



# Our Health Our Care

**Developing health and care  
that is fit for the future**



## Introduction

Our Health Our Care is a partnership of NHS organisations, local councils, charity, voluntary and faith groups, and local communities and patients; working together to improve the health and wellbeing of people in central Lancashire. Our Health Our Care is one of five integrated care partnerships within Healthier Lancashire and South Cumbria - the region's Integrated Care System.

This booklet shares the journey Our Health Our Care has taken to date, how input from clinicians, partners, public and patients have shaped health and care in the area, and outlines the next stage of the work – improving hospital care.



# Why our local health and social care services need to change

## 1. Health inequalities

There is great variation across the central Lancashire area, where the place you live can have a significant impact on life expectancy and health issues.

3.7%

- In the **South Ribble** area, **3.7%** of the population live in the 20% **most deprived** areas in England

37%

- In the Preston area, **37%** of the population live in the 20% **most deprived** areas in England

12%

- In the **Chorley** **12%** of the population live in the 20% **most deprived** areas in England

### Residents who live in our most deprived areas are:

51%

- **51%** more likely to **die from cancer** than those in the least deprived

x2

- **Twice** as likely to **die prematurely from stroke** as those in the least deprived areas

6

- **Six** times more likely to experience **severe anxiety and depression** compared to those in the least deprived areas

15%

- The age-standardised **suicide rate** is **15% higher** in Lancashire than the England average

### Life expectancy for women:

- South Ribble is **83.7 years**
- Chorley is **82.3 years**
- Preston **81.5 years**
- National average of **83.1 years**

### Life expectancy for men:

- South Ribble is **80.1 years**
- Chorley is **78.9 years**
- Preston is **78.8 years**
- National average is **79.5 years**

### Across Central Lancashire...

- Levels of **smoking and drinking** are **higher** than the national average
- The number of people living with **long term conditions** is **higher** than national average
- Lancashire's rate of Chronic Obstructive Pulmonary Disease (**COPD**) **mortality** is significantly **worse** than the England average
- Deaths from **cancer and cardiovascular disease** in people under 75 is significantly **higher** than the England average

## 2. Changing population demographics

The population landscape across central Lancashire is changing, and the needs of these people are becoming more complex, leading to a greater use of services across all aspects of the hospitals.



- During 2015/16 the hospital has seen **11,245 more** outpatients, than in 2014/15



- During 2015/16 the hospital has admitted **1,087 more** patients than in 2014/15



- During 2015/16 the hospital has provided **10,374 more** operations than in 2014/15

Alongside this, the population, as it does across the country, continues to age.



- The **number of people over the age of 65** in Chorley, Preston and South Ribble is forecast to **increase by 33,000** in the period 2014-2037



- The number of **patients admitted** to a geriatric medicine ward is **expected to rise** as the population ages

Older people have more complicated care needs that need complex coordination. As the population ages, this will put increasing pressure on health and social care services.



- The proportion of A&E attendances for **over 65** year olds has been **increasing**



- Between April 2015 and January 2018, over 65 year old attendances **increased** from **21% to 32%** at Royal Preston Hospital



- Between April 2015 and January 2018, over 65 year old attendances **increased** from **23% to 34%** at Chorley and South Ribble Hospital

### 3. Limited workforce

There is a national shortage of a range of specialist staff including nurses, emergency department doctors, anaesthetists, physiotherapists and occupational therapists, amongst others. When a hospital doesn't have enough of the right staff they often have to rely on agency workers to provide safe care on the wards, and make sure patients don't have long waits for outpatient appointments, planned operations and other treatments. Relying on the fluctuating availability of agency workers can affect the quality of care provided, and disrupt services. And using agency workers is very expensive and means they overspend the budget, which isn't sustainable.

If the right number of the right staff can't be recruited, the hospitals won't be able to provide safe services or care.



