



**Challenging Times-1yr on
Integrated Commissioning -
Working together to deliver safe
and effective Paediatric services
in the small remote DGH**

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18.10.13

Plan:

Review of the challenges?

Commissioning solutions?

What needs to happen next?



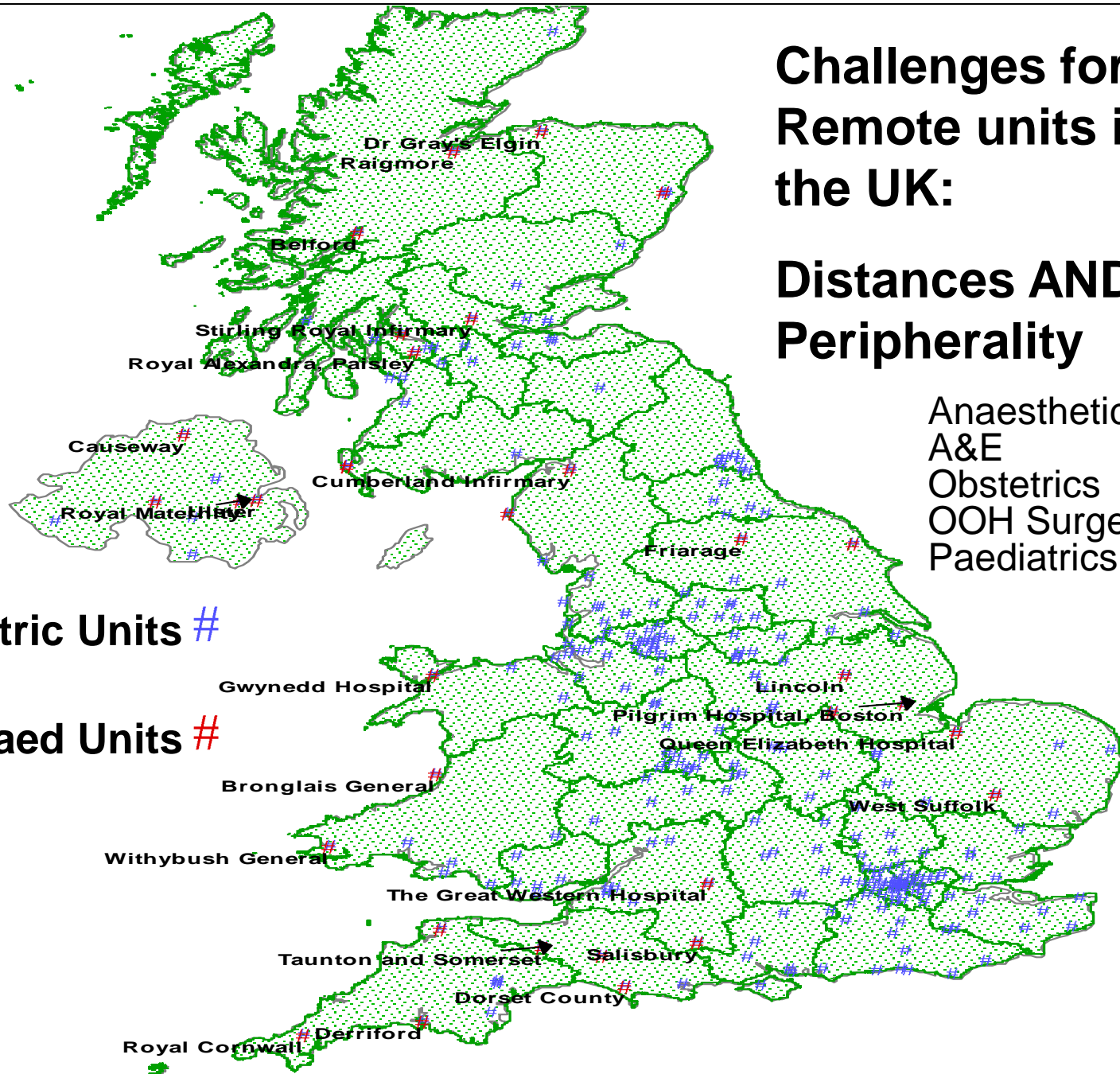
Challenges for Remote units in the UK:

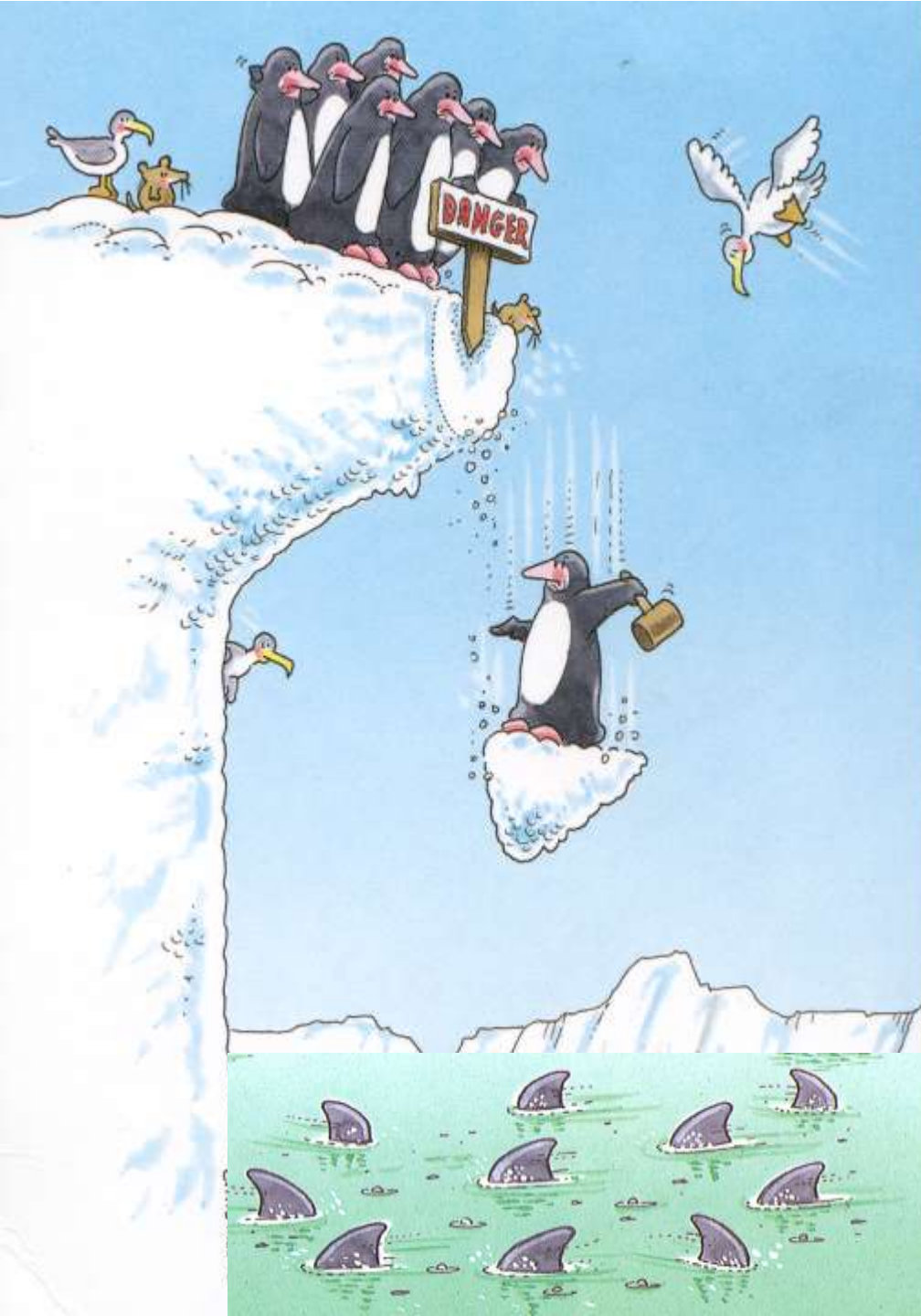
Distances AND Peripherality

Anaesthetics,
A&E
Obstetrics
OOH Surgery
Paediatrics

All Paediatric Units #

Remote Paed Units #





Danger!
The needs of patients
to have safe and
sustainable services in
small but remote units
overlooked!

Standards
Finance
Increasing Specialisation
Training

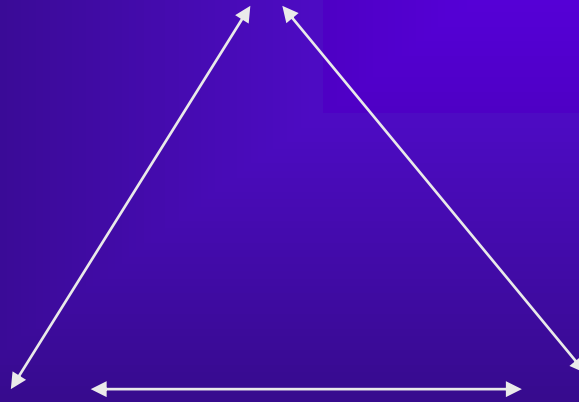
What is safe?



