NHS Southwark Clinical Commissioning Group

NHS Southwark Clinical Commissioning Group
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7 August 2013

Dear Elizabeth, Jim and Alice,

The Rylance –Watson family response to the consultation 'Improving Health Services in Dulwich and the surrounding areas'.

First of all may I say thank-you for submitting such a full and thoughtful response to our consultation. We welcome the active engagement of the public in our commissioning work.

As agreed, your response has been assessed and where appropriate the outcomes of that assessment will be fed into the development of the recommendations to the Governing Body in September. You will see that many of the proposals you make are either already in our plans/proposals, or we have acknowledged their importance and will be addressing them in the future- either through the Dulwich Programme in other work.

This letter constitutes our formal response to your submission, and has been put together following discussion and input from a panel of people drawn from the Clinical Commissioning Group, the Local Authority and patient/lay representation.

That panel has considered your submission in two ways. Firstly, it has assessed it against the Case for Change set out in both the pre-consultation business case and the consultation document, and secondly, it identified the specific service proposals you have made and looked at each one to identify ideas than can be taken forward.

The case for change criteria were that proposals needed to:

- Address population changes – both an increase in the local birth rate and the national increase in older people and people with long term conditions;

- Address the variation in access to services and health outcomes across the south of the borough;
- Support the delivery of proactive and co-ordinated care that reduces the demand on acute care;
- Deliver care in the most cost effective setting while ensuring a high quality service with good health outcomes;
- Deliver care from fit-for-purpose facilities that demonstrate good value for money and;
- Are affordable.

For the second assessment the panel looked at whether the elements of the proposal were:

- Met by the existing proposals
- Met by other on-going projects
- Not captured by existing proposals or projects but viable
- Not captured by existing proposals or projects but unviable
- Not captured by existing proposals or projects, would make a valuable contribution but need to be referred to the Local Authority or other agency

The panel consisted of a group of people with a balance between those who have been involved previously and those who hadn't. They mainly came from within the CCG, but there was external input where appropriate (eg from public health). There was representation from HealthWatch and EPEC and also a Lay Member. The final group is set out below:

Discipline	Representative
Clinicians	Dr Roger Durston Dr Femi Osonuga
Finance	Malcolm Hines
Commissioning	Tamsin Hooton
Public Health	Dr Alison Furey
Adult Health and Social Care	Sarah McClinton
Mental Health	Gwen Kennedy
Patient representation	Alvin Kinch (HealthWatch)
	Mairead O'Hanlon (EPEC) John King (EPEC)
Lay Member	Diane French

Finally, we have shared this response with local provider trusts who have confirmed that they are in agreement with it.

The assessments are attached as an appendix to this letter. However, as well as our detailed comments there is also a more general response we wished to make to the overall vision set out in your document. Essentially we wished to acknowledge the importance of many of the issues you raise, but also to set out our strategy for addressing them.

Your vision

You set out a vision for the provision of integrated health and social care services for the over 65 age group and their carers.

You have identified a number of important issues relating particularly to the co-ordination and integration of services for vulnerable people living with what can be extremely complex conditions.

Your vision is centred on there being a single integrated facility offering a wide range of services to that group of patients, including in-patient and out-patient care, complex diagnostics and access to specialist medical advice, social care advice and support, supportive specialties such as physiotherapy and podiatry. You also make important points about the support given to carers, and education in self-management and how to prevent or delay deterioration.

Your model assumes that the facility would be used by patients from across South London, and would be funded by NHS resources diverted from the acute sector, the local authority and national charities.

CCG response to the issues you raise

The CCG does recognise the importance of getting health care for older people and those with long term conditions right. The services need to be integrated, and care needs to be co-ordinated around the needs of the individual. Our vision for this however is based on the principle of enabling people to stay in their own homes wherever possible rather than being looked after in a (community) hospital setting. This is set out in both our operating plan and in the SE London Community-based Care Strategy.

1 Integrated care

The most important element is how we further integrate care, and the vehicle for that is the Southwark and Lambeth Integrated Care Programme (SLIC). This will provide the co-ordination of different elements of health and social care provision, supporting patients and carers to access a range of different services, and helping them to manage their conditions in a way that enables them to stay well and out of hospital. For the most part, the lead on this co-ordination will

be from General Practice and multi-disciplinary community-based teams, rather than from a Community Hospital, and we are investing in additional support to provide that. We are also working with Southwark Council on their plans for a Centre of Excellence for older people/people with dementia in the centre of the borough.

