

Lewisham Healthier Communities Select Committee

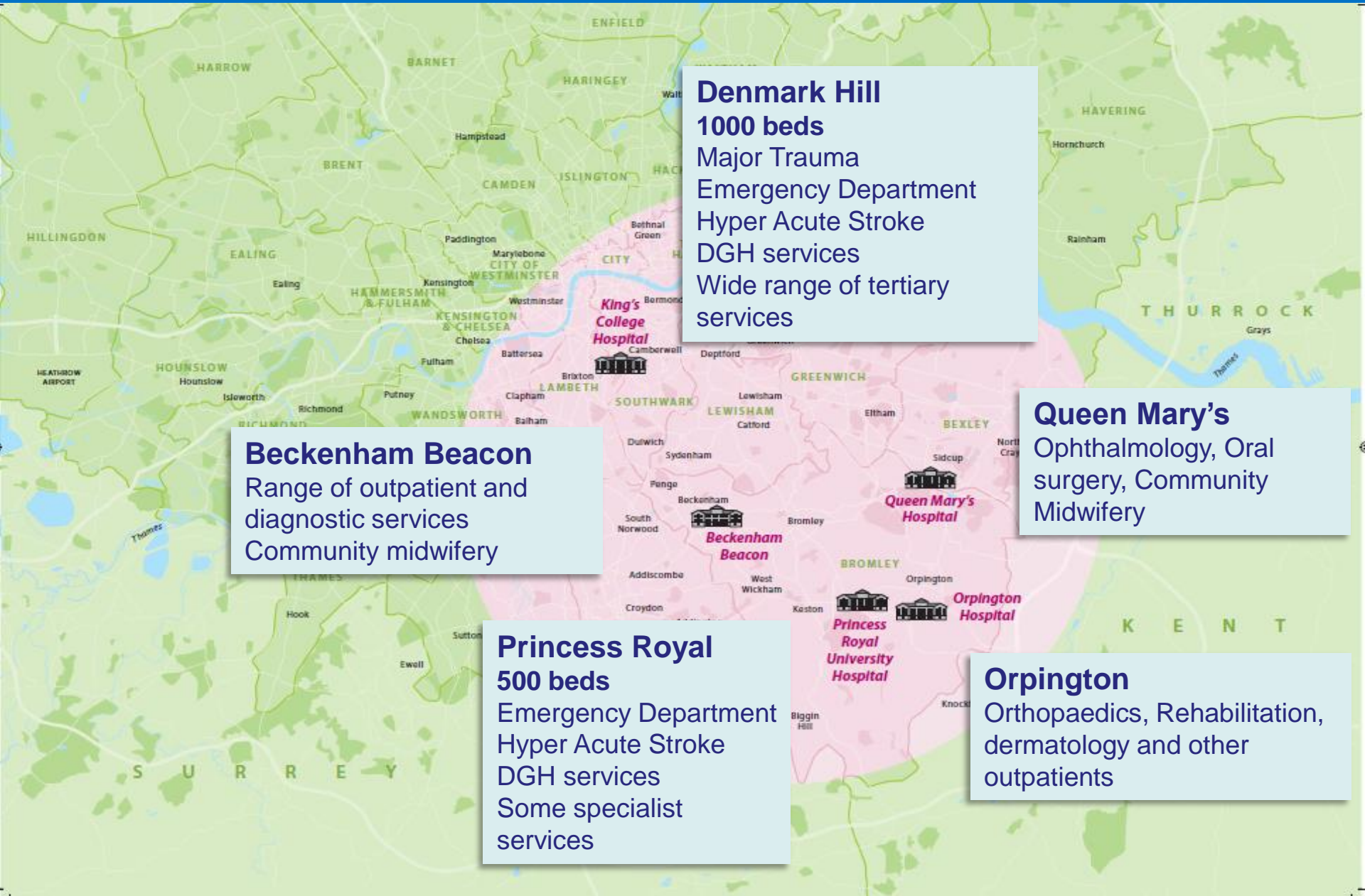
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Strategic Development



KING'S HEALTH PARTNERS

King's Today – one Trust many sites



Denmark Hill
1000 beds
Major Trauma
Emergency Department
Hyper