



February 2009 Issue Two

Welcome to the second edition of the BHSP Service Design Programme quarterly briefing; an overview of the latest developments of the Service Design Programme.

To find out more about anything featured in this edition, visit the BHSP website www.avon.nhs.uk/bhsp or contact Helen England, programme manager, on 0117 900 3417, email: helen.england@bristolpct.nhs.uk

BHSP and the Service Design programme

The Bristol Health Services Plan is a programme to transform health services across Bristol, North Somerset and South Gloucestershire (BNSSG) and will run until 2013. The Service Design Programme supports the BHSP by designing and delivering high quality, safe and effective health services in community settings rather than in hospitals.

Service Development Groups

There are **11** Service Development Groups (SDG).

Each group is dedicated to redesigning health services in BNSSG to provide the best possible patient experience and outcomes, as well as delivering the model of care upon which new BHSP developments have been agreed.

1. Cancer

Dr Catherine Maytum
(Clinical lead)
Eithne Burt
(Managerial lead)

The bowel screening programme started in December 2008 at the University Hospitals Bristol NHS Foundation Trust (UHB) at the first local site.

Implementation of the breast screening age expansion will be initiated once the digital equipment is in place.

A choose and book sub group is established and has started to review the local issues in using the system for two week wait referrals.

The SDG has a number of other projects commencing to reduce admissions to hospital and review follow up pathways following cancer treatment.

Each group has both a dedicated clinical and management lead resource and input from key stakeholders, including a wide range of clinicians from primary and secondary care and lay representatives.

Here is a snapshot of each of the groups and their latest developments.

2. Cardiac

Dr Richard Berkley
(Clinical lead)
Rachel Anthwal
(Managerial lead)

The cardiac SDG has a number of work streams in place which include:

- Development and approval of a new model of care and service specification for Bristol Community Heart Failure Service
- Adopting the Avon, Gloucestershire, Wiltshire and Somerset (AGWS) cardiac and stroke network cardiac rehabilitation service standard and looking at community based service models
- Developing a service model for a community based diagnostic and assessment service for cardiac patients.

3. Children and young people

Dr James Fraser
(Clinical lead)
Inge Shepherd
(Managerial lead)

This SDG is now becoming a well established group under the clinical leadership of Dr James Fraser, consultant paediatrician.

The group has established four workstreams which are looking at:

- urgent care services for children
- providing scheduled care closer to home
- transition services for 16 - 25 year olds
- health needs of children with long term conditions.

If you would like more information about the SDG or would like to join our virtual reference group to be kept up-to-date with progress please contact Inge Shepherd, programme manager for children and maternity commissioning, on email: inge.shepherd@bristolpct.nhs.uk.

4. Diabetes

Shelley Mitchell
(Clinical lead)
Martin Howard
(Managerial lead)

The diabetes SDG has prioritised certain areas for action plans this year.

These priorities are based around the BHSP aims, and also cover many areas of the National Service

Framework (NSF) for diabetes. The priorities are:

- Services to support people to manage their own condition as well as possible e.g. community clinics run by diabetes specialist nurses; an expansion of the structured education programme. There is also a project starting in Bristol to enable GPs to identify those most at risk of cardiovascular disease with factors such as smoking and lifestyles, which will include people with diabetes
- Reducing unnecessary emergency admissions to hospitals caused by diabetes
- Improving quality of care and the length of time spent in hospital for those who are admitted e.g. an additional diabetes specialist nurse has been appointed at the BRI to improve care for patients there
- Bringing care closer to home e.g. North Somerset PCT has joined Bristol and South Gloucestershire in starting a primary care 'insulin start' scheme
- Inequalities and ensuring NHS diabetes services are accessible to all who need them e.g. running structured education courses for people who speak little or no English.

5. Elective Care

Dr Peter Goyder
(Clinical lead)
Adwoa Webber
(Managerial lead)

The elective care SDG now has four "sub groups" that report into it: orthopaedics service design group; gynaecology service design; eye service design group; and ENT and audiology service design group.

In the last few months the model of care for an integrated hand service and the surgical threshold policy for knee arthroscopy have been completed. The surgical threshold policy for lumbar spinal surgery has recently been consulted on.

Other work that is being progressed includes models of care for common gynaecology conditions, glaucoma, hearing loss and piloting an advice and guidance service for GPs, provided by hospitals, to provide an alternative to outpatient appointments where appropriate.

6. End of Life Care

Dr Carole Dacombe
(Clinical lead)
Clare-Louise Nicholls
(Managerial lead)

Draft advanced care planning documentation has been developed by Weston Hospice and St Peter's Hospice. The documentation has been reviewed by the SDG to check they meet minimum core requirements. They

will be tested as part of the advanced care planning training prior to being launched.