2 Access to medical care of complex conditions

There will be times when an older person, or someone with one or more long term conditions, will need more specialist advice and support. Some of this can be safely and cost-effectively provided in community settings, and where it can be, we will see how best we can make this available. However, the management of older and frailer people with more than one long term condition can be very complex, and does require access to a broad range of diagnostics and specialist advice. The King's Older Persons Assessment Unit/Betty Alexander Unit (KOPAU/BAU) is well placed to provide that support from its location in an acute unit with access to those diagnostics and specialists, and it provides that within a holistic framework that considers the whole person. King's are clear that the service they offer is available to a wider range of people now that they are based within an acute unit.

Interdependencies of care mean that separating out services for older people from services for the rest of the population would undermine the ability of providers to provide high quality acute and specialist care. In addition, duplicating many of those services, or splitting teams across sites where there needs to be 24/7 cover would not be cost-effective, and there are financial limitations to what is possible.

We do see that there are some ways that the current systems can be further developed, strengthened and made clearer, and your submission offers some helpful points. The attached more detailed assessment identifies those.

3 Care at home

Where people need a period of more intensive care, the CCG is investing in services which can provide care for people in their own homes instead of in a hospital setting. These services are the HomeWard team (currently being implemented across the borough), and the Enhanced Rapid Response Team, and are available 7 days a week, 8 am – 11pm. These are both services which provide more intensive nursing and therapist support which allows people to remain at home rather than be admitted to hospital.

4 Health Promotion

The development of self-management is part of our vision, and we see that helping people develop a clearer understanding of their own conditions and how to prevent illness or further deterioration of an illness where possible is fundamental to that. This again, is consistent with the CCG's expectations of SLIC. SLIC is currently considering how to develop their approach to supporting people to actively change their daily lives to better manage their condition(s).

5 Carers

We recognise that the services for carers are crucial, and that they need to be described more explicitly and that signposting and access need to be strengthened. A new Carers Strategy is being developed with Southwark Council via the Joint Carers Strategy Group, and there will be a consultation on the proposals in the autumn. This strategy draws on research undertaken in 2012 in Southwark by Carers UK. The strands that are emerging include identifying and reaching more carers at an earlier stage with the information and support they need in the settings they prefer; supporting carers' physical and mental health and wellbeing; helping carers to have a life outside their caring responsibilities and promoting carers' choice and control over the services they need. There is also work ongoing to support the particular needs of young carers.

6 Mental health services for older adults

There is also significant work being undertaken across Southwark and Lambeth with both CCGs and councils to develop community based mental health services. These are intended to support patients and carers to stay in their homes where possible and includes a team which will be able to prevent admission to hospital and a team which will be able to provide ongoing treatment at home.

There is also additional investment going into the early detection of dementia and the memory service.

7 The age group proposed

Your proposal suggests that health care for the over 65s and their carers could satisfactorily be separated out from other health care provision. However clinically there would some difficulties with this approach which would require significant duplication of services on sites only just over a mile from each other (ie King's at Denmark Hill and Dulwich). We also consider that we need to improve health care services for other age groups.

8 London and SE London strategy

The CCG response to the issues you raise is consistent with the strategy for health services across London and SE London. These are set out in our Commissioning Strategy Plan and in the Community-based Care Strategy which has been agreed by all the CCGs in SE London. For some years this has been to increase the amount of care that takes place in community settings or people's homes where it offers cost effective, high quality care. This both seeks to improve the quality of the care provided and to reduce the costs to the health service through early intervention and locating services in less costly environments where appropriate.

9 Resources

Your submission suggests that the vision could be financed from a number of sources, including health funding diverted from the acute sector, social care funding from the proposed development at Cator Street and charitable funding.

The redirection of health funding happens via the redirection of patients into alternative services. We are already developing a number of community based services that will draw patients away from hospital settings, and that work will continue.

Southwark Council have allocated some capital resource to fund the refurbishment of Cator Street. This would not be money available on a recurrent basis, and therefore we would not be able to base a business case on it even were they prepared to redirect the funding. They are clear that Cator Street is a more cost-effective and better located option than Dulwich for the services they plan to have there.

It is unusual for significant charitable funding is offered on an on-going basis. We would not be able to make a credible business case without reasonable assurances around longer term funding which are generally from a statutory sector source.

