

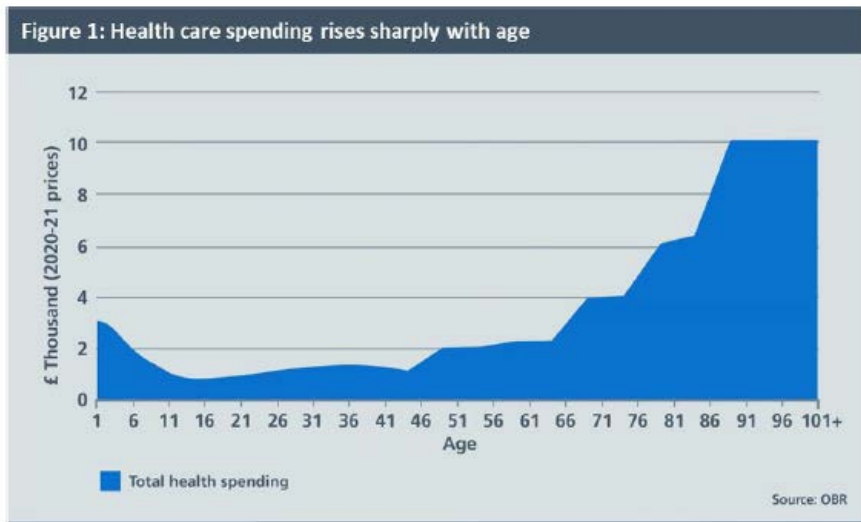
The future healthcare environment and the key players

22nd November 2017

The views expressed are those of the author and not necessarily of Abbott

The NHS is under greater pressure than ever before

- Demand for health care is highly geared to our growing and aging population ¹
- Life expectancy is rising by 5 hours / day ¹
- 46% of men and 40% of women are predicted to be obese by 2035 ²
 - 550,000 additional cases of diabetes
 - 400,000 additional cases of stroke & heart disease



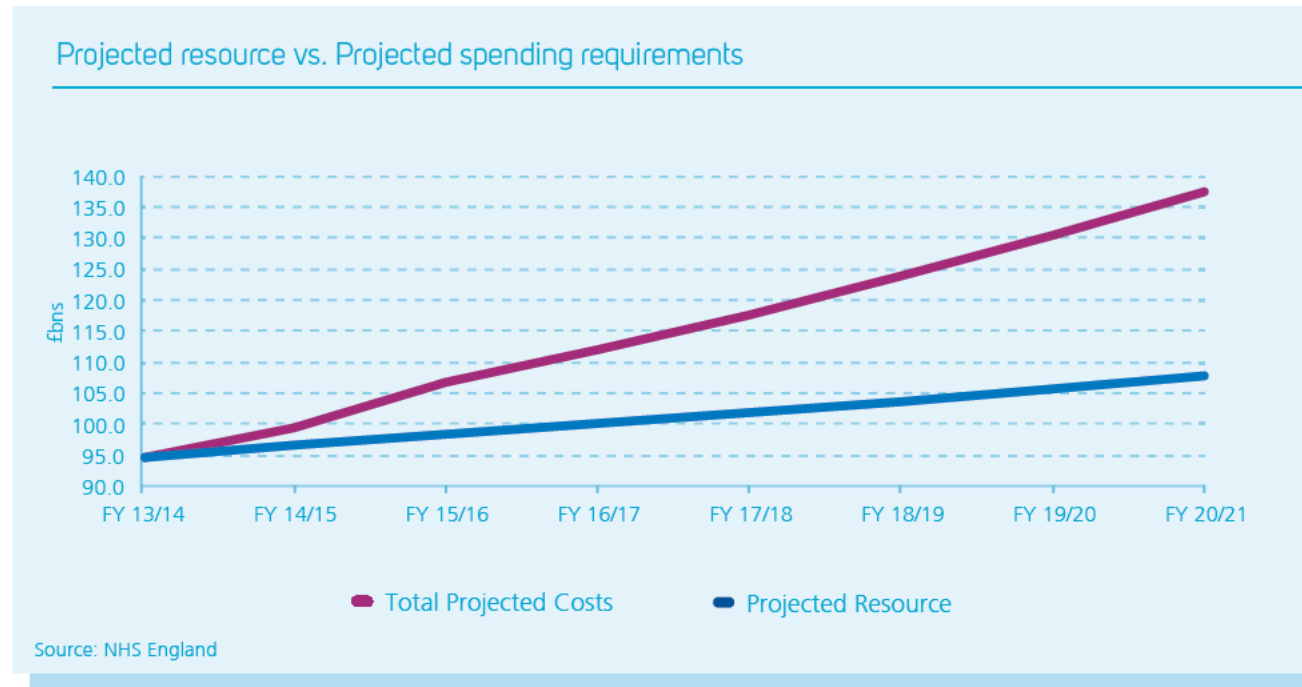
- Rising public expectations for convenient and personal care ¹
- Steady expansion of new treatments and cures ¹
- On-going variation in care ¹
- Increasing NHS staff pressure ¹
- Waiting times edging back up ¹

Ref 1: NHS England. Next steps on the Five Year Forward View. March 2017

Ref 2: NHS England. A Call to Action: materials to support local events. July 2013.

The financial challenge is considerable

- Potential funding gap of £30 billion by 2020/21 ^{2,3}



Ref 2: NHS England. A Call to Action: materials to support local events. July 2013.