Safety

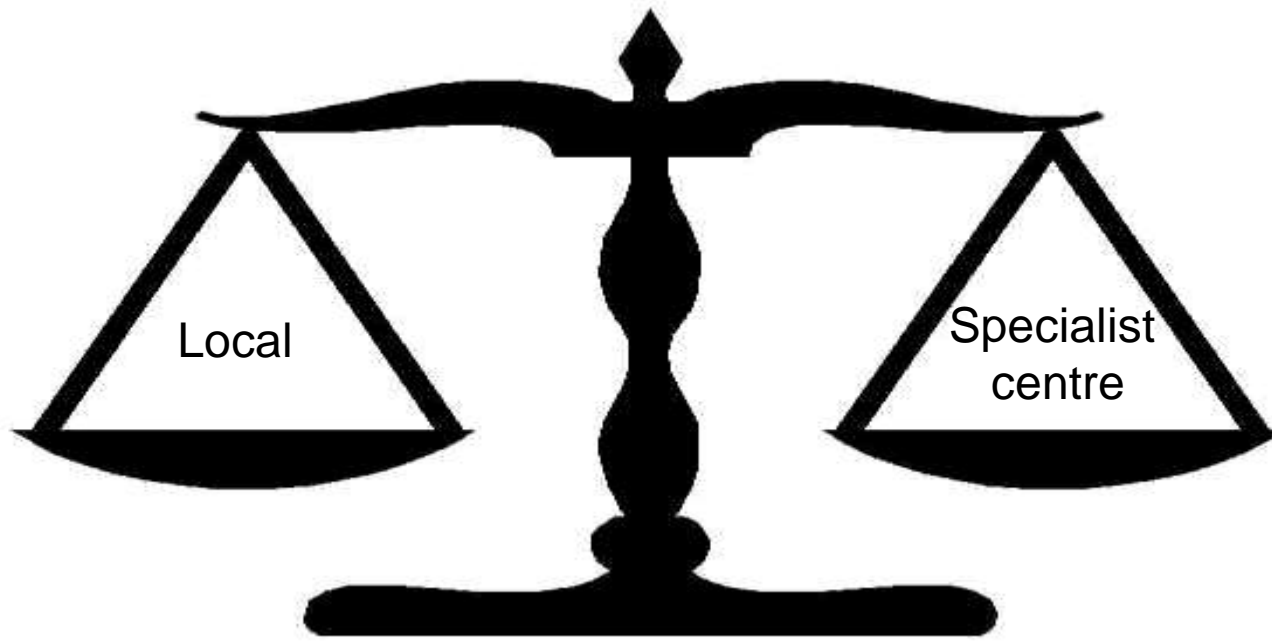
Access

Viability



National standards for small remote DGH/recognising limits

- National guidance on criteria to assist local decision making
- Agree WHAT should be delivered locally,
- Agree HOW it will be delivered safely and efficiently
- Agree how transfers will be managed



*National Service Framework for Children,
Young People and Maternity Services*

Executive Summary



Change for Children - Every Child Matters

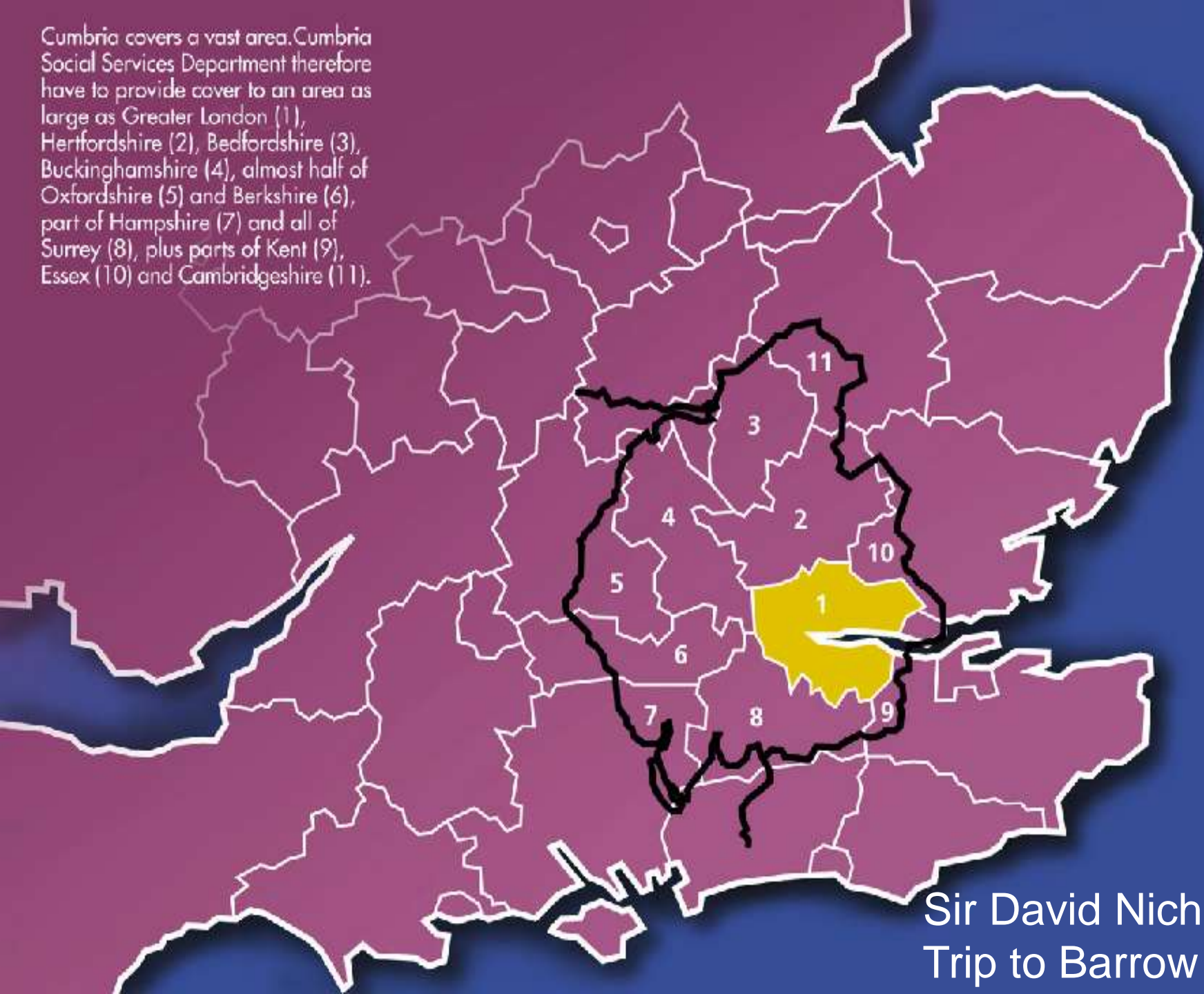
- Can you achieve the standards?
- Could your standards be higher if you worked collaboratively with your next nearest hospital, even to the extent of not delivering 24/7 service?