- Between April 2015 and December 2017 the **gap** in medical staffing within the Emergency Department was between **5 and 10 full time positions**



- There has been a **continued gap in Professionals Allied to Medicine**, for example physiotherapists and Occupational Therapists over the last 3 years



- There has been a sustained **gap** in medical staffing in the Emergency Department over the **past three years**.

**16**

- During this period the average **gap** was equivalent to **16 full time equivalents**

## 4. Bed occupancy

Both Lancashire Teaching Trust hospitals are already very busy. Without change, they will struggle to deal with the projected increasing demand as the population grows and ages, and as we are faced with more people living with long term conditions. This means patients may need to wait longer for their care.

# 90/40

- Critical care bed occupancy is **significantly different** for the two sites, with the Royal Preston often above 90% and Chorley and South Ribble frequently below 40%

# 93.4%

- Overnight bed occupancy rates for the trust are **consistently above** the national average at 93.4% (quarter 2 of 2017/18) and above the recommended rate of 85%

A hospital with such a higher than recommended bed occupancy rate isn't as safe as it should be. When hospitals are this full, some patients have to be cared for in wards that don't specialise in their condition. These patients are more likely to have a poor experience, delayed treatment, and end up staying in hospital for longer than they should.



- In central Lancashire, acute and emergency care beds occupied by patients with long-term conditions is **worse than average**, when compared to both county and national occupancy rates



- When wards are busy there are delays admitting patients from emergency department, which means people can have a long wait to be seen. **Since April 2015** at Royal Preston Hospital when **nearly 95%** of emergency department patients were admitted or discharged **within the recommended 4 hours**, gradually, more people have started to wait longer for treatment. **By January 2018 only 60%** of people were admitted or discharged within the recommended 4 hours



- Following April 2015 Lancashire Teaching Hospitals reported **777 bed days lost** due to Delayed Transfer of Care compared with 2,369 in November 2017 – an increase that is significantly higher than the rate of increase for England

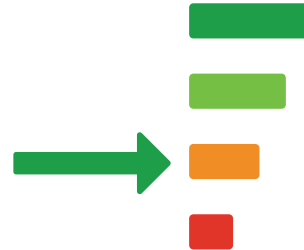
## 5. Variation in meeting standards

Increasing demand and busy wards also affect the ability to provide planned operations and treatment on time, and this means more people are waiting longer for procedures. These delays are also seen in A&E departments.

Waiting times in A&E for both assessment and treatment are getting longer.



- A&E performance at Royal Preston Hospital has been **deteriorating significantly** since April 2015. In Quarter 1 of 2015/16 A&E 4-hour performance was close to 95%, however this has now **dropped to 60%** in January 2018



- Lancashire Teaching Hospitals had the **second lowest score in England** for patient satisfaction with Access and Waiting Domain on the 2016/17 A&E survey



- **85% of cancer patients** should start treatment **within 62 days** of referral, and the hospital has increasingly struggled to manage this because operations have had to be postponed, usually because no critical care bed is available at the Cancer Centre at Preston. **Providing critical care at two hospitals creates a challenge for the workforce**, which is stretched, but is often under used at Chorley where there are fewer critical care patients



- 92% of surgical patients should receive treatment within 18 weeks, however, in **December 2017 just 84%** had their **procedures on time** because operations had to be postponed due to the wards already being full. A hospital would not have been able to provide safe care after the operation



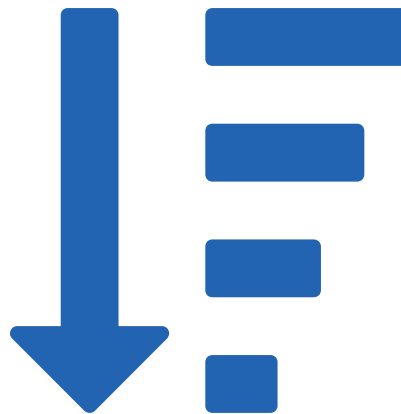
- **16% of patients** have been waiting for **18 weeks or more** and are yet to receive their first definitive treatment



## 6. Decrease in planned surgery

Planned surgery is being cancelled more and more often. This means patients have the inconvenience and worry of having to reschedule surgery for a later date. In some cases, patients may get sicker during the delay.