10 Southwark Council plans

We have been liaising closely with Southwark Council, and sought their views on your proposal. They have responded as below:

'The Council is currently in the process of transforming our day opportunities for older people through the development of a proposed 'Centre of Excellence' for older people living with dementia and/or other forms of complex needs. We know from the consultation we have undertaken thus far with the family and carers of current user groups as well as statutory and voluntary sector external stakeholders, that there is considerable appetite for stronger joint work and integration with the NHS in the new service model.

The proposed development therefore provides an exciting opportunity for further developing an integrated approach to services for older people with dementia and strategic discussions have already taken place with the Southwark and Lambeth Integrated Care Programme and within its dementia work stream to identify what opportunities to integrate further arise. The council is currently in the process of engaging our partners in the NHS on the future service model, with the focus of these discussions thus far focusing upon the co-location of SLAM Mental Health for Older Adults Services (Which already includes council and NHS staff) resulting in a more integrated approach to case management of older adults living with dementia in the community. Other options include the provision of an integrated memory service from the site.'

In conclusion

Finally, I want to thank you again for your submission. Many of the points you have raised are already addressed in either our proposals for Dulwich or in other pieces of work – in particular the Southwark and Lambeth Integrated care Programme (SLIC). Some others we will follow up to make sure they are addressed through the appropriate mechanisms.

Should you wish to discuss our response to you then we can arrange a time when a sub-group of the panel who assessed your proposal can be available.

Yours sincerely

Malcolm Hines

Chief Financial Officer and Senior Responsible Officer for the Dulwich Programme.

cc Panel members
Members of the Dulwich Programme Board

NHS
Southwark
Clinical Commissioning Group

Assessment of 'Alternative Proposals' (Option 'Cs')

Name of person(s) submitting (if given)	**Elizabeth Rylance-Watson, Jim Watson and Alice Rylance-Watson**
A 24 hour, 7 days a week, dedicated National Centre of Excellence for the medical treatment, care and social care of over 65's and their older carers resident in Southwark, and accessible parts of Lambeth and Lewisham and other South East London.	

Assessment against the case for change

	Case for change criteria	Met?	Comment
1.	Addresses population changes – both an increase in the local birth rate and the national increase in older people and people with long term conditions;	Only in relation to older people and their carers	The Alternative Proposal focuses on the increasing number of older people, those with long term conditions, and their carers. It argues that with the increases in the next decade, and with carers retiring later and therefore potentially unable to provide care in the future, there needs to be a dedicated health facility for the over 65s and their carers. The Joint Strategic Needs Assessment (JSNA) for older people sets out that Southwark has a smaller proportion (9%) of older people than does London (11.4%) or England (16%). Figures updated to incorporate the 2011 census data indicate that Southwark is expecting an increase of around 11% in its over 65 population over the next 7 years. The Alternative Proposal does not address the increase in births in the area, younger people with long term conditions, or either primary care treatment or preventive 'services for everyone'. It suggests that the acute hospital facilities at King's are better suited to younger patients. The Alternative Proposal also notes a possible improvement in health of both older people and carers by the introduction of preventive medicine and services.
2.	Addresses the variation in access to services and health	Yes- in part	The Alternative Proposal references the variation. It suggests that there are real concerns about the capacity available in general practice to be able to provide consistently high quality integrated care to

