NHS
Bury Clinical Commissioning Group

Your health, your care, your say

Transforming health and care services in Bury

Healthy lives strong communities

Welcome

- Community ‘Conversations’ about transforming health and social care are happening across Greater Manchester
  - Healthier Together

- Updating communities and gathering views about:
  - Joining up health and social care services
  - Enhancing GP and community services
  - Transforming hospital services

- This is our local conversation
  - We are committed to ensuring that you have the opportunity to get involved in our work

Here's where we've listened to local views before

- Open public forums in Bury (1st October 2012 & 15th August 2013)
- Focus groups including a carer focus group
- Overview and Scrutiny Committee (28th November 2012 & 28th August 2013)
- GP engagement events (summer 2013)
- Local Medical Committee (10th June 2013)
- Health and Wellbeing Board (10th June 2013)

Here's some of what we heard…

- Improving communications between health and social care is key
- The need to improve access to primary care (GP) services
- Patients with long term conditions need to be supported as a priority
- The importance of self care and putting patients in control
- A greater focus on illness prevention
- Transport and access issues need to be considered
- Having an open and honest dialogue in communities

Pressures on resources

- More people are living longer with multiple long term conditions
- Expectations are growing
- Services are fragmented and need to be more joined up

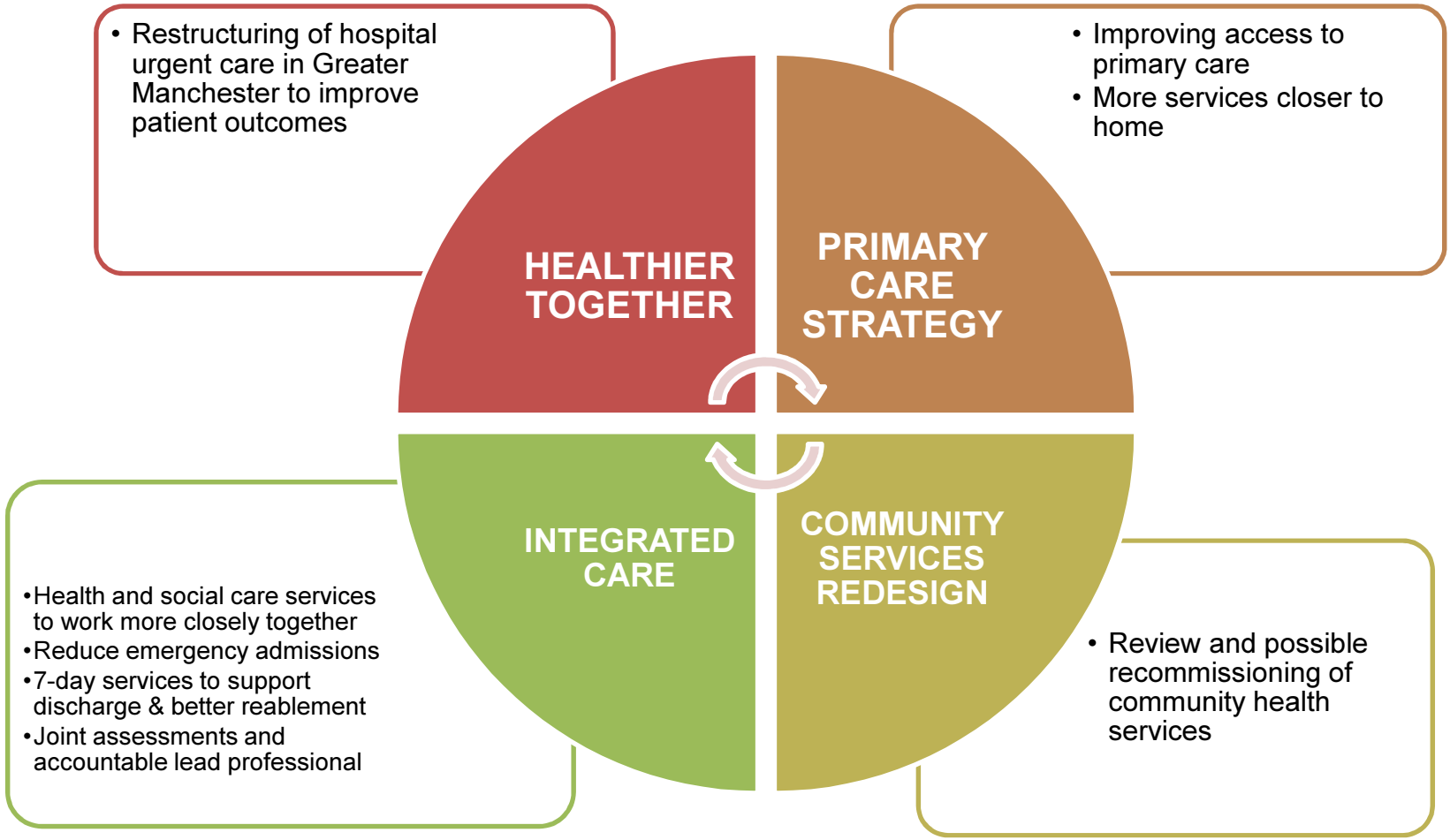
Bury's health challenges that need to be prioritised over the next two years:

- Heart disease
- Lung and other cancers
- COPD (chronic obstructive pulmonary disease)
- Stroke
- Mental health and learning disabilities
- Alcohol and liver disease

The future vision

- There will be local services and specialist services
- Health services will work in a seamless way (GPs, hospital doctors, community services and social care) with patients at the centre
- Expertise will be pooled to develop centres of excellence to improve outcomes and patient experience

High level changes at a glance



…in 5 years…

We want local people to experience:

- A more joined up system of care
  - With enhanced access to GP services and community services
  - Safe and high quality hospital care
  - High quality urgent and emergency care services
  - More care closer to home
- Leading to
  - Improved health and reduced health inequalities
  - An improved patient experience of care
  - Support for people to retain their independence
  - More efficient use of resources

How can we achieve this

Our two year operating and five year strategic plans encompass a vision for…

Integrating health and social care

- A single, seamless service with patients at the centre
- Less emergency hospital admissions
- Supporting people to stay well at home
- Improved outcomes, more sustainable and better value of public money

Transforming hospital care / care closer to home

- Local services and specialist services - the right care, in the right place, at the right time
- Improved access / waiting times reduced
- Pooled expertise, centres of excellence, improving outcomes for patients

How can we achieve this continued…

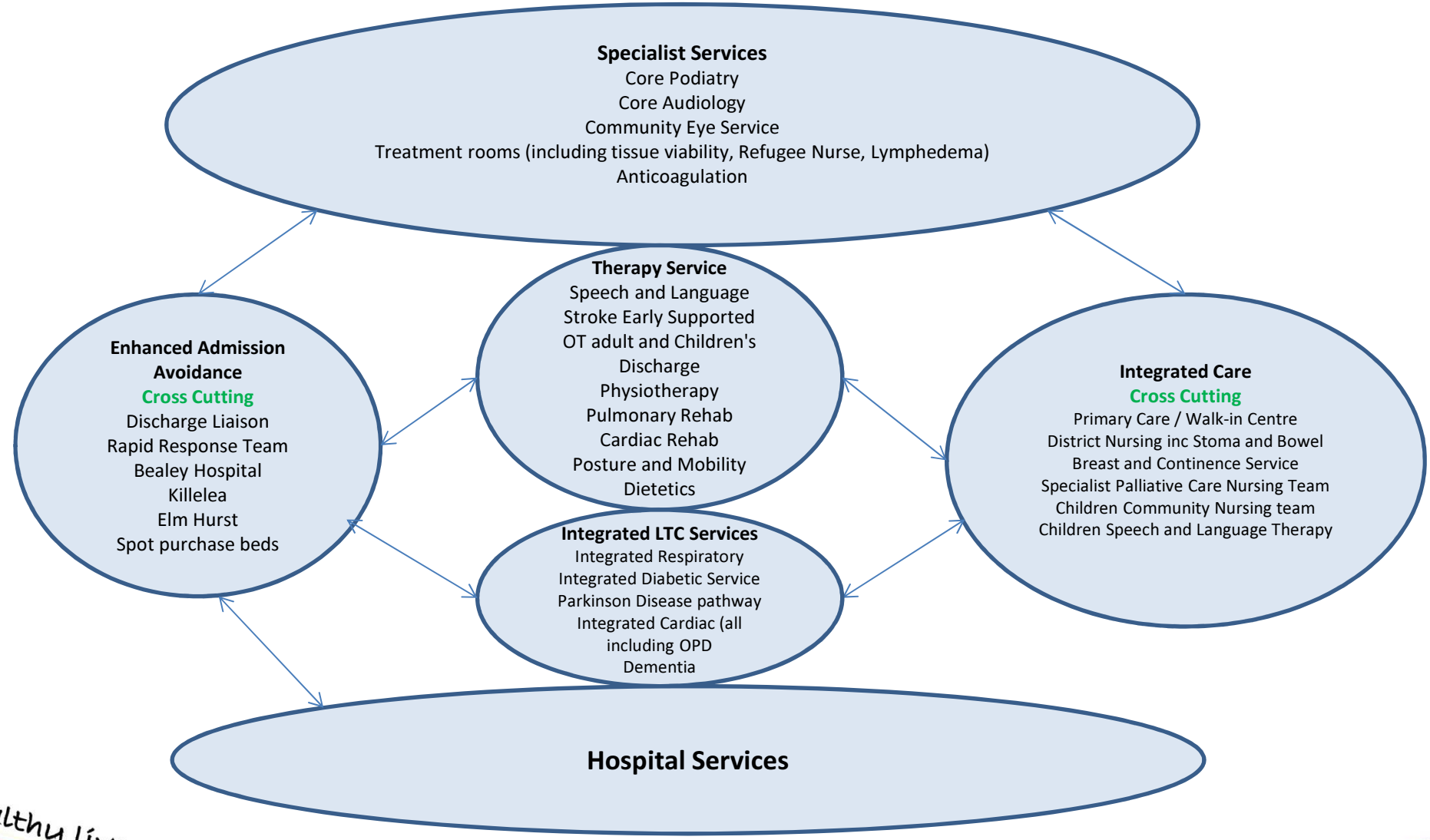
Optimising community services

- Community Services are key to delivering integrated health and social care
- Review and possible re-commissioning of existing services to meet local needs
  - More on this, next slide

Enhanced primary (GP) care services

- Improved access, 7 day services
