

Introduction

Dr Bernard Brett



Chair of the East of England Clinical Senate

**BSG Eastern Region CSSC Representative
& RCP Specialty Advisor**

Consultant Gastroenterologist



What will I cover?

- The Gastroenterologist role in STPs
- The Clinical Senates role
- The BSG role

STP challenges

- Increasing demand
 - Increase in population
 - Increase in age
 - Increase in obesity
 - Increased expectations
- Workforce limitations
 - Doctors in primary and secondary care
 - Nurses
 - AHPs
 - Social care workers
- Financial constraints
- Innovation and technological advances
 - Genomics
 - AI

Inverse cost and volume relationship

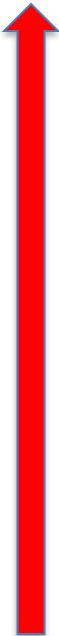
Number of patient days

Cost

Advanced secondary care and tertiary care – ICU major surgery etc

Secondary Care Outpatients and routine investigations & treatments

Self – Care, Pharmacy advice, Primary Care



What do we need to work on?

- Population management and prevention
- Improved pathways
- Less variation
- GIRFT
- Reconfiguration

- Patient focus – co-production

- Gastroenterology and Hepatology are linked to all elements

STP solutions

- Managing demand
 - Population management approach – ETOH, obesity
 - Self management – IT - AI – Apps
 - Increased system working
- Workforce
 - Better recruitment and retention
 - New ways of working
 - Nurse lead endoscopy, nurse delivered services and pathways
- GIRFT
- Quality improvement
- Innovation
 - Apps, AI,

Integrated Care Organisations and Systems

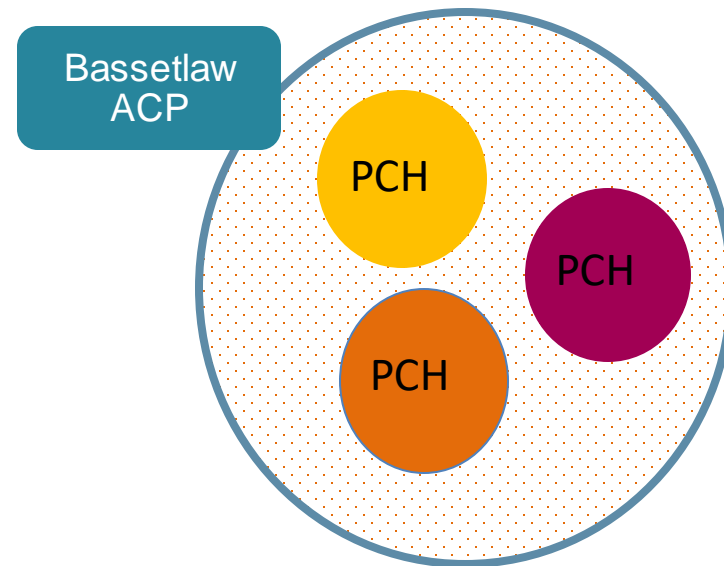
- Health systems either acting as one organisation or several very closely linked organisations
 - Shared budgets
 - Shared pathways, policies and procedures
 - Shared teams or staff
 - Shared IT
 - Fewer hand-offs
 - Reductions in financial barriers to change

Yorkshire and Bassetlaw Example

- Prof Des Breen's slides

Neighbourhoods

- GP practice or GP Federation led
- For example, in Bassetlaw ...
 - 114,000 population
 - Covered by three practices, all have integrated teams for out of hospital care ie Primary Care Home
 - Larwood Practice



Place

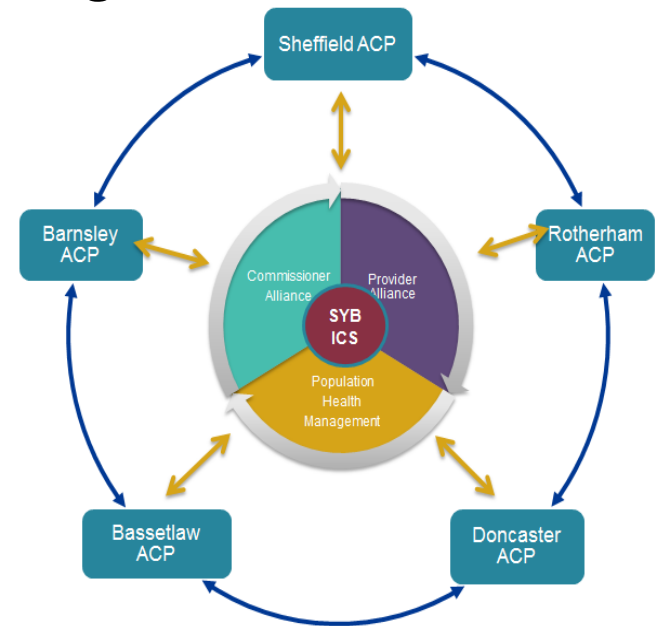
- Accountable Care Partnerships (ACPs)
 - Population 240,000 – 500,000
- Five in South Yorkshire and Bassetlaw
- Eg, Barnsley
 - 241,200 population
 - ACP includes NHS commissioners, NHS providers, local authority, voluntary sector