	Case for change criteria	Met?	Comment
	outcomes across the south of the borough;		older and more vulnerable people. It proposes that there is more care provided from a central hub to address this.
3.	Supports the delivery of proactive and co-ordinated care that reduces the demand on acute care;	Yes	The Alternative Proposal supports pro-active and co-ordinated care. However, it does this through shifting some existing services currently in King's out into a community health facility. These services would require an extensive range of diagnostics and specialist support, and while the proposed model might reduce the numbers of people visiting King's, they would still need the same level of care on the Dulwich site. There would also be a significant duplication of (some high cost) services on a site only 1.1 miles away. The Alternative Proposal also cites the increase in A&E attendances and admissions over the past months, suggesting that shifting activity relating to older people would support the A&E departments. However, this increase has been relatively small locally in % terms (3%). The CCG approach is through the delivery of proactive and co-ordinated care, and it is putting services in place that are intended to keep people well and manage them so that they do not present at A&E, rather than managing them in a different facility once they do. This is the essence of the Southwark and Lambeth Integrated Care Programme (SLIC), which will co-ordinate care from a range of providers including the acute sector, primary and community services and adult social care.
4.	Delivers care in the most cost effective setting while ensuring a high quality service with good health outcomes;	No	The Alternative Proposal is for a model called 'A++' - which is essentially 'option A' with a range of additional services, including (but not limited to) out-patients for the over 65s, diagnostics, social care input, palliative care, and some intermediate care provision for the over 65's. It also includes input from major voluntary sector organisations working with older people, people with long term conditions. The Alternative Proposal also suggests that health care for carers is also located in the same facility. The Alternative Proposal suggests that the facility serves a much larger catchment area than just south Southwark, and assumes that with the rising elderly population and an expanded catchment area a critical mass will be reached which will make the duplication of many of the services at the King's site (and others) a cost effective option. According to the Older Person's JSNA Southwark is expecting an increase of around 11% in its over 65 population over the next 7 years. Such a facility would not be large enough to support the cost-effectively management of patients whose conditions are unstable, who require expert opinions and advanced diagnostics. To be clinically safe, this would require the duplication of diagnostics and specialist clinical teams, which would not be cost-effective.

	Case for change criteria	Met?	Comment
			CCGs in Lambeth and Lewisham are developing services in a way similar to ours, seeking to have more community-based services serving people with long term conditions. The CCGs from both Lambeth and Lewisham support our proposals, and there is no indication of support from the CCGs or the acute sector for the provision of a single community hospital in Dulwich to which patients would travel from three (or even two) boroughs. There are arguments about ensuring that these services need to be closer to where people live, and Dulwich is not convenient for people living outside the south of the borough or along established public transport routes.
5.	Is delivered from fit-for-purpose facilities that demonstrate good value for money and which;	Yes	The Alternative Proposal assumes that there is a fit-for-purpose building able to accommodate the services included the model.
6.	Is affordable.	Proposals are dependent on external funding	The model in the Alternative Proposal is dependent on the diversion of resources from the acute sector, resources from NHS England, donations from major charities, and the re-allocation of the £2m of Council money that is being put into the development of the Centre of Excellence at Cator Street. The CCG service redesign team is already working with clinical colleagues across acute and community services to develop services in support of long term conditions care that could be located in a community setting. The Payment by Results (PbR) system means NHS resources go wherever the patient is treated. It means that shifting activity into community settings in a way that is clinically safe and cost effective has to be through first developing alternative services directed at patients who are less acutely unwell. There will always be some patients who need the clinical support provided at an acute hospital. The national arrangement is that NHS England only holds back 70% of the costs of A&E attendances where these are in excess of the 2009 levels so that acute units are paid at a marginal level for those patients on the basis that the infrastructure is already in place to provide that additional care. However, we have local risk-sharing arrangements that mean that none of this payment goes to NHS England. There is already an Urgent Care Board in place looking at how to improve urgent care services in the area. NHS England is subject to the same requirement to find Quality, Innovation, Productivity and Prevention (QIPP) savings, and any resources available for this kind of project would have to be allocated through a bidding process. We are unaware of any resource available. We would never get agreement for a business case where we could not demonstrate financial sustainability in the longer term. A community-based health facility has to be sustainable in revenue

	Case for change criteria	Met?	Comment
			terms, without the assistance of on-going financial support from non-statutory agencies. Charities with an interest in specific long term conditions have been approached as part of the consultation, but we have not had a response from them. The duplication of most diagnostics and some specialist expertise (ie everything beyond the elderly care team) across two sites would make the model more costly than either Option A or Option B. Southwark Council have developed proposals based on a preferred option to invest in the Cator Street premises. As the service will be borough-wide it is essential that the site is central and accessible to the older people populations in all parts of the borough. Also, using one of their own buildings brings considerable advantages in terms of timing and costs. All the south east London CCGs are committed to the delivery of the Community-based Care Strategy. This is both a response to financial pressures on the local health service, and the recommendations of the Trust Special Administrator following his review of the South London Hospitals Trust. The overall strategy across both SE London and London generally is to invest on community based care rather than hospital-based models.

