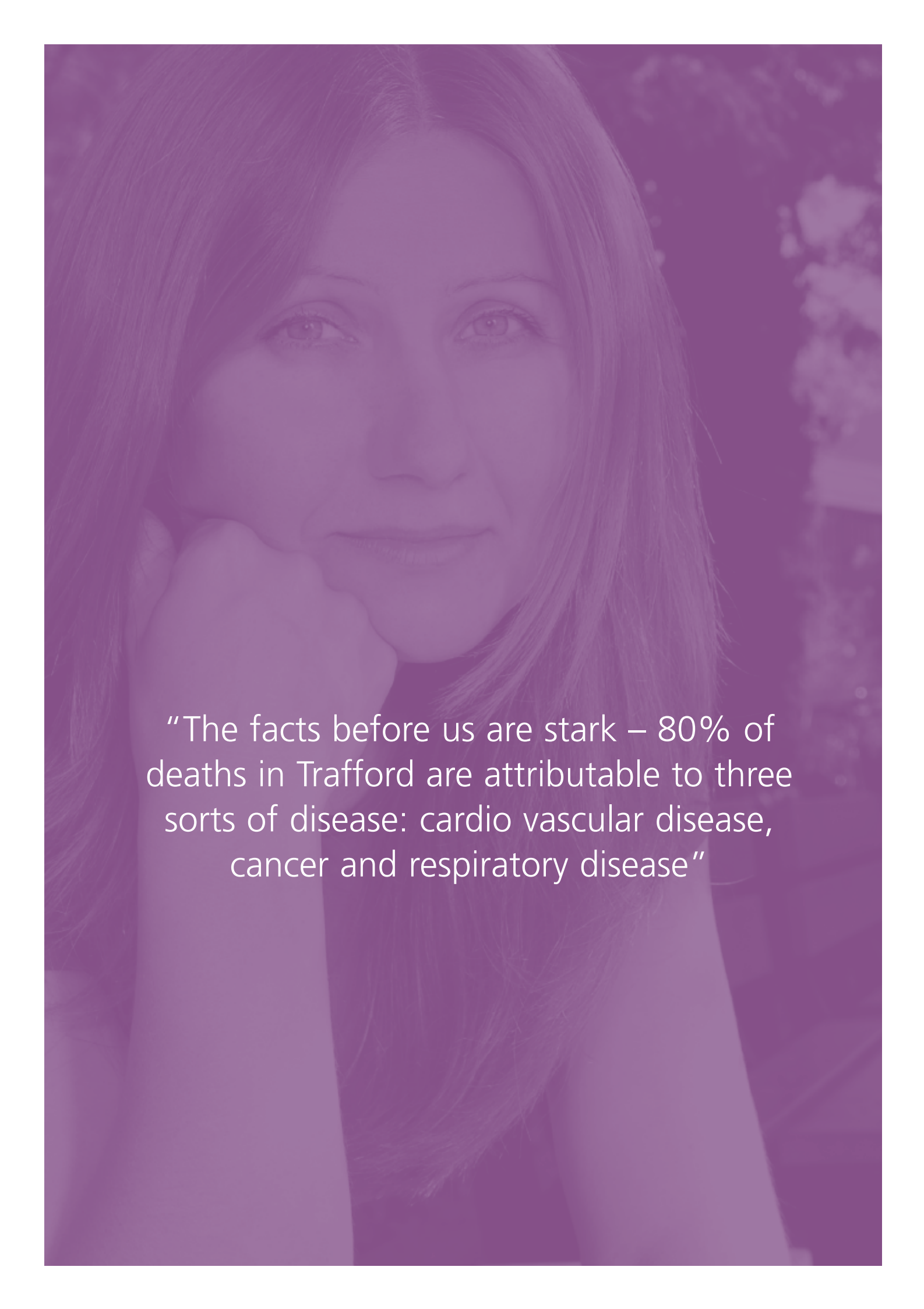


Longer lives - healthier lives

Join the conversation and build a healthier future for Trafford

A summary of Trafford PCT's Commissioning Strategic Plan 2008-2013
'The healthier horizon for Trafford'



“The facts before us are stark – 80% of deaths in Trafford are attributable to three sorts of disease: cardio vascular disease, cancer and respiratory disease”


Do you really need to know about our commissioning plans?

