

# **Finding Efficiencies**

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# Some background

- Royal Greenwich is a rapidly changing London Borough
- Population rising rapidly
- Challenged NHS system
- This work was done pre STP
- Greenwich and Bexley Councils, Oxleas NHS Trust provide community services
- Our Hospital is Lewisham and Greenwich NHS Trust - locally Queen Elizabeth Hospital

# What did we do -1?

- Got some LGA support!
- Newton Europe gave the help.
- You can read the report on the LGA website published June 2016.
- Still resonates, see Richard Humphries from the Kings Fund 9<sup>th</sup> Feb 2017 blog.

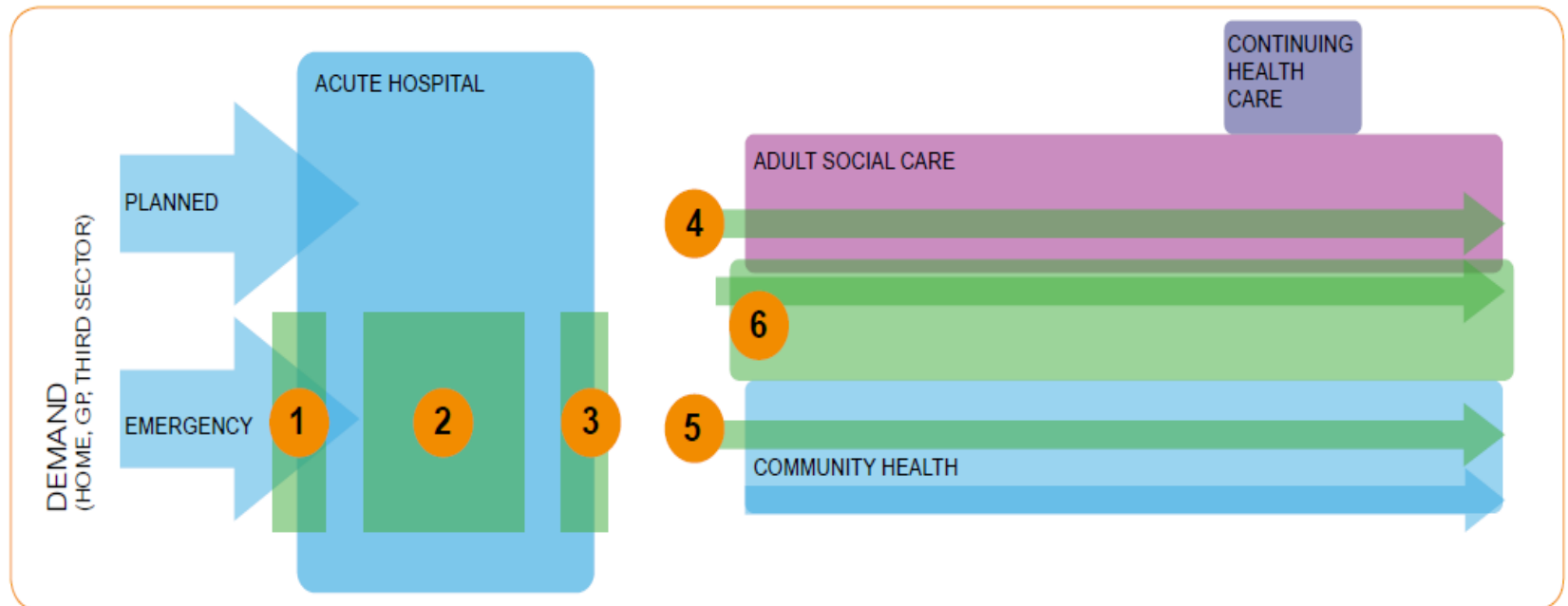
# What did we do - 2?

- Critical to get buy in from all our partners.
- The work is about how the system works, so we all need everyone to join in.
- Method played back our own practice to our own practitioners.
- Not about fault finding, there's a recognition we are all under pressure.

# Focus

Diagnostic on attendance and admission to acute Hospital.

Figure 1 - Model of the diagnostic exercise undertaken in each area



# Seven Questions

1. Are those patients attending A&E doing so for appropriate conditions and are they being admitted to hospital beds from A&E appropriately? Could we have identified and prevented those needs earlier?
2. Could patients in non-elective hospital beds be treated outside of hospital?
3. At the point of non-elective hospital discharge, are we selecting the correct pathway for patients?

# Seven Questions cont'd...

4. At the point of intake to the local authority, are we selecting the correct pathways for service users?
5. At the point of intake to community nursing, are we selecting the appropriate pathway for patients?
6. Is there an opportunity to better coordinate services for patients/service users receiving both community nursing and social care provision?
7. How does procurement by local authorities compare to that undertaken by CCGs?