Ref 3: NHS England. Five Year Forward Review. October 2014

Reviews of NHS finances suggests the NHS will struggle to save £22bn by 2020 ^{4,5}

- 2016 Review ⁴
 - Uncontrollable demand will lead to some difficult decisions - extending waiting times, raising the threshold at which patients become eligible for treatment, cutting services or closing whole sites or hospitals
- 2017 Review ⁵
 - NHS trusts have begun the current financial year on course for an underlying overspend of £5.9bn
 - To meet their reported deficit target of £500m, they will need to cut their operating costs by £3.6bn and receive temporary extra funds of £1.8bn
 - Require trusts to make savings in 1 year equivalent to 4.3% per cent of their operating costs



Aug 2016



Aug 2017

Ref 4: Nuffield Trust. Feeling the crunch: NHS finances to 2020. August 2016

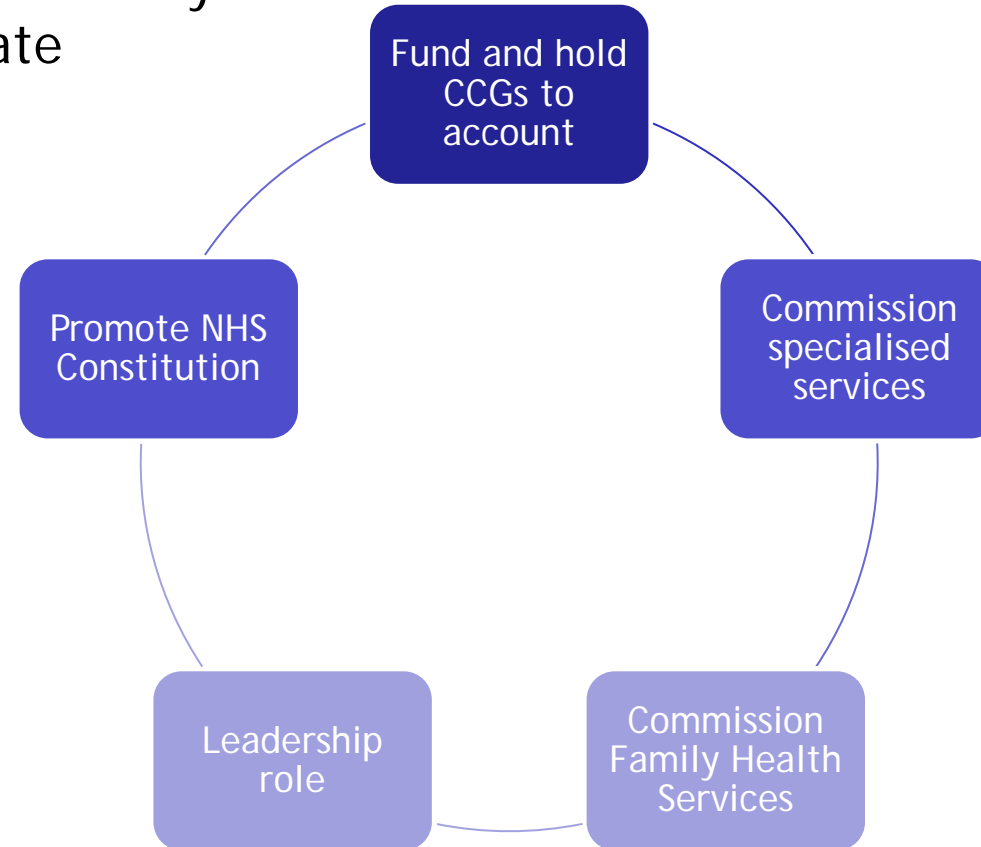
Ref 5: Nuffield Trust. The bottom line - understanding the NHS deficit and why it won't go away. August 2017

NHS England is a *key player* leading the NHS and working to address these challenges

- NHS England is accountable to Secretary of State through the NHS Mandate



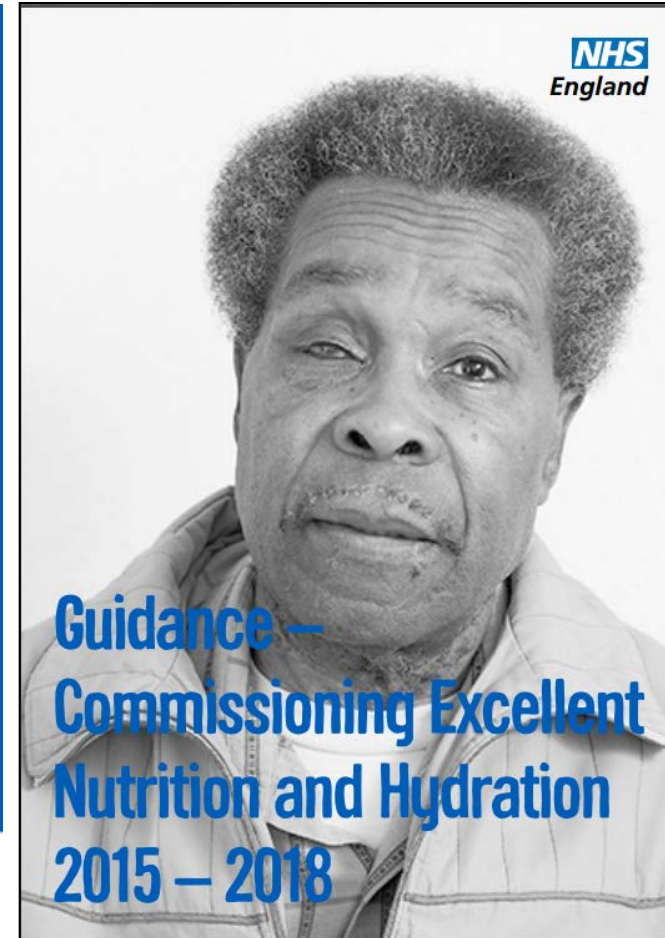
<http://www.england.nhs.uk/>
(accessed Oct 2017)



Although nutrition does not appear to be a priority NHS England has developed commissioning guidance ⁶

Malnutrition is common in the UK, affecting more than **three million people** at any one time. Around **1 in 3** patients admitted to acute care will be malnourished or at risk of becoming so, and **35 percent of individuals admitted to care homes** will also be affected. In addition **93 percent** of those at risk of, or suffering, from malnutrition will be living in the community.

