

Challenges to the Health System



Balancing Capacity and Demand



Focus on Non-elective care



Limited investment

in new facilities

Growing elective waiting lists

How do we unlock available capacity?



The Solution

Vanguard

Mobile Theatre

0845 630 6979 www.vanguardhealthcare.co.uk Harnessing Flexible Infrastructure

The Five Year Forward View

Multispecialty Community Provider:

Led by Primary Care

•GPs, Nurses, AHP

•Consultants: •Type of contract •Access to inpatient facilities Primary and Acute Care System:

Merging of two systems

•Removing the Primary/ Secondary divide

Redesign of delivery of care

Day Surgery









Potential for in excess of 75% elective surgery BADS Directory of Procedures: •Day Case •Treatment Room

Risk of Complications /admission determines suitability for remote site

Diagnostic procedures: •GI endoscopy •Cystoscopy •Musculoskeletal

Models



Clinical Governance



Acute Hospital Campus:

Under umbrella of acute trust, all aspects already in place Primary/Community Care:

Structures in place

Additional audit, pathways etc





Remote Site:

Independent modelprivate clinic

Shared governance model

Who delivers care?

General Medical Practitioner:

Dual training eg. FRCS

Specific training - RCGP accredited training



Hospital specialist -Consultant:

Seconded from Acute trust / merged model

Employed by GP / Community

Self employed (private practice)

Other healthcare Professionals:

Podiatrists

Nurses - Consultant / extended role



The Vision



High quality, safe, patient centred care close to where they live



More efficient use of NHS funds by simplified pathways, reduced hand offs, and fewer cancellations due to acutes and emergencies



Professionals working as part of a smaller community where new patterns of relationships lead to improved patient care and job satisfaction

Commissioning/Co-operation



Open-minded commissioning





Incentives to reflect a shared approach

Co-operation between provider organisations