At Trafford PCT, we think you do – because the health services we commission (arrange and pay for) on your behalf could and should be helping people in Trafford live longer and healthier lives.

So while every single detail of our commissioning plans for the next five years might not interest everyone, we know the big goals we're trying to achieve through our commissioning will:

- help at least 122 more people across Trafford avoid early death every year

We'll do this by turning traditional healthcare systems on their heads so we can reach those individuals who are at greatest risk from our biggest killer diseases and give them the best and earliest possible care.



The health services we commission on your behalf could and should be helping people in Trafford live longer and healthier lives.

Ultimately, our plans over the next five years are about...
Adding years to life and life to years.

The biggest killers in Trafford

The facts facing us in Trafford are stark – 80% of deaths in our Borough are as a result of just three types of disease:

- cardio-vascular disease (for instance stroke or heart failure) – this is the biggest cause of death in Trafford and our early mortality (death) rates are 8% above the national average
- cancer - a lot of money and resources go into cancer care in our Borough, but people are still dying too early from these conditions
- respiratory disease (breathing problems and lung conditions) – the third biggest killer in Trafford.

Does this make us unusual in Trafford?

No. Overall, the health of people in Trafford is generally similar to the rest of England, with life expectancy for men and women across our Borough even showing a steady rise.

But this generally positive story shouldn't blind us from three important facts...

- people in Trafford are still dying earlier than necessary because of the 'big three' diseases
- people from the most deprived parts of our Borough are, on average, living significantly shorter lives than people from the most well-off areas in Trafford – nine years less for men and six years less for women
- and people with mental health problems and learning disabilities suffer poorer physical health than the rest of our population generally.

What will we do about this?

We want to do something radically different that will allow us to spot and help not just the communities, but the individuals, most at risk of developing or dying from these diseases.

That means completely rethinking how we have traditionally cared for patients.

We have some excellent schemes in the NHS and in Trafford to help people learn about and avoid the things that put us at greatest risk of diseases like cancer and heart failure – particularly smoking, excess alcohol and being overweight. The problem is that the messages and support that help people live healthier lifestyles often don't reach or influence the people that need them most.

The other big problem is that often, it's only when people actually become ill, that they get support and care.

What we're saying is let's do more to tackle the root causes of early death such as smoking, obesity and bad diets. Let's get to people and support them before they become ill or, if they are already ill, before they get worse. We will use £15 million of new funding over the next five years to achieve this. That's money over and above the £320 million we spend every year on your health services.

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At the heart of our plan...

Adding years to people's lives and making the quality of those years better are very ambitious goals.

We know that a lot needs to happen before we can make these big health gains for people in Trafford.

- For example, right now we don't have any reliable way of knowing how many people in our population have cardio-vascular disease
- We can't tell what stage of care a particular cancer patient is at, or what treatments they are getting.

We all agree that the cornerstone of the new system would be GPs with their unique role and close relationship with patients

These are still very early days in our thinking. But we have already begun to work in earnest with doctors, consultants and other health and social care professionals, in envisaging the sort of integrated (joined-up) care that we need to create in Trafford.

We all agree that the cornerstone of the new system would be GPs with their unique role and close relationship with patients.

GPs already keep their own patient registers for particular diseases. What we're suggesting is making these even better and bringing them all together as one complete, but still confidential, record that can be used to spot and help the people who are at greatest risk from the 'big three' diseases.

GPs already keep their own patient registers for particular diseases. What we're suggesting is making these even better and bringing them all together



Adding years to people's lives and
making the quality of those years better

What might the new 'integrated' system look like?

We're calling this 'public health outreach' – we think it could transform the health and lives of people in our Borough

A single patient register that captures a complete and confidential record of each person's health status, treatment and care



Link this to a **health response team** that would:

- contact patients who may be at risk
- offer 'at-risk' individuals or groups early health advice e.g. on quitting smoking and spotting early cancer symptoms
- give tailored health awareness advice that isn't 'one size fits all' but rather recognises that different groups need different approaches



A powerful new way of reaching the right people, at the right time, with the right advice and care

This will:

Add years to life – less people dying early because they didn't get advice or treatment soon enough

Add life to years – more people helped to stay well and avoid worsening symptoms such as pain, poor breathing and difficulty getting about

This could give us a hugely valuable and previously unseen view of the health of our population in Trafford

Narrowing the health 'gap'

We think this approach will also offer big opportunities for getting special support to people living in the most deprived parts of our Borough and who, as a result, are more likely to have shorter lives than the people living in the well-off areas of Trafford.

