

CARE FOR THE FUTURE

A developing vision of future healthcare for Berkshire and Buckinghamshire



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ACUTE TRUSTS IN THAMES VALLEY

- ▲ Acute trust
- Community hospital
- - - PCT boundary
- Motorway
- Primary road





INTRODUCTION



This document sets out how we plan to improve the NHS for the 1.4 million people living in Berkshire and Buckinghamshire.

These plans are being developed by GPs, consultants, nurses, midwives and other healthcare professionals, patients and the public and our partners in local authorities and social services.

The NHS in Berkshire and Buckinghamshire is bringing people together to shape these plans, understand what matters most to people and agree what works best so that, together, we can make the best decisions about how and where care is provided in the future.

Each NHS organisation in Berkshire and Buckinghamshire already has its own plans for continuing to improve services, addressing local issues, and rising to the challenges that the NHS faces. Some of these plans are at the early stages; others are already being discussed with local people, staff and partners.

For example, in Buckinghamshire, we are already looking at how best to provide urgent care through our ImPACT project and through

this have already set up a GP lead health centre in Wycombe Hospital, and extended our GP out of hours service. In Berkshire East, following on from the *Right Care, Right Place* consultation, the PCT set up an urgent care centre in Maidenhead, a walk-in centre in Slough and is developing an urgent care centre at Wexham Park hospital, due to open later this year, to improve access to health services. And in Berkshire West, projects have been developed to shift care out of the acute sector and to manage proactively long term conditions to avoid unnecessary emergency admissions.

However, by working together with a shared vision through Care for the Future, we will be able to ensure that all our plans bring the greatest improvements and benefits for local people and patients. We will be able to find shared ways to meet rising demands, reduce variations between services and get the greatest benefit from new medical advances.



SUMMARY



Local health professionals and NHS organisations have joined forces to improve the NHS for the 1.4 million people living in Berkshire and Buckinghamshire.

WHY CHANGE?

The NHS is busier than ever before, treating more patients more quickly and to higher standards. Much has been done to develop high quality, community-based services so patients receive care closer to home.

As a health system we are used to making the best use of our resources but in the future we need to ensure we make even better use of what is available to us.

The NHS needs to adapt to meet the way society and technology are changing. Keeping things the same as they are now is not an option:

- Advances in medicine mean that many tests, treatments and procedures could be delivered more conveniently for patients outside of hospital
- People have told us they would like to receive even more care and have a wider range of services available closer to home
- The population is growing and people are living longer. Age-related long-term illnesses such as diabetes and high blood pressure are increasing the demand for healthcare services
- Unhealthy lifestyles, high levels of obesity, excess alcohol consumption and smoking all put the health service under even greater pressure
- The demand for services is steadily increasing at a time when funding is affected by the economic downturn.



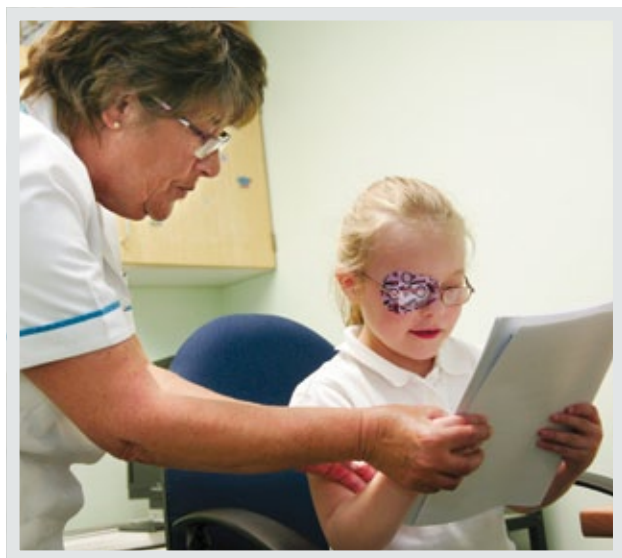
WORKING TOGETHER TO DEVELOP A VISION OF HEALTHCARE FOR THE FUTURE

By working together with a shared vision through Care for the Future, we will be able to bring the greatest improvements and benefits for local people and patients. In particular, we can both improve services and significantly reduce costs by working together to make sure we get the right 'pathways' of care in place across and between our services for individual patients.

Together we have four clear aims:

- To develop a shared vision of the best possible healthcare for the local population
- To improve people's quality of life and life expectancy, within the resources available to us
- To focus on preventing ill health as well as providing treatment
- To manage our financial resources more effectively so that we can reinvest in further improvements for patients.

As we work on this over the coming months we want you to help us shape our ideas and plans. No decisions have been made yet.



We want to hear the views of as many people as possible to understand what matters most to you so that together we can make the best decisions about how and where care is provided in the future.

THE BENEFITS FOR PATIENTS

Patients will see real benefits. Everyone can be confident that they are enjoying the best health and receiving the highest standards of care, no matter where they live or which services they chose to use. Care will be provided in much more convenient ways and there will be better co-ordination between different services.

NEXT STEPS

This report contains our preliminary thoughts and ideas. These have been developed by medical directors, GPs, consultants, nurses and midwives, patient and public representatives and other health professionals such as pharmacists, dieticians and physiotherapists from across our seven organisations. Before we develop these further we want to share them with you and invite your feedback.

In the coming months we will be developing our proposals in greater detail and holding public discussions in Berkshire and Buckinghamshire.

