Discussion Paper – 1 March 2017

Seeking your views on transforming health and care in Bedfordshire, Luton and Milton Keynes

1. About this paper

Since the inception of the Bedfordshire, Luton and Milton Keynes Sustainability and Transformation Plan (BLMK STP), our local doctors, nurses and other clinical staff have been working closely together to identify some key areas where they feel focus and change are needed in order to deliver high quality, sustainable secondary (hospital-based) care for local people.

This paper summarises this initial thinking and also presents some specific ideas that are being considered to help address the challenges facing our local hospitals. This builds on work already happening in primary and community care, and the thinking already outlined in the October 2016 BLMK STP submission to NHS England.¹

At this early stage, we are keen to find out what local people think of these ideas so we can incorporate local people’s views, experiences and ideas into our plans. Are we on the right lines? What is most important to you? What would you consider an acceptable change?

This is an important part of the pre-consultation process for the BLMK STP. Your input will inform our thinking as discussions progress and the development of potential solutions that will be offered at a later public consultation.

2. The BLMK STP – A little background

Sustainability and Transformation Plans (STPs) are a national initiative. They give local NHS organisations and councils the opportunity to work together to improve the way health and social care is designed and delivered, so that local people receive the best possible service.

In Bedfordshire, Luton and Milton Keynes (BLMK), 12 NHS organisations and four local councils are working together to find ways of improving and modernising services to meet the ‘triple aim’ – set out in NHS England’s Five Year Forward View² – of delivering improved health and wellbeing, transforming the quality of care delivery and making NHS finances sustainable.

¹ You can find a public summary of the October 2016 BLMK STP submission to NHS England, along with a more detailed technical submission, on our website at www.blmkstp.co.uk
² NHS Five Year Forward View (23 October 2014), available at www.england.nhs.uk/ourwork/futurenhs
The 16 BLMK STP partners

Note: our local councils provide social care services and the CCGs (clinical commissioning groups) buy healthcare services for local people.

3. Our five priorities

The BLMK STP October 2016 submission to NHS England\(^3\) established **five priorities** for the transformation of health and social care in BLMK.

There are three ‘front line’ priorities (focused on health, wellbeing and patient care), combined with two ‘behind the scenes’ priorities (technology and system changes) that are required to support the transformation process.

As this is a system-wide approach, each of the five priorities are reliant on each other, so we propose they will all be worked on at the same time.

Early engagement to capture initial feedback on the October 2016 submission showed that 85% of those who attended a public event or completed a questionnaire (359 total) believed the plan had completely or partially identified the right priorities for transforming health and social care in BLMK.\(^4\)

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\(^3\) You can find a public summary of the October 2016 BLMK STP submission to NHS England, along with a more detailed technical submission, on our website at [www.blmksstp.co.uk](http://www.blmksstp.co.uk)

\(^4\) BLMK STP October 2016 submission – feedback report
<table>
<thead>
<tr>
<th>Front line</th>
<th>Behind the scenes</th>
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<tbody>
<tr>
<td><strong>P1 Prevention</strong></td>
<td><strong>P4 Technology</strong></td>
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<tr>
<td>Encourage healthy living and self care, supporting people to stay well and</td>
<td>Transform our ability to communicate with each other, for example by having</td>
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<tr>
<td>take more control of their own health and wellbeing</td>
<td>shared digital records that can be easily accessed by patients and clinicians alike,</td>
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<td><strong>P2 Primary, community and social care</strong></td>
<td>using mobile technology (e.g. apps), for better co-ordinated care.</td>
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<tr>
<td>Build high quality, resilient, integrated primary, community and social</td>
<td><strong>P5 System redesign</strong></td>
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<td>care services across BLMK. This will include strengthening GP services,</td>
<td>Improving the way we plan, buy and manage health and social care services</td>
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<td>delivering more care closer to home, having a single point of access for</td>
<td>across BLMK to achieve a joined up approach that places people’s health and</td>
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<tr>
<td>urgent care, supporting transformed services for people with learning</td>
<td>wellbeing at the heart of what we do.</td>
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<td>disabilities and integrated physical and mental health services.</td>
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<td><strong>P3 Sustainable secondary care</strong></td>
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<tr>
<td>Make our hospital services clinically and financially sustainable by</td>
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<td>working collaboratively across the three hospital sites, building on the</td>
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<td>best from each and removing unnecessary duplication.</td>
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This paper is primarily concerned with **Priority 3** (transforming secondary care). However, we are not looking at hospital-based care in isolation.

