signed up to a challenging target of 59% of the population to have accessed NHS dentistry in the last two years by March 2011.

The overall picture continues to appear contradictory, in that access to NHS dentistry by local people has reduced since April 2006 but there is no evidence of a shortage of opportunity across the county for patients to access an NHS dentist. Some of the reasons for the relatively low uptake may include the following:

- People have an incorrect perception that NHS dentistry is not available so they do not even bother trying to access it
- They may have negative perceptions about other factors, such as quality or cost

- There are ongoing issues with regard to recruitment and retention of dentists in one or two practices that may contribute to the overall problem, as patients like choice but also want a certain level of continuity where appropriate
- Some patients may not be willing to travel to practices where NHS dental care is available (though such practices are available throughout the county so no one would have to travel an unreasonable distance)
- Some people are willing to pay privately in order to retain their existing dentist rather than seek out a new dentist offering NHS services.

During 2009/10 we will continue to promote the availability of NHS dentistry and the dental helpline. A social marketing campaign is being undertaken to help us better understand and change patient perception. This will allow us to develop and promote appropriately targeted services in the future, with the hope that this will encourage people to access NHS dental services who do not currently do so.

In addition, we shall commission additional services in order to achieve our target of 59% of the population having accessed NHS dentistry, as well as ensuring value for money through more robust performance management of existing contracts.

We will be strengthening our commissioning team during 2009/10 so that it can target hot spots, improve performance management and undertake more regular contract review visits. An innovative new contract management process has been developed which includes a more rigorous review of key performance indicators. We are also planning to merge the Clinical Governance visit and the Annual Contract Review into a single visit, to lessen the disruption to the practice.

Our emerging Dental Commissioning Strategy will reflect the key findings and recommendations of Professor Jimmy Steele's review of NHS dentistry, which were published in June 2009, following extensive engagement with patients, dental professionals and the NHS. The focus of this is very

much upon improving oral health, providing NHS dental services that are easily accessible and a comprehensive range of high quality treatments to meet clinical needs. This is to be achieved through a variety of means including the agreement of new contracts which reward ongoing care and treatment with a single practice and which reinforces the dentist/patient relationship which some feel was lost in 2006.

NHS Worcestershire intends to be a pilot site for the development of these new arrangements as part of its procurement of new activity and services during the autumn of 2009.

9 Out of Hours access to GP services provided by Take Care Now Ltd (TCN)

Primary Care Out of Hours Services

During 2008 NHS commissioners undertook a tendering process for this important service. Following full assessment of several bids the contract was awarded to Take Care Now Ltd (TCN), who took over provision of the service on 1 October, 2008. Their model of service delivery is different to that of the previous in-house provider. The aim is to ensure that all calls are promptly answered by administrative staff who take initial essential patient details. Clinical triage is subsequently undertaken according to urgency. If necessary, home visits or booked appointments at designated primary care centres across the county can then be arranged for patients.

The introduction of this new service has proved challenging. TCN has experienced significantly increased call levels with particular pressure points during extended bank holiday periods and during the Swine Flu pandemic. Performance against the national quality measures for Out of Hours services has improved considerably but has been affected by the higher levels of demand. The detailed activity information and data analysis that TCN is able to provide has enabled improved performance monitoring by NHS Worcestershire.

During the spring Dr Richard Taylor MP and the Local Medical Committee reported a variety of concerns about the performance of TCN, based largely on information provided to them by whistleblowers. NHS Worcestershire carried out a detailed scrutiny of TCN above and beyond that undertaken routinely. A team of independent reviewers including a senior doctor

and an expert in the provision of Out of Hours services were recruited to examine the service and the concerns raised, and unannounced visits by senior GPs took place.

This work revealed issues which needed to be addressed by TCN, who are now working closely with us to address them. Coincidentally, TCN became the subject of national media interest because of the death of a patient in the East of England where it also has major contracts. The Care Quality Commission announced a review of all of TCN's contracts including Worcestershire and that is underway.

These reviews have put TCN under close scrutiny and it must improve the quality of service it provides. It is important, however, to mention the extraordinary efforts being made by TCN and its staff to deal with the demands created by Swine Flu, which on some days has increased calls to the service by 85%.

10 Development of GP surgery premises

NHS Worcestershire supports GPs to develop new surgery premises by reimbursing GPs some or all of their costs in buying or leasing new premises.

Developments completed since mid 2008

- The new Droitwich Health Centre now accommodates the Spa and Salters Medical Practices and a range of community services.

Schemes which we have indicated we would wish to support financially:

- A combined development of St John's and Churchfields Surgeries in Bromsgrove. This scheme has planning permission and contractors should start on site at the end of the year with completion anticipated in the second quarter of 2011
- New premises for Dr McGregor and partners in Church Hill, Redditch
- A new Kidderminster Health Centre to replace the current building. It will accommodate the Kidderminster Health Centre Practice, Forest Glades Medical Centre and community services including the dental access centre currently in Crown House
- A new GP premises development on the Kidderminster Hospital Site which will accommodate the Northumberland House and Aylmer Lodge Surgeries and community services

- A new Bewdley Medical Centre to replace the current GP Medical Centre and the Bewdley Clinic.

Currently it is anticipated that all of the above will be completed in financial year 2011/12 with exception of Bewdley which should be completed in 2012/13.

