



Standing Conference on Patient Voice

May 2019



Liz Hancock- Chair of Healthwatch Warwickshire
&
Phil Robson- Chair of the Standing Conference

What is a Standing Conference?

- Brings together participants with a common interest
- Enables creative ideas to be developed and implemented with regard to impact on other parts of the system
- Meets on a regular basis over a period of time (may be open-ended or permanent)
- Enables consistent messages to be heard over a period of time - engaging Commissioners and Providers systematically
- Assists commissioners and providers organising cross cutting engagement

Standing Conference - Summary of Purpose

- Bringing together as members, Patient and User Groups throughout the Integrated Care System, to develop, influence and improve:
 - The experience of people transferring their care between different Commissioners and Providers
 - Their impact as members of existing groups
 - A cross cutting effect on Commissioners and Providers
 - The HWW influence on the Health and Well Being Board
 - The capability of Commissioners and Providers to engage with their Patient and User community



The Rt Hon The Lord Hunt of Kings Heath OBE
National perspective on the NHS Long Term Plan and the
importance of patient voice



NHS CHALLENGES

Philip HUNT, House of Lords

• HEALTHCARE SYSTEM PERFORMANCE RANKINGS

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING	2	9	10	8	3	4	4	6	6	1	11
Care Process	2	6	9	8	4	3	10	11	7	1	5
Access	4	10	9	2	1	7	5	6	8	3	11
Administrative Efficiency	1	6	11	6	9	2	4	5	8	3	10
Equity	7	9	10	6	2	8	5	3	4	1	11
Health Care Outcomes	1	9	5	8	6	7	3	2	4	10	11

Source: Commonwealth Fund analysis <https://www.commonwealthfund.org/chart/2017/health-care-spending-percentage-gdp-1980-2014>

• PERFORMANCE SLIPPING

• A&E Target

- *95% of patients seen in 4 hours*
- In major A&E Depts, not achieved with 18.5% waiting longer

• *Waiting Time for Consultant led Treatment target*

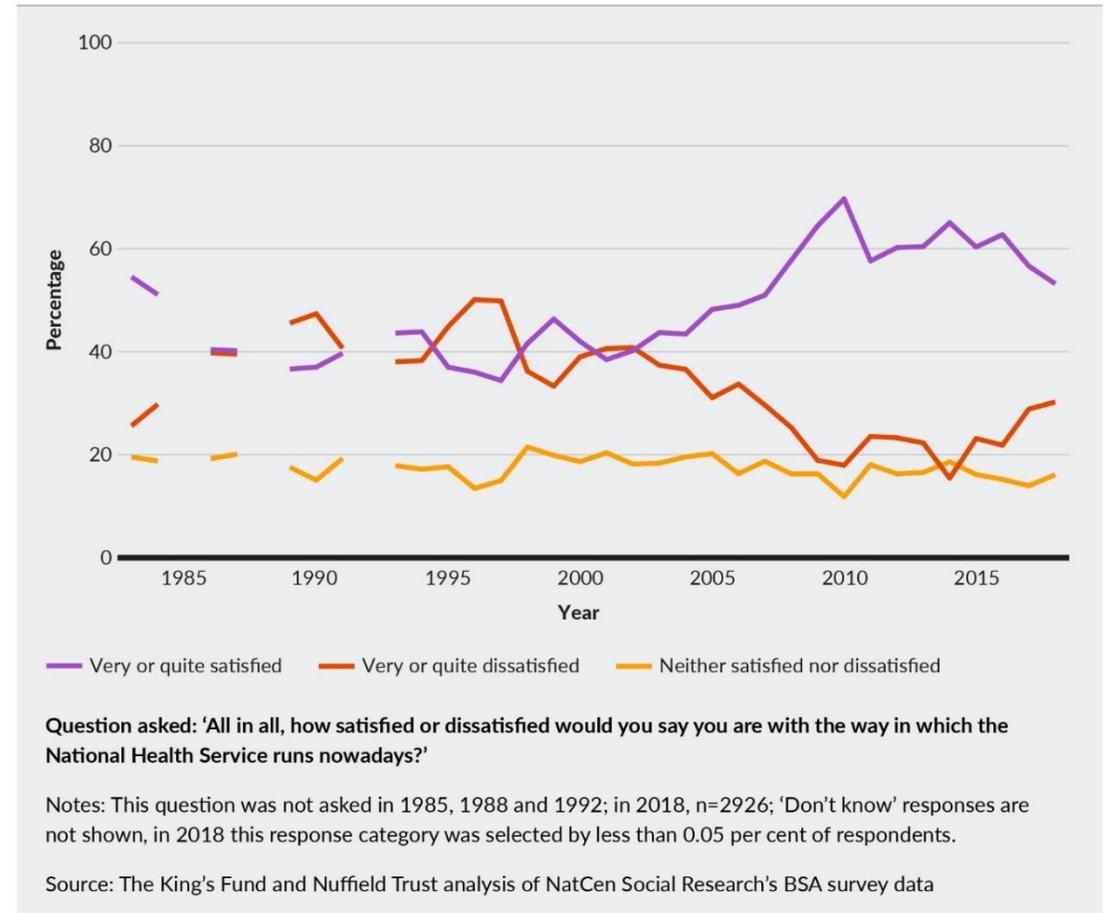
- *92% patients to wait less than 18 weeks*
- Not met since early 2016