The scale of dehydration in the UK is unknown but is associated with a number of known causes of harm to people.



NHS England explains why nutrition needs to be taken seriously ⁶

- The cost for disease-related malnutrition for health and social care expenditure is now more than £19 billion ⁷
- According to NICE improving the identification and treatment of malnutrition is estimated to have the third highest potential to deliver cost savings to the NHS
- There is good evidence that specific efforts to correct nutrition and hydration problems improve health outcomes, however these problems often go unrecognised and untreated
- Once in hospital patients average length of stay is 3 days longer, mortality rates are high and failed discharges are frequent
- NICE has shown that better nutritional care reduces complications and length of stay
 - NICE cost saving calculations show that better nutritional care is achievable with substantial savings in net NHS costs

Commissioners have been tasked to take action in health and social care organisations where they are responsible ⁶

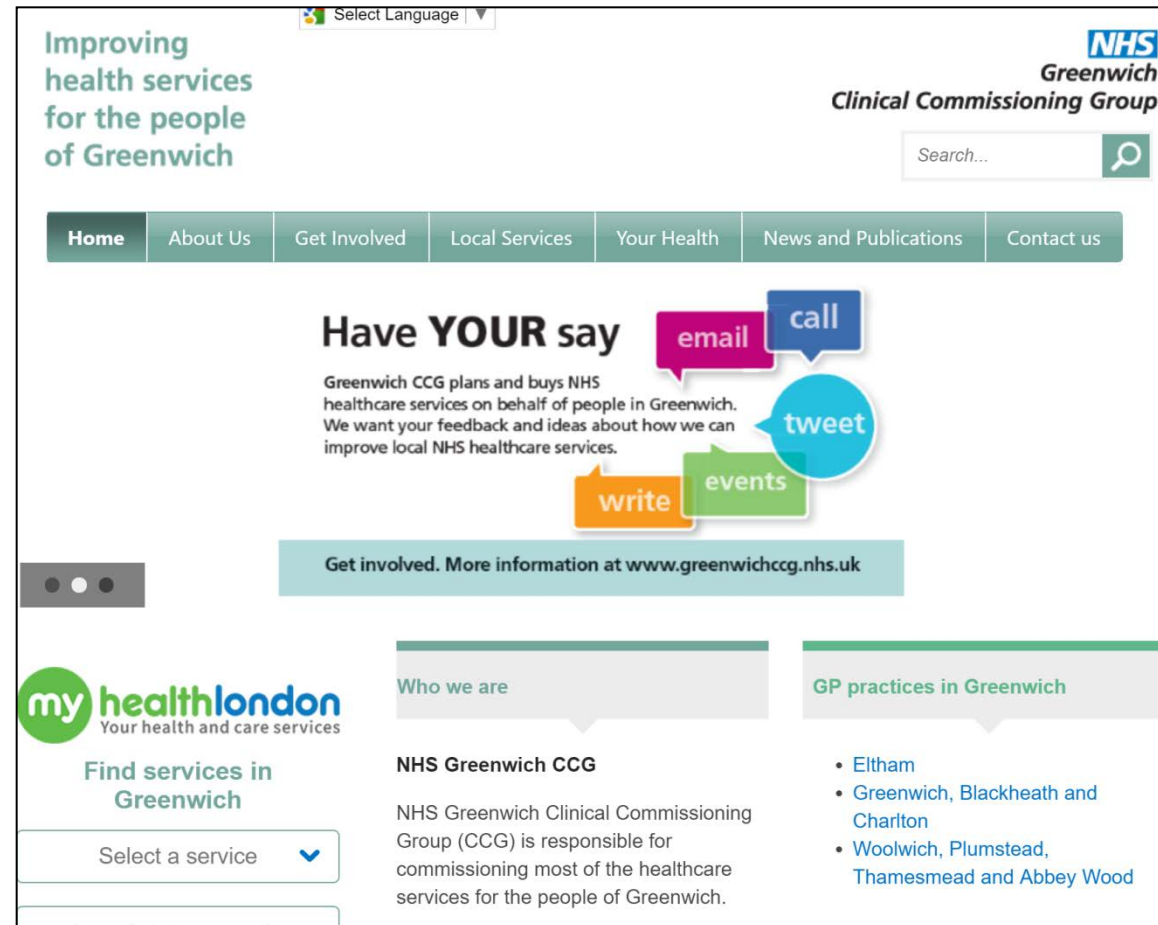
Prevent malnutrition and dehydration from occurring

Identify when malnutrition has occurred through the use of active nutritional screening e.g. 'MUST' tool

Specifically treat those at risk from malnutrition or dehydration using documented, appropriate, NICE compliant care pathways

Educate all staff, voluntary workers, patients and carers on the importance of good nutrition and hydration

CCGs are *key players* developing strategic and operational plans to deliver both national and local priorities



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Improving health services for the people of Greenwich

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Who we are

NHS Greenwich CCG

NHS Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning most of the healthcare services for the people of Greenwich.