In particular, we recognise that **Priority 3** is closely linked with **Priority 2** and that, if we are considering delivering some currently hospital-based services closer to home, then GPs, community health services (for example district nurses and occupational therapy), social care and other similar services need to be aligned to support those changes.

The main areas we are considering under Priority 2 for primary, community and social care are:

- Improving access to **urgent care services available outside of hospitals** so that patients can more easily access the right services earlier and avoid hospital admission (see section 6, item P3.1 of this document for more information on this).

- Strengthening **GP services** and pioneering a new model of care which places GPs at the heart of patients’ care. This will see GPs working closely with multi-disciplinary teams of community nurses, allied health professionals (e.g. physiotherapists, occupational therapists, podiatrists), mental health specialists, diagnostics teams, social care providers and the voluntary sector to co-ordinate care across all elements of the system.
We will also be streamlining the information available to GPs so they can effectively refer patients to specialist physical and mental health providers when needed. This means that GPs are supported to use their extensive training and skills to the best effect, and increasingly co-ordinate and supervise delivery of care by the most appropriate professional, focusing their time on the patients that really need to see a GP.

- Changing the way we are organised so that community and mental health services are built around, and integrated with, primary and social care to ensure that an individual’s care can be managed jointly by members across multiple teams, making that care better co-ordinated and more effective in meeting patients’ needs.

- Ensuring people receive joined up care closer to home by enabling integrated working between primary care, community health and social care practitioners, so that we work more effectively and efficiently while maintaining convenience for patients.

- Harnessing the contribution made by the voluntary sector to support health and social care, including mental health, so that patients receive a full range of social, emotional and practical support and advice, contributing to better health outcomes.

- Introducing local area co-ordinators to help people keep themselves well and help them access local and community support when they need to, so that people have less need to access GP and hospital services.

- Enhancing the care provided for people with complex care needs and advanced illnesses – at home, in residential care homes and in community hospitals – so that more patients are managed in a place of familiarity and safety without the need for hospital admission.

- Working in a more co-ordinated way to make sure we are prescribing the right medicines for the right people at the right time, so that patients get maximum benefit from their treatments and so stay well, with reduced need for GP and hospital services.

- Improving the way we manage hospital admissions, discharge and transition to other services, to free up beds and resources at our hospitals.
4. Health and social care in BLMK

Almost one million people live in the BLMK area – an estimated 166,252 in Bedford Borough, 274,022 in Central Bedfordshire, 214,710 in Luton and 261,762 in Milton Keynes.\(^5\)

There are three hospitals located in the BLMK area:

- **Bedford Hospital NHS Trust (Bedford Hospital)**
- **Luton and Dunstable University Hospital NHS Foundation Trust (Luton & Dunstable Hospital / L&D Hospital)**
- **Milton Keynes University Hospital NHS Foundation Trust (Milton Keynes Hospital)**

The majority (90%) of Bedford Hospital’s patients come from Bedford Borough and Central Bedfordshire, 85% of Milton Keynes Hospital’s patients come from Milton Keynes and around 80% of Luton and Dunstable Hospital’s patients come from Luton and South Bedfordshire, with nearly 10% coming from Hertfordshire.\(^6\)

BLMK residents also access general and specialist care from a number of hospitals outside the area, as indicated on the above map.

Primary care is delivered through 110 GP practices (25 in Bedford Borough, 28 in Central Bedfordshire, 27 in Milton Keynes and 30 in Luton).

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\(^5\) ONS 2014-based Sub-National Population Projection for 2017 for Clinical Commissioning Groups in England

\(^6\) NHS HES (Hospital Episode Statistics) data
5. The challenges we face

The BLMK health economy is facing a number of challenges.

- **Healthcare system.** There is an imbalance in the way our current healthcare system is set up. Although around 80% of healthcare is delivered in the community by our GPs, community nurses etc, 65% of our clinical staff are working in our three hospitals, and this is where the bulk of our money (60%) is spent. Even though hospital care is often complex and requires a broad range of clinical skills and more clinical time, only 9% of our clinical staff work in primary care.