Other schemes for which the support of NHS Worcestershire is being sought:

- Abbottswood Medical Centre in Pershore is looking to utilise part of the site of the former Pershore Cottage Hospital
- GPs from Thorneloe Lodge and Berwyn House Surgeries in Worcester have formed a limited company to develop new premises and have identified a site in the North of the city. An outline business case has been approved by the Premises Development Group of NHS Worcestershire but as yet no financial commitment has been made to the scheme.

A premises prioritisation exercise was carried out last year in order to identify potential re-development targets from 2011/12. As a result there have been further discussions with St John's House Surgery in Worcester regarding a development by Prime. There have also been discussions with Worcestershire County Council in relation to potential joint developments in Rubery and Stourport to incorporate New Road Surgery and Stourport Health Centre respectively.

Reimbursement per patient

NHS Worcestershire reimburses practices the cost of providing surgery premises in which to treat NHS patients. Reimbursement is based on actual cost or notional rents assessed by the District Valuer. We have looked at the reimbursement levels to each practice and calculated, according to the practices' list sizes, the reimbursement per patient. The current rate of reimbursement for premises in terms of rent and non-domestic rates is between £3 and £50 per patient.

We are unlikely to have the resources to be able to maintain the current rate of support for new developments and the results of the prioritisation exercise will guide future investment. The main factor will be need (in terms of the condition and size of the current premises and the health needs of the practice population) but in some instances one-off opportunities (eg the availability of land) may need to be taken into account.

11 Establishing a GP-led health centre

Worcester Walk-in Health Centre opened its doors to the public on 12 August, 2009. The service is being delivered by Elgar Healthcare which entered into a contract for the service with NHS Worcestershire on 25 March, 2009. The centre is located at Farrier House on Farrier Street, Worcester.

Elgar Healthcare was awarded the Contract at the conclusion of the nationally structured EAPC (Equitable Access to Primary Care) Programme. It is a private limited company established by a group of Worcestershire GPs.

The centre offers GP appointments to both registered and non-registered patients between 8am and 8pm, 365 days a year, without the need to book in advance of attendance.

It will hold a registered list of patients for whom the centre will provide the full range of primary care services. Admission to the registered list will be open to anyone resident within the Worcester City boundary. These services will include walk-in and pre-bookable (up to 4 weeks in advance) appointments.

A wide range of services will be commissioned for delivery through Worcester Walk-in Health Centre with an emphasis on meeting the health needs of hard-to-reach groups, such as the homeless and those living with a substance misuse problem.

A range of other community based services will also be relocated into new fit-for-purposes facilities within Farrier House. There is space within the building which will allow our Provider Services to relocate services there from some of their least satisfactory premises elsewhere in Worcester.

12 GP extended hours

NHS Worcestershire is investing up to £2 million in supporting GP practices to open outside of their normal 'core' hours.

The national requirement to secure 50% participation (equivalent to 34 practices) in the delivery of extended hours by the end of 2008 has been achieved.

Further recruitment has continued since the start of 2009 and there are currently 43 practices delivering extended hours. There are currently no specific targets which NHS Worcestershire must address to increase the number of practices delivering extended hours, but we are continuing to consider the ways in

which we can support our large number of smaller practices to participate.

The new Worcester Walk-in Health Centre in Worcester now provides a wide range of services for any member of the public from 8am to 8pm, 365 days a year.

NHS Worcestershire has recently received the results of the 2008/09 National Patient Survey and is pleased to note the ongoing improvement in performance by practices generally across Worcestershire. This continued improvement in performance will be monitored and managed through our Access and Responsiveness Action Plan.

13 Mental health services

Mental health services in Worcestershire are being developed in a number of important areas.

New services

New developments include:

- More talking therapies. Improved access to psychological therapies particularly in primary care
- Services to mothers and babies. We are establishing a countywide perinatal mental health service
- Dementia Care. A countywide early intervention and treatment service for people suffering from dementia.

Modernising services for working age adults

In line with national plans Worcestershire Mental Health Partnership Trust has established a wide range of modern services which include:

- Home treatment for people with acute mental health problems
- Assertive outreach for people with serious and longer term problems who need intensive support
- Early intervention to engage and treat young people who may be experiencing their first major mental health problem (psychotic illness).

This year saw the final development of the early intervention service.

Setting a new direction

NHS Worcestershire will contribute to a national debate that will set the direction for the future development of services and alongside this, will develop a new local strategy to meet the specific needs of the people in Worcestershire.

Important issues for local people include:

- The development of primary care mental health services
- Services that will help people live with or recover from a major mental disorder e.g. housing support, employment.

We will be talking to people who use mental health services and their carers along with the professionals and the wide range of voluntary and other organisations who provide services, to set the future direction we will need to take.

Dementia care

This year has seen the launch of a National Dementia Strategy. We are developing our strategy for Worcestershire which acknowledges that the increased numbers of older people and the consequent increase in the number of people suffering dementia is one of the largest challenges that the public services in Worcestershire will face in the future.

We have already started to put in place new services that we know will be needed:

- Early diagnostic and treatment services (a countywide service)
- Increased support for carers
- Dementia Advisor Service.

14 Child and Adolescent Mental Health Services (CAMHS)

NHS Worcestershire has a significant investment plan for CAMHS and an additional £1.2million will be invested between 2008/11. Investment in 2008/09 and 2009/10 resulted in an increase in staff, for example an additional 8.93 whole time equivalent (wte) staff were funded in 2008/09, a further 7.63 wte in 2009/10 with an extra 4.20 wte planned for 2010/11. Additional staff include consultant psychiatrists, clinical psychologists, community psychiatric nurses, a part-time clinical psychologist and a family therapist.