YOUR FEEDBACK

Until then, if you wish to comment on our ideas and emerging vision, we would very much like to hear from you. You can contact us at:

Care for the Future,
57 - 59 Bath Road
Reading
Berkshire RG30 2BA

Telephone: 0118 982 2789
Email: careforthefuture@nhs.net



OUR CHANGING NHS

The NHS has made significant improvements in recent years. Patients who used to wait over a year for treatment are now seen within a few weeks. Patients are able to have a greater say over when and where they are cared for. It is easier to see a GP at more convenient times. And our hospitals are cleaner and offer patients greater privacy than before.

But the world doesn't stand still, and neither can the NHS. We know we need to do even better. Across our local area there are some excellent services. But we want everyone to enjoy the very best health and have access to the highest quality services regardless of where they live or the care they need.

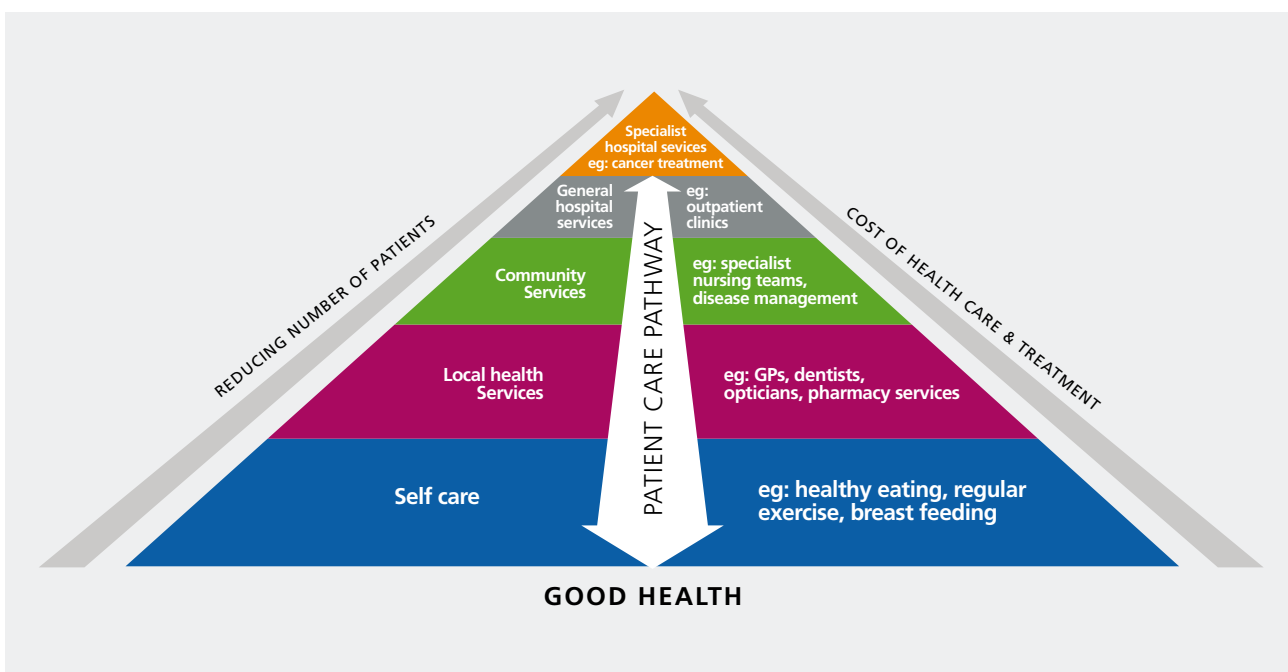
GETTING THE RIGHT CARE

Traditionally, people often think of healthcare as hospital services. Yet only a small proportion of what the NHS does every day takes place in hospitals. The vast majority of people's contact with the NHS is with their GP, practice nurse or community service.

The diagram below shows that most people can maintain their health through self care, with occasional advice and support from their GP, nurse, pharmacist, dentist or optician.

However, some people require more continuous medical help. For example, a patient who needs to control their diabetes with the support of their GP or specialist nurse.

And then there are a relatively smaller proportion of patients who need greater health and social care support. This might include regular hospital admissions or continuing care services such as patients on dialysis or with more serious heart disease.





MORE SERVICES IN THE COMMUNITY

In recent years, the way people receive their healthcare has increasingly been through services provided at GP practices and within the local community. Tests, scans and simple procedures that used to require a hospital visit or overnight stay can now be done more safely, conveniently and cost-effectively at GP surgeries, in clinics in the community, or in a patient's own home.

In the future we will see further development of more convenient and effective local services. To do this we will need more clinical staff caring for people in their own homes.



MORE SPECIALIST HOSPITAL SERVICES

As more of what used to happen in hospitals takes place in the community and in people's homes, hospital services, and the healthcare professionals providing them, are becoming more specialised. Advances in medicine and medical technology mean that new and innovative treatments are available. But all the evidence shows that patients get better results if they are treated by staff with specialist knowledge in specialist facilities. This means that in the future there will be a greater concentration of specialist care in fewer sites.

USING RESOURCES MORE WISELY

The way health services have been organised and delivered in the past isn't always appropriate now, and there are ways we can become more efficient.

For example, we know patients sometimes spend too long in hospital because the discharge system is not as efficient as it could be. We also know that people do not always use the right health services in the right way – around a third of people using our local A&E departments could have been treated elsewhere and, nationally, a fifth of people seeing a GP could have treated themselves. And we could free up clinical staff to spend more time with patients by giving them new technology to help with administration.



THE CHALLENGES



We want to continue improving the NHS for patients across Berkshire and Buckinghamshire. But we have to do that in the context of increasing demand for services, the changing needs of our local people, and the constraints on the resources and finances available to us.