- **A growing and changing population.** In the next 15 years, the local population is expected to increase by 160,000 people (17%), which is almost double the national average. This would mean some 1.1 million people living in BLMK by 2032. Geographically, the fastest anticipated growth is in Central Bedfordshire and Bedford Borough. Across the region, the 85+ age group is predicted to grow faster than the rest of the population. However, the numbers of children in Luton and the rest of Bedfordshire are also expected to increase much faster than in the country as a whole. In five years’ time, it is expected that our local hospitals will need to accommodate an additional 1,000 births.

- **Ethnically diverse.** Luton is one of the most ethnically diverse populations in the country, with 45% of the population being from a non-white background, compared to a national average of 14.6%. Bedford Borough and Milton Keynes also have above average non-white populations. In 2014, over 1,200 babies were born in BLMK to mothers of white non-British origin. This broad ethnic diversity can have specific consequences for the types of health care required and the way that care is accessed.

- **Health inequalities.** General health and wellbeing vary greatly across BLMK. In Luton, 60% of people live in areas of high deprivation. In Bedford and Milton Keynes, social deprivation is lower than the national average of 21.8%, but there are still pockets of deprivation within these areas. There is a 9 year life expectancy gap between men and a 10 year gap for women from the most and least deprived areas of Bedford Borough, and a 12 year gap for men in Luton. The gap for men in Central Bedfordshire, and for women in Central Bedfordshire, Luton and Milton Keynes is around 5-6 years. These health inequalities are unacceptable and we are committed to tackling this to ensure everyone lives longer, healthier lives.

- **Increasing demand.** More people are living with long term health challenges, such as diabetes and arthritis, that while they cannot be cured, can be effectively managed. Parts of Bedford Borough have a particularly high proportion of people living with a long term illness or disability. Depression and severe mental illness are also on the increase.

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7 ONS 2014-based Sub-National Population Projection for 2017 for Clinical Commissioning Groups in England
8 2011 Census (Office of National Statistics)
9 Births by mother’s country of birth 2014 (Office of National Statistics)
10 Life expectancy at birth, 2012-2014 (Office of National Statistics)
Changes in the way we live our lives are also increasing demand on our healthcare services. For example, one in five children are overweight or very overweight by the age of six, with Luton seeing childhood obesity levels of 23.4%, which is above the national average of 19.1%.\textsuperscript{11} Alcohol-related hospital admissions are rising across BLMK. Smoking remains the single greatest preventable cause of ill health and early death, and 1 in 10 expectant mothers smoke, with the figure being slightly higher for Luton at 14%.\textsuperscript{12}

- **Pressure on services.** As is the case in many areas of the UK, our local hospitals are struggling to meet demand while maintaining national standards. Ambulance performance, and in particular their ability to meet national standards for attending emergencies, is under severe pressure. GP practices in BLMK have more registered patients per GP than the national average. This means that some patients have difficulty getting an appointment and this can have a knock-on effect on the number of people going to A&E.

- **Financial challenge.** As with many parts of the country, the health and social care system across BLMK is facing a significant financial challenge. The current combined annual budget for health and social care in BLMK is £1.33bn. The good news is that we expect to see this funding rise to 1.67bn by 2020/21, an increase of 26%. However, if we don’t change anything, this increase will be fully absorbed by the rising demand for services. Therefore, if we don’t make changes, by 2020/21 our spending will exceed our income by £311m a year.

- **Workforce.** Our workforce is ageing and we face challenges recruiting and retaining health professionals across secondary, primary, community and social care. We are facing particular challenges in recruitment and retention of GPs, theatre staff, anaesthetists, interventional radiologists, paediatric specialists, some specialist trauma and orthopaedic consultants, nurses for adult care, speech and language therapists, occupational therapists, dietetics staff and pharmacy technicians.\textsuperscript{13} In BLMK, 1 in 4 GPs (24%) are due to retire in the next 5-10 years, which is above the national average of 21%, and 15% of mental health nurses are expected to retire in the next 5 years.\textsuperscript{14}

6. **Our current thinking**

Our health services are under significant pressure and, with demand increasing all the time, we must think differently about how those services are delivered.

One thing is clear – we cannot continue as we are, and our 16 STP partners are all agreed that ‘no change’ is not an option.