# Some thoughts on the how..

- Multi-disciplinary collaboration on identifying problems and solutions is crucial
- Data, which everyone can look at
- Carve out the time
- Support the process



# What did we learn?

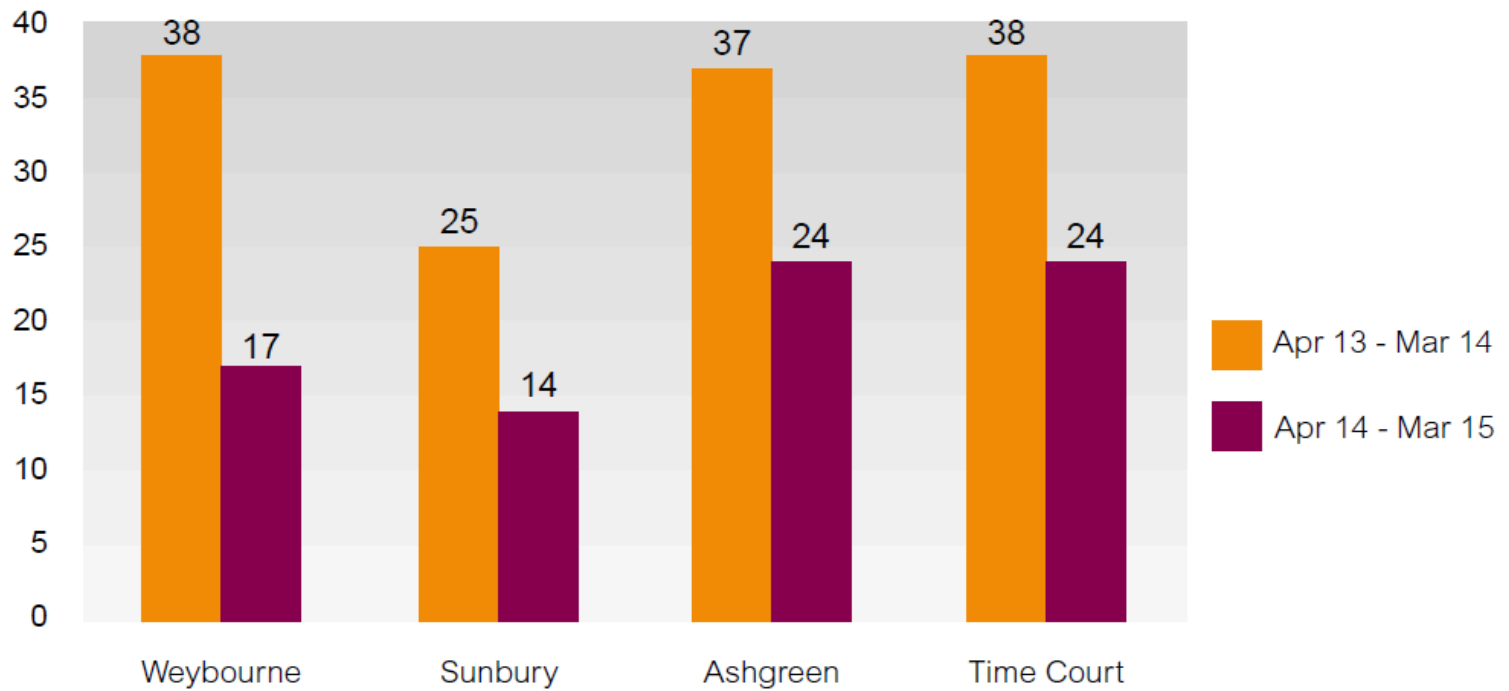
- We in Greenwich showed similar patterns:-
- There's significant variation in front line decision making
- We don't always pick the best discharge pathway
- We can do more with Prevention

# Specifically Greenwich - Falls

- Picked out as example of good practice is the Falls service. It's a mature service, in place over 10 years
- Over 350 contacts per week
- Effective prevention
- Screening
- 13/14 to 14/15 57% Falls reduction in Care Homes

# Falls

57 per cent reduction in one year



# What did we do?

- Shared the Learning with Practitioners
- Try to build on the foundations
- We are committed to working together on we now call our Customer Journey, trying to make the right decisions, consistently and maximising our effectiveness
- Integration of practice and pathway – worry less about structures

# Keep working at it

- Many of us will have major challenges about DToC, flow and capacity
- Some of that can be fixed by commissioning: more beds, more Community services etc.
- But, that takes money and as importantly people.. We don't find either easy to come by
- So getting efficiencies, improving how we work together is a must
- But, not simple: it needs....

# It needs...

- High level commitment
- To listen to the Front line
- And work with it
- It needs data
- It needs to learn as it goes – dialogue continues
- To hold it's nerve

# Thanks

## Questions?