Barnsley
ACP

- NHS Barnsley CCG
- Barnsley Hospital NHS Foundation Trust
- Barnsley Healthcare Federation
- Barnsley Council
- South West Yorkshire NHS Foundation Trust

System

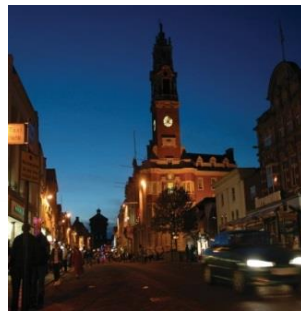
- 25 partners
- 1.5m population
- 15 priorities
- Coming together where it makes sense eg...
 - Hospital Services Review
 - Workforce
 - Collective decision-making
 - Clinical networks





Clinical Senate:

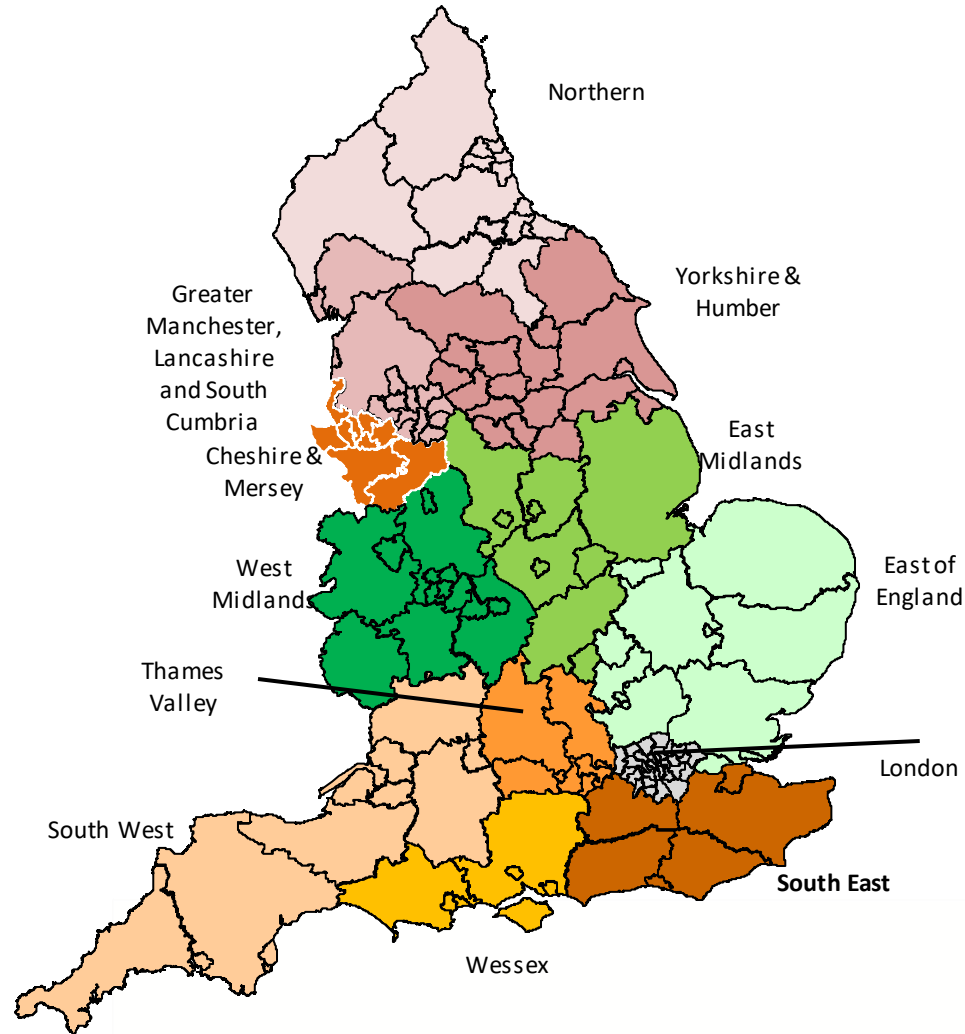
- Who we are
- What we do
- Who does it
- Why get involved



Why get involved

- Individual development
 - The NHS
 - Transformation processes
 - Transformation and development elsewhere
- Increased ability to contribute to local STP
- Giving something back for the NHS
- Ensure Gastroenterology services are developed in a positive patient outcome focused way