O&G: When is it more effective not to be there?



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Cumbria covers a vast area. Cumbria Social Services Department therefore have to provide cover to an area as large as Greater London (1), Hertfordshire (2), Bedfordshire (3), Buckinghamshire (4), almost half of Oxfordshire (5) and Berkshire (6), part of Hampshire (7) and all of Surrey (8), plus parts of Kent (9), Essex (10) and Cambridgeshire (11).



Sir David Nicholson
Trip to Barrow

Working together

Telemedicine Opportunities

- Scotland invested in 3G broadband for remote areas
- 3M Telemedicine Stethoscope
- Newer Staff roles
 - Eg Consultant Midwife

Locality Based Consultant Paediatrician



- A Consultant Paediatrician that **works in and serves the needs of a locality.**
- **Working together** with a group of practices
- Advice and guidance
- Patients seen in locality
- **Working together** as part of the children's workforce team in that locality
 - HV
 - School nurses
 - Practices
 - Children's centres
- **Training together**

Networks: Training and Audit

- Post graduate Schools should consider developing a specialist grid system of generalist training for trainees who may want eventually to work in small and remote units.
- Network training
 - Involves primary/secondary/tertiary practitioners, collaboratively!
- Audit outcomes across the Network. ie whole network has responsibility for outcomes and training for any part of the network”

Best care for the unwell – “rural proofed”!

- Quality at the heart of everything we do
- Getting the basics right, first time, every time
- Improving patient focus- personalised services to meet the needs of the individual, care delivered through pathways that measure outcomes
- Improving the health of communities
- Working in partnership with staff to enhance professionalism
- *Darzi 2008*

NHS Constitution Principle 5


- The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and wider population.

Commissioning together 1/2

- Commission Remote Acute DGH services as NHS England does with specialist commissioning.
- Identify the need for services such as Paediatrics, Obstetrics and Emergency Medicine by nationally agreed criteria.
- Agree National framework models, **ensuring integration and collaboration** and include the opportunity for the workforce to maintain their skills.

Commissioning together 2/2

- The additional costs of providing these services would be funded centrally (as with Specialist commissioning). This would ensure that the community services in these areas (and the people who use them) are not disadvantaged by these additional costs within acute Trusts.
- Total cost for NHS England would have minimal impact, in contrast to the impact on the local rural CCGs.



Summary: **Integrated Commissioning**

Sustaining safe and effective services in the small remote DGH

1. Develop a National vision of what should be delivered locally and support commissioners via Rural proofed Standards
2. Commissioners to drive integration, removing secondary/primary care boundaries, creating a local vision of what safe, effective care should be
3. NHS England to commission via Specialist Commissioning
4. Who will help achieve this!? United and working together

Challenge to the All Party Parliamentary group and NHS England !