



# Leicester, Leicestershire and Rutland

## **Next Stage Review: *Excellence for All, Next Steps and Public Facing Summary***

### **Introduction to our vision, 'Excellence for All'**

The NHS organisations across Leicester, Leicestershire and Rutland are all working together on a programme to improve our local healthcare services. The work is being led by local doctors, nurses and other health professionals, and with the involvement of other NHS staff, patients, members of the public and partners.

Together we have produced a vision for the future of the NHS in our area which we have called 'Excellence for All'.

We have chosen this title because we believe that everyone living locally should have fair access to excellent healthcare services, no matter where they live, and regardless of their circumstances.

Our vision focuses on improving the health and well-being of people living locally, and is based on seven key principles. We believe that these will help to make the positive changes we need for healthcare in our area.

As part of this vision we have developed a number of ideas about how we might provide health services in the future. They cover healthcare from birth to the end of life. If these are taken forward, they will change the way we provide health services for years to come.

We now need to make sure that the ideas we have suggested within our vision and principles meet the needs of people locally. That's why the views of local people are so important. By telling us what they think, together we will be able to make sure that we get our health services right for the future.

The formal engagement process will commence on 15 July 2008 and will conclude on 5 October 2008. The feedback we receive from this engagement process will determine the way forward.

### **Next Steps**

Doctors, nurses and other healthcare experts leading the review said that there were some immediate changes that needed to happen. We shared these with members of the public at a number of events, and were told that we should go ahead and make these changes as soon as possible. So things are happening already, and we are already starting to make big improvements to local health services.

These immediate actions are already starting to be rolled out, and are detailed in our document, 'Next Steps'.

But these are just the first steps. The big changes proposed for the future need more thought and input from local people. The feedback we receive from this engagement process will shape our future proposals. We will share any ideas which will mean big changes for local healthcare with local people for their ideas and comments; and we will make sure that they are right for people before we go ahead and make them happen.

The three documents launched on 15<sup>th</sup> July are:

1. *'Leicester, Leicestershire and Rutland NHS: Our NHS Our Future - Excellence for All'*. This details our healthcare vision for the future, and how decisions will be made about the future of healthcare in our area.
2. *'Next Steps for Improving Health and Care Services'*. This describes the healthcare improvements we are planning to make in the next 6-12 months. These plans are based on the work of doctors, nurses and other health professionals.
3. A public-facing summary of the two documents listed above

The attached summary is a guide to some of the key proposals included in our vision.

## **Our principles**

The vision for healthcare in Leicester, Leicestershire and Rutland is based on seven key principles:

**Principle 1:** Make sure we deliver excellent clinical 'outcomes' or results for patients.

**Principle 2:** Put the needs of patients and the public first, and involve them in planning services.

**Principle 3:** Help patients to take responsibility for their own health and treatment.

**Principle 4:** Reduce health inequalities so that all patients have access to the same standard of care, no matter where they live or what their circumstances.

**Principle 5:** Offer a real choice of easily accessible services.

**Principle 6:** Make the best use of resources.

**Principle 7:** Make a difference to the wider issues that determine people's health and well being, e.g. housing and education.

## **Maternity and newborn services**

### **Key Proposals:**

- For every pregnant woman to have a named midwife throughout her pregnancy
- Provide care which takes account of each woman's social, cultural and medical needs
- Build up services in the community so that women can choose where they can get advice and give birth
- Develop specialist midwifery roles and specialist nurses to deal with specific problems which may arise in the first few weeks following the birth of the baby
- Work with vulnerable groups including teenagers, and women with mental health problems to develop appropriate services
- Improve care for very sick, newborn babies by developing a specialist unit in one centralised hospital.

## **Children and young people's services**

### **Key Proposals:**

- Develop one electronic record that can be shared between different organisations, with the aim of looking after children's health
- Move some of the services into the local community so that we can deliver services as close to home as possible
- Provide specialised units (such as cancer and brain and spine surgery) to deliver better results for the children concerned
- Provide child key workers who support children throughout their care and treatment
- Improve care of children once discharged from hospital

## **Helping People stay healthy**

### **Key Proposals:**

- For NHS staff to promote good health wherever they meet patients
- Encourage people to stop smoking through a range of prevention support and treatments.
- Reduce long-term diseases such as cancer and heart disease by encouraging people to improve their diet through healthy eating and doing more exercise
- Reduce the harmful effects of alcohol

## **Mental health and learning disabilities**

### **Key Proposals:**

- Establish a Primary Care Mental Health Service, which provides a wide range of treatments for patients with common mental health problems
- Talk with patients, carers and local organisations so our service is more responsive and fits the needs of the individual
- Bring together services for adults and older people onto single sites, where they will receive the highest standards of modern care
- Strengthen our community services and ensure that we work closely with other health and social care organisations

## **Acute care**

*Acute Care is the treatment of patients who need specialised care, or who need care for a brief but severe period of illness. This includes conditions that are the result of disease or trauma, and during recovery from surgery.*

### **Key Proposals:**

- Provide a high-quality, 24-hour service for people who need urgent (but not emergency) NHS care with local minor-injury units
- Develop the role of community pharmacists and extending family doctor (GP) hours as an alternative to attending Accident and Emergency Departments
- Provide all emergency patients with a proper 'care plan'. This is a written document that outlines the types and frequency of the long-term care that a person receives.
- Develop a 24-hour service for patients who suffer a stroke or heart attack

## **Planned care**

*Planned care covers all those non-emergency services that can be planned in advance with patients and their families - for example, hip, tonsil or cataract operations.*

### **Key Proposals:**

- Reduce waiting times for operations
- Offer more specialist services in one place
- Pull all our computer systems together and have one shared electronic record
- Establish local community clinics, so people don't always have to travel to busy hospitals to see a doctor or a nurse
- Introduce telephone appointments to avoid unnecessary hospital visits

## **Long-term conditions**

*Long-term conditions, like diabetes or arthritis, are illnesses that cannot be cured but can be controlled by medicine and other support care. We know that people with long-term conditions account for 4 out of 5 GP appointments. What's more, as our population gets older the number of people with long-term conditions will grow.*

### **Key Proposals:**

- Standardise support and guidance materials to provide the best possible information for patients about their disease
- Take early actions to prevent long-term conditions from worsening by identifying those people who are at risk, and by making an early diagnosis
- Co-ordinate care with therapists, social care and the voluntary sector
- Help hospitals to communicate effectively with GPs and other services to make sure services work better together
- Provide suitable care when treatment is no longer possible, and at the end of life

## **End-of-life care**

*People at the end of their life need support and care from a number of different services. They want personalised services and more choice about the type of care they receive. Mostly, people want to die with dignity and respect, and to be handled with care and sensitivity.*

### **Key Proposals:**

- Make sure that we identify patients who are nearing the end of their life, and discuss with them how and where they would like to be cared for.
- Set up community support teams who can look after people who want to die at home, or want to die in a care home or hospice rather than in a hospital.
- Co-ordinate all aspects of end-of-life care, including supporting families and providing bereavement services
- Provide out-of-hours support for people at the end of life