A GROWING AND AGEING POPULATION

The populations of Berkshire and Buckinghamshire are growing. People in our area tend to be healthier and so live longer than average when compared with the rest of the country. This is good news, but it does mean that as we get older we start to suffer from more long-term conditions, such as dementia and heart disease. Local health services will need to grow and adapt to these changing needs.

UNHEALTHY LIFESTYLES

Obesity, smoking and alcohol consumption are major public health issues. It is estimated that 60% of the UK population could be obese by 2050. Although our population is generally a healthy one, among some groups of people, these issues are major causes of concern. Unhealthy lifestyles lead to an increase in long-term illnesses such as diabetes, heart disease and high blood pressure.



KEEPING UP WITH MEDICAL ADVANCES

New drugs and treatments mean we can provide better patient care but sometimes at a much higher cost to the NHS. There are finite resources available within the health system and not all the drugs and treatments work for everybody, so we have to make careful decisions about how to get the best value for money to achieve the best possible outcomes for all our patients.

VARIATIONS BETWEEN SERVICES

The NHS performs well overall in Berkshire and Buckinghamshire and there are many excellent services. However, there are variations in the quality, ease and speed of access, and the patient outcomes between some services. Our local people should expect to enjoy the very best health and highest quality services regardless of where they live or the care they need.

DOING MORE WITHIN FUNDING CONSTRAINTS

Public services are receiving less funding as we try to reduce the national debt. Although the national NHS budget is being 'ring-fenced'

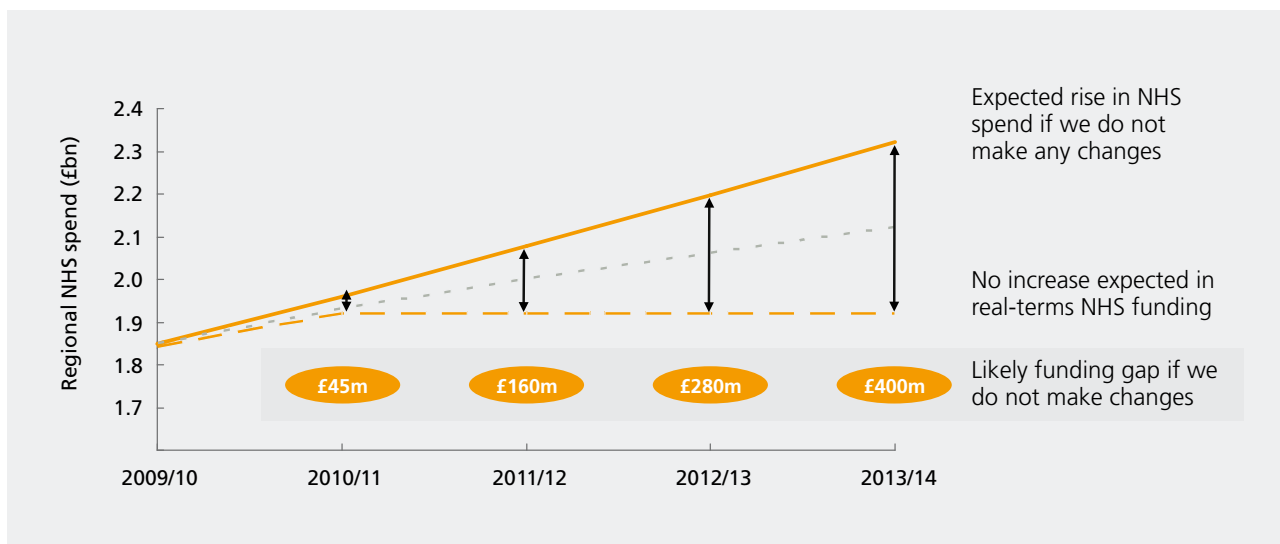
to protect it, it will not grow as it has in the past. Meanwhile, the cost of health services will continue to rise and the demands placed on services will also increase as our population grows and ages.

Therefore, our planning assumption is that we do not expect any increases in NHS funding in Berkshire and Buckinghamshire in the coming years. We've estimated that, unless we take action now, the health system in Berkshire and Buckinghamshire could face a financial shortfall of up to £400 million by 2013/14.

Addressing this financial shortfall will be a challenge, but we have identified ways in which we can do it.

Reducing management costs, the renegotiation of contracts, and changes in the national NHS payment system which will encourage all providers to be more efficient, should save over £250m annually.

And, by comparing how we deliver our services for different conditions and types of care against best practice, we believe we can achieve further savings of over £200m every year by providing the right services, in the right way, in the right place and at the right time.





WORKING TOGETHER TO IMPROVE SERVICES

Each NHS organisation in Berkshire and Buckinghamshire already has its own plans for continuing to improve services, addressing local issues, and rising to the challenges that the NHS faces. Some of these plans are at the early stages; others are already being discussed with local people, staff and stakeholders.

But by working together with a shared vision through Care for the Future, we will be able to ensure that all our plans bring the greatest improvements and benefits for local people and patients. We will be able to find shared ways to meet rising demands, reduce variations between services, and get the greatest benefit from new medical advances.

In particular, we can both improve services for patients and significantly reduce costs by working together to make sure we get the right 'pathways' of care in place across and between our services for individual patients. This will deliver some of the most significant improvements for patients and enable us to address the financial shortfall that we will face if we don't take action now.

Working together also means we can ensure that:

- Changes made in one area do not have a negative impact on another area
- We can share our learning and opportunities to make improvements
- We share our resources, using them more efficiently.

WHO IS INVOLVED?

Care for the Future involves GPs and the primary care trusts, acute hospitals and providers of community health services in Berkshire and Buckinghamshire

We are being supported by NHS South Central Strategic Health Authority and working closely with South Central Ambulance Service NHS Trust.