GP practices in Greenwich

- Eltham
- Greenwich, Blackheath and Charlton
- Woolwich, Plumstead, Thamesmead and Abbey Wood

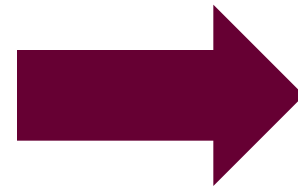
Greenwich CCG has been proactive in addressing malnutrition

- CCG commissioned an integrated Malnutrition Service to address malnutrition in adults in the community

Home Enteral Nutrition. The HEN team cover all tube fed patients in the community; in particular Head and Neck Cancer, Stroke and Motor Neurone Disease patients

Food First. The Food First Team provide a dietetic service which includes assessment and on-going reviews of community and care home residents at risk of malnutrition together with training to up-skill the catering teams and nursing home staff on a *Food First* approach

Primary Care. The Primary Care Team provide a local dietetic service to patients identified with malnutrition and clinical diseases requiring specialist dietetic intervention in primary care practices in Greenwich



Has malnutrition been recognised as a priority by your CCG?

Local Health and Well-being Boards are also *key players*

- HWBB act as a forum in which key leaders from the local health and care system work together to improve the health and wellbeing of their local population
- The Joint Strategic Needs Assessment (JSNA) is a key tool that provides a picture of the current and future health and wellbeing needs of the local population

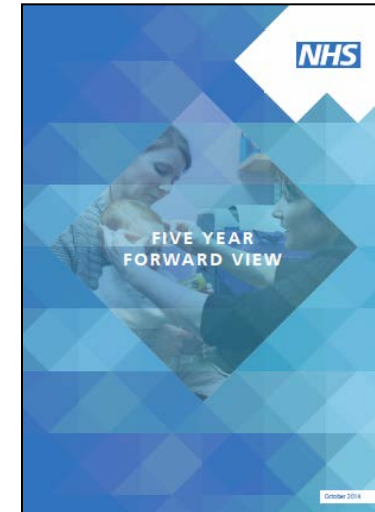
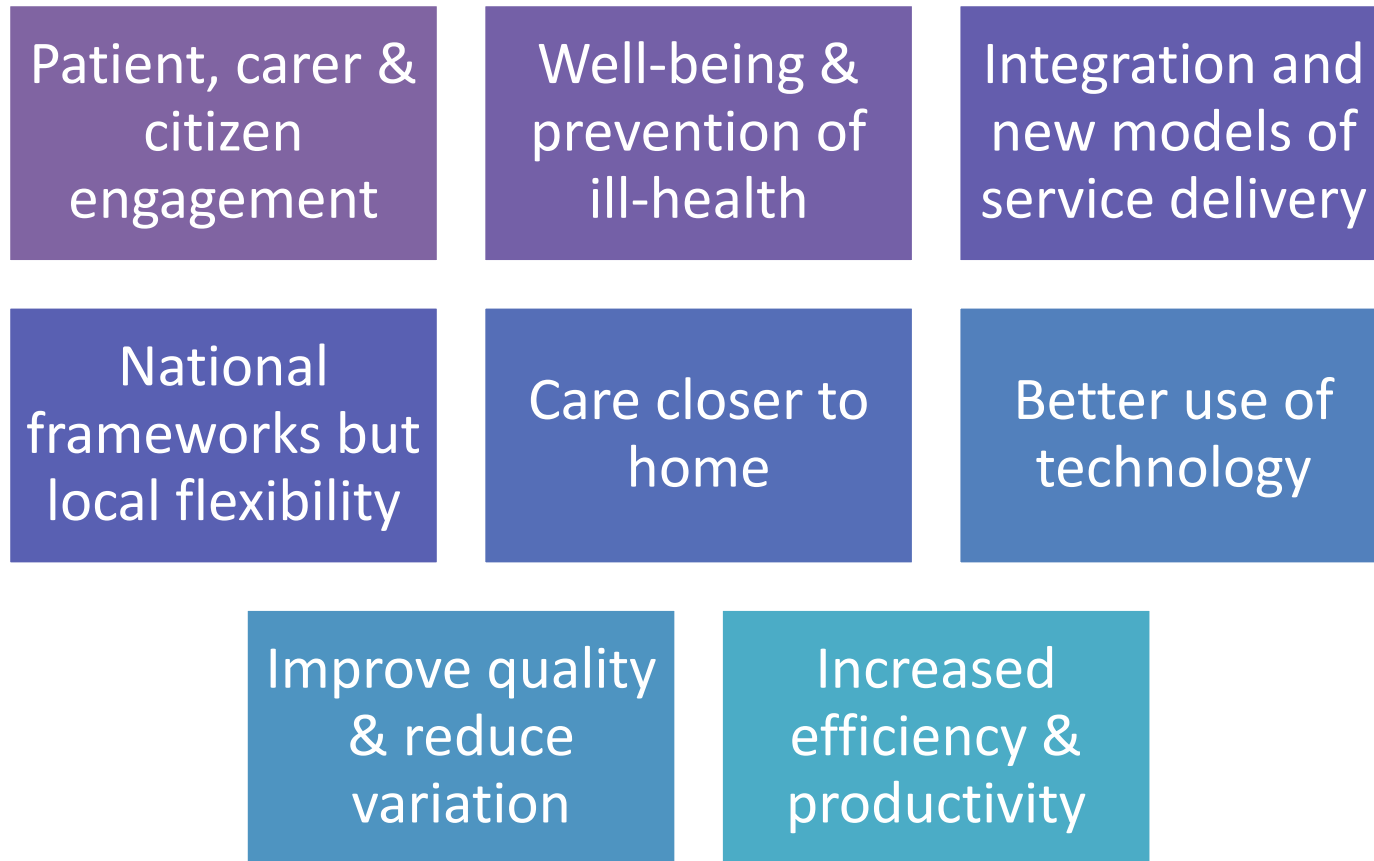