• *Cancer Waiting Times target*

- *85% of patients to be treated within 62 days of urgent GP referral*
- Missed for all but one month since 2014

• PUBLIC SATISFACTION SLIPPING

- Figure 1: Public satisfaction with the NHS and social care in 2018: Results from the British Social Attitudes survey
- 2000s saw increased satisfaction from
- 38% in 2001 to 70% in 2010
- 2010 onwards shows falling levels of
- satisfaction with 16% lower in 2018 than 2010

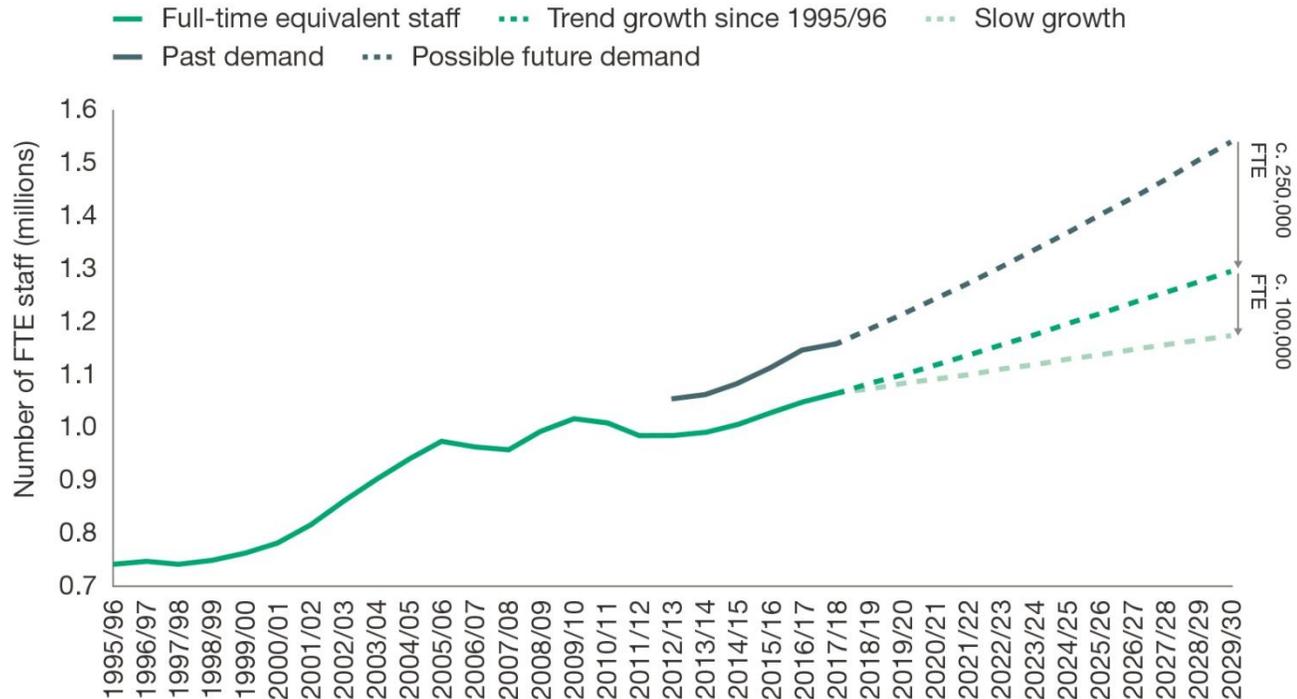


- **THE NHS: THE NEXT 10 YEARS**
- Increased Demands on the NHS
- Workforce Pressures
- Austerity in Public Finances
- Huge Social Care Challenge
- Pressures will continue Long-Term
- Little Political Appetite for Changing Funding Sources