OUR AIMS

Together we have four clear aims:

- To develop a shared vision of the best possible healthcare for the local population
- To improve people's quality of life and life expectancy, within the resources available to us
- To focus on preventing ill health as well as providing treatment
- To manage our financial resources more effectively so that we can reinvest in further improvements for patients.



DEVELOPING A VISION OF FUTURE HEALTHCARE

We are proud of the improvements the NHS has made in recent years, but we know that patients expect more and we want to do better.

We want to build on the improvements we have already made to create an NHS in Berkshire and Buckinghamshire that provides all patients with access to the right care, in the right place and at the time it is needed. We want to:

- Put patients at the heart of all we do, giving them more choice and control
- Ensure that all services are focused on delivering the very best outcomes for patients
- Continue developing more convenient community-based services so that hospital staff can concentrate on providing high quality, safe, expert, specialist care
- Ensure we use our resources as efficiently as possible so that we can reinvest more in further improving services.

To do this we are developing a vision for the future of healthcare in Berkshire and Buckinghamshire. We are working with doctors, nurses and others who provide care, patients, carers, the public and our partners to agree how we want care to be provided in the future.

OUR PRINCIPLES

Our work to develop our vision is based on a shared set of underlying principles. We will:

- Seek to reduce inequalities in health and improve patient outcomes
- Promote and support self care and good health wherever possible
- Actively support vulnerable patients and individuals at risk of becoming ill
- Work with patients, carers, GPs and staff in the redesign of services
- Treat patients in their local community where practical and effective
- Recognise that while some core services should be provided from every hospital, some specialist services are best provided from fewer sites to enable the best possible care and safe treatment
- Ensure that appropriate quality and standards of care are maintained and continually improved
- Support the personalisation of care and enable patients to exercise greater choice
- Use clinical best practice and evidence as a benchmark in making decisions about plans for future healthcare.

HOW WE ARE DEVELOPING OUR VISION

Any changes need to be directed by the doctors, nurses and others who provide our healthcare services and fully involve patients, carers and the public.

In the first phase of this work we set up four Care for the Future working groups. These were led by medical directors and included GPs, consultants, nurses and midwives, social care staff and managers, patient and public representatives and other health professionals such as pharmacists, dieticians and physiotherapists from across our seven organisations.

Each group was given the task of looking at a particular type of care:

- **Planned care:** care that is pre-arranged such as scheduled hospital operations or outpatient appointments
- **Urgent care:** emergency services, including people going to A&E or being admitted to hospital in an emergency
- **Long-term conditions:** chronic illnesses such as diabetes, heart disease or asthma
- **Paediatrics:** children's services, including maternity and neonatal services.

This phase of work also included research and careful analysis of best practice in healthcare in this country and abroad. By doing this we could identify areas where we could make improvements and ensure that any ideas could be tested against what has already worked well elsewhere.

These groups went through a number of steps to help them clarify and challenge their thinking about health and health services – from health prevention to treatment (both out of and in hospital) through to rehabilitation. They were asked to focus on opportunities to improve the quality of primary, community and acute (hospital) care and to take account of the following:

- Current and future healthcare needs of the local population
- UK and international healthcare best practice
- Increasing focus on prevention as well as treatment
- Future restrictions on funding.

The groups came up with a number of preliminary findings which are the first step to developing clearer proposals for improving the quality of patient care, increasing the services provided to patients in the community and making the most efficient use of our valuable resources. These findings are outlined in the next section.

NEXT STEPS IN DEVELOPING OUR VISION

These working group ideas are at a very early stage. More discussion is needed to assess whether they will work in practice and, if so, how we will implement them. This will be led by the doctors and nurses who are providing the services now, and who will be providing them in the future.

In the coming months we will be discussing this report in detail with our own employees, with doctors, nurses and GPs and with other NHS organisations. We will also be asking local councils, patients groups and the public for their early views on these findings.

When we have developed more detailed plans, we will begin consultations with the public so that everyone has an opportunity to see what we are proposing and have their say.

Our aim is to start implementing agreed changes by 2011 so that the people of Berkshire and Buckinghamshire will be able to enjoy high-quality, modern and reliable health services in the future.

In the meantime, we'd like to hear your views and comments. You can get in touch with us at the contact details in the Summary of this document on page 5.



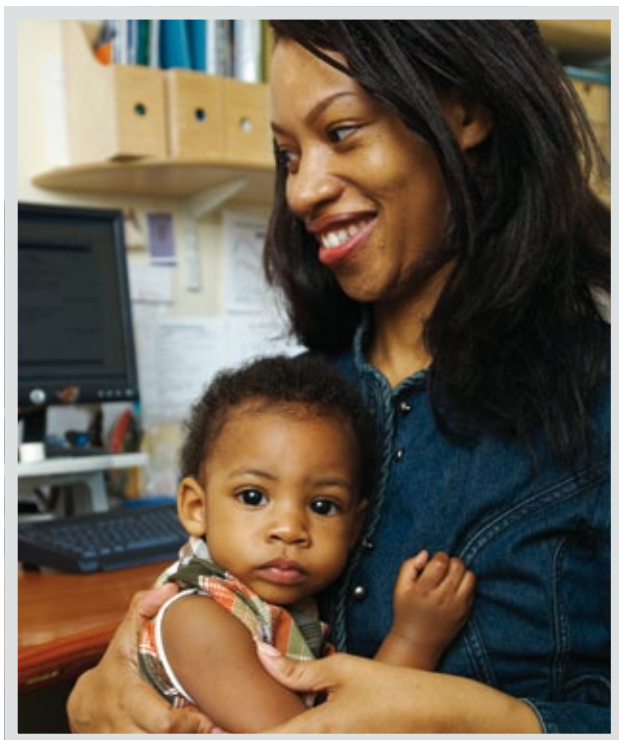
EMERGING FINDINGS

HEALTHCARE OUT OF HOSPITAL AND CLOSER TO PEOPLE'S HOMES

In recent years, a number of new initiatives have been developed at GP level and within the community, including certain services that would have been located in a hospital. For example:

- Supporting and managing the conditions of patients with constant and recurring long term conditions such as asthma and diabetes
- Carrying out diagnostic and investigative procedures and minor surgery
- Developments in providing healthcare for older people in their homes rather than in hospital.