Getting malnutrition included in the JSNA gets it up the local agenda

e.g. Cambridgeshire JSNA :- ⁸

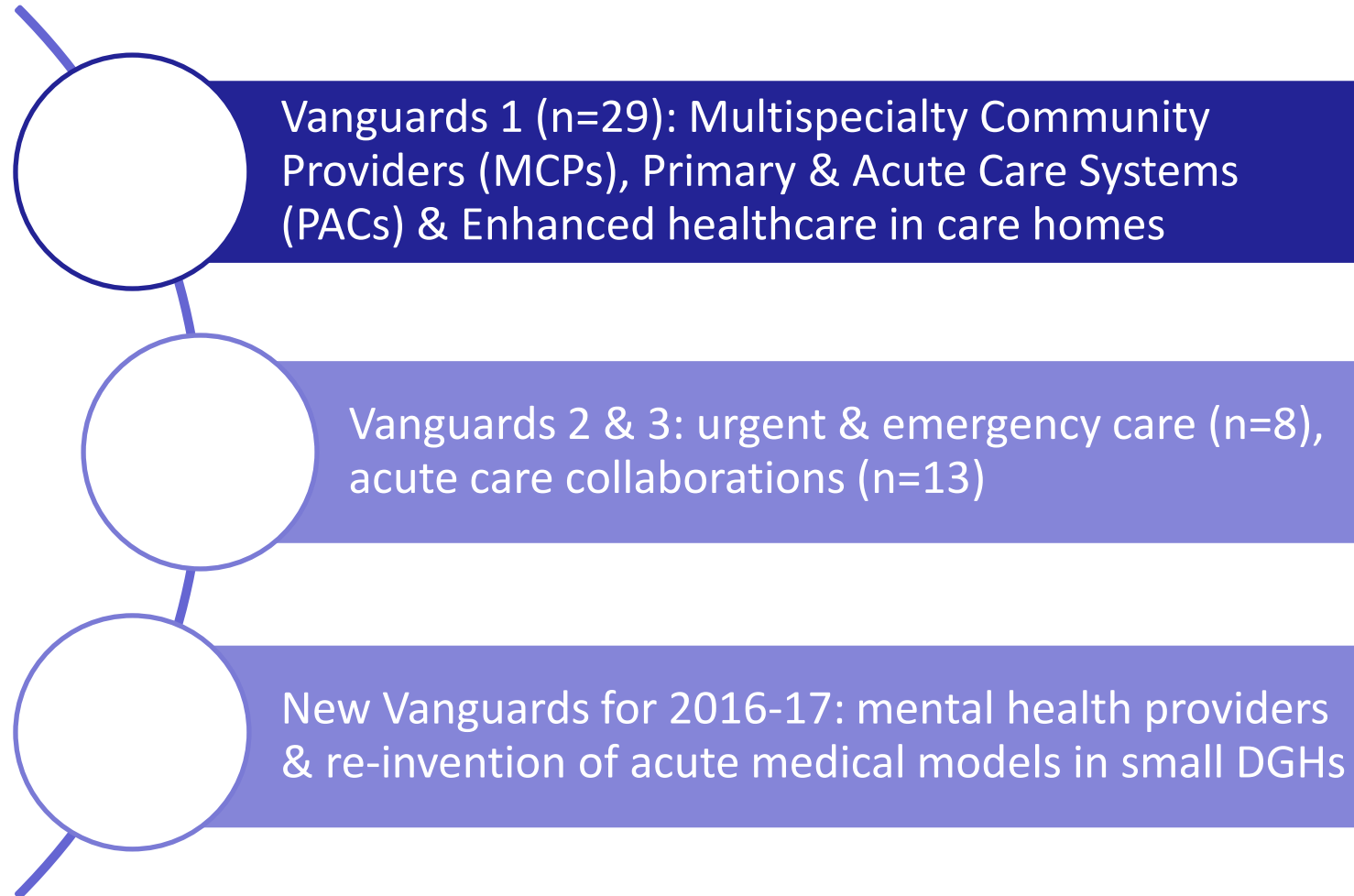
- Reviewed the evidence
- Estimated levels locally based on national data
- Reviewed the evidence for what works
- Considered access and barriers to good nutrition
- Identified tools developed by NICE, BAPEN, Malnutrition taskforce
- Assessed local assets (hospital & community)
- Shared local views
- Identified future opportunities for improvements

The 5 Year Forward View identified how the NHS must change ³



October 2014

The 5YFV encourages new care models - the Vanguards ³



Multispecialty Community Providers³ are *key players* providing more care out of hospital