Our three local hospitals play a crucial role in providing care to our citizens. The hospitals have committed to work together to plan, develop and provide a unified service across BLMK. We must make our secondary care services deliver consistently accessible and high quality care. This involves meeting rigorous external standards and also being sustainable in terms of workforce and finances.

\textsuperscript{11} Public Health England, Health Profiles 2016
\textsuperscript{12} Smoking Status at Time of Delivery Collection, 2015/16 (NHS Digital)
\textsuperscript{13} Areas where the number of vacancies are above the national average (NHS workforce forecasts, May 2016)
\textsuperscript{14} NHS Electronic Staff Record 2016 (Data Warehouse)
To achieve this, we need to redesign hospital services to be delivered across the three existing sites in Bedford, Luton and Milton Keynes.

It’s important to recognise that this is not about downgrading hospitals or stopping services – it’s about delivering them differently and having our three hospitals working closely together to provide an integrated service.

In order to ease pressure on our hospitals, we are also looking to see if there are any specific services, or elements of them, that can be taken out of our hospitals and delivered effectively in community settings.

Every hospital service is looking at ways they can work together to improve the quality of patient care and ensure we are meeting national clinical and safety standards. Over the past few months, the STP team has been working closely with local hospital clinical staff including doctors, nurses, theatre staff and midwives to look at potential solutions. Together, they have established the following **six key areas** that our clinical teams believe we need to focus on to ensure our local healthcare system can continue to deliver high quality secondary care for local people that is sustainable for the future.

- **P3.1 Emergency care** – with our population growing, how do we make sure local people have access to safe, high quality emergency services, especially at night?
- **P3.2 Planned care** – with pressure mounting on emergency services, how do we achieve a balance between urgent care and planned care?
- **P3.3 Centres of excellence** – could we focus some areas of specialist care, or certain aspects of them, on specific hospital sites?
- **P3.4 Care closer to home** – are there any specific services, or aspects of them, that could be delivered more effectively in community settings, rather than in hospital?
- **P3.5 Maternity care** – how do we make sure we can offer all mothers high quality maternity care while accommodating an increasing number of births?
- **P3.6 Paediatric services** – can we improve children’s services by changing the way we deliver some care pathways at each of our hospitals?

This is not an exhaustive list and we welcome other ideas or suggestions to meet the challenges faced (see section 8). However these are the six areas that are being consistently raised by clinical teams and that we believe need the most urgent focus if we are to continue delivering high quality, sustainable hospital care for local people. These six focus areas are discussed in more detail in the sections below (P3.1 to P3.6).

None of the rising and constantly changing demands for health services can be delivered without a dedicated workforce of highly skilled doctors, nurses, therapists, pharmacists and other clinical specialists. Hospital teams have consistently told us that, by coming together and pooling their knowledge and skills across the whole of BLMK, instead of just in their local areas as they do now, they can provide the highest quality care and best outcomes for patients. This will require a whole new look at how care is delivered and organised to support our clinicians to do their jobs more effectively.
P3.1 Emergency care

The accident and emergency (A&E) departments at all our local hospitals are much busier than they used to be and they were not designed to cope with today’s numbers. We cannot ignore the challenges being faced and we must also be able to deliver the best care to the expected standards. The population is growing and we know from patient feedback that more and more people are attending our A&E departments because they have been unable to get an appointment to see their GP.

This is resulting in pressure on beds and longer waits in A&E. When last measured at the end of 2016, both Bedford Hospital and Milton Keynes Hospital were falling just short of the national target which is for 95% of people attending A&E to be seen within 4 hours. This is not acceptable and we need to ensure that we design integrated urgent and emergency care services in such a way that our system can deliver the national clinical standards.

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<thead>
<tr>
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<th>Bedford Hospital</th>
<th>Milton Keynes Hospital</th>
<th>L&amp;D Hospital</th>
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<tbody>
<tr>
<td>Number of A&amp;E attendances a year(^{15})</td>
<td>69,838</td>
<td>84,055 (plus 57,004 attending the on site urgent care centre)</td>
<td>95,570 (with 40,048 attending the on site Urgent GP Centre)</td>
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Hospital doctors, nurses and theatre staff are all telling us that we need to look at the way emergency care is delivered, so that we can relieve pressure on the hospitals and ensure people are able to consistently access high quality emergency care, especially at night when our clinical staff can be at their most stretched.