Despite this progress, to support an ageing population and meet long term care needs, we must develop considerably more services outside hospital settings in local communities.



The Care for the Future clinical working groups came up with a number of emerging findings and guiding principles around how patients could be helped to better look after themselves and how more effective services could be provided out of hospital.

These included:

- Strengthening primary care and providing care closer to patients' homes, for example by giving GPs access to a range of diagnostic tests directly, before referring patients to hospital specialists
- Multidisciplinary teams with a range of skills to support and help GPs who have patients with long term conditions, so GPs are more able to treat those patients with more complex needs
- Encouraging patients to take more responsibility for managing their own care, for example by giving patients information on their condition and access to support networks and making better use of technology to help patients manage their conditions themselves
- Providing outpatient appointments, diagnostics and treatment locally and performing minor operations outside hospitals
- Developing community nursing teams with 12 hours a day seven days a week access to support children with long term conditions
- More local intermediate care services within the community to bring care closer to those discharged from hospital but still needing support before they are able to live independently at home
- Health advice, support and information easily available to all via a single point of access which could also book appointments.

DEVELOPING KEY SERVICES AT LOCAL HOSPITALS

Our vision for helping people manage their conditions more effectively at home, supported by a comprehensive range of community based services, support and help, means we can focus on providing high quality specialist care at our hospitals.

Local hospitals have an important role to play in delivering modern healthcare and will continue to do so. Given the challenges described earlier, we need to look at the best way to deliver hospital services and how they can complement care closer to home. We need to make sure that the right services are provided in the right hospitals so everyone has access to the highest quality care.

The Care for the Future clinical working groups came up with a number of emerging findings and guiding principles around how hospital services could be provided. These included:

- Some conditions requiring highly specialised care are best treated in specialist centres. This means that a few patients in a few specialties will not be treated in local hospitals in the future, and their care will be provided at specialist centres
- We will work with the ambulance service to ensure that patients are taken directly to the hospital that can best deal with their needs, and to ensure that patients are returned to their local hospital after acute care just as soon as it is safe to do so
- Separate pathways are needed to deal with complex cases or an emergency and those that can be treated as day cases without an overnight stay
- The increase in the number of doctors required to provide specialist care around the clock, whilst meeting the Working Time Directive, means that acute hospital services need to be provided on a larger scale at fewer sites
- To make sure specialist clinicians remain well skilled and to ensure high quality care, the range of services offered will vary across different hospitals
- If services are centralised, significant changes to pre-hospital care are required so patients are adequately assessed and transported to appropriate locations
- To enable specialist centres to develop, day surgery should be the norm for most types of treatment, with admission to hospital reserved for specialist or emergency cases
- When patients are admitted, they should be given the date on which they are due to be discharged, to help them and the teams who will be caring for them to plan ahead
- To support this type of healthcare arrangement, networks of specialists will be needed to work across different hospital sites.





WHAT IT WILL MEAN FOR PATIENTS

Patients will see real benefits. Everyone can be confident that they are enjoying the best health and receiving the highest standards of care, no matter where they live or which services they chose to use. Care will be provided in much more convenient ways and there will be better co-ordination between different services.

MORE CARE, CLOSER TO HOME

As well as being able to have more tests and simple procedures, like mole removal, at your GP's surgery, some hospital consultants will also be able to see and treat you there if you like, making it easier to access hospital services in your community. District nurses and hospital services will link in better with your GP, meaning you won't have to give the same information over and over again or wait so long for referrals to be made. There will also be more community support available to you in the evenings and at weekends.

HOSPITAL SERVICES TAILORED AROUND YOU

If you do need to go to hospital for an operation, it is likely that any tests, scans or assessments will have already been carried out at your GP practice or community clinic. Medical advances, such as keyhole surgery, are making operations quicker and safer and mean that patients are back on their feet much sooner. More operations will be carried out as day surgery, whenever doctors think it is safe to do so. This means that you are less likely to need to stay overnight in hospital. Community nurses will visit you at home to provide follow up care, such as changing dressings.

THE VERY BEST SPECIALIST CARE FOR THOSE WHO NEED IT

Patients with urgent specialist care needs, for example patients suffering from stroke or heart attack, will be seen by doctors and nurses with the highest levels of expertise. These staff will

be concentrated in fewer – but more specialist – centres of expertise. These hospitals can have specialist consultants available around the clock. Evidence shows that these produce better outcomes for patients with specialist needs than smaller hospitals.

MORE INTEGRATED SERVICES

If you have a complex or long term condition you will be supported by a 'multidisciplinary' team. These are groups of healthcare professionals who work together to provide all the different types of care that someone needs in a joined up way. For example, someone with diabetes could need the support of a specialist nurse, district nurse, dietician, podiatrist and eye specialist. Rather than seeing these people individually, they would work together to support you, ensuring that the advice and services they provide are joined up. There will also be a better join up with social services. If you are admitted to hospital, social services will immediately be involved in making sure everything is set up and ready to give you the support and any equipment you need at home when you are discharged.