Increased staffing and new ways of working has improved waiting times throughout the county. Clinical leadership to CAMHS has been strengthened with the appointment of a Clinical Director. This is a job share post with the individuals appointed in the spring of 2009.

One of the criteria attached to this additional investment is that provider services meet comprehensive CAMHS targets. Both commissioner and provider were subject to a Strategic Health Authority (SHA) review to moderate and validate the four CAMHS proxy targets (NI51) in April 2009. The specific areas of service are:

- Availability of 24 hour cover
- CAMHS and learning difficulties and disabilities
- Services for 16 & 17-year-olds
- Early intervention/health promotion in universal settings.

The SHA confirmed our local rating, with services scoring level three out of a possible four. NHS Worcestershire and its partners will continue to work together and aim to achieve a score of level four during the next year.

NHS Worcestershire and Worcestershire County Council are working together to jointly commissioning CAMHS. The first meeting of the joint commissioning team took place in July to set the direction of travel and pace of change. NHS Worcestershire plans to recruit an additional Commissioning Manager for vulnerable children and families, and CAMHS will be included in the remit of this individual.

15 Services for people with learning disabilities

NHS Worcestershire and Worcestershire County Council established a Joint Commissioning Unit (JCU) in April this year. A key priority for the joint commissioning programme will be to review the joint strategies to ensure that the strategic direction of learning disability services reflect the recent changes in national and local priorities. This is particularly in response to Valuing People Now, the new national three year strategy for people with learning disabilities, published in January 2009.

Over the coming twelve months, specific priority will be given to increasing personalisation; improving health and tackling health inequalities for people with learning disabilities; extending housing options;

promoting the role of employment and vocational opportunities; and improving transition arrangements.

NHS Worcestershire has recently worked in partnership with the Worcestershire County Council, Worcestershire Mental Health Partnership Trust and Worcestershire Learning Disability Partnership Board to host '58 Times More Likely....', a conference which aimed to raise awareness of the barriers experienced by people with learning disabilities when accessing primary, secondary and acute health services. Personal experiences from people with learning disabilities and their carers were presented at the event and a team has been set up to analyse the findings from the conference and to develop a cross-organisational action plan to tackle the barriers and improve access to health provision.

Following the closure of the Lea Castle Centre, 23 people moved into alternative settings during 2008. The majority of these people moved into supported living settings with their own tenancies in the community.

The next phase of NHS campus closure is planned for 2009/10, with the re-provision of services at Osborne Court. Nine people are currently living within the NHS campus. Each person will have an individual assessment of their needs and a person-centred plan will be drawn up to identify alternative packages of support to facilitate their move into three bungalows within the Malvern area. A bid to the Department of Health NHS Campus Closure Programme was successful and a grant has been awarded. The people living at Osborne Court and their representatives have been consulted throughout the planning process.

NHS Worcestershire is working with clinicians from Worcestershire Mental Health Partnership Trust to develop specialist assessment and treatment services for people with learning disabilities and complex needs. An assessment of the need for these services is currently underway in conjunction with an appraisal of the options for assessment and treatment services.

The JCU is leading work to develop services for people with Asperger syndrome living in Worcestershire. NHS Worcestershire has identified resources to support this programme and a stakeholder project board has been set up to steer the direction for commissioning and service development. A commissioning strategy for Asperger syndrome services will be published in 2010.

The Department of Health is currently consulting on a future strategy for adults with autistic spectrum conditions. NHS Worcestershire will be considering the response to this consultation in partnership with Worcestershire County Council, Mental Health Partnership Trust and Partnership Board. This will link in with the future Asperger syndrome strategy to ensure the local priorities fit with the national drivers.

16 The future of acute hospitals in Worcestershire

Since the first version of Emerging Issues was published, the commissioning decisions of NHS Worcestershire have continued to support both the Alexandra Hospital in Redditch and the Worcestershire Royal Hospital in Worcester. The investment made in the Maternity and Paediatrics strategy has both protected and improved services on both sites, and removed some of the risks to related services. There are plans to develop radiotherapy services in Worcestershire and to open an acute renal unit in Worcester.

This has been an exciting period for these hospitals and if the Worcestershire Acute Hospitals NHS Trust is successful in its bid for Foundation Trust status it offers further potential to develop services in both Redditch and Worcester. The economic downturn brings with it a new reality and in many quarters across the country the response has been to suggest that more acute services need to be centralised and, in extreme circumstances, some hospitals will need to be shut. This would not be consistent with the strategies of NHS Worcestershire and is not currently being considered as an option during our efforts for reducing costs. We shall have to work with our Acute Trust colleagues to address safety and staffing challenges and may need to consider changes to the way we commission and deliver these services. The first step, however, is for joint work to explore the gains for improving Quality, Innovation, Productivity, Prevention and Partnership (QIPPP). It is clear that the public of Worcestershire wants to retain two District General Hospitals in the county and that remains our strategy.

The future of Kidderminster Hospital is referred to later in Section 19.

17 The future of community hospitals in Worcestershire

The five community hospitals in Worcestershire make a vital contribution to the delivery of health care for the people of Worcestershire. They enjoy enormous support from their local committees, particularly the work of the League of Friends.