• INCREASED DEMAND

- Technological Advances biggest driver of increased costs
- Increased prosperity and expectation add to demand
- UK Population Growth-1976-56m; 2016-65m;2046(projected)-76m
- People with Multiple l/t conditions rose 1.9m (2008) to 2.9m (2018)
- 50% of Women and 33% of Men will develop Dementia, Parkinson's Disease or have a Stroke
- Ageing Population
 - 14.2% aged 65 and over-1976; 18%-2016; 24.7%-2046 (projected)
 - 2 in 10,000 now over 100; in 20 years time, 2 in 1,000
- 4% PA REAL TERMS INCREASE NEEDED IN FUNDING (King's Fund, Nuffield Trust, Health Foundation Assessment)

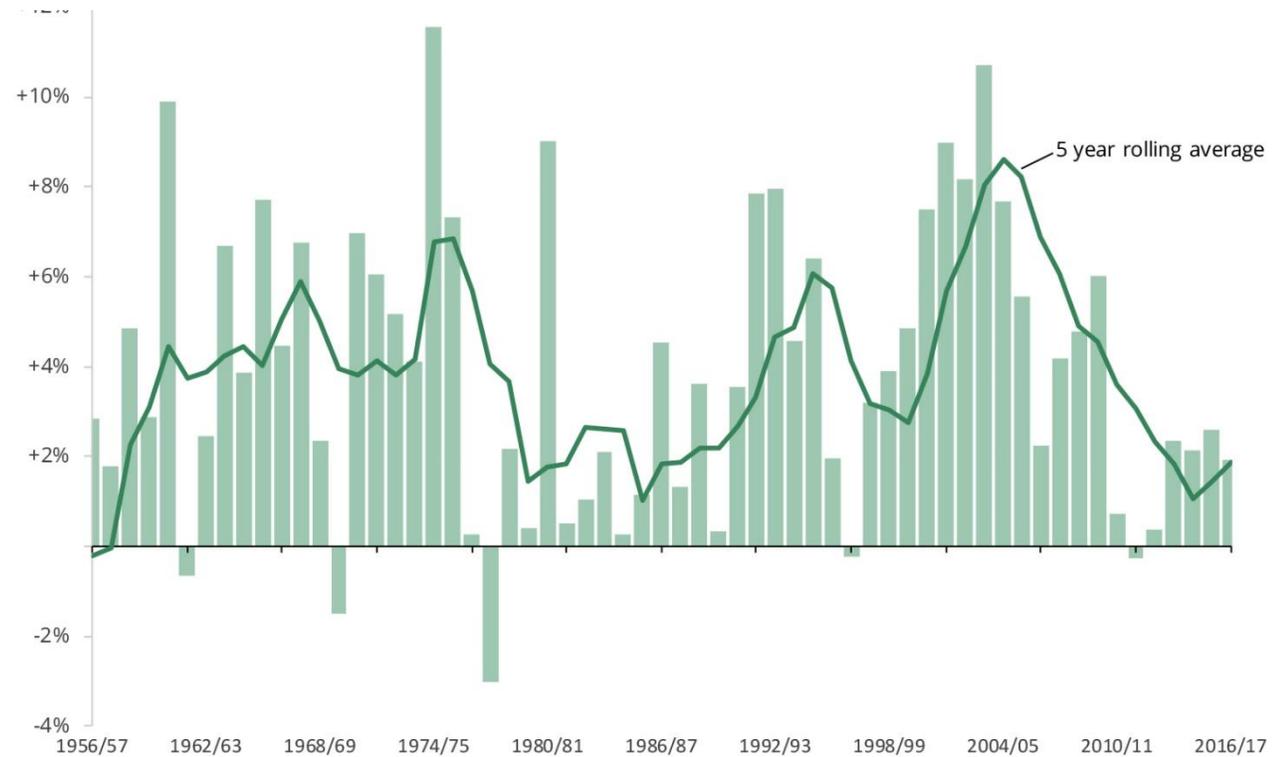
• FUTURE SUPPLY OF AND DEMAND FOR NHS STAFF, 1995/96 TO 2029/30



Source: Health Foundation: Closing the Gap <https://www.health.org.uk/publications/reports/closing-the-gap>

- **CURRENT FINANCIAL SQUEEZE**

- Real Terms Percentage Change in UK Health Expenditure 2016/17 prices



Source: House of Commons briefing paper CB0724 published 13 April 2018 - NHS Funding and expenditure