MORE INFORMATION

You will be given more information about your condition and treatment, giving you more control over your care and enabling you to better manage your own health wherever possible. People will have access to more advice and support, including 24 hour helplines to help manage existing conditions and to stay healthy.



BUILDING ON THE BEST

There are already many examples of best practice around our region that we can learn from. Often simple ideas greatly improve patient care and save money.

COMMUNITY MATRONS KEEP PATIENTS OUT OF HOSPITAL

Since April 2009, a team of dedicated community matrons and case managers in NHS Berkshire West has helped over 400 people receive healthcare at home rather than spend time in hospital. They help patients, mainly over-65s, to manage multiple long-term health conditions such as respiratory problems, diabetes, neurological and heart conditions.

Each community matron has a caseload of around 50 patients at one time who have been identified as being at risk from frequent admission to hospital. They work with the patients, GPs, district nurses and other health and social care workers to identify the patient's needs and ensure that they receive the right healthcare, reducing the need for unplanned hospital admissions. If a patient is admitted to hospital, they work with hospital staff so the patient can return home as quickly as possible.



BETTER SUBSTANCE MISUSE SERVICES IN THE COMMUNITY

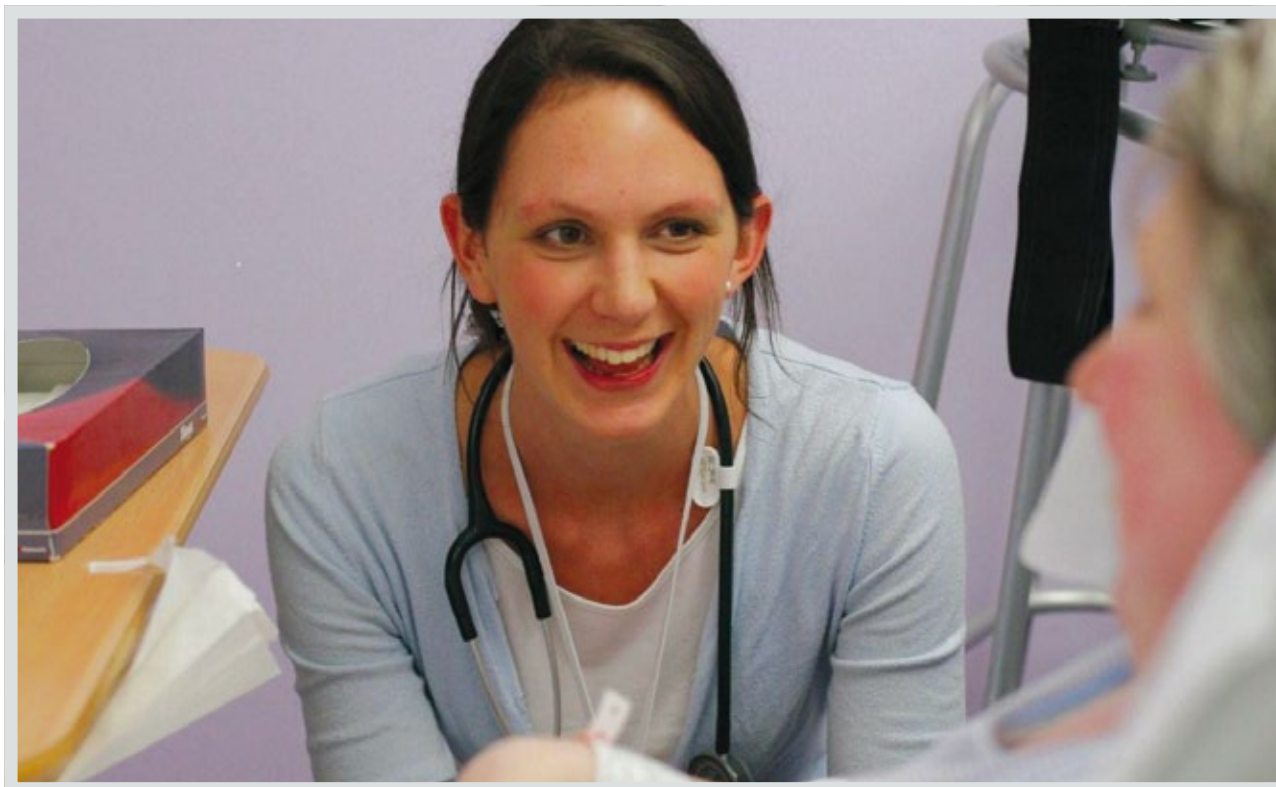
A new community-based alcohol and substance misuse service has been running in NHS Berkshire East since January 2010, reducing the number of emergency hospital admissions.

Patients now have a choice of detox services in hospital or the community. Counselling and drop-in clinics are available in the community for patients throughout their treatment journey, reducing the risk of them continuing or returning to alcohol or drugs. Key workers support GPs to better care for patients with alcohol or substance misuse problems from their own surgeries.

PROMOTING HEALTHY HEARTS

NHS Berkshire East's Healthy Hearts team achieved national recognition after screening more than 700 people for heart problems. Their aim is to reach 20% of people who are most at risk of heart problems but do not have an existing diagnosis.

By catching problems early, people can be offered treatment before their condition worsens, maintaining their quality of their life and reducing the likelihood of an emergency hospital admission. GPs and pharmacists are now being trained to carry out more heart checks, so that even more people can be screened earlier.



TELEHEALTH KEEPS PEOPLE INDEPENDENT IN BUCKINGHAMSHIRE

Sixty Buckinghamshire patients with conditions such as diabetes, chronic lung disease and coronary heart disease are benefitting from a Telehealth system.