Specific service proposals and responses

	Specific service proposal	Assessment of relationship to current plans or projects, and viability	Responses and comments on current projects and implications of implementation
	A 24 hour, 7 days a week, dedicated National Centre of Excellence for the medical treatment, care and social care of over 65's and their older carers resident in Southwark, and accessible parts of Lambeth and Lewisham and other South East London		
8.	Para-Medic Ambulance crews supported and trained divert (after telephone consultation with A&E consultant at King's/GSTT) those patients requiring investigation but not A&E admission. Dulwich Hospital is the non-A&E visible 'with the lights on' alternative to A&E. This would expand the 24/7 Telephone TALK – telephone assessment and liaison started by King's.	Much of the spirit of this is already in existing arrangements/ proposals/plans. However the sort of service described would need to have full diagnostic support. Having a second, small, 24/7 service in the King's area could not be both cost-effective and safe.	The current model is that unless a paramedic crew assess a patient's condition as being life-threatening, they can contact the patient's GP, or if out of hours, SELDOC. All GPs and SELDOC can access a geriatrician at King's at any time and seek advice. Within working hours a patient can be directly referred into the KOPAU/BAU. Outside working hours, a patient can be taken to King's and admitted straight into the care of a geriatrician without going through the A&E team. Alternatively, it is possible for them to be referred to the Enhanced Rapid Response Team which operates between the hours of 8am-11pm, 7 days a week. This is a team which can provide physiotherapy, occupational therapy (and aids if necessary) and short term personal care support to enable someone to remain at home instead of being admitted to hospital. In addition, following the pilot, the HomeWard team is being extended to cover the whole of Lambeth and Southwark this coming winter. This is a team which provides nursing support for people who are acutely ill, but can be looked after at home. Circumstances could include someone who is dehydrated, or required IV anti-biotics. This will also run from 8am – 11pm 7 days a week. The additional service being developed at King's where patients are being drawn from the A&E department into KOPAU/BAU is clinically safer than managing them in a community hospital.
9.	Staffed by a consultant and medical team from King's/GSTT, the National Centre conducts assessments and interventions at a deeper level than available in the community and makes the clinical decisions for the few who	We agree that this is important, and this describes some of the service currently provided	We agree this is an important component of the service in the future, and believe this describes some of the services currently provided by the KOPAU/BAU. The BAU have confirmed that at King's they are now able to see a far

	Specific service proposal	Assessment of relationship to current plans or projects, and viability	Responses and comments on current projects and implications of implementation
	might need to go onto A&E. Research shows that early clinician led intervention reduces unnecessary admission, re-admission	by the BAU at King's.	broader range of patients, as they have access to the diagnostics, the specialist support, and emergency facilities should a patients become seriously unwell while they are there. Moving this service back to a community setting would limit the range of patients they could manage without compromising patient safety.
10.	There are a number of admission beds for short-term stays available to relieve pressure on A&E/acute wards preparing for discharge back home or into residential care.	Not in current plans, and not financially viable	Units with small numbers of beds are either very costly or clinically unsafe. King's have been clear that they wish to use their existing bed-base more effectively though better supported discharge and admission avoidance. Having a second, smaller, 24/7 service in the King's area could not be made both cost-effective and safe. Instead of a bed-based approach significant investment is being made in community-based services ie the Enhanced Rapid Response Team and the HomeWard service (se section 8).
11.	GP's and community staff access the consultant geriatricians and take their advice on the appropriate settings of care, facilitate urgent appointments booked either in the King's/GSTT sites or the Dulwich Community Hospital site depending on the probability of requiring acute admission. Most acute admissions would in fact not be required as King's own information shows.	Already being developed through the TALK service, and through the HomeWard and Enhanced rapid response service.	We agree this is an important component of the service in the future, and believe this describes some of the services currently provided by the KOPAU/BAU. It also describes the 24/7 TALK service currently provided by the KOPAU/BAU at King's. This is a service where local GPs can phone at any time get advice directly from a consultant in elderly care. The admission avoidance services- HomeWard and Enhanced Rapid Response - already have access to senior clinical advice. It is not necessarily possible to judge whether admission might be necessary until after the patient has been examined and the tests complete. It would not be possible to shift all the services to Dulwich, as there are patients who need the services provided in an acute environment. Shifting some of them would reduce the integration across the specialties within the KOPAU/BAU, and make the senior clinical supervision more complex.