To help us ensure that patients receive the highest quality care for the most serious emergency conditions, we are considering whether there are safety benefits in enabling teams to work together to run some services from fewer sites, especially overnight.

In addition, through Priority P2, we are looking at some specific interventions to improve the quality and responsiveness of urgent care that takes place outside of our hospitals. Many urgent care needs can be successfully managed with specialist opinion, review and basic treatment in local settings, leaving hospital A&E departments to look after patients with serious illness or injury whose care requires surgery, specialist services or monitoring. The ideas include:

- Creating a telephone-based Clinical Hub with access to a wide range of clinicians and shared care records, that offers informed triage to guide patients to the most appropriate service for their needs.

- Through NHS 111, providing a 24/7 single point of access (SPoA) for people to call for unscheduled care and to book GP appointments.

- Further developing rapid access care that is delivered close to home, including GP out of hours services and urgent paramedic support.

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\(^{15}\) Hospital data for 2015/16
We are also working with GPs to make sure their services are easier to access and are more comprehensive, offering a wider range of staff such as pharmacists and paramedics.

**We would like to gather people’s views on these ideas.**

### P3.2 Planned care (i.e. booked appointments)

High levels of demand for emergency services are also having an impact on the planned care provided by hospitals, with doctors, nurses and other resources being diverted to deal with emergencies. This is leading to cancellations and longer waits for consultations, investigations, operations and procedures.

We know from patient feedback that this can be frustrating and concerning. However, we need to establish how great a problem this is for patients when viewed against the need for access to emergency and urgent care services.

National policy requires us to ensure that hospitals deliver safe, effective care 7 days a week, and that our services meet the NHS standards for waiting times for planned care and cancer services. We are currently not achieving this consistently, and in some areas do not have enough specialists to be able to further improve. We need to design services in such a way that we are able to protect planned care, which may mean separating it from emergency care.

**We need to understand what this would mean to patients, which is why we are talking to you now.**

### P3.3 Centres of excellence

Every patient must experience the best possible care, and services must meet rising national standards. This is not deliverable within the current service model so we need to plan improvements. We must ensure that the most complex and specialist care is delivered safely, compliant with these standards, and in a way that is viable in the context of the challenges we face.

Following discussions with specialist hospital doctors and nurses, we are considering whether particular specialisms could be split into separate functions, which could then be delivered in centres of excellence on different hospital sites. Pooling clinical resources on a single site would enable clinicians to build specialist knowledge and expertise and provide the very best levels of care.

For example, for any particular speciality we are looking at whether it would be feasible to offer a good basic service at all three hospitals, but then provide certain aspects in just one place. This might be highly specialist diagnostics at one site, emergency services at another site and planned procedures at a centre of excellence on the third.

**We are looking to find out what patients think of this approach.**

### P3.4 Care closer to home

Part of our overall vision for the future of local healthcare is for more services to be delivered closer to people’s homes. Not only would this improve access to healthcare for local people, it would also help to ease the pressure on our hospitals and allow them to focus on caring for those patients who are in greatest need of specialist care and support.
When patients have a condition requiring treatment, they generally go through a number of stages which may include assessment, consultation, diagnostic testing, an operation or other treatment and follow-up outpatient care.

Following discussions with GPs, hospital doctors and nurses, we are considering whether delivery of care at different stages in that process could be split out and delivered differently. For example, could we provide diagnostics and outpatient services in local community or hospital settings as close to home as possible, with patients then travelling to a centre of excellence at one of our local hospitals for surgery?

There may also be some specialisms that are currently delivered at our hospitals that could be delivered almost entirely in community settings. For example, ENT (ear, nose and throat) specialists tell us they could provide a high quality, self-sufficient service from a non-hospital site equipped with the right diagnostic and treatment equipment. Similarly, there are many examples of dermatology and ophthalmology services being run in community settings, as the treatment facilities needed are stand alone and don’t need access to other hospital-based services.

Work is also underway to look at ways of providing support for long term conditions in the community, so people don’t need to come onto a hospital site.

We’d like to find out what people think of these ideas.

**P3.5 Maternity (obstetrics)**

Each year, nearly 13,000 babies are born in the BLMK area, with 12,356 of these being born at one of our local hospitals. In five years’ time, it is expected that our local hospitals will need to accommodate an additional 1,000 births.