NHS Worcestershire, working with its own Provider Services, must make sure that those hospitals and their services make the highest impact possible, and that they are efficient, productive and deliver high quality care.

In 2010 the new Malvern Community Hospital will open. This may well be one of the last new hospitals opened by the NHS in England for many years to come and we will need to ensure that, within the resources available to us, we use it to its full potential.

Our newest existing hospital at Pershore continues to flourish and during the last winter all of its beds were opened to help increase the capacity of beds available to the whole of Worcestershire.

The supporters of Tenbury Hospital and the Princess of Wales Hospital in Bromsgrove are entitled to expect that attention should now fall on them. It will but unfortunately there is no prospect in the near future of any major capital investment of the type made in Pershore and Malvern. Nevertheless, there are exciting plans to upgrade Tenbury Hospital, plans which are being supported by a major fund raising initiative by the League of Friends. The general condition of the Princess of Wales Hospital is good but nevertheless we intend to review its usage and in particular make sure that we are treating the right patients in the most appropriate wards and clinics.

Evesham Hospital is the largest of our community hospitals with a comprehensive range of services including day surgery. Its many supporters, including the Wychavon District Council and the League of Friends, want to see the development of the hospital and there is no doubt that the condition of parts of the hospital is poor, and the design of the hospital is very outdated. Unfortunately NHS Worcestershire is currently unable to afford the cost of replacing the hospital with one of a similar size. However, as described in the following section, NHS Worcestershire is examining the commissioning of services in Evesham and district and will explore what improvements can be made to the hospital within existing resources.

18 Reviewing the commissioning and provision of healthcare in Evesham and district, including services at Evesham Community Hospital

As identified within the 2008 Emerging Issues paper, NHS Worcestershire is committed to reviewing and improving the health services within Evesham. Work has been carried out on this in recent months and a report setting out the preferred option as to what needs to be done in the future will be considered by the NHS Worcestershire Board at its meeting in November 2009.

NHS Worcestershire has undertaken some analysis and produced a health needs assessment of the overall needs of the area's population. As well as looking at whether it is possible to improve the physical facilities from which the community hospital services are provided we are also committed to ensuring that the new model of service provision will support the delivery of NHS Worcestershire's strategic goals and will aim to improve the health status of people in the Evesham area.

The Evesham Project Team is currently planning this work and is producing a range of possible options for these services. This work is overseen by a Steering Group which has representation from a wide range of stakeholders from the Evesham area including Wychavon District Council, the Hospital League of Friends, local GPs and practice based commissioners as well as representatives from NHS Worcestershire and Evesham Community Hospital.

A communications and engagement strategy has been produced which aims to build awareness of the project and its objectives within the local community and to ensure that the final options and appraisal reflect opinions and influences from local stakeholders. This will involve various methods and approaches including a project newsletter, public briefings to local media, surveys and presentations to community groups and key partners. The feedback from this will be formally presented to the Project Team and Steering Group as part of the appraisal of options. This will also form part of NHS Worcestershire's consideration of options for services in Evesham at its meeting in November 2009.

As identified in the 2008 Emerging Issues paper we do not currently have funding available for a new hospital. The changing financial position means that

improving services within Evesham will need to be achieved within unchanged resources.

19 Reviewing the commissioning and provision of healthcare in Wyre Forest, including services at Kidderminster Hospital

NHS Worcestershire is establishing a Project Team to assess the type of services that will be required to meet the health care needs of the people of Kidderminster and surrounding district in the future.

This work also provides an opportunity to consider and address a number of issues relating to the variable quality and age of the hospital building estate within Kidderminster. It will also consider the potential to improve primary care facilities in the area including the proposal to relocate two GP Surgeries onto the Kidderminster hospital site. This work is timely as it will also take into account the possibilities presented by the vacating of the Kidderminster hospital site by the Independent Treatment Centre in early 2010.

We will set up a Steering Group which will involve all key stakeholders including local patient/public interest groups, GPs, local councillors and NHS Worcestershire planners. There will also be a comprehensive engagement and communications strategy to ensure that the public receive appropriate information, are encouraged to engage with the process, and to ensure that the final options and appraisal reflects opinions and influences from stakeholders and the wider community.

The Steering Group's overall objectives will be to:

- Clarify what services need to be provided for the population of Kidderminster and district, how they will be provided and commissioned
- Produce a clear estates strategy covering the services and facilities to be provided from the Kidderminster Hospital site. This will be offered to Worcestershire Acute Hospitals NHS Trust which owns the hospital
- Ensure that patients and the public, local GPs, Providers and Partner agencies and other stakeholders have a full opportunity to contribute to the review
- Produce interim reports to the NHS Worcestershire Board setting out progress, findings, conclusions, and recommendations

- Following appropriate consultation produce a final report and clear plan for implementation to the NHS Worcestershire Board.

Amongst the outcomes which we will wish to see from this project and the criteria against which we will judge each of the proposed options are the following:

- Services/facilities that support local people to remain healthy and independent and support self care programmes and healthy lifestyle initiatives
- Provision of services/facilities that support primary and community practitioners in increasing the amount of care delivered outside of acute DGH hospital setting and closer to peoples homes
- Development of services and facilities which actively encourage and support greater integration and increased partnership working (eg care pathways and shared care arrangements) involving local primary, secondary and community care providers including 3rd and voluntary sector partners
- Flexibility to cope with population and demand changes
- Improvement in the quality of the healthcare estate and facilities so that it is capable and flexible enough to deliver modern and evolving models of care and supports multi-agency partnership working
- Increase focus on improving safety, quality, productivity and performance of healthcare services.