- Reduce the need for patients to be admitted to hospital
- More focus on prevention and supporting people to remain independent
- Improved access and integration with other services
  - Healthier Radcliffe

Community Services re-design and themes



Case study… what this means for Betty from Bury... now

Betty is a 72 year old widow who has diabetes

She tries not to bother her GP and so held off seeing him until she was so unwell she had to go to A&E late on a Friday

She was put into observation and seen by a consultant on Monday

She stayed for 2 weeks whilst tests were done and whilst she shook off an infection

She was discharged but remained poorly and confused

A week later Betty was back in A&E for an even longer spell…

Case study… what this will mean for Betty from Bury… in the future

Betty was invited in for an assessment of her health and wellbeing

Her GP arranged for a specialist diabetes nurse to co-ordinate her care

The nurse's close links with social care meant that a personal health budget was set up to fund changes to help mobility

A tele-health system was set up in her home and now Betty's health can be monitored

If she feels ill, she has one number to call. When she did, the specialist nurse came to her home and changed her medication to keep her stable

She is living a healthy and happy life in her own home

Next steps

- We want and value your feedback on the vision for transforming health and care services
- We will record your views, consider them locally and feed them into the wider Healthier Together process
- We will be participating in the Greater Manchester wide public consultation for Healthier Together later in the year
- Further opportunities for engagement and consultation on local models of care
  - Please tell us how you would prefer to be communicated and engaged with

Thank you for listening and providing your feedback

More information at…

www.buryccg.nhs.uk

www.healthiertogethergm.co.uk

Healthy lives strong communities