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<th>Bedford Hospital</th>
<th>Milton Keynes Hospital</th>
<th>L&amp;D Hospital</th>
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<tbody>
<tr>
<td>Number of births a year&lt;sup&gt;16&lt;/sup&gt;</td>
<td>3,014</td>
<td>4,011</td>
<td>5,331</td>
</tr>
<tr>
<td>Number of maternity beds&lt;sup&gt;16&lt;/sup&gt;</td>
<td>23</td>
<td>42</td>
<td>55</td>
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We are currently running full consultant-led obstetrics units at all three hospital sites. Clinicians are trying to understand whether this is sustainable, especially as we are struggling to find enough specialist paediatric doctors to cover this service across three sites. We must also meet national standards on the availability of obstetric specialists and ensure that women are offered choice in their maternity care pathway.

Working with doctors, nurses and midwives, we’re trying to understand whether one way to address this would be to concentrate services associated with high risk births on fewer hospital sites. This may mean some women travelling further.

**We need to know what you think about this approach and what’s most important to you, which is why we’re seeking your views now.**

<sup>16</sup> Hospital data for 2015/16
P3.6 Paediatric services

The paediatric (children’s) services at our hospitals are also facing staffing and capacity pressures. This needs a response in order to continue to deliver the highest quality of care. We are therefore considering whether it would be possible to separate out different aspects of paediatric care and provide different models of care at each of our hospital sites.

For example, we could offer urgent care for children at all sites, with care for the most unwell children concentrated on one or two sites. By focusing high risk emergency paediatric care in one location, we could create a centre of excellence where specialist doctors and nurses can share expertise and experience to provide the very highest standards of care for children.

We must ensure that critically sick children can be safely transported to the best place to manage their care. We would then need to consider which hospitals would provide which aspects of planned inpatient care for children, and where and how outpatient services would be best delivered.

We’d really like to know what people think of this approach.

7. What happens next?

We are looking to gather your feedback on the thoughts and ideas contained within this paper. Your views will be collated into a ‘What we’ve heard so far’ document that will capture public, staff and clinical views and help to inform the development of a formal ‘Case for Change’, a document that we are required to produce as part of the process laid down by NHS England for STPs.

This will take into account public feedback gathered on the October 2016 BLMK STP submission to NHS England, as well as the feedback you give us now on the ideas contained within this Discussion Paper. It will also outline the key challenges and opportunities, and the latest thinking from clinicians around potential solutions, taking into account your views.

The ‘Case for Change’ will be publicly available from May 2017. Further engagement and opportunities to provide more input on the latest thinking will then follow.

We would stress that no decisions have been made as yet. Furthermore, no decisions will be made on major service changes that impact on staff or patients without formal consultation.
8. Have your say

We want to make sure you continue to be involved and engaged in developing plans for transforming health and care services across Bedfordshire, Luton and Milton Keynes.

We have organised a series of events in early March where we will be giving you the opportunity to ask questions and provide your views on the ideas contained in this paper, as well as any new ideas you may have.

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<tr>
<th>Date</th>
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<th>Times</th>
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<tr>
<td>6 March</td>
<td>Milton Keynes Christian Centre, MK6 2TG</td>
<td>2.30pm to 5pm</td>
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<tr>
<td>7 March</td>
<td>Rufus Centre, Flitwick, Central Bedfordshire, MK45 1AH</td>
<td>6.30pm to 9pm</td>
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<tr>
<td>8 March</td>
<td>Addison Centre, Kempston, Bedford, MK42 8PN</td>
<td>10am to 12.30pm</td>
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<tr>
<td>9 March</td>
<td>Chiltern Hotel, Luton, LU4 9RU</td>
<td>6.30pm to 9pm</td>
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As well as getting feedback from public and patients, we will be talking to staff across our partner organisations. We will also be looking for other opportunities to get out and talk to specific groups in the community. To support this face to face activity, a questionnaire will be available online at www.blmkstp.co.uk and on our STP partners’ websites to encourage feedback from those who are not able to attend public or partner event meetings. We will also use local news and social media to encourage wider participation.

This early engagement and feedback will help shape our developing STP and proposals that could be taken forward at a later stage to a formal public consultation.