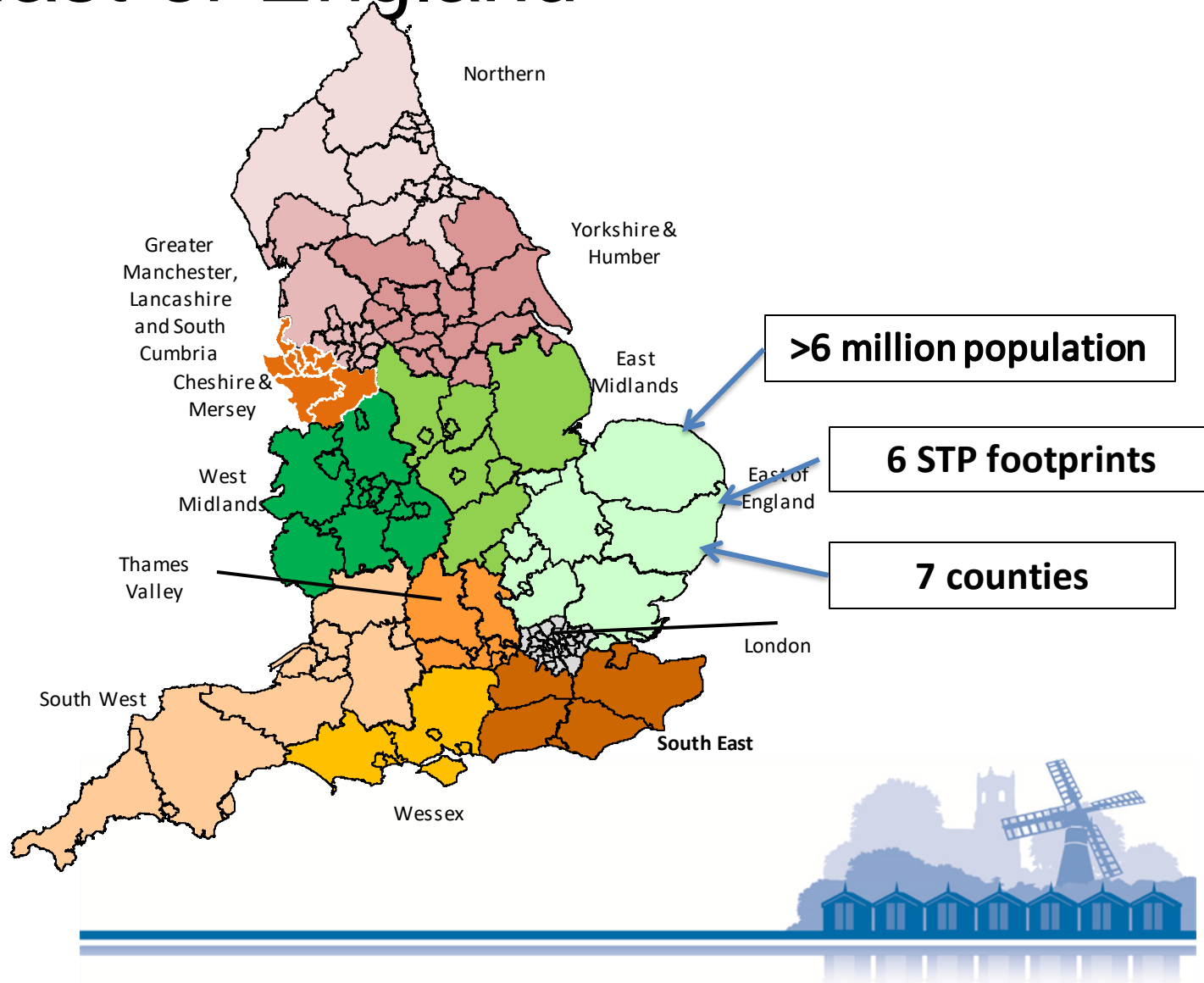
Clinical Senate Geography



Clinical Senate Geography East of England



East of England
Clinical Senate



East of England Clinical Senate

Who we are



Dr Bernard Brett
Clinical Senate Chair

Clinical Senate Council
30 members

Clinical Senate Assembly
Circa 350 members

2 PT staff



East of England Clinical Senate

What we do...

... bring together health and social care leaders, professionals and patient representatives to provide independent clinical advice. We provide a clinical perspective that is independent to the services and structures under review, using the knowledge and expertise of clinicians, professional and patient representatives, from across health and social care, who are able to understand the potential impact of proposals across our East of England geography.