The Advanced Care Planning training is being run by St Peter's Hospice and started in January, 2009. It helps staff develop the knowledge and skills to allow them to help people plan for the end of their life. The forward plan is to commission the training from UWE (run in partnership with St Peter's Hospice) using funds from the Strategic Service Improvement Fund.

The SDG have agreed that the Gold Standard Framework audit will take place across BNSSG.

7. Mental Health

Dr Malcolm Price

(Clinical lead)

Catherine Wevill

(Managerial lead)

NHS Bristol has established a mental health service development group for the development of mental health services for the Bristol population.

It will have close links with the mental health local implementation team in delivering aspects of the mental health vision for Bristol.

In time this could also be a vehicle for addressing the interface between care pathways that span acute and mental health services.

8. Respiratory medicine

Dr Mike Rossdale

(Clinical lead)

Sian Jones

(Managerial lead)

The respiratory SDG is progressing a significant piece of work to design a community based model of care for chronic obstructive pulmonary disease (COPD). This will include provision of pulmonary rehabilitation and home oxygen assessment, as well as promoting effective integration of primary and secondary care expertise.

The model aims to reduce avoidable admissions to hospital, providing care and support to patients in settings closer to their homes. A series of workstreams have been established to develop the individual components of this model. The members of these include health professionals as well as lay representatives.

9. Rehabilitation

Dr Tony Fielding

(Clinical lead)

Richard Lyle

(Managerial lead)

Two work stream groups have been established and a third is planned

- stroke
- neurological conditions
- trauma and orthopaedics.

Lay representation has been identified via the voluntary agency network.

The medical model of care for rehabilitation services at South Bristol Community Hospital has been agreed in principle.

10. Sexual Health

Dr John MacLeod

(Clinical lead)

Eithne Burt

(Managerial lead)

Sexual Health SDG has completed the integration of the GUM and CASH service at Central Health Clinic which opened in July 2008.

The SDG has undertaken a pilot project for increasing telephone access to termination services, this is due to complete in March 2009 with a full evaluation. It will form part of a rapid improvement event in January/February 2009 to look at the complete termination of pregnancy pathway.

11. Urgent Care

Dr Ray Montague

Dr Geoff Hogg

(Clinical leads)

Richard Lyle

(Managerial lead)

The Urgent Care SDG has agreed a forward agenda for the year and to focus on a small number of key deliverables that translate the BNSSG vision and strategy into implementation.

Meetings are bi-monthly with a core group meeting in between to prepare

papers in advance and follow up action from the previous meeting. At each meeting the group has a presentation from a key partner in order to share ideas and opportunities for the future and a main item.

In the coming months we will be forming a view on the role of primary care in urgent care, the role and function of new Urgent Care Centres in the acute hospitals and the community, what we want from a Single Point of Access and how to manage patient flows, IT and mental health. Patient and public involvement is key to this agenda and the group will also be agreeing the best models for involving the public.

BHSP Website

The BHSP website has undergone a full redesign.

Up-to-date information on each Service Design Group as well as the latest news on BHSP can now be found at www.avon.nhs.uk/bhsp/

SDG meeting papers can also be found on the site, along with highlight reports and latest developments.

If you would like this bulletin in another format such as Braille, large print, or in another language, please contact the Bristol Health Services Plan office on 0800 015 5127 or bhsp@bristolpct.nhs.uk

Involving lay people in re-designing services

The BHSP programme has ambitious goals for making lay people partners in designing new services.

Most SDGs and their sub-groups have at least one lay person as a full member of the group.

Lay people give a valuable contribution when NHS colleagues need a

different perspective, and bring the group back to the central question of 'how would this be better for people who use the service?'

However, involving people is much wider than just group membership. Here are some of the different activities carried out in the last few months:

Diabetes	Cardiac	Urgent Care
On-line questionnaire to users of Avon diabetes website	Acute MI workshop for staff and users/carers	Focus groups with: Cellulitis service users
Respiratory	Urgent Care	Rehabilitation
Two day externally facilitated event with about 35 users, clinicians and SDG members	Survey of approx 1500 users of A&E undertaken in partnership with UHB & NBT	Focus Group held with 12 people who are survivors of head injuries
Elective Care	Diabetes	Cardiac
The Eye service design group had a stakeholder event in July 2008 that included patients	Focus group to explore patient views on moving some UHB services into community settings	Four focus groups held with people who have had a stroke, and their carers

Virtual Clinical Networks

Whilst each SDG is committed to involving a wide range of clinicians from both primary and secondary care, we understand that it is not always possible for clinicians to attend meetings due to clinical demands.

Work is underway on establishing virtual clinical networks which will offer alternative ways of working;

for example, clinicians will be able to inform the proposals for models of care via email or telephone prior to drafts being submitted for proposal.

If you are interested in being part of a virtual clinical network for the programme please contact the BHSP office at bhsp@bristolpct.nhs.uk