9. Providing your feedback

If you’re not able to make any of the above events, we would still like to hear your views:

- What do you think of the ideas we have presented in this paper?
- Which issues should we be tackling as a priority and why?
- Are there any other focus areas for transforming care that we should be considering?
- In order to tackle the challenges we face, to what extent do you think that far-reaching change is needed in the way we deliver hospital care?
- Do you have any additional comments or suggestions around the ideas we have presented?
- Do you have any alternative ideas or suggestions about how we tackle the issues we face, as outlined in this document?
You can give us your views in a number of ways

- **Online** – complete the online feedback survey at [www.blmkstp.co.uk](http://www.blmkstp.co.uk)
- **By post** – you can print off a hard copy feedback form at [www.blmkstp.co.uk](http://www.blmkstp.co.uk) and post it to us, or send a letter to Bedfordshire, Luton and Milton Keynes STP, Milton Keynes University Hospital, H8 Standing Way, Eaglestone, Milton Keynes MK6 5LD
- **Email us** at communications@mkuh.nhs.uk
- **Call us** on 01908 996217

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**The deadline for sending us your feedback is 31 March 2017**

10. **More information**

For more information on the BLMK STP, see our website at [www.blmkstp.co.uk](http://www.blmkstp.co.uk). You can also follow us on social media at [facebook.com/BLMKSTP](http://facebook.com/BLMKSTP) and [twitter.com/BLMK_STP](http://twitter.com/BLMK_STP)

11. **Glossary**

**A&E (Accident & Emergency)** – a service available 24 hours a day, 7 days a week where people receive treatment for medical and surgical emergencies that are likely to need admission to hospital. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery and other serious illnesses.

**Acute care** – short term treatment, usually in a hospital, for patients with any kind of illness or injury.

**BLMK** – Bedfordshire, Luton and Milton Keynes.

**Clinical Commissioning Group (CCG)** – health commissioning organisations which replaced Primary Care Trusts (PCTs) in April 2013. CCGs are led by GPs and represent a group of GP practices in a certain area.

**Community care** – health care provided to patients within the community rather than in hospitals or specialist inpatient facilities. Care may be delivered by a clinician visiting a patient at home, or from a GP surgery, community centre or sometimes a children’s centre or school.

**Deficit** – when spending is greater than income.

**Integrate** – a principle of this programme which refers to creating more co-ordinated care for the patient, making sure all parts of the NHS and social services work more closely and effectively together.

**Localise** – to deliver as much care as possible in the most convenient locations, making sure people have earlier and easier access to treatment.
**NHS Trust** – NHS trusts manage hospitals. Some are regional or national centres for specialist care, others are attached to universities and help to train health professionals. Some NHS trusts also provide community and mental health services.

**NHS Five Year Forward View** – a document published on 23 October 2014 setting out a new shared vision for the future of the NHS based around new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including the Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and the NHS Trust Development Authority). You can find the document at [www.england.nhs.uk/ourwork/futurenhs](http://www.england.nhs.uk/ourwork/futurenhs)

**NHS Foundation Trust (FT)** – NHS Foundation Trusts are not-for-profit corporations. They are part of the NHS yet they have greater freedom to decide their own plans and the way services are run. Foundation trusts have members and a council of governors.

**Obstetrics** – the branch of medicine that deals with the care of women before, during and after childbirth.

**Paediatrics** – a medical specialty that manages medical conditions affecting babies, children and young people.

**Planned care** – care that is planned, i.e. booked appointments, as opposed to unexpected, emergency care. Some planned care may be clinically urgent e.g. cancer pathways, whereas other planned care is more routine.

**Prevention** – preventing ill health and promoting good health by giving people the knowledge and ability, individually and through local communities, to manage their own health effectively.

**Primary care** – services which are the main or first point of contact for the patient, provided by GPs, community providers and others.

**Priorities** – The BLMK STP currently being developed is linked to the five priorities that local partners have identified. These are explained in section 3 of this document.

**Secondary care** – hospital or specialist care that a patient is referred to by their GP or other primary care provider.

**Specialty** – a group of clinical services, especially within a hospital, led by specialist consultant(s) in that particular area, e.g. ear, nose and throat surgery, cardiology, rheumatology.

**Specialist hospital** – a hospital which provides specialist care for particular conditions, for example cancer or lung disease.

**STP** – The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care. These proposals, called sustainability and transformation plans (STPs), are place-based and built around the needs of the local population.