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN00724>

- **NHS ENGLAND FUNDING ANNOUNCEMENT**
- 3.4% Real Terms Funding Growth over 5 Years
- Extra £20.5bn by 2023/24
- Excludes Training, Public Health, Department of Health and Arms-Length Bodies
- Long Term Funding for Social Care not Resolved
- Less than 4% pa Growth Called For, But most NHS is likely to Get

• NHS LONG TERM PLAN- THE CHALLENGE

- 3.4% pa over 5 Years won't deliver unless the NHS changes the Way it Does Things
- Expectations, New Technology and an Ageing Population will increase Costs and Resource Requirements
- Many Patients Currently in Wrong Place
 - * 30% of Patients don't need to be in Hospital
 - * 27% of Patients seen by GPs could be seen Elsewhere
 - * 66% of People Prefer to Die in own Home, but only 24% do so
- Too much Unjustified Variation in Clinical Outcomes
- Health Inequalities Wide and Getting Wider

• NHS LONG TERM PLAN

- Integrated Care Systems
- Expansion of Primary and Community Care
- Further Centralisation of Key Hospital Services
- Reduced Unwarranted Variation in Outcomes
- Reduce Inappropriate Admissions and Procedures
- Integrated Urgent Care System accessible On-Line
- Pathways Re-Design and Flow Management
- Enhanced Role for Technology and Digitalisation
- Financial Balance
- Emphasis on Young People, Cancer /Cardiovascular Disease/Stroke/Diabetes/Mental Health

• NHS LONG TERM PLAN

• ISSUES

- Integration Difficult and no Evidence Saves Money
- Social Care Ignored
- Workforce/Brexit
- Is it Feasible to Reduce Acute Care Capacity?
- Lack of Investment for Service Transformation
- Is Financial Balance Achievable?
- Will Government Prioritise Health Inequalities?
- Is Current Legal Framework Sustainable?
- Will Public Support further centralisation of some Services?

- **PUBLIC PATIENT INVOLVEMENT**

- Long Term Plan calls for Fundamental Shift in way NHS works alongside Patients and Individuals
- Growing Body of Evidence re Effectiveness of Community Engagement
- Positive Role in Addressing Inequalities
- Avoid Legal Challenge

• PUBLIC PATIENT INVOLVEMENT-CHEQUERED HISTORY

- NHS Decides what to Do and the Consults!
- Great Examples of Service Level Patient Experience
- But, System Level experience not so Good
- CHCs, Public Involvement Forums, Links, Healthwatch Limited Success
- STP Process Behind Closed Doors
- NHS only Saves Money when it Closes and Sells Off Buildings
- Changes to Local Services are Often Unpopular
- Policy in NHS Driven from the Centre

- **PUBLIC PATIENT INVOLVEMENT**
- **- CQC- “DRIVING IMPROVEMENT” (CASE STUDIES)**
- Views and Experiences of Patients Vital to Making Improvements
- Getting Valuable “Soft Intelligence”
- Active Involvement of Healthwatch led to a more Community and Collaborative Approach
- Focus on Equality and Diversity made a Strong Impact
- Being Open with the Public and Staff to share stories of Improvement



Public Health
England



NHS
Improving Quality

NHS
England

NHS
Health Education England



Rachael Danter
System Transformation Director
Better Health, Better Care, Better Value Board (BHBCBV)
The Coventry and Warwickshire perspective



Michael Pearson
Clarendon Lodge PPG
The patient perspective



Patient Involvement within the Primary Care Networks- *An Opportunity*

- How can we ensure we are fully representative of our patient population.
- Having listened to the presentations what do we need to know to assist us in have a good understanding of the new Primary Care Networks.
- Should we be involved within the new Primary Care Networks.
- If so, how can we do this and where is our point of contact.
- Can we take responsibility now.
- Action Planning



Group discussion on Patient Involvement within the new structure

What are your thoughts from this morning?

Talking points:

- How do patients and PPGs ensure patient populations are fully represented?
- How should PPGs and other patient representatives work together within the primary care networks?
- What can you do?
- Questions for Panel?



Chair:

Phil Robson- Chair of the Standing Conference

Members:

Rachael Danter

System Transformation Director

Better Health, Better Care, Better Value Board
(BHBCBV)

Dr Cristina Ramos

Chair of (South Warwickshire) GP Federation

Michael Pearson

Clarendon Lodge PPG

Contact us



info@healthwatchwarwickshire.co.uk



www.healthwatchwarwickshire.co.uk

@Healthwatchwarw



01926 422 823