As a first step, we are already beginning to work with GP practices in the four wards with the highest mortality (death) rates: Clifford, Bucklow-St. Martins, Urmston and Gorse Hill.

Over the next five years we believe that this sort of proactive, outreach service – based on a new shared patient register – will play a major role in helping us reduce the mortality rate in these wards by 5% each year (21 lives annually).

That's a big step towards narrowing the stark and unfair health gap between the richest and poorest parts of our Borough.

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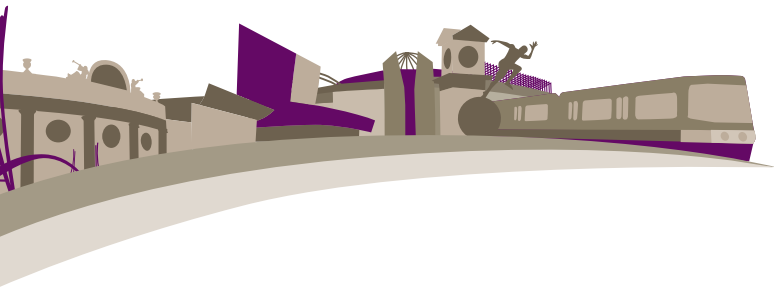
New kinds of care teams

And another new, radical approach we are working on is creating teams where GPs, consultants, nurses, other health professionals and social care staff work together to meet a patient's full range of care needs – e.g. not just hospital treatment for a stroke, but ongoing treatment and support in the community and at home that help patients regain confidence, mobility and independence.

We already have very strong support from doctors and other clinicians in Trafford to introduce this sort of joined-up health and social care system, and now we're planning a big consultation with staff and the public so they can voice their views and help us shape the new service.

A photograph of a woman with dark hair, wearing a white ribbed turtleneck sweater, smiling slightly. A healthcare professional's hands are visible, adjusting a black, hand-held device on her right arm. The device has a strap and a cable. The background is a plain, light-colored wall. The entire image is overlaid with a semi-transparent purple filter.

Helping patients regain confidence,
mobility and independence



Our plans in more detail

We had a long list of things we wanted to do to help us achieve longer and healthier lives for people in Trafford, but it isn't realistic or affordable to try to do everything.

Instead, we have tried to focus first on the actions and ideas that are the most achievable, effective and affordable. Concentrating on our three big areas of cardio-vascular disease, cancer, respiratory disease (chronic obstructive pulmonary disease – or COPD) as well as mental health, we have agreed on 14 top priorities.

But this doesn't mean that everything else stops. Far from it in fact. This is about new work to focus on things that really need urgent attention.

We talk about these in detail in our full Commissioning Strategic Plan at www.trafford.nhs.uk but here's a taste of what we'll do in each area:

Cardiovascular disease (CVD)

Why we're acting:



Cardio-vascular diseases (for instance heart failure and stroke) are the largest cause of death in Trafford. Also, early mortality rates for CVD in Trafford are 8% higher than the national average.



What we'll do:

- Increase the number of people who are getting treatment for either the disease itself, or the risk of getting it
- Make that treatment better
- Make sure that people get more help and support in the community following a cardio-vascular event – such as a stroke.



