

HEALTH CARE FOR THE FUTURE

MAKING DIFFICULT DECISIONS



There are over a million people living in Derbyshire and Derby and every one of us has a stake in health services. This consultation is an opportunity for everyone to have a say in the shaping of those services.

There has been a very public national debate about the future of the NHS, and Derbyshire, like everywhere else, is faced with major challenges to find better ways of delivering health care, while at the same time meeting new and increasing demands and managing costs. It is essential to recognise that those working in the NHS and their patients have in common a personal interest in providing the best possible service to our community – we are all potential consumers of NHS services.

We are living longer, many of us have multiple health problems and some of us have less healthy lifestyles. These and other factors mean there is increasingly complex demand for an expanding range of treatments. At the same time, new technology and a focus on patient choice offer opportunities to do things differently. However, the money the NHS receives is not enough to meet all of these challenges, or make the most of the opportunities. This is why we need to do things differently in future, and face difficult decisions about how limited resources can best be used to meet the unlimited demand that we generate.

The patient stories illustrate some of the dilemmas created by the present situation, and how current practices might have to change to resolve them - for example preventing unnecessary admission to hospital by ensuring that community services (such as GPs, community nurses and social workers) can meet the increased demands.

It's important we all share responsibility for making decisions about how to respond to challenges facing the NHS. To help do this we are proposing a set of principles to use when making decisions about the best way to meet individual needs. It's hoped the consultation will generate more ideas about how difficult decisions in health care can best be addressed.

WHAT COULD BE BETTER?

DORIS

Doris is 85 and is taken to A&E after a fall one evening. The doctors in A&E have no clinical information about Doris but diagnostics tests indicate that some of her results are not normal. It is 10.30pm and with limited information about Doris' normal health and her underlying conditions it is decided that there is no alternative but to admit her to hospital.

The following day the clinical team decide Doris can be discharged but there are concerns about her support at home. An assessment is organised but this takes several days to organise and meanwhile Doris is transferred to an acute ward due to pressure in the Medical Assessment Unit. During this time Doris has become slightly confused and has lost confidence, she has become more dependent on care staff and is anxious about going home.



JIM

Jim suffers from a chronic asthma and has other respiratory problems. Recently his breathing has been getting worse, but he struggles to get an appointment with his GP. He ends up going to A&E and is admitted to hospital, but subsequently has to change wards. In A&E, and when he arrives at each ward, he is asked the same questions over again. Jim feels that if he had more support to manage his condition at home, he wouldn't have ended up in hospital in the first place.



PAUL

Paul has a long term condition which needs regular monitoring and also has mental health problems. Paul finds visits to hospital for the monitoring of his condition upsetting. He would prefer to be cared for at home and be provided with a service which meant he did not have to visit hospital.



SEE BACK PAGE FOR DETAILS OF PUBLIC MEETINGS.

THE DILEMMAS WE FACE

We want to help people like Doris, Jim and Paul to remain independent for as long as possible, and avoid going in to hospital if possible. We also have to make sure we use our resources effectively to prevent ill health and provide the best possible health care for all of our population, from birth to end of life.

However, there are implications of trying to change things for the better. We want care to be provided close to home when possible – perhaps using new technology for example. But sometimes it is better for care to be provided by a surgeon with expertise in a large centre of excellence, which may mean patients travelling further from home.

If we are successful in providing more care at home there will be less demand for hospital beds, which may mean some hospital wards are no longer needed – particularly if these wards are in older buildings which require high maintenance costs.

While advances in medicines and treatment are obviously welcome, some new drugs only provide limited improvements in your health and we may have to decide which if these we do or don't fund. At the same time, there are some treatments that have been provided in the past which evidence now shows are of limited value, so we also have to keep these under review.

We believe the principles in this document will help us to face these dilemmas and make the right decisions about health care for the 21st century.



SERVICES NOT BUILDINGS

Many NHS buildings are old and were built when services and patients' needs were very different. This means they aren't now suitable to provide health care in the modern day and age, and we have to spend money on maintaining the buildings - money that could be spent on services. We need to make sure that we can meet your expectations of a modern and efficient service, which may mean care is provided in different places in future – including locally in your own communities and in your own home.



NEW DRUGS AND TECHNOLOGY

New drugs and treatments are being developed all the time. These are often expensive, but the cost doesn't always match the benefit to your health, so we could decide to spend this money differently to help more people. On the other hand, new technology can help us to change the way we provide care, which can be more convenient for both the services and for you.

The NHS works closely with Derbyshire County Council and Derby City Council, the two authorities responsible for adult social care services. We will use the outcomes of this consultation to inform the work we are doing with the councils to further improve the integration of health and social care services for Derbyshire.



CHANGES TO THE POPULATION

People are living longer so require different support, and more of it. They may have more than one condition so their care needs to look at a range of issues when they go for treatment. We are also seeing more obesity and alcohol consumption which increase the use of health and social services. We need to do more to support you to maintain your mental as well as physical wellbeing, whatever your age. Helping you to stay healthy, rather than treating you when you are ill, will mean a healthier population so people will need to use health services less.



WE NEED YOUR HELP

All of this means that we are going to face dilemmas about how health services are provided in the future, and we know we will have to make difficult decisions about where to use our resources to provide you with the best services and the best outcomes.

To help us get this right, we want to agree some key principles – 'golden rules' if you like - which we can use when making future decisions. Health organisations across the county have put together a list of the principles they think are important, but we want to know what YOU think.

These principles are listed opposite with a short explanation. Please look through these and see if you agree that these are the right principles to follow when we are making decisions about future care. They are not in any order.

1 Continue to improve the experiences our patients have

We need to understand more about what patients think about their care, and make sure that we always treat them with dignity and respect. We will also ensure that services are safe and of high quality, and are provided in line with local and national guidance and standards.