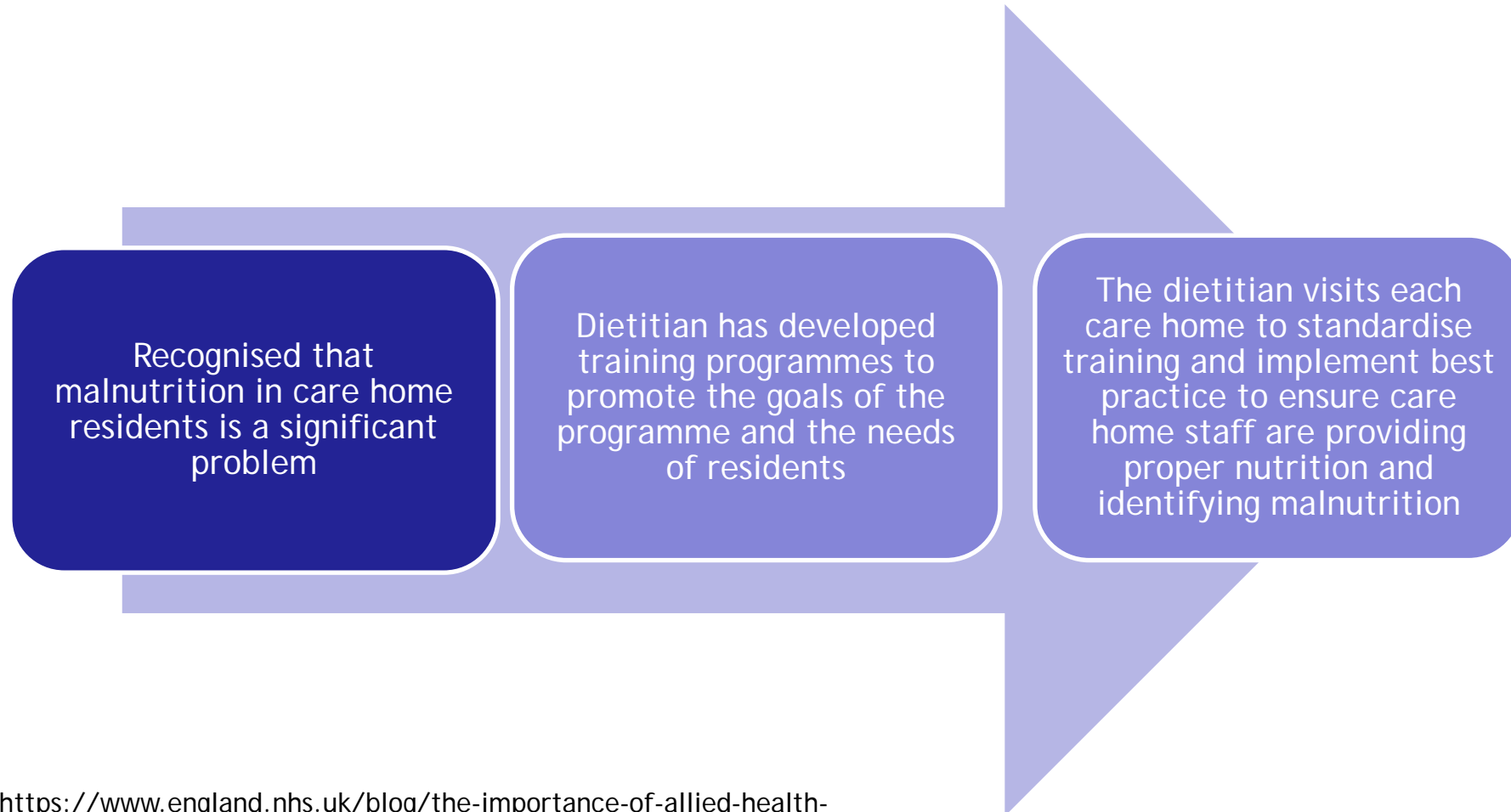
Model	Notes
Multispecialty Community Providers (MCP)	<ul style="list-style-type: none">▪ Could involve GPs, nurses, therapists & other community based professionals.▪ Could involve extended group practices - federations / networks / single organisations.▪ Could employ consultants or bring in as partners.▪ Could provide the majority of out-pt and ambulatory care in the community.▪ Could take over community hospitals or expand services e.g. diagnostics, chemotherapy.▪ Credentialing could allow direct admission to hospitals.▪ Could pool health & social care budgets.

Primary and Acute Care Systems³ are *key players* delivering a more integrated system

Model	Notes
Primary and Acute Care Systems (PACS)	<ul style="list-style-type: none">▪ A single organisation to provide NHS list-based GP and hospital services together with community & mental health services▪ Leadership could be from different places▪ Hospitals could be permitted to open GP surgeries in under-doctored areas▪ A MCP could step up and take over running the local hospital▪ Could take over responsibility for the whole health needs of a population with a delegated, capitated budget (Accountable Care Organisation / System approach)

Care Home vanguards are addressing malnutrition

- For example, Sutton Homes of Care aims to provide high quality care that enhances the health and wellbeing of care home residents



There are 50 official Vanguards so far ⁹

Integrated primary and acute care systems - joining up GP, hospital, community and mental health services

- 1 Wirral Partners
- 2 Mid Nottinghamshire Better Together
- 3 South Somerset Symphony Programme
- 4 Northumberland Accountable Care Organisation
- 5 Salford Together
- 6 Better Care Together (Morecambe Bay Health Community)
- 7 North East Hampshire and Farnham
- 8 Harrogate and Rural District Clinical Commissioning Group
- 9 My Life a Full Life (Isle of Wight)

Multispecialty community providers - moving specialist care out of hospitals into the community

- 10 Calderdale Health and Social Care Economy
- 11 Erewash Multispecialty Community Provider
- 12 Fylde Coast Local Health Economy
- 13 Vitality (Birmingham and Sandwell)
- 14 West Wakefield Health and Wellbeing Ltd
- 15 Better Health and Care for Sunderland
- 16 Dudley Multispecialty Community Provider
- 17 Whitstable Medical Practice
- 18 Stockport Together
- 19 Tower Hamlets Integrated Provider Partnership
- 20 Better Local Care (Southern Hampshire)
- 21 West Cheshire Way
- 22 Lakeside Healthcare (Northamptonshire)
- 23 Principia Partners in Health (Southern Nottinghamshire)