The system takes their pulse, oxygen levels, blood pressure and weight measurements at regular intervals and sends them to a local community matron or specialist nurse to monitor remotely. Previously they would have to make frequent hospital trips to have their condition managed.

Margaret Robson from Aylesbury, who lives with Coronary Obstructive Pulmonary Disorder (COPD), said: "The monitor is very reassuring and I wouldn't be without it now. Knowing there is somebody on hand all the time has put me completely at rest."

Community matron, Chris Finegan, added: "Telehealth enables us to intervene earlier when a COPD patient's symptoms worsen, and earlier treatment means a better outcome for the patient. It improves their quality of life."

MAKING MORE TIME FOR PATIENT CARE ON WARDS

The Productive Ward programme has been introduced across community hospitals in NHS Berkshire West to help staff spend more time on direct patient care. Staff have been able to analyse how time is used on and around the wards. For example, simply storing items in the best place can save hours of nursing time otherwise spent on fetching and returning them. In addition to helping nurses and therapists spend more time on patient care, it also improves safety and efficiency, boosting the aims of delivering safe, high quality care to patients.

SAFE, HEALTHY STARTS FOR CHILDREN AND YOUNG PEOPLE

The Family Nurse Partnership in Slough provides young, first-time mothers with additional visits and support before and after the birth of their child. Studies have shown that this project will improve overall health outcomes for children and reduce obesity as they grow up.

The Little Acorn Children's Centre at St Mark's Hospital was highlighted as an example of good practice for successful joint working between health, social care and education. Speech and language therapy and breastfeeding support were identified as strengths.

OXYGEN THERAPY AT HOME

Patients with lung problems in NHS Buckinghamshire are increasingly having oxygen therapy at home rather than in hospital with the aim of improving their quality of life, giving them greater choice and control over the management of their condition and reducing hospital admissions.

Betty Wigg from Aylesbury said: "Whenever I suffer from shortage of breath, I go onto the oxygen machine based in my home. I prefer care at home. I can get on with my day-to-day life, and I have the freedom to do what I want. There's no need to go into hospital."

Lesley Harridge, Community Matron, said: "As well as receiving oxygen at home, senior clinical staff see patients as often as is necessary. This may be once or twice a month, or every day if they are acutely unwell to ensure that they are making a good recovery."



NEW WALK-IN CENTRE REDUCING A&E ATTENDANCE

A new walk-in centre at Upton Hospital in Slough is reducing the number of people who visit A&E unnecessarily. Open 8am–8pm every day, patients can drop in to see a doctor or nurse for fast, effective and convenient help for a wide range of minor illnesses and injuries including infections, cuts and burns. About a quarter of people attending A&E could have been treated more appropriately elsewhere. The walk-in centre is helping to bring that figure down.

SUPPORTING CARERS TO CARE

In NHS Berkshire East, voluntary organisations have been commissioned to provide respite care for young carers and people with mental illness or dementia. Recognising the important role that carers play, the aim is to support carers in their caring role and also to support them to have a life of their own. Activities included training, practical help, transport, short breaks or group activities and the carers have welcomed the initiative.



GLOSSARY

We have tried to make sure that we have not used any jargon in this document. However, you may come across some words that you are not familiar with, and may hear some of the following used in discussions about the vision and our plans.

Acute:

Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment. It is not necessarily severe and is often of short duration. Acute is also used to describe hospitals where treatment for such conditions is available.

Benchmarking:

Benchmarking is the process of comparing business processes and performance with the best in the industry or from other industries to help identify where improvements in quality and cost can be made.

Clinical best practice:

The technique, method or process that healthcare experts believe, based on evidence, is the most effective for any particular condition or situation.

Clinicians:

A professional directly providing healthcare services.

Commissioners:

A team of people responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf from providers. The term is currently most often used to refer to primary care trusts (PCTs).

Community health services:

Care provided outside hospital by nurses, midwives, therapists and other professionals.

Day surgery:

A surgical procedure that does not involve an overnight stay in hospital.

Diagnostics:

Tests and scans, such as X-rays, blood tests and MRI scans and other procedures to help identify the cause or extent of a problem.

GPs (General Practitioners):

Doctors who work from a local surgery or health centre providing medical advice and treatment to patients who have registered on their list.

Health inequalities:

The gap between the health of different parts of our population because of where they live or their background.

Life expectancy:

The average number of years an individual could be expected to live.

Long-term conditions:

Long-lasting illnesses such as diabetes, heart disease and asthma.

Multidisciplinary team:

A group of health and care professionals who provide different services but work together to provide complementary services for patients.

Paediatrics:

The branch of medicine concerned with the treatment of infants and children.

Pathways:

The patient pathway is the route followed by a patient through and out of the various NHS and social care services that they need.

Planned care:

Care that is pre-arranged, such as scheduled hospital operations or outpatient appointments.

Practice nurse:

A nurse working in a GP surgery.

Primary care trust (PCT):

Responsible for identifying what healthcare services local people want and need and for commissioning (which means arranging and buying) these services on their behalf. Often referred to, for example, as NHS Berkshire West.

Specialist nurse:

Experts in the diagnosis and treatment of certain types of conditions.

Stakeholders:

People, groups or organisations who can affect or be affected by an organisation's actions or have an interest in its work. In the NHS, the term usually applies to the broad range of organisations and partners that work with the NHS and hold it to account, such as local councils, voluntary and community organisations, private providers, patient and carer representative groups, LINks, MPs, etc.

Urgent care:

Care services which people need to use unexpectedly. It includes A&E and 999 services, but can also include emergency appointments with GPs, visits to walk-in centres or minor injuries' units.