To deliver this the NHS Worcestershire has begun work on a report which will provide an assessment of the health needs of the local population as well as highlighting existing gaps in provision or access to healthcare services. This will inform the development of options and public engagement work and we anticipate that a first report on progress will be made in November.

20 Maternity and paediatrics

Maternity, Paediatrics and Children in Hospital

NHS Worcestershire launched a Commissioning Strategy for Maternity, Paediatrics and Children in Hospital in July 2008. It is a three year strategy valued at approximately £3.5 million. In 2009/10 £1.6million of new funds will come on stream. The investment is designed to improve local services, meet the requirements of Maternity Matters and support the European Working Time Directive.

Obstetric & Gynaecology (O&G) medical staffing

Additional medical staff have been appointed, including more consultants and a Clinical Fellow.

Midwifery staffing and Midwife Led Unit (MLU) development

An additional ten midwives and three midwifery assistants were commissioned and employed during 2008/09. Plans are in place to develop a Midwifery Led Unit (MLU) on the Worcester site. Four options for the site of the unit are currently under consideration.

Paediatric medical staffing

A new Consultant Paediatrician took up post at Worcestershire Royal Hospital in May this year and two additional consultant posts at the Alexandra Hospital are funded from November 2009. Other new posts include an extra middle grade. A range of other staff has been appointed to replace locums and provide stability to the team.

Paediatric assessment unit and hospital at home

A paediatric assessment unit is being trialled at the Alexandra Hospital currently. The aim is to reduce short stay admissions by a minimum of 25%. An extra three specialist nurses and three nurses for the hospital at home team are funded from December 2009.

Neonatal service development

Later this year the neonatal unit at the Alexandra Hospital will be able to care for babies born at 34 weeks (rather than 36 weeks). In addition a new neonatal outreach service will be launched. This will support parents to care for their premature baby at home.

Both NHS Worcestershire and Acute Trust colleagues are committed to continued implementation of NHS Worcestershire's commissioning strategy.

21 Radiotherapy services

Patients from Worcestershire who suffer from cancer and require radiotherapy services are currently treated at Cheltenham, Coventry, Birmingham or Wolverhampton, depending on which part of the county they live in and which hospital they first attended for their diagnosis of their cancer.

Currently there are no facilities within Worcestershire for radiotherapy provision and consequently patients have to travel significant distances, often on busy roads and on a daily basis, for courses of radiotherapy at a time when they are feeling distressed and unwell.

Providers of radiotherapy services have to meet national targets for the number of radiotherapy fractions they deliver. Both Cheltenham and Coventry have identified that in the future that they will need additional linear accelerators to meet those capacity targets.

There are two main ways in which a provider can do this. Together they can either put more machines into their existing facilities, or develop linked satellite machines at a suitable location away from the main cancer facility.

For several years the Three Counties Cancer Network, which advises NHS Worcestershire about planning cancer services for south Worcestershire, has been examining how and where to expand radiotherapy services. The outcome of those considerations has been a formally approved project to develop a linear accelerator on the Worcestershire Royal Hospital site and another linear accelerator on the Hereford Hospital site. Both these machines would be linked to the main cancer centre at Cheltenham. These projects are currently progressing and will provide Worcestershire with locally accessible radiotherapy services.

More recently, the Arden Cancer Network, which advises NHS Worcestershire about planning cancer services for north east Worcestershire, has also been working with stakeholders and partner organisations to consider how and where to expand radiotherapy capacity. A formal decision has not yet been made for this Network but there is a strong case to support the development of a linked satellite service in the north of Worcestershire. This facility would link to the main cancer centre at University Hospital Coventry and Warwick. A formal recommendation will be made in Spring 2010.

NHS Worcestershire wishes to commission safe, affordable and accessible services for the people of Worcestershire, that are sustainable over the long term and the ideal solution would be for satellite units to be created in Worcestershire.

Clearly a single machine at Worcestershire Royal Hospital could not accommodate the needs of the whole population of Worcestershire and so a second satellite facility, in the north of Worcestershire, would be desirable. This approach is consistent with the fact that both the main centres at Cheltenham and Coventry need to expand their capacity to meet future demand and also to provide vastly improved access for the people of Worcestershire.

In addition a north Worcestershire satellite would also give patients in south and west Warwickshire the choice of going to a north Worcestershire satellite, as this may represent a far easier journey for them than travelling to Coventry.

It has to be acknowledged that radiotherapy services are highly specialised services and require specific support services to be available wherever they are positioned and so it is not possible to provide these services in every local community.

The developmental work currently being undertaken by the Arden Cancer Network with regard to a second satellite facility will be formally presented to all the relevant organisations for consideration and consultation in September 2009.

22 End of life care

The National End of Life Care Strategy was published in July 2008, further reinforcing the need to promote high quality care for all adults at the end of life. Since March 2009 NHS Worcestershire has been working together with Marie Curie to implement the Delivering Choice Programme in order to improve planning, choice and co-ordination of high quality services and care for patients regardless of their diagnosis.