Planned elective surgery cancellations for non-clinical reasons are increasing at a higher rate than across England, nearly always higher each quarter than the England numbers.



- There has been a **decline** in the number of **planned elective surgical admissions** at both sites. This is from a high of 1,875 admissions at Royal Preston Hospital in July 2015 to 1,506 in January 2018. Over the same period elective admissions reduced from 1,130 to 984 at Chorley and South Ribble Hospital.

# The journey so far

In autumn 2016, we began to have conversations with local people about what was important to them, and how they would like to receive services in the future. We've also heard from local charities, patient advisory groups, MPs, local councillors, staff and trade unions, to get an in-depth view from those who would be most affected by potential changes to services.

## Patient experience

### You have told us that health and social care services:

- Are too complicated
- Offer limited choice
- Are confusing and frustrating to use

### What can we do?

- Make it much easier for you to get the care you need
- Provide a much better experience of care
- Give you more choice about how, when and where to access services

## The way we deliver care

### You have told us that:

- Services are not joined up
- There is variation in the care you receive
- You want information on how to stay healthy and well

### Clinicians have told us that:

- Care outcomes could be improved
- More care could be delivered in local communities
- Care for mental and physical health could be more coordinated

### What can we do?

- Improve the way services work together
- Learn from other areas
- Modernise services using medical and technological advances
- Provide more information and support for people to stay healthy for longer

## Our finances

We don't have enough money to run services as they are currently designed

Costs are increasing and budgets are not keeping pace

### What can we do?

Work together to manage our limited resources better

Look at removing duplication by sharing more information and working differently

## Our staff

### We have difficulties in recruiting and retaining a skilled workforce leading to challenges with:

- A high vacancy rate for health and care roles
- A costly reliance on temporary workers

### What can we do?

- Work to make central Lancashire an attractive place to study or work in health and care
- Look at the skills we have, and how we can use them differently
- Support staff to learn new skills and to professionally develop

## Our buildings

Some of our buildings used for health and care services are no longer fit for purpose.

They were built for different times and needs, and are costly to maintain

### What can we do?

- Invest in and modernise buildings
- Look at where care is currently delivered and how it could be done differently
- A wide range of evidence together with your feedback has been reviewed by clinicians, with support from other experts including patient representatives, to develop ideas about how to address these challenges.

The improvement work being looked at comprises of three programmes:

- **Prevention, early help and self-care:** focusing on helping people to live well and stay as well as they can be for as long as possible
- **Out of hospital care:** how services that are provided outside of a traditional hospital setting can be improved
- **In hospital care:** making sure that the care that can only be provided in a hospital setting can be improved

We are making good progress to improve prevention, early help and self-care, as well as services that are provided at home and in the community. But we now need to focus on improving hospital services.

## So, what are we going to do?

The evidence clearly demonstrates that we cannot continue to run services as they are. Hospital services can't cope with demand, staff are stretched to capacity, and the financial position isn't sustainable.

We will be working with people in the community to develop ideas and possible solutions into more detailed proposals. We will continue to hear from as wide a range of people as possible, particularly those who have had first hand experience of services in central Lancashire.

## How you can be involved

To be among the first to hear latest news, updates and information about the programme and opportunities to become involved make sure you are registered with us. You can keep up to date with the progress of this work by checking our website [www.ourhealthourcarecl.nhs.uk](http://www.ourhealthourcarecl.nhs.uk), calling us on **01772 214323** or writing to us at Our Health Our Care, Chorley House, Leyland, Lancashire PR26 6TT.

## Are you a community group or existing health advocacy group?

Would you like to share your experience of your care and treatment? We are creating a number of service user impact groups and would like to hear from as many voices as possible.



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