	Specific service proposal	Assessment of relationship to current plans or projects, and viability	Responses and comments on current projects and implications of implementation
12.	A **multi- disciplinary service** has as its core mission the raising of **clinical** and **research** practice in Gerontology to a new international standard because it adds the full dimension of integrated care performed within an appropriate setting**.**	Agreed –this is a fundamental component of the SLIC programme, and also of the service provided by the KOPAU/BAU.	We understand the KOPAU/BAU to be providing a multi-disciplinary service to a high level of quality. This includes access to social care. Staff within KOPAU/BAU know how to refer via the 'Contact Adult Social Care' service, which includes both social work and social care occupational therapy services (aids and adaptations). The provision of a fully integrated approach to care is the aspiration of the Southwark and Lambeth Integrated Care Programme (SLIC), and clinicians from KOPAU/BAU are involved in developing that approach.
13.	The centre demonstrates how integrated disease management and long-term conditions through to end of life can **support and educate** patients, their carers and families in the latter years.	Agreed that this is important, and it is consistent with our proposals, although we expect that some of the care will take place at King's.	For many Long Term Conditions (LTC) (diabetes, heart failure and heart disease and chronic lung disease) there are now systems in place to support patients in self management eg DESMOND for Type II diabetics. We will ensure that there is space in community setting to accommodate such work. St Christopher's Hospice has confirmed that they do not wish to split their service across different sites. Both their statutory and their charitable funding has reduced, and they feel that the model they have there of a separate, safe, haven works well for patients.
14.	The multi-disciplinary service breaks up the divide between physical and mental health. It is a ground breaking co-run and managed facility between the Maudsley and King's/GSTT for complex and interdependent needs. It has a particular role in medication and pain management, their impacts and their reduction, and the dual benefit of medication and non-medicated therapies. It produces 'how not to fall between the cracks' care plans and strategies which educate and even train both	We agree that this is important, and this describes some of the service currently provided by the BAU/ KOPAU at King's.	The issues relating to medication and pain management will be specific to which long term conditions a patient is living with. We would want the LTC services available through our proposals to include this role. We will further our discussions with the Maudsley about the role of mental health services in community settings. The care planning is a function that is picked up through SLIC. We particularly agree that the needs of carers should be actively addressed, and will be ensuring that is picked up in the further service development

	Specific service proposal	Assessment of relationship to current plans or projects, and viability	Responses and comments on current projects and implications of implementation
	patients and carers indirectly, preparing carers to better face what may happen to them.		work.
15.	The Centre of Excellence runs clinics in Gerontology, Falls, Memory, Psychological Therapies, Alcohol, Anti Smoking and Substance Misuse for older people, Osteoporosis, Bladder and Bowel Specialist Nursing and Incontinence, Parkinson's, Hypertension, Phlebotomy, X-Ray, Diabetic Retinal Screening, Phlebotomy, Diabetes, Dietetic/ Nutrition Advice and help with keeping hydrated and with digestion. It also provides Physiotherapy and help with maintaining mobility, Artificial Limbs, Leg ulcers and pressure sores. The occupational therapists will return to the visible role that they had when the Betty Alexander Unit was on the Dulwich site, and they will be joined by the un-sung heroes of Southwark Council's help in the home facility, The Southwark Council's Handyperson's Service.	We agree these are important components of the service in the future, and believe this describes many of the services currently provided by the KOPAU/BAU. Where clinically safe and cost effective we expect a number of these to be also present in a community health facility.	Where a high quality service can be maintained cost-effectively, some of these clinics will be provided from a health 'hub' in the future. However, others will need stay in the acute sector, either because they need more complex diagnostics or equipment, or where there is a scarcity of the expertise required. There is a new amputee rehabilitation unit in Kennington. This provides a specialist service for patients from the whole of SE London. The social care OT service provides face to face assessment for people with the most complex needs who have substantial disabilities. The majority of older people with non complex disabilities are offered simple equipment solutions and minor adaptations by Trusted Assessors across the health and social care workforce. Trusted Assessors are trained and approved to prescribe simple equipment and minor adaptations without having to refer to social care OT. Equipment supply is via home delivery by the integrated community equipment service (jointly funded by the CCG and LA), provided by Medequip, or via prescriptions issued by Trusted Assessors that people can redeem at local accredited retailers on the high street.
16.	The Centre of Excellence leads in bringing together Charities working in these fields so that transformational and joined up work drives more education, inspires us to take on the responsibilities we all need in order to help keep us as well as possible for as long as possible. This is about consistent and	Agreed that the role of the voluntary sector and preventive health are important. We will seek to address these points in	The charities working in the field of long term conditions have been approached as part of the consultation, but we have not received any comment from them. However, local voluntary sector organisations may well have a role to play, and we will work with them to see if we can accommodate their needs. Assuming that in this context 'public health' refers to health improvement