The Delivering Choices Programme is upheld as good practice in the National Strategy and has been evaluated positively by the Kings Fund. To support this work the Worcestershire End of Life and Palliative Care Network has been re-launched under the auspices of the Worcestershire Care Planning Partnership. The network has enabled the collaboration of all care providers, stakeholders, patients and carers to work together to start to improve care for patients in Worcestershire.

Phase one of the Delivering Choice Programme - an extensive information and data gathering exercise - is due to conclude at the end of July. A report identifying the barriers that impede provision of high quality of care and choice to palliative care patients will be presented to the network board.

A comprehensive End of Life and Palliative Care Strategy for Worcestershire will emerge from this process and will be published during phase two of the programme. The network board will make recommendations to NHS Worcestershire as to what work streams should be taken forward to phase two. Costed operational proposals will then be developed (August to December 2009). Phase three (10 January

to 11 March) is about the commissioning, implementation, redesign and evaluation of services to meet the aspirations set out in the strategy.

Practiced based commissioners are currently supporting the development of a service specification to improve end of life and palliative care in Primary Care. The new locally enhanced service aims to start in the autumn of this year.

The service specification has been developed by GPs with a special interest in end of life care as well as specialist palliative care consultants. It will provide the resource and capacity to improve on the best of general practice by ensuring:

- Better use of the existing palliative care meetings and also ensuring decisions are passed to the out of hours service
- Continual audit of patients' deaths on the register and a review of all deaths in the practice to ensure that all appropriate patients are offered high quality palliative care
- Increased adoption of the Liverpool Care Pathway for deaths at home and starting in April 2010 deaths in nursing and residential homes
- Education is promoted with a yearly study day provided for the lead GP in each practice and all GP's working in a practice in Worcestershire completing 2 educational modules on palliative care each year
- The best use of primary care IT to demonstrate the shift in resources from secondary care to primary care.

The service is being introduced this year but will be developed in the following years, to ensure the improvements in primary care are continuous.

23 Prison healthcare

During the last year there have been considerable changes within the Worcestershire prisons with the three prisons on the Redditch site, HMP Blakenhurst, HMP Brockhill and HMP Hewell Grange, merging to become one single prison and HMP Long Lartin near Evesham expanding its prisoner numbers by 40%. This has presented additional challenges to the commissioning and provision of healthcare within the prisons.

The delivery of prison health has undergone a major re-structuring with the creation of a Prison Health

Directorate, the appointment of a Clinical Director for Prison Health and recruitment to a new enhanced prison health senior management team.

This team has worked to achieve significant progress on the action plan outlined in last year's report, namely:

- Improved the assessment of prisoners' health through the introduction of a new more comprehensive assessment process
- Improved training of staff through the introduction of a comprehensive training plan and appraisal system
- Improved communications and record keeping through the successful implementation of a new clinical IT system
- Clarified service needs through a comprehensive health needs assessment process
- Improved the quality of care provided as a result of all the above processes, undergoing extensive recruitment, developing a motivated and well trained workforce and implementing a full clinical governance system.

A steering group has met several times to measure progress against the recommendations in the Care Services Improvement Partnership (CSIP) report 'The Case for Change'. A follow up review will be undertaken in August 2009 and will report to the Prison Partnerships Board to provide assurance of the improvements made.

The focus in the next six months will be on the implementation of a new mental health strategy and an enhanced substance misuse service.

24 Healthcare Associated Infections (HCAI)

No healthcare system can ever be entirely risk free but we should not tolerate any levels of Health Care Acquired Infection.

All NHS organisations have been set two national targets in this area:

- MRSA - to keep the annual number of MRSA bloodstream infections at less than half the number in 2003/2004
- Clostridium Difficile: to contribute to a national reduction of 30% by 2011 compared to the 2007/2008 baseline.

Within Worcestershire we have exceeded these targets significantly; already we have reduced MRSA infections by 80.7% since 2003 and for Clostridium Difficile we have seen a reduction of 68.62% since 2007. This means that we have been able to bring forward the challenging target originally set for 2010/11 into this year.

From April 2009 MRSA screening has been introduced for all elective admissions, and this will be extended to all emergency admissions within the next three years. Once patients are screened, any who are found to be colonised with MRSA are treated appropriately prior to surgery.

Improving cleanliness is an important part of the strategy to tackle HCAI and patients are right to expect a clean environment.

The NHS organisations in Worcestershire are working together to reduce HCAs and examples of the initiatives underway or being planned are:

- We have established a health economy wide committee which meets monthly to share learning from root cause analyses, share good practice and scrutinise actions being taken to reduce HCAI
- Matrons have been given clear accountability for standards of cleanliness and infection control within their areas
- We have a countywide antibiotic prescribing policy to avoid the use of drugs known to pre-dispose patients to Clostridium Difficile. This is being supported by the automatic stop of antibiotics after five days and change from intravenous drugs to oral medication after two days (unless medically indicated). GPs are monitored on their prescribing of antibiotics to ensure patients are not being subject to unnecessary risks
- NHS Worcestershire and the Acute Trust are signed up to the Department of Health 'Clean your Hands' campaign to increase awareness of the importance of hand hygiene
- The importance of hand hygiene is being supported by hand hygiene audits across all health settings as recommended in the DH document 'Saving Lives'.

We also have the challenge of managing community infections such as Norovirus, which also affect hospitals. Last winter saw high levels of patients with Norovirus in hospital because they were too ill to be cared for at home. Unfortunately, because Norovirus

is so infectious, other patients were infected and hospital wards needed to be closed to prevent the spread of infection. During summer 2009 we held a high level summit to learn lessons from last winter's outbreak and to put measures in place to avoid having to lose vital capacity during the winter period.