Vulnerable patients:

Someone who may not be able to take care of themselves because of a mental health problem, a disability, because they are old and frail, or have some form of illness.

Working Time Directive:

A law that limits the number of hours someone can work. It has meant changes to the way hospitals are staffed overnight.

Ky dokument është rreth planeve tona për të përmirësuar shërbimet e kujdesit për shëndetin në gjithë Berkshire dhe Buckinghamshire. Ju kërkon mendimet dhe komentet tuaja. Nëse këtë dokument e doni të përkthyer, ju lutemi nga kontaktoni në mënyrat e dhëna më poshtë.

Este documento refere-se aos nossos planos de melhoria dos serviços de cuidados de saúde em Berkshire e Buckinghamshire. São-lhe pedidos os seus pontos de vista e comentários. Se necessitar deste documento traduzido, por favor contacte-nos (consulte os nossos dados abaixo).

本文件是关于我们改善整个伯克郡 (Berkshire) 和白金汉郡 (Buckinghamshire) 之健康护理服务的计划。它征求了你的看法和建议。如果你需要本文件获得翻译, 请按照下列的详细说明与我们联系

Dokumantiganu waxa uu ku saabsan yahay qorshahanaga lagu casriyaynayo adeega daryeelka caafimaadka ee deegaanada Berkshire iyo Buckinghamshire. Waxana lagaa codsanayaa aragtidaada iyo wixii faalo ah. Hadii aad rabto in lagu soo turjubaano dokumantigan, fadlan nagala soo xidhiidh xidhiidhadan hoos ku xusan

Acest document prezintă planurile noastre cu privire la îmbunătățirea serviciilor de sănătate în Berkshire și Buckinghamshire și vă solicită părerile și comentariile dumneavoastră. Dacă aveți nevoie de traducerea acestui document, vă rugăm să ne contactați la datele de contact de mai jos.

دا سند په ټول برکشایر او بکننگهم شایر کې د روغتیایي خدماتو د ښه کولو په اړه زموږ د پلانونو په هکله دی. په سند کې ستاسو د نظرونو او څرگندونو غوښتنه شوی ده. که د دغه سند ژباړې ته اړتیا لرئ، مهرباني وکړئ له موږ سره تماس ونیسئ. د تماس جزئیات لاندې ورکړل شوي دي.

यो कागजात बर्कशरि तथा बकडिघमशरि कषेत्रमा स्वास्थ्य सेवालाई सुधार गर्ने हाम्रो योजनाको बारेमा हो । यसलाई तपाईंको वचिर र सुझावहरूको आवश्यकता छ । यदि तपाईंलाई यो कागजातको अनुवाद चाहिएमा, कृपया हामीलाई नमिन् ठेगानामा संपर्क गर्नुहोस् ।

تتناول هذه الوثيقة خططنا المتعلقة بتحسين خدمات الرعاية الصحية في بيركشاير Berkshire وباكنجهام شایر Buckinghamshire. وتطلب هذه الوثيقة الحصول على آرائك وملاحظاتك حول هذا الأمر. وفي حال رغبتك بترجمة هذه الوثيقة، فيرجى الإتصال معنا على العنوان التالي:

यह दस्तावेज बर्कशायर तथा बकघिमशायर में स्वास्थ्य सेवाओं को सुधारने की हमारी योजनाओं के बारे में है. इसमें आपके वचिर तथा टपिपणियाँ पूछी जाती हैं. यदि आप इस दस्तावेज का अनुवाद चाहते हैं तो कृपया हमसे नमिनांकति वचिरण पर संपर्क करें

په دستاويز بارکشایر اور بکننگهم شایر میں صحت کی خدمات کو بہتر بنانے کے لیے ہمارے منصوبے کے بارے میں ہے۔ اس میں آپ کے نظریات اور خیالات کے بارے میں پوچھا گیا ہے۔ اگر آپ کو اس دستاويز کا ترجمہ درکار ہو تو برائے مہربانی نیچے دی ہوئی رابطے کے تفصیلات کے ذریعے ہم سے رابطہ کیجئے۔

Dokument ten dotyczy naszych planów poprawy usług medycznych na terenie Berkshire i Buckinghamshire. Prosimy w nim o Państwa opinie i komentarze. Jeśli potrzebują Państwo tłumaczenia tego dokumentu, prosimy skontaktować się z nami - dane kontaktowe znajdują się poniżej.

په دستاويز برکشایر ته بکننگهم شایر دے لني صحت دی دیکه بهال دیاں خدمتوں نوں چنگا کرن دے لني سائیاں منصوبیاں دے بارے وچ بیگی اے۔ اہ تہالے وچاراں تے خیالاں دے بارے وچ اکھدا اے۔ جے تہانوں ایس دستاويز دے ترجمے دی لوڑ بیگی اے تے، مہربانی کر دیاں ہویاں تہالے دتی ہوئی تفصیل تے سائے نال رابطہ کرو۔

This document is available in large print, Braille and on audio tape.
If you would like this document in another language or format,
please contact us:

By post: Care for the Future, 57 - 59 Bath Road, Reading, Berkshire RG30 2BA
By telephone: 0118 982 2789
By email: careforthefuture@nhs.net

This document has been produced by the primary care trusts (PCTs), acute hospitals and providers of community health services in Berkshire and Buckinghamshire:

- Berkshire Healthcare NHS Foundation Trust
- Buckinghamshire Hospitals NHS Trust
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust
- NHS Berkshire East PCT
- NHS Berkshire West PCT
- NHS Buckinghamshire PCT
- Royal Berkshire NHS Foundation Trust

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