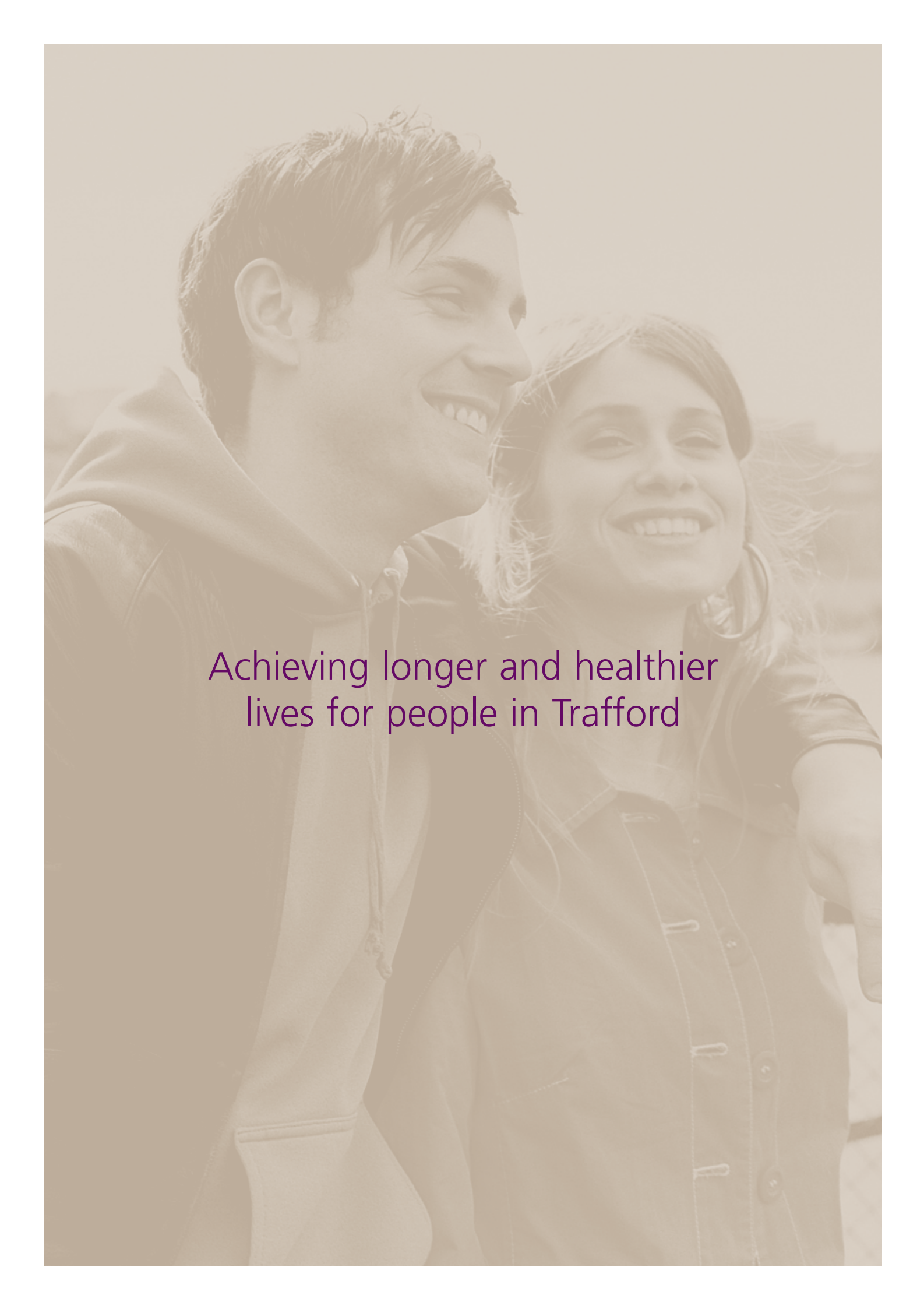
How we'll do it:

If you're between 40 and 74 years of age – we'll use special computer software in GP practices to find out whether you are at risk from CVD.

If you are, we'll ask you to be screened – this may be in your GP practice, through community nurses or even in a pharmacy. You'll then be offered medicines if you need them as well as advice and support.

If you are at risk of CVD or have the condition, you'll benefit from expanded and improved support in the community – including cardiac rehabilitation if you've suffered heart failure and psychological support if you've had a stroke.

If you do suffer a stroke, community staff will be better trained to diagnose it quickly, and all Trafford stroke patients will be transferred swiftly to a single specialist stroke service for the crucial first 24-48 hours of their care.

A young man and woman are shown from the chest up, smiling and looking towards the right. They are outdoors, with a blurred background suggesting a beach or park setting. The man is wearing a dark hoodie, and the woman is wearing a dark jacket. The image has a warm, sepia-toned overlay. A semi-transparent purple rectangular box is centered over the lower half of the image, containing white text.

Achieving longer and healthier
lives for people in Trafford

Cancer

Why we're acting:



Cancer is the second largest killer in Trafford. Our mortality rate for cancer is 4% above the national average. Our incidence of cancer (the number of cases) is 14% higher for males and 14.8% higher for females, compared to the average for England and Wales.



What we'll do:

- Make sure we spot and diagnose cancer earlier – through better screening and making people more aware of what signs to look out for themselves
- Prevent more people getting cancer by helping them avoid the risk factors, such as smoking and obesity
- Make cancer care smoother and more joined-up for patients.