Range and Scope of Work

Independent Clinical Review Panels

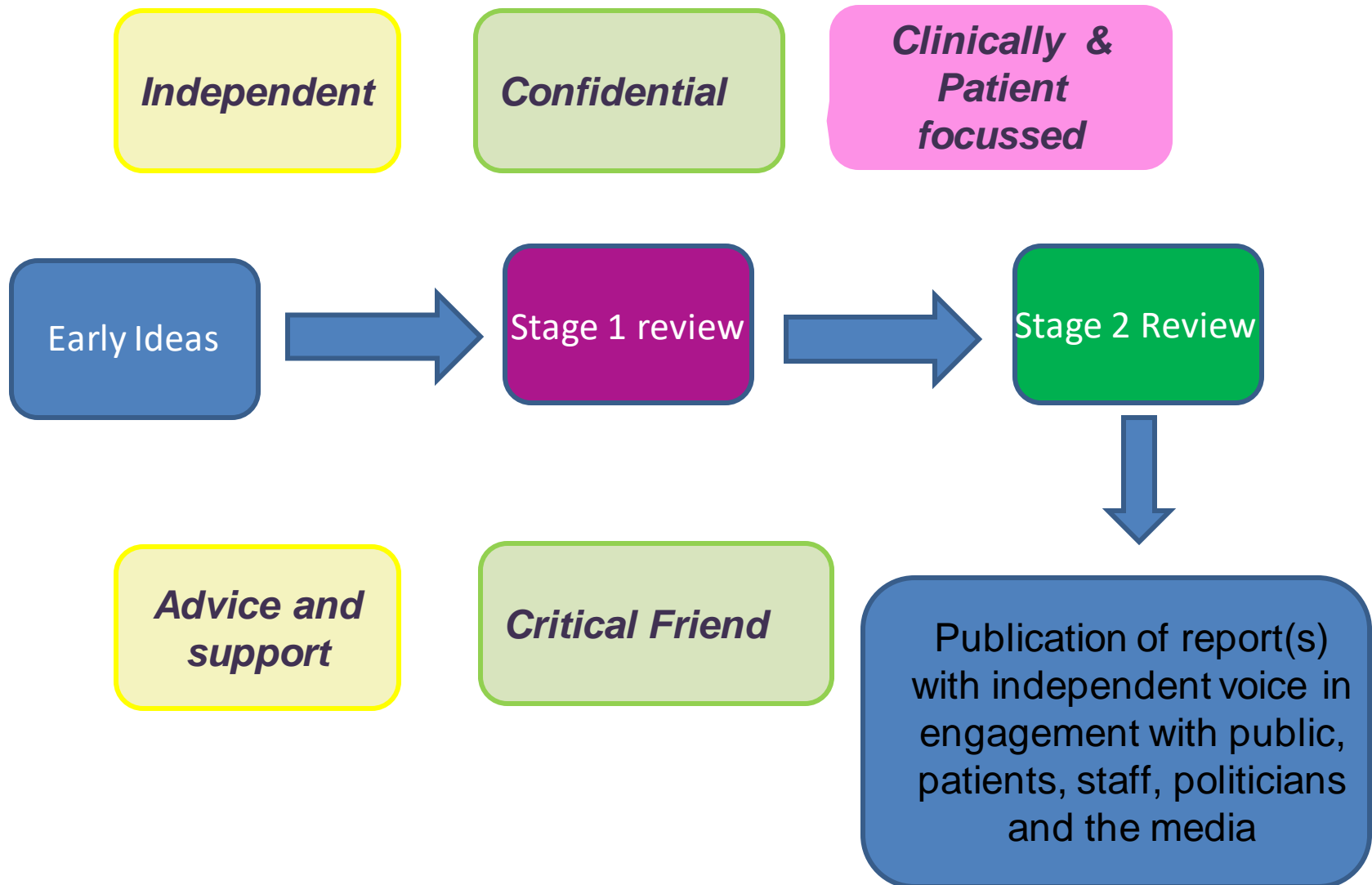
- Early ideas through to stage II assurance
- Single small volume service covering wide geographical area (e.g. Paediatric Rheumatology)
- Single service change but with significant patient, public and political interest (e.g. PET CT relocation)
- Whole system transformation (STP plans etc)

Proactive projects

- 7-day services, Interventional Radiology etc



Process & benefits – example



Clinical Senate's Perspective

- Evidence based
- Big picture
- Patient focused
- Outcome focused
- Not aligned to individual organisations
- Aware of finances – but not our focus
- Importance of strategic alliances



BSG Leadership

- Regional Networks – opportunity to inform of high priority areas eg
 - AUGIH – John Morris
 - Focus on basic elements
 - Less focus on 24/7 endoscopy
 - Already being piloted in Scotland

Summary

- Clinicians need to input to STP work
- Patient & clinical outcomes focused solutions
- Staff focused
 - Solutions that help attract and retain staff
- Input needed at all levels from high quality efficient care pathways, to population management & including service reconfiguration
- Enjoy today's meeting! – over to David!