2 Ensure the best possible outcomes for all

We aim to achieve the best possible outcomes in quality and quantity of life - regardless of where you live or when you use services. However, this may not mean that everyone receives exactly the same sort of care, and some people may not get the service they want.

3 Ensure no decision about me is made without me

This means making sure that people are able to talk to the doctor or health worker who treats them so that they get a say about their individual care. It also means having a say about how services are developed.

4 Helping people to help themselves

Supporting people in managing their conditions, as well as helping them to prevent ill health in the first place. For example, diabetes, high blood pressure and stroke can all be linked to obesity. This assumes that people will take on some responsibility themselves.

5 Delivering the right service every time

Developing services so that health care staff and patients can find their way round services easily and always get the best care provided in the best way. This might look different to the way services are provided now, in terms of where, how and by whom your care is given.

6 Care is provided in the right place

This may mean care near to your home when appropriate, and supporting people to stay in their own home as long as possible when that is right. You will only be admitted to hospital when you need a higher level of care, and spend less time there if admitted. In some instances it might mean travelling

further, if services are better and more safely delivered in a specialist centre.

7 Flexible and integrated working across organisations

Organisations and their staff to work together and more flexibly to improve the care we all provide, without being concerned about the barriers between organisations. Care may therefore be provided by different people or in different settings.

8 Be innovative

Don't be afraid to try new technologies, drugs, treatments, and approaches which are based on best practice and good evidence. Health care is likely to look very different in the future.

9 Responsible information sharing

Share information to help provide good care even when you are moving from service to service, while still being sensitive to confidentiality. This will also need patient support.

Do you agree with these as a general set of principles? Yes No

If no, which principles are you concerned about and why?

Are there any other principles we should follow when making difficult decisions?

Thank you for taking the time to complete this questionnaire. Please return it to: **Derbyshire County PCT, FREEPOST SF 1298, Scarsdale, Nightingale Close, Newbold Road, Chesterfield S41 7BR** by 31st May 2012.

JOIN THE DEBATE:

We are also holding some public meetings where you can join the debate.

Please email communications@derbycitypct.nhs.uk or phone **01332 868732** if you want to attend.

16 May 6 - 9pm YMCA, Derby

17 May 10 - 1pm Miraj Hotel, Ashbourne

18 May 10 - 1pm YMCA, Derby

22 May 6 - 9pm b2net Stadium, Chesterfield

24 May 10 - 1pm Joseph Whitworth Centre, Darley Dale

28 May 6 - 9pm Genesis Centre, Alfreton

To help us make sure we get feedback from all our communities we would be grateful if you could answer the questions below. However, you can miss out any you don't want to answer.

Are you?

Male Female Transgender

How old are you?

Under 16 20 - 29 45 - 59 Over 75
 16 - 19 30 - 44 60 - 74

Do you have a long term health condition?

No Yes *If yes, is it:*
 Physical Psychological Emotional Learning Disability

What is your ethnic group?

White Asian/Asian British Black
 Mixed Black/Black British Other Ethnic Group

What is your religion?

No religion Jewish Christian (all denominations) Hindu
 Muslim Buddhist Sikh Any other religion

What is your sexual orientation?

Bisexual Heterosexual / Straight Gay Other

If you would like some help in accessing this document please email communications@derbycitypct.nhs.uk or call the Patient Advice and Liaison Service (PALS) on **0800 032 32 35**

Slovak

Ak potrebujete pomoc s prístupom k tomuto dokumentu, napíšte prosím email na communications@derbycitypct.nhs.uk alebo volajte Kontaktnú službu a poradňu pre pacientov (Patient Advice and Liaison Service - PALS) na 0800 032 32 35

Latvian

Ja vēlaties saņemt palīdzību, lai piekļūtu šim dokumentam, lūdzu, nosūtiet e-pastu communications@derbycitypct.nhs.uk vai zvaniet Pacientu konsultāciju un koordinācijas servisam [Patient Advice and Liaison Service] (PALS) pa tel. 0800 032 32 35.

Chinese

如果你想得到帮助以了解这份文件的内容，请电邮 communications@derbycitypct.nhs.uk，或打电话给病人忠告及联系服务 (PALS)，号码 0800 032 32 35

Czech

Pokud potřebujete pomoc s přístupem k tomuto dokumentu, pošlete prosím e-mail na communications@derbycitypct.nhs.uk nebo volejte Kontaktní službu a poradňu pro pacienty (Patient Advice and Liaison Service - PALS) na 0800 032 32 35

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਪੇਜੈਂਟ ਅਡਵਾਇਸ ਲੀਏਜ਼ਨ ਸਰਵਿਸ (PALS) ਨੂੰ ਈ-ਮੇਲ ਕਰੋ communications@derbycitypct.nhs.uk ਜਾਂ ਟੈਲੀਫੋਨ ਨੰਬਰ 0800 032 32 35 ਤੇ ਫੋਨ ਕਰਨ ਦੀ ਕ੍ਰਿਪਾਲਤਾ ਕਰਨੀ।

Polish:

Aby otrzymać pomoc w zapoznaniu się z niniejszym dokumentem, prosimy wysłać email pod adres: communications@derbycitypct.nhs.uk lub skontaktować się z działem ds. kontaktów z pacjentami (Patient Advice and Liaison Service (PALS)) pod numerem: 0800 032 32 35.

اس تحریر کے حصول میں اگر آپ کو کوئی مددگار ہو تو براہ کرم communications@derbycitypct.nhs.uk پر ای میل کریں یا پیجمنٹ ایڈوائس اینڈ لیاژن سروس (پالز) کو 0800 032 32 35 پر فون کریں۔