How we'll do it:

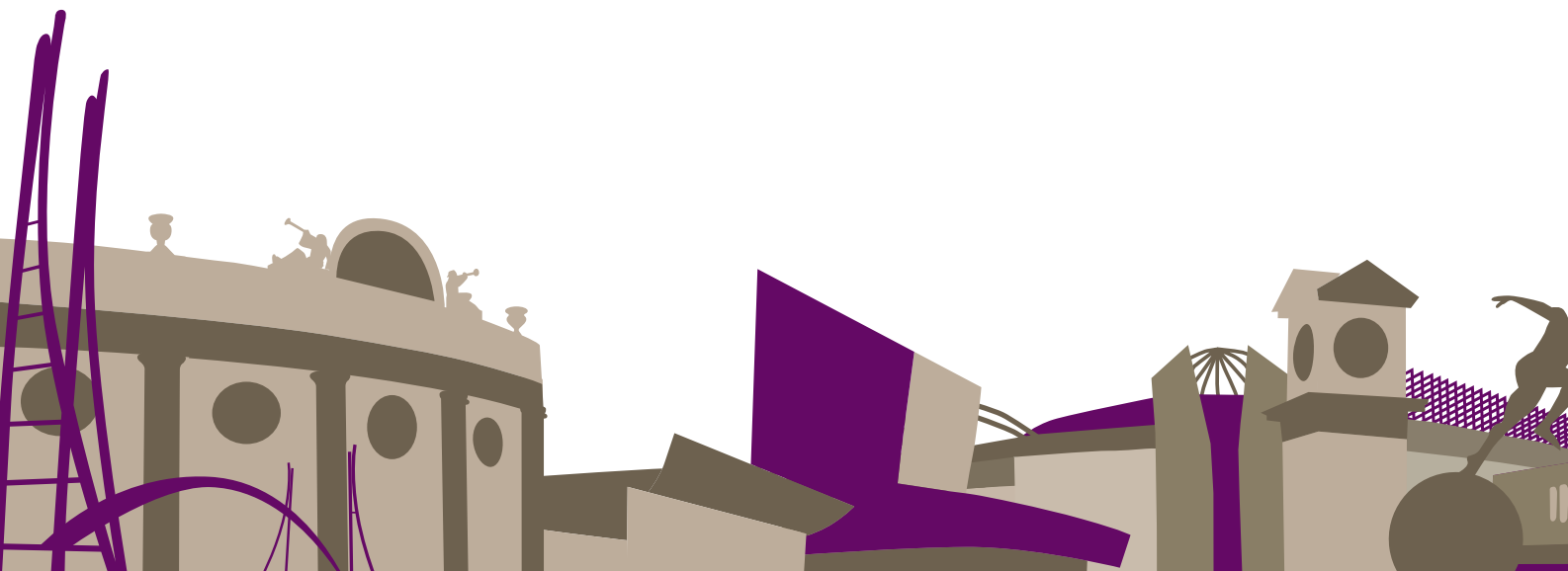
If you are running one of the main risk factors of cancer –for instance, poor diet or smoking - we'll give you more support to quit, improve your lifestyle and reduce your risks.

We'll do this through expanding our existing services – such as smoking cessation – and through better prevention campaigns that are more tailored and relevant to you.

We'll make sure you know what symptoms to look out for so you can seek help early if you think something is wrong.

One-stop screening services and proactive screening – where we approach you – will also mean you get earlier treatment, and therefore a better chance of recovery.

If you do need cancer treatment, you will be paired up with a case manager to make sure you move smoothly and swiftly between one phase of your care and another. That stops you getting lost or held up in the system.



Respiratory disease

Why we're acting:



Respiratory disease is the third major cause of death in Trafford. Even when it doesn't kill, poor lung function can seriously impair your quality of life and often gets worse over time.



What we'll do:

- Reduce the numbers of people who get respiratory disease in the first place
- Improve the quality and efficiency of treatment and care
- And make sure more people who do have respiratory disease are actually getting that care and treatment.



How we'll do it:

If you are a smoker, you are at much greater risk of getting respiratory disease – so we want to help you quit. We'll do this by rethinking and expanding our stop-smoking services, so you get more support and don't have to wait as long for it.

If you are from a Black or minority ethnic background – we will focus more closely on your needs in this area – through better awareness and support campaigns.