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	relentless work to change behaviours towards Prevention and Wellbeing. This Centre of Excellence gives Public Health the setting for the high profile it requires to gain recognition and standing.	further service development work.	activities, we agree that this is important and will ensure that this is picked up in the further service development work. In the model we propose we would want to see voluntary sector input to a range of services in the health facility in the future, rather than only those for older people.
17.	Above, we have talked of care plans and education. The Centre of Excellence is transformational in its information, advice, guidance, and follow up. It is the trusted source of guidance. It works consistently to educate and empower whole families. As a nation, we have become almost infantilised as our poor standards of health education continue to generate failures of individual responsibility. **The consequence is that we inadvertently or otherwise pile more pressure and demand on NHS resources**. We have to be educated about how preventative health measures can reduce demand, re-admissions, time wasting and so on. In our family's recent experiences of various specialists at King's (all good) the only doctors who give us serious dietary advice came from countries other than the UK. That advice has relieved symptoms, has reduced the need for pain killing medication and has speeded patient being discharged from the acute sector! We really must move beyond 'leaflets in surgeries' and 'take a look at the web site'. Surely, we can do better. Outcomes	Agreed- and this is a core role of the ICP.	We agree that this is important, and will ensure that this is explored further as we develop services. We see SLIC as having a particular role here, as they develop co-ordination, self management and education of patients and their carers. For most Long Term Conditions there are now systems in place to support patients in self-management eg DESMOND for Type II diabetics. Our model includes dietetics advice for people with long term conditions.

	Specific service proposal	Assessment of relationship to current plans or projects, and viability	Responses and comments on current projects and implications of implementation
	from enhanced information, advice and guidance would include reductions in admissions and re-admissions, relief of pressure on GP surgeries, and the emergence of a next generation of an older population better prepared to take care of their own health needs. That next generation if our model is created, is found among today's carers.		
18.	The multi-disciplinary service currently provided by King's in its inadequate KOPAU small suite of rooms returns to Dulwich Hospital and regains the honoured name of Betty Alexander, showing some respect for a pioneer campaigner in the setting of care.	We believe this service can provide for more people if it is located as part of an acute site. We will refer the comment about the name of the unit to King's.	The Alternative Proposal suggests that a significant amount of the care for the over 65s is removed from King's and located in a separate community hospital on the Dulwich site. Staffing such a unit to a safe level 24/7 would be very costly, and it is not clear why 65 year should be the threshold. The Alternative Proposal is not explicit about how much of the activity currently at King's would be transferred. It is more than just the KOPAU/ BAU, because it includes some in-patient beds, specialist clinicians and diagnostics as well. There may be patients currently cared for at King's who could safely and cost-effectively access some support services which are also available for people with long term conditions as per our proposals.
19.	There is a dedicated transport shuttle service between Dulwich Hospital and King's/GSTT with timed services. Transport for London has been persuaded/embarrassed into lengthening the route of the No 42 bus to ensure it stops outside Dulwich Hospital as well as passing King's. Dulwich Hospital Transport has a dedicated home facility and carers have parking bays to bring patients for	Agreed that this is important, and this will be addressed during the workup of the business case	This is a point that has been raised by a number of respondents to the consultation. We agree that the transport arrangements are very important, and will look at a number of issues within that, including patient transport, public transport and parking. We will approach TfL about the 42 bus. Experience elsewhere in London suggests that an extended bus route can be delivered in time if there is a mechanism for paying the costs of the additional buses/drivers.