25 Expensive drugs and treatments

We are fortunate to have a National Health Service which provides an extensive range of general and specialist healthcare to all those who need it. Nevertheless the NHS Worcestershire cannot fund everything that patients want and difficult choices have to be made. We are required to fund those drugs which the National Institute for Health and Clinical Excellence (NICE) approves through its technology appraisal programme.

In 2009/10 we have planned to invest in excess of £3.5 million to fund the use of the drug Lucentis, to treat the eye condition age-related macular degeneration (AMD) in patients who meet criteria specified by NICE. Further funding will be needed in 2010/11 to ensure that all patients who should be treated with Lucentis, for wet AMD, receive it.

NICE has approved a number of drugs in 2009/10 which the PCT is now funding. This includes the use of sunitinib as a first line treatment of a certain type of kidney cancer and the use of lenalidomide in the treatment of multiple myeloma. The drug costs for these two drugs alone will be approximately £1.6 million over the next 12 months.

Funding of new drugs, or new uses of existing drugs, not considered by NICE, or yet to be assessed by NICE, has to be prioritised in line with other service developments. The Worcestershire Area Prescribing Committee and Cancer Networks provide recommendations to NHS Worcestershire on which treatments should be funded. A key factor that is considered is that there is established evidence that the drug or treatment is safe, effective and offers value for money.

We will continue to make difficult decisions regarding the use of drugs, not covered by national guidance, and we are currently updating our decision-making systems to ensure that requests for funding are dealt with in a consistent way with the decision explained to the patient and their doctor.

26 Access to therapies

Therapy services are provided by a range of suppliers in Worcestershire, principally the Acute Trust and the PCT Provider Services, but there are also smaller independent providers for physiotherapy in particular.

Waiting times for therapy services have been a historical problem. During 2008/09 PCT Provider Services introduced computerised systems for capturing the clinical activity delivered by therapy staff. This is an essential pre-requisite to the accurate monitoring of waiting times within services. In July 2009 there were 20 physiotherapy patients and 15 podiatry patients who had waited more than 21 weeks from referral. The variation in access times across the county has now been identified and will inform the action plans to achieve timeliness and equity.

The national operating framework for 2009/10 contains a commitment that all patients will be treated within 18 weeks of referral including all services and specialities in primary and secondary care, including Allied Healthcare Professionals. This target has to be achieved by the end of 2009 and requires the involvement of therapists in new administrative monitoring processes as well as developing capacity plans for all clinical pathways.

Current physiotherapy services for musculoskeletal conditions have been identified by practice based commissioners as having difficulty in meeting the needs of their patients. Due to insufficient timely access to physiotherapy services there are concerns that patients' conditions are negatively affected and there is increased referral to secondary care orthopaedic services. There is an intention to tender for a centrally managed musculoskeletal physiotherapy service during 2009/10 which can deliver a responsive service within local and national waiting time standards.

Speech and language therapy services for children have been identified as a service under strain. A joint commissioning group is being established between NHS Worcestershire and Worcestershire County Council Children's Services to take a holistic view of the potential demands on the service. A joint application has been made for specific support from a national team in redesign of children's speech and language therapy services.

Part 3

New emerging issues

27 Pain service

Through the Care Planning Partnership, NHS Worcestershire has been working to improve access to pain management services for patients suffering from chronic pain. Research has determined that people with persistent pain would benefit from cognitive and behavioural programmes (CBT). Efforts have therefore focused on enhancing the core persistent pain service offered by secondary care services alongside plans to commission a pain management programme for patients with complex and enduring problems. These proposals also incorporate plans to improve GP education including the development of referral protocols and a pilot to be run by Arthritis Care which will offer self-management challenging pain programmes.

These new developments have also meant that we need to review current practice within the context of evidence based medicine to identify the potential to release funding.

This particular part of the work programme led the group to focus on the repeated use of facet joint and epidural injections. Reducing the use of these interventions is in line with the clinical guideline on the early management of persistent non-specific low back pain recently published by the National Institute for Health and Clinical Excellence. As a consequence of our new commissioning policy for facet joint and epidural injections a proportion of the funding is to be diverted into the new CBT Pain Management Programme.

28 Spinal service

Worcestershire Acute Hospitals NHS Trust no longer provides a spinal service for south Worcestershire. Following a tendering exercise, a contract was awarded to the Royal Orthopaedic NHS Foundation Trust (ROH).

Adult patients with less than six weeks history of spine related symptoms seldom require surgical opinion, therefore we have developed comprehensive pathways which utilise the community based orthopaedic

practitioner service (OPS). This service is provided by extended scope physiotherapists (ESPs) who have the appropriate training and accreditation to assess, diagnose and manage a cohort of spinal patients. The dedicated lead spinal surgeon from the ROH provides the community based ESPs with mentoring, advice and support which is key to providing a seamless, safe and high quality spinal service.

Of the 1,824 referrals into the orthopaedic practitioner service last year 38% of patients were discharged within one appointment after full assessment and education on managing their condition. 8% were referred for a surgical opinion and of these a sample audit showed that 85% were listed for surgery. As the community practitioners are able to order MRI, X-rays and blood tests the small number of patients requiring onward referral to an Orthopaedic Surgeon will be 'worked up' ready for the consultant's treatment plan at the first new consultant appointment.