If you have a respiratory condition – we want to find out about it as early as possible. We'll be more proactive and bring things like spirometry (testing lung function) into community based settings like local health centres and even people's homes.

There will be better support in the community – sometimes using new technologies that link you to multi-skilled teams of nurses, doctors, therapists and other professionals who offer 24-hour advice and treatment.

Mental health

Why we're acting:



We know through national statistics that people with mental health and learning disabilities suffer significantly poorer physical health than the general population. We all agree - public and professionals alike - that this has to be a priority for us.



What we'll do:

- Address the things that make people with mental and learning disabilities more prone to physical ill health
- Make services easier and faster for people to access
- Make our specialist mental health services better – for instance an improved service for older people
- Offer more support for carers.



How we'll do it:

We'll be ensuring more people with mental health or learning disabilities attend healthy living courses.

If you need mental health services – we'll make these quicker to access.

Particularly, we'll reduce the waiting time for psychological therapies (such as counselling) from 30 weeks to 18 weeks, by employing more staff and making existing services more efficient.

The number of older people with dementia is set to double over the next 20 years. So if you are an older person with mental health needs – or care for someone like this - there will be better services and more tailored care.

If you are a carer – we think you should have flexible working, as well as more leisure and education opportunities. So we'll be increasing the amount of intermediate care and respite care opportunities, as well as making sure more carers are offered their own health checks.





Making all this happen

We genuinely feel that this plan has given us a great opportunity to go back to first principles and completely rethink how we do things. As part of this, we've realised that we can't do any of this without changing our relationship with the people we serve.

We've recognised that in the past we've sometimes fallen short in translating what you are telling us about services and care in Trafford, into real actions. We want to have meaningful conversations with you about service change in our Borough. We want to:

- ask you the questions that really matter
- ask them when they matter – that is, before we have made decisions
- be open to your answers and ready to change what we're doing as a result of what you say.

What we're describing is not just a genuine and ongoing conversation between the PCT and the people of Trafford, but a commitment to link this in to our commissioning decisions – decisions which, after all, we make on your behalf. We are serious about this and are changing our traditional yearly planning process (the backbone of all our work) to make sure it happens.



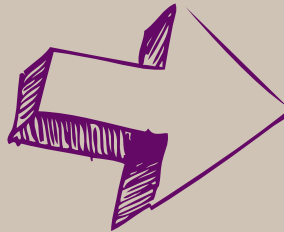
Asking you the questions that really matter

Your role in our new planning cycle

We've also learnt from the past how crucial it is to involve clinicians as early and fully as possible in decisions about services. That's why this cycle will also draw on their expertise and it's why we have created new senior roles for clinicians in the PCT itself.

Oct – Dec

We'll contract (buy) services based on what you have told us is important to you



Jan-March

We'll set out the main themes for the coming year and tell you about them

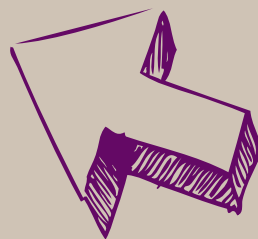


We'll listen before we commission



July – Sept


We'll reflect carefully on what you've told us before testing and refining the ideas



April-June

We'll listen to what you have to say. We'll use different methods such as the web and local events





A big opportunity to do things differently

We are seeing our new commissioning plan as an opportunity to make a big difference. It builds on everything we've already done over the last few years to build on our PACE model of care. That stands for:

Personalised: treating people as individuals and tailoring care to their particular needs

Advanced: making the most of new technology, for instance remote monitoring systems that help people keep on top of their own conditions from home

Care: that combines both health and social care in one seamless service

Environment: throwing out the old idea that we always have to work from particular buildings and settings, such as hospitals, and offering services in more convenient places in the community instead.

But this commissioning plan starts us on a new journey to becoming a local health service that reaches out to individuals to keep them well, rather than just reacting when they become ill. It gets us even closer to the long-term vision for Trafford of:

'Being the best place to live in the North West by 2021 – where everyone will enjoy a good quality of life, share in our growing prosperity and achieve their potential, whichever neighbourhood they live in.'

What next?

You can read the full version of our Commissioning Strategic Plan 2008-2013 at: www.trafford.nhs.uk

You can also tell us what you think. We genuinely welcome your views on all the ideas and plans we've shared with you in this short document. Contact us at:

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