

NEXT STEPS

News from SWL Collaborative Commissioning

21st May 2015

New leadership team for the Collaborative

A new leadership team is taking forward the day-to-day work of South West London Collaborative Commissioning from May.

Dr Chris Elliott, Sutton GP and Chief Clinical Officer for Sutton CCG, is the new Senior Responsible Officer for the programme. He joins Kay McCulloch, who was appointed as Interim programme Director in April.

Dr Elliott said:

“There are big challenges to address and we are working with the whole of the local NHS – hospitals, community services, mental health trusts and patient and

public representatives – to address them. We also need to work ever more closely with our local councils, who face a lot of the same challenges we do.

“It is widely recognised that the NHS needs to change the way it works, so that we can deliver better, more joined up community-based services and ensure our hospitals deliver the best, safest standards of care when people need them. We need a big conversation across south west London about the best ways of achieving this.”

Kay McCulloch added:

“I am delighted to be taking on this role. As a resident of south west London, the success of this programme is personally important to me. I look forward to developing the excellent work already carried out across south west London to develop the case for change and programme strategy, and working with this energetic and ambitious team as we move further along the journey into implementation.” Chris and Kay will continue to be supported by the six local CCGs and NHS England and by a small in-house team. Details of the current team have been updated on the programme website and can be found [here](#)



Dr Chris Elliott



Kay McCulloch

Why we need to transform the NHS

Like most GPs, I am very proud of the NHS. It is one of our greatest achievements as a country. Since its inception in 1948, it has transformed the health of the population and is now treating many more people and saving more lives than ever before.

As all the main parties recognised in the recent General Election, there are big challenges ahead for the NHS. It will certainly need to change so that it better meets the needs of our patients. The vast majority of clinicians and NHS managers are passionate about maintaining the NHS as a publicly-owned service that is free at the point of delivery. It is important that we recognise and address the challenges we face, while protecting the principles and values that the public know and love.

What we must not do is stand still. We know that there are very significant clinical, financial and staffing challenges and that failure to address these will leave us unable to provide the care our patients need. We need to be ambitious about the extent to which we can transform the NHS into a service that works much better for patients.

What does that vision look like?

I think it has four main elements:

• **More and better community-based services.**

Wouldn't it be easier and better if, instead of having to go to hospital, most people's needs could be met in their local health centre, at home or through a specific service based in their community? This has been the direction of travel in the NHS for several years and it is why patients are starting to see many more community-based services in south west London. The pace of this change is likely to increase as our strategy develops.

It is an approach that better suits a population in which people live longer, with about a third of older people living with long term conditions such as diabetes, asthma or heart disease. With better support in the community from their GP, district nurse or local specialist team, these patients could get help or advice quicker and more effectively, reducing the need for repeated visits to hospital. This will in turn make hospital care more accessible and quicker for those who need it, meaning our hospitals can be first rate specialist centres.

• **Better prevention**

We need to focus much more on preventing people becoming ill in the first place. Better support at local level and earlier intervention in both mental and physical health problems can stop people becoming sicker and needing to go to hospital.

• **More joined up care**

It goes without saying that an important part of this jigsaw is all NHS services working more closely together – and working in a more joined up way with the social care services provided by local councils. People should not have to continually provide the same information to different health and social care professionals. GP surgeries should work together in networks to address the needs of their populations. We need to rethink care so that the needs of patients, not services, are at the centre. This will be a big area of focus in south west London as our strategy develops.

• **Consistent, high quality care**

We have some excellent health services in south west London and our ambition should be for every service to be at the level of the best. This is not always the case. Too often, the outcome of care depends on when and where a patient accesses the NHS. That is not acceptable and we are determined to address it so that all our patients have a level playing field.

If you take these four elements together – and if we put our energies into addressing each of them fully – then the potential is there to transform the NHS in south west London (and elsewhere). This is a vision that aligns completely with the NHS Five Year Forward View, providing a seven-day service that keeps people well where we can and has specialist care available around the clock for those who need it.

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Everyone can play a part in delivering this vision. Clinicians, managers, social care staff and patients all have a role to play. By working together and talking to each other, we can bring about far-reaching changes and an NHS that works better for us all.

Dr Chris Elliott is a Sutton GP and Senior Responsible Officer for SWLCC

In Step With.... Kay McCulloch

What does your job involve?

I'm responsible for making sure we are doing the right things, at the right time, with the right people to deliver our five year strategy. This involves a mixture of the strategic, tactical and operational –for example, working with the team to plan the work of our clinical design groups; discussing with providers how we work with them; working with our modelling teams to make sure we have the evidence we need to move the programme forward; considering contracting and funding mechanisms; engaging with our stakeholders and helping to shape the messages we put out to the public; designing how the programme is governed and decisions made; managing the budget of the programme and finding funding for it; recruiting and managing staff....lots of different things every day

What attracted you to this kind of role?

This is a challenging programme, and I like a challenge! Plus there is plenty of variety in the day to day role. But most importantly, it is meaningful to me. I work in the health sector because I want to make a difference to people's lives – and for this programme, as I live in South West London, those people include me and those close to me, so I have a personal interest in making this programme a success.

If you had a magic wand, what one thing would you change about the NHS?

I'd ask for a few more wishes I think! But to choose just one, close to my heart is a family member with multiple long term conditions. It has been hard for her being passed from pillar to post and having very disjointed and fragmented care over the years – time consuming, frustrating, confusing and demoralising for someone who is very vulnerable. There are so many people in the same boat – I'd like to see that change by coordinating and integrating care better for people like her.

What are your hopes for the programme?

That it will make a difference that we can see in south west London – so that we are able to deliver high quality services to our population in a way that is sustainable for the future.

Describe yourself in three words

Enthusiastic, upbeat, organised

Key Steps

SWL Forum – Thursday 14th May

The SWL Forum is a regular meeting of clinical commissioning group (CCG) chairs and chief officers, Trust chief executives, NHS England, the Trust Development Authority, patient and public engagement representatives and local government officers.

This meeting received a general update on the programme, including discussions between provider trusts as to the best ways of implementing the five-year strategy we published last year. The meeting also discussed the next steps, including publication of an Issues Paper

Clinical Advisory Group – Wednesday 20th May

The Clinical Advisory Group is made up of doctors, nurses and other health professionals from the local NHS, including CCG chairs, trust medical directors and chairs of our clinical design groups.

This meeting received and discussed updates from each clinical workstream and on the communications and engagement plans for the next few months.

Forward Steps

During June, we will publish an Issues Paper, setting out the challenges we face in the local NHS and inviting your views. This is not a public consultation, but is intended to promote discussion of our work so far. After the Issues Paper is published, we will be holding two deliberative events to discuss the issues it raises.

More information on our Case for Change can be found [here](#)

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'Working together to improve the quality of care in South West London'