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	appointments.		
20.	We have noticed that, with fragmented care, fragmented budgets and fragmented services, every opportunity to pass the buck is seized whilst waiting for yet another enquiry to recommend improved communications and better IT systems. I repeat that we are public creatures and, if we physically feel part of a single service, then we begin to behave as though we are part of a national effort and we respond to the positive examples of others. This Centre of Excellence is the first to co-locate under a single leadership and management Adult Social Care for the older population.	Currently being addressed as part of the SLIC programme, with some support services offered at a central health facility.	We agree that co-ordinating care is very important, and SLIC is a key programme to co-ordinate and develop this approach locally. We see that both Option A and B would have a role in providing some of the infrastructure to support integrated care.
21.	Southwark Council rightly identifies the need to provide respite care/day centres. The Centre of Excellence provides this on the site.	We have therefore referred this point to Southwark Council for comment.	Southwark Council has developed proposals for the development of a centre of excellence for older people and those with dementia at Cator Street. This will provide a range of day services offering respite.
22.	Residential care facilities continue to be of variable quality and the greatest challenge is to provide residential care for those at the advanced stages of dementia with multiple conditions not requiring acute hospital stays. If the whole Dulwich site can be preserved for health and care, then the Centre of Excellence also provides a residential care facility. It is run separately on a not-for-profit charitable basis.	We have therefore referred this point to Southwark Council for comment. See earlier note about St Christopher's	Southwark Council strategy is to move away from the residential care model and develop alternative community based provision. Therefore, they do not consider that there is a need for more residential care in the borough. Residential and nursing care home quality is a recognised issue but there is a strategy in place to drive up quality through enhanced commissioning and monitoring arrangements**.**

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	However the Centre of Excellence guides its practice on the highest standards of clinical and nursing care. It is the training centre hub for dissemination of best practice across all residential care homes in South East London. It is linked closely into the programmes run by St Christopher's Hospice for end of life palliative care.		
23.	The Centre of Excellence has a small conference/meeting facility to allow for training and development across all combinations of teams	Agreed, and will be incorporated into the plans	There will be training/meeting rooms
24.	There is a crèche/play area/garden and café for people who accompany family members. There are even some tables and chairs for anyone needing to make calls or work on a tablet/laptop whilst the patient/carers are being seen to. There is thought given to the time spent by others. The setting allows them to feel relaxed. There is an alert system to advise them when to return to the patient.	Agreed that this would be good, and we will try and provide a café and a small garden area.	
25.	The Centre of Excellence draws on and pioneers new forms of integrated treatment and care. It is firmly anchored in academic rigour and research and that is why it is lead by our teaching hospitals and why it feeds into and from the facts of GP practices. It helps GP practices by lifting some of the pressure on simply managing the treatments and most of	Currently a function provided in part by the KOPAU/BAU. In the future will also be provided by local services once the SLIC model has been fully	We believe that research and academic rigour is already the basis of the work undertaken within the KOPAU/BAU. King's (along with Guy's and St Thomas' and South London and Maudsley Trusts and Kings College London) is one of the members of King's Health Partners (KHP). This is one of five Academic Health Science Centres in England. It works to transfer research into practice, teaching and clinical practice to the benefit of patients. We want to strengthen the links between GPs and BAU, and indeed the

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	the monitoring once the older person's condition has become sufficiently complex. For example, it reduces unnecessary repeat blood tests on the frail elderly. It checks on and reduces medication management, saving money at the same time. GPs can send patients to the Centre of Excellence for education events to help them manage their conditions better.	implemented.	TALK service is beginning to do that (see section 11). This is also a function of SLIC, and part of that work is looking to see how all clinicians caring for a particular patient can see the relevant clinical information.
26.	The Centre of Excellence has a specially drawn up protocol of care between it and the patient's GP to clarify **at all times** who carries the clinical lead and legal responsibility for the continuity of care of the patient.	Noted, and will be followed up.	We have noted this point, and recognise that there is not a consistent view at the moment. We will, therefore, follow this point up.
27.	Together with the main provider hospitals and GP practices, the Centre of Excellence plays an important role in the 'informatics' improvement so much talked about in your documents. A good place to start is to have a system whereby the GP, the laboratory and the multi-disciplinary team can all read the same blood test results on a screen and spare frail elderly veins repeated and painful blood tests. (My mother's arms have looked as though she has been assaulted and her residential care home recounts the pain and discomfort caused to residents by unnecessary repeat 'community' blood tests caused simply because the systems do not 'talk to one	Currently being addressed as part of the SLIC programme	We agree that better effective communication between different parts of the system supports better care. This is part of the work of SLIC, who are looking to see how clinicians caring for a particular patient can see all the relevant clinical information.

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	another.’).		
28.	SELDOC out of hours GP service	Subject to on-going discussions	We recognise that it is important to have a clear and consistent response to health needs that present outside normal GP working hours. This is part of the on-going discussions that are taking place in relation to the future of the 111 service, the introduction of a GP led urgent care service at King’s, alongside the A&E department, and the future role of the Walk-in-Centres.
29.	A GP practice	We agree – this is already in the proposals	
30.	A pharmacy	We agree – this is already in the proposals	