There have been a series of meetings with all spinal providers and the Acute Trust to further develop the urgent pathway ensuring that GPs have speedy access either into the emergency pathway, an urgent out patient appointment or advice. The pathway for self-presenting patients into A&E has also been reinforced and documented ensuring that all parties have clarity around onward referral.

North Worcestershire's population is served by a slightly different arrangement to that outlined above. Historic referral pathways are to the ROH and University Hospitals Coventry and Warwickshire NHS Trust (UHCW). A proportion of spinal referrals are sent to Worcestershire Acute Trust's back pain service which is delivered by an extended scope physiotherapist. Onward referrals from the OPS service are directed to UHCW which provides out-reach clinics at the Alexandra Hospital. Redditch & Bromsgrove PBC Cluster will be reviewing the spinal pathway with a view to developing a more community based service along the lines of South Worcestershire model.

Working with stakeholders, NHS Worcestershire has developed a comprehensive patient survey in order to assess the quality and patient experience of both spinal providers. These results will be available in September.

29 Head and neck cancer services

NHS Worcestershire is required to commission cancer services that comply with national Improving Outcomes Guidance (IOG). This guidance indicates a required level of surgical activity that a head and neck resectional centre should manage on an annual basis.

At present there are resectional centres in both Worcestershire and Gloucestershire. However, concerns had been raised that neither of these services saw the volume of patients that were advocated by IOG guidance and a review of the services was organised.

Both services sit within the Three Counties Cancer Network which arranged for an independent review. The review agreed with the guidance in the IOG that the volume of patients receiving surgery at the two centres was too low to ensure the quality of service expected for patients. The review concluded that there should only be one resectional centre, to be based in Gloucestershire, for the surgical aspects of the pathway, with all other aspects of the pathway continuing to be available locally to patients.

Some of the stakeholders involved with head and neck cancer services disputed the outcomes of the review and it was agreed to undertake a second review.

The second review has now been completed and it reached the same conclusion as the first review. However, it was an extremely close decision and the panel did accept that both services were excellent. The Chief Executives of the Primary Care Trusts in Herefordshire, Gloucestershire and Worcestershire and the Three Counties Cancer Network have agreed to take an important step to ensure that a future decision on complex head and neck cancer surgery is based on a comprehensive review and strong evidence. They have asked Professor Mike Richards at the National Cancer Team to consider in greater detail the consequences of a single site for head and neck cancer surgery. The National Cancer Team will test whether evidence exists to show that there would be a detrimental impact on the site where surgery would not happen.

The Three Counties Cancer Network Board will consider the outcome of the National Cancer Team's work, the outcome of the previous expert panel review and any proposals arising from a dialogue between clinicians, the Trusts and patients. From this information the Three Counties Network Board will make a recommendation to the three PCT Boards.

The three Primary Care Trust organisations will consider that recommendation and then a decision will be made on how to move forward on this issue.

It is acknowledged that this process has created a level of uncertainty but at the same time we need to ensure that every aspect of care is considered and that we fully understand the impact that a decision like this would have on existing facilities and services. The guiding principle will be to achieve the best possible care for patients.

30 Swine Flu

This paper has been written at a time when the NHS and its partners are responding to the challenges presented by Swine Flu. The situation changes almost daily and therefore no attempt is being made here to describe in detail the current situation, as it will immediately be out of date before this paper reaches its intended audience.

We have moved beyond the containment phase and are now in the mitigation and treatment phase. All NHS organisations have implemented their pandemic flu plans which have been implemented successfully. The National Pandemic Flu Service is up and running and NHS Worcestershire has opened its Antiviral Collection Points. This has all consumed a lot of our resources and many staff are now being deployed routinely from their normal work to support work in response to Swine Flu. Our response has been entirely proportionate even though it has consumed a lot of our resources and detracted from other work. If Swine Flu does mutate into something more potent then the value of our investment will be proven. If it does not then we shall be vastly relieved, and be very confident that we have tested fully our ability to respond to public health challenges of this nature.

31 Transforming community services

NHS Worcestershire has initiated a major project to transform its community services. A commissioning strategy is being developed, a full review of existing community services delivered by the PCT Provider Services is underway and options for the future organisational configuration of the services are being examined.

This work is being undertaken within the context of Government policies and guidance and with the objective of improving the commissioning and delivery of community services. When the exercise was commenced there was the expectation that NHS Worcestershire would probably cease to be a direct provider of community services and that new organisational models might include social enterprises or a Community NHS Foundation Trust. The economic downturn has created a bias against the creation of additional organisations with their own overheads and the project will now examine the alternative options in more detail including vertical integration with other NHS Trusts, closer working with GPs and the County Council, and possibly the retention of the services under the umbrella of NHS Worcestershire.

The intention is to complete most of the project work by October 2009, by which time it is likely that further guidance will have been issued by the Department of Health.

An invitation to comment

This is not a formal consultation document although some of the issues described within it will be the subject of individual public consultation exercises.

This is a paper prepared as part of an ongoing dialogue with stakeholders and the public. Any comments on the paper and the issues within it would be welcomed, including any suggestions about important topics which may have been omitted. NHS Worcestershire believes these are the emerging issues and this report on those issues is an important test of how well we are in touch with the concerns and interests of the people of Worcestershire.

If you would like to offer any comments or ask for further information please do so in the first instance by contacting:

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