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The next decade for local health services

Portsmouth and South East Hampshire Sustainability Plan

Clinical Leadership Group

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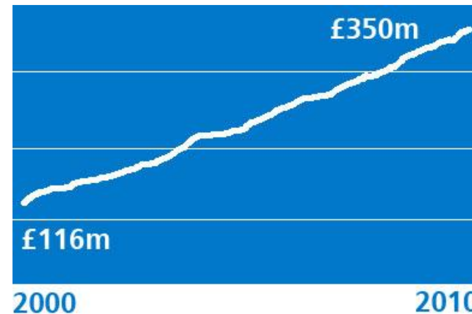
Some background

The past 10 years

- investment
- waiting times
- choice
- access



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Some background

The next 10 years

- funding
- population
- age
- technologies

Total spending gap is £230m of which about £80M is Portsmouth City

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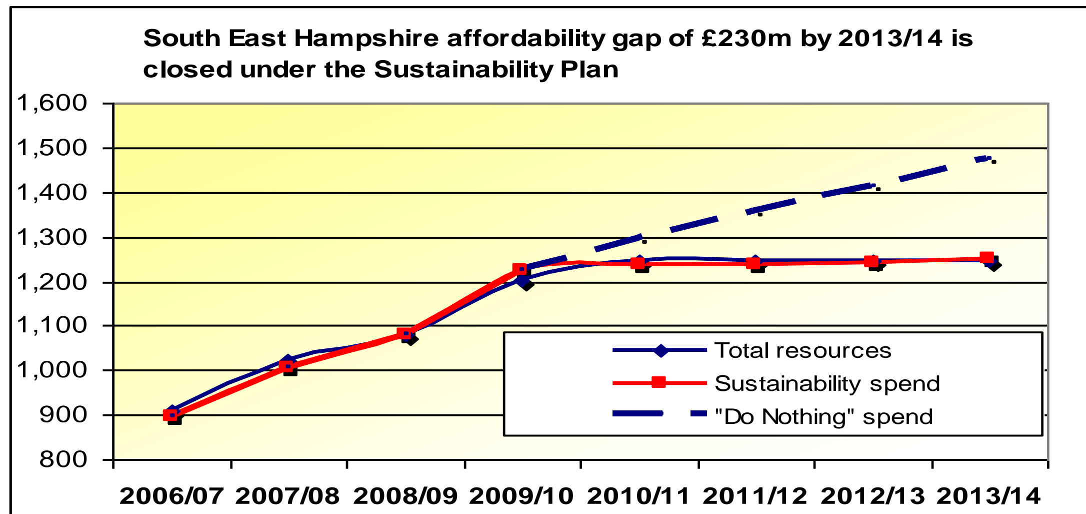
Decreasing the spending gap

Working across the health and social care system means we can decrease the spending care.



PCTs (and GP Consortia in future) are under statutory obligation to commission services that provide for the health of their particular population but also are under statutory obligation not to exceed their annual financial allocation

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Meeting the challenge

What we need to do:

- increase productivity
- change how we deliver healthcare (transformation)
- review clinical evidence
- use buildings better
- GP commissioning

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What does mean for local people?

- Reviewing referral pathways in light of clinical evidence so local people are offered the most appropriate clinical treatment

- Providing support to people with long term conditions so they can stay in their own homes

- Ensuring that there is a good evidence base for all treatments

- Slimmer, more efficient, more effective services that provide the right treatment at right time in right place

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Clinical Leadership Group

- To ensure that the development of the Sustainability Programme and implementation of the Plan has clear clinical leadership
- To ensure that the Whole System Steering Board and the various Delivery Groups build a system in which services are;
  - evidence based
  - clinically effective
  - financially affordable
- Membership is Director of Public Health (NHS P), Clinical Director (NHS H) and Medical Director (PHT) supported by leading primary and secondary care clinicians from across the Health Economy
- One initial focus is on clinical thresholds and clinical pathways

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Clinical Leadership Group

- provide leadership
- ensure clinicians are fully engaged
- act as ambassadors
- be catalysts for change
- lead the delivery of the changes
- be the guardians of safety and quality

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Clinical Thresholds and Pathways

- Constant clinical change and improvement
- NICE, Royal Colleges and other guidance
- South Central & HIOW Priorities Forum
- South Central & HIOW Clinical Networks
- Ports & SE Hants Area Prescribing Committee
- Ports & SE Hants Clinical Networks
- Ports Hosp and/or GP Clinical Pathways
- Ports & SE Hants Clinical Leadership Group

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Clinical Thresholds & Ethical Frameworks

All Priorities Committees work to an agreed, published Ethical Framework in order to support and underpin the decision making process:

- Evidence of clinical and cost effectiveness
- Equity of access to services and treatments
- Need of the individual and their capacity to benefit (long terms treatments as well as urgent and life saving)
- Cost of treatment and opportunity costs
- Needs of the Community and not just the demands of society or pressure groups
- Takes account of all national and local policy guidance or directions
- Will always ensure there is no blanket ban or rigid application of the thresholds so that there is always a route by which Individual Funding Requests can be considered on the grounds of exceptionality

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Clinical Thresholds and Pathways

- Wrist Ganglions (PF)
- Acupuncture for chronic low back pain (PF)
- Neurosurgery for Brain Metastases in Cancer (PF)
- Gender Rassignment Surgery (PF)
- Deep Brain Stimulation for Parkinson's Disease (PF)
- Rosiglitazone (treatment for Type II Diabetes) (APC)
- Dronedarone for Atrial Fibrillation (NICE)
- Sorafenib for Liver Cancer (NICE)
- Chronic Constipations in Children & Young People (NICE)

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Recommendations to date from Clinical Leaders

1. A reduction of BMI referral threshold from 40 to below 35 for Hip and Knee replacement surgery (due to increased complications)

2. A limit of second cataract surgery to specified clinical exceptions leading to a 50% reduction in second eyes (limited benefit)

3. Lower the clinical threshold for surgery for Carpal Tunnel Syndrome to advanced and severe symptoms (limited benefit)

4. Review DH list of all 300-350 Procedures of Limited Clinical Value on DH list and compare to local list and ensure that we maximise local opportunities to ensure we only intervene when of benefit

5. The DH list includes tonsillectomy, ear grommets, circumcision, varicose veins, bunions, wisdom tooth extraction, ganglions etc

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Clinical Thresholds Summary

- We have statutory duty to remain within financial allocation
- We face a significant financial challenge over the next few years
- We know we can do this by ensuring that every penny is spent wisely
- We know that this will only happen if there is strong clinical leadership

- Clinical thresholds help us to ensure that all our local services are evidence based, clinically effective and financially affordable
- Clinical thresholds are essential to ensure that individuals get what they need and we maximise the overall benefit for the local population
- Clinical thresholds will help us to spend those pennies wisely in a clinically led, equitable and easily understandable manner
- Thresholds are “what clinicians do” every day of the week

- There is a clear IFR process for exceptional cases

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Questions?