

Planned Care

For people who need pre-arranged clinical assessment, diagnosis or treatment such as outpatient appointments, x-rays and tests or surgery we intend to:

Develop a service where much more planned care is available closer to people's homes and outside acute centres, with a system that promotes choice, independence, convenience and timely access to care.

We know:

- In Devon, the vast majority of planned care (for example more than 90% of outpatient appointments) takes place in acute hospital settings, but the national approach is for significant proportions of planned care to take place in appropriate non-acute facilities closer to patients' homes.
- There has been progress in providing planned care in community hospitals – as well as in independent sector mobile facilities and units – but the numbers are small when we look at the true potential for change.
- In some countries, the majority of outpatient appointments take place outside hospital, and care models such as polyclinics are being actively promoted as a way forward for planned care.
- There is a strong local desire, expressed by GPs and the public, to have more routine diagnostics, outpatient appointments and day surgery in appropriate community locations.
- There are new and different workforce roles that can support this, for example among specialist nurses and therapists as well as medical staff. Developing these roles, with direct access to consultant listing where needed, can lead to real improvements in the patient experience.
- There is the opportunity to reduce planned care altogether. National information, based on best practice clinical guidance, indicates that many appointments and some planned treatments are not clinically necessary.
- Reducing unnecessary appointments and creating alternatives to acute hospital care will help reduce delays in treatment and increase patient choice - both central planks of national policy.
- For some highly specialised treatments, there is increasing national clinical guidance to ensure the best possible outcomes can be achieved. There is a general move towards greater specialisation and centralisation for these treatments, for example in cancer treatment.

We will:

- Continue to improve the speed and convenience of access to diagnosis and treatment through our work towards 'no-delays' and through measures to improve choice and booking systems.
- Prevent avoidable appointments, both by promoting self-care and through early intervention with people with long-term conditions.
- Introduce the 'local' element to as much planned care as possible, even when the procedure necessitates acute hospital care - for example by making pre-assessments available in community and primary care to avoid needless journeys for people.
- Introduce new roles in primary care, such as specialist physiotherapists and other clinical specialists, to provide early assessment - with direct access to diagnostics and consultant listing as appropriate. This would reduce steps in the system.
- Develop local care centres for planned routine clinical assessment and treatment, within 20 minutes' drive time of the majority of communities in Devon. These would provide a local choice for routine planned care such as outpatient appointments, diagnostic tests and day surgery.
- Ensure every Devon town has an appropriate level of enablement clinics for people with long-term conditions or other risk factors, offering education, advice, and more opportunities for self-management and social support.
- Continue to develop primary care with the enhanced roles of GPs and pharmacists and extended opening and access arrangements.
- Avoid needless care and its consequent impact on patients and resources, through a wide public awareness programme. We will also clearly specify a requirement for best practice from all those who provide services.

We will achieve:

- Improved quality and value by achieving the level of the top 25% in England in terms of productivity for outpatients and surgery, eliminating more than 45,000 unnecessary follow up appointments and 750 unnecessary surgical procedures in the next three years.
- Rapid access to specialist clinical assessment and treatment in line with national and NHS South West targets, with an ambition to reduce delays beyond the current 18-week target by 2009.
- A reduction in repeat outpatient appointments for people with long-term conditions, through the impact of preventive clinics.
- A year on year increase in the percentage shift of outpatients, diagnostics and surgery out of acute hospital settings, and within a period of five years achieving:
 - 60% of routine outpatients in community settings
 - 40% of routine diagnostics in community settings
 - 60% of routine day surgery in community settings



Case study

Eunice Hann, who is 78 and from Tiverton, started losing weight and feeling unwell about three years ago. It turned out she had a gastric problem, for which she needed surgery. For the regular drug infusions she now needs, she goes to Tiverton Hospital, saving her a journey into Exeter.

"Since May of last year I have been going to my local hospital in Tiverton every two weeks for an infusion to help with my digestion - with only very occasional appointments with the hospital team at the RD&E Hospital in Exeter, for them to keep an eye on me. I feel I'm mainly looking after myself with support from my daughter. On my very rare 'bad days' I take plenty of rest and eat very carefully. I couldn't have had better care at any price and must say the staff at Tiverton Hospital are excellent and so dedicated.

"I am a real enthusiast for local services and plan to keep using them long into the future."

Planned care how it can be...