Enhanced health in care homes - offering older people better, joined up health, care and rehabilitation services

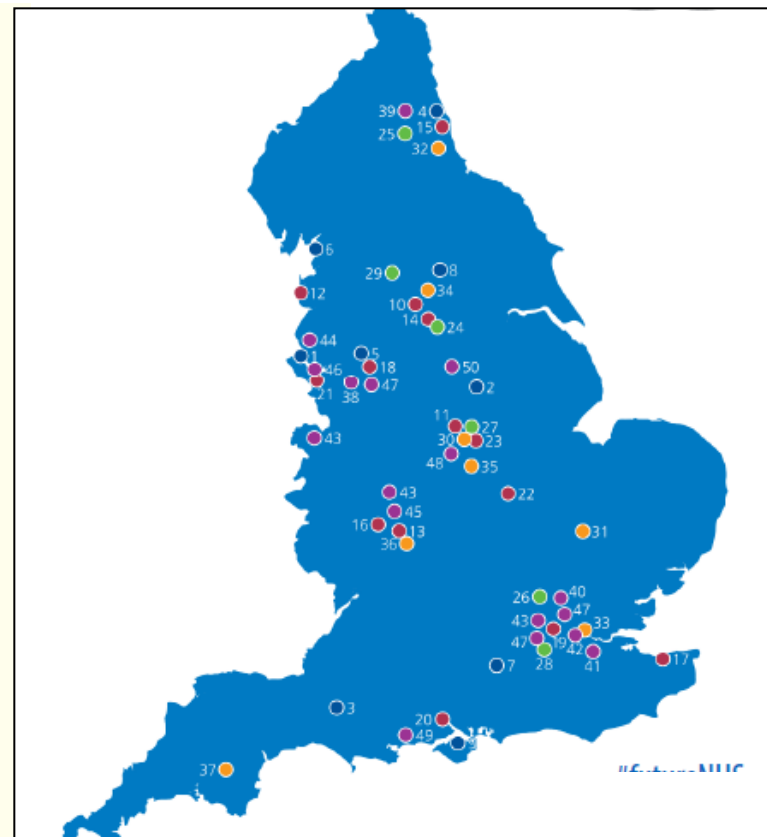
- 24 Connecting Care - Wakefield District
- 25 Gateshead Care Home Project
- 26 East and North Hertfordshire Clinical Commissioning Group
- 27 Nottingham City Clinical Commissioning Group
- 28 Sutton Homes of Care
- 29 Airedale & Partners

Urgent and emergency care - new approaches to improve the coordination of services and reduce pressure on A&E departments

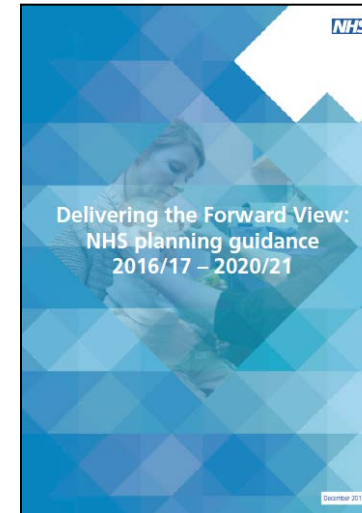
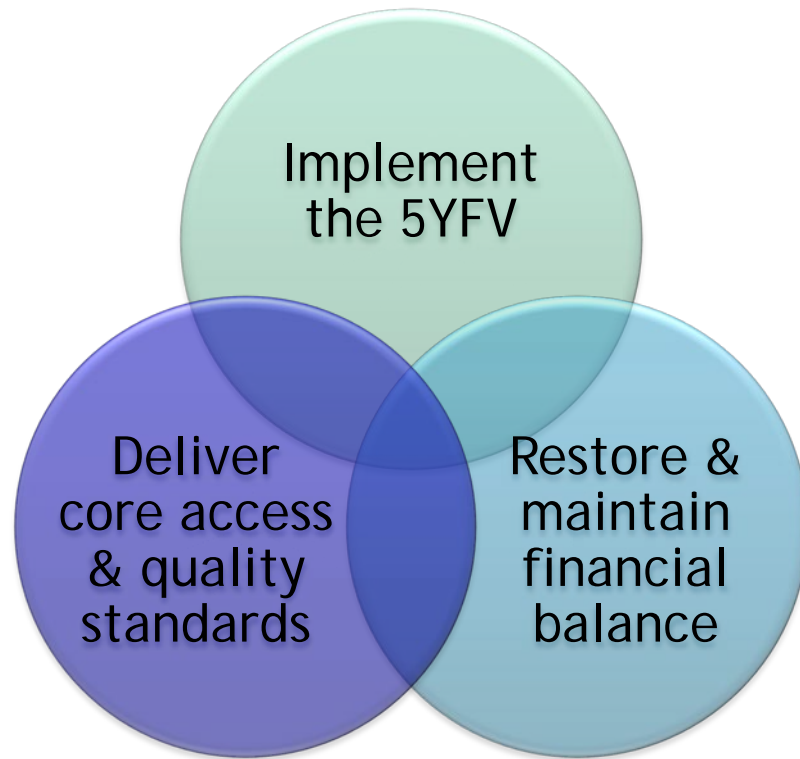
- 30 Greater Nottingham System Resilience Group
- 31 Cambridgeshire and Peterborough Clinical Commissioning Group
- 32 North East Urgent Care Network
- 33 Barking and Dagenham, Havering and Redbridge System Resilience Group
- 34 West Yorkshire Urgent Emergency Care Network
- 35 Leicester, Leicestershire & Rutland System Resilience Group
- 36 Solihull Together for Better Lives
- 37 South Devon and Torbay System Resilience Group

Acute care collaborations - linking hospitals together to improve their clinical and financial viability

- 38 Salford and Wigan Foundation Chain
- 39 Northumbria Foundation Group
- 40 Royal Free London
- 41 Foundation Healthcare Group (Dartford and Gravesham)
- 42 Moorfields
- 43 National Orthopaedic Alliance
- 44 The Neuro Network (The Walton Centre, Liverpool)
- 45 MERIT (The Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
- 46 Cheshire and Merseyside Women's and Children's Services
- 47 Accountable Clinical Network for Cancer (ACNC)
- 48 EMRAD - East Midlands Radiology Consortium
- 49 Developing One NHS in Dorset
- 50 Working Together Partnership (South Yorkshire, Mid Yorkshire, North Derbyshire)



Planning guidance set out what must be delivered in 2016-17 and by 2020/21 ¹⁰



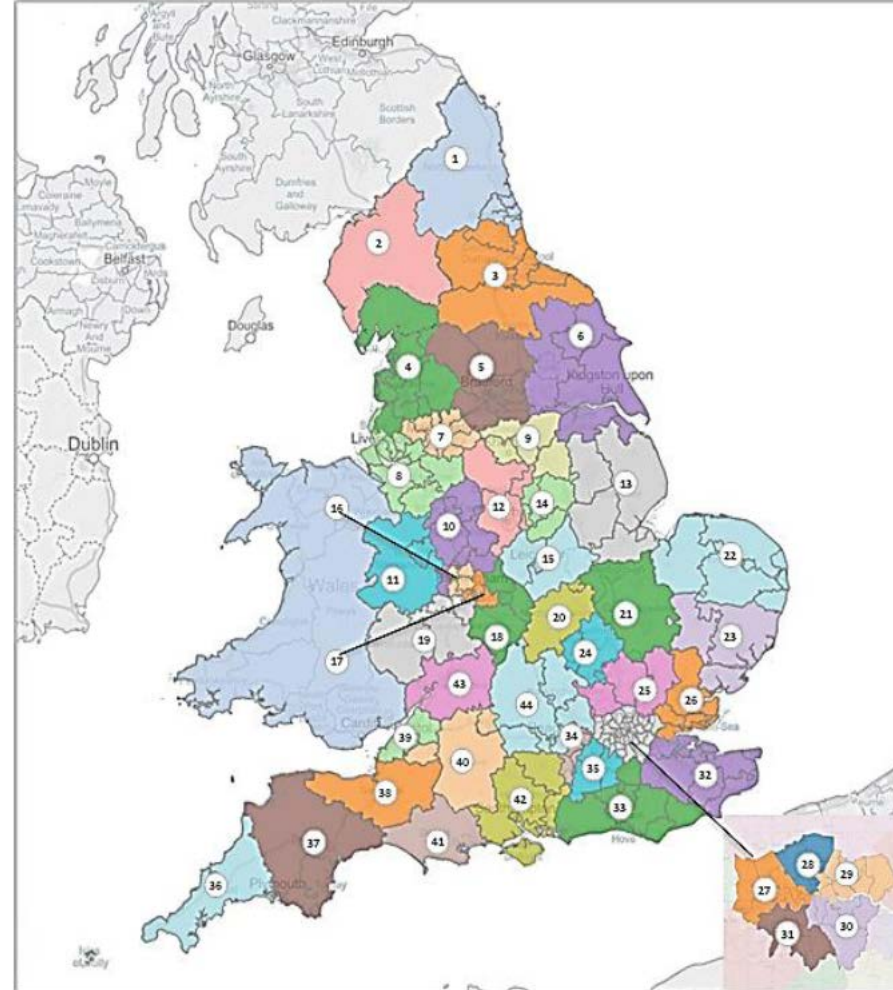
Dec 2015



Tasked the NHS to move to a system of place-based planning through establishment of Sustainability and Transformation Plans (STPs)

The 44 Sustainability and Transformation Partnerships are *key players*

- These are geographic areas in which people and organisations will work together in partnership to develop robust plans to transform the way that health and care is planned and delivered for their populations
- Average number of CCGs per footprint is 4.8
- Average population per footprint is 1.2m



For more details see: <https://www.england.nhs.uk/wp-content/uploads/2016/02/stp-footprints-march-2016.pdf> (accessed Oct 2017)

For example there is a SW London STP that mentions malnutrition ¹¹

- SW London STP serves 1.5m people, has 6 CCGs, 4 Acute Trusts, 2 Mental Health providers, 4 community providers, 6 Local Authorities and 6 GP Federations

CCGs have identified specific opportunities within the prescribing budget of around £10m which could be achieved through collaborative working. These include new models of care - in stoma, wound management, continence, and malnutrition (£2.2m)



Key challenges include:-

£828m finance gap by 2020/21

Growing population - increased demand

55% of people in acute hospital beds could have been offered better care elsewhere

Lack of community based mental health support

Variation in quality and lack of consistent approach

Workforce challenges

You have an opportunity to work with a range of *key players*- the challenge is deciding where to start

STPs

CCGs & Local
Authorities

Providers (NHS &
Social Care)

GP Federations

New models of
care

Use the BAPEN toolkit: “Malnutrition matters - meeting quality standards in nutritional care” to help you with your approach

Questions and answers

References (accessed October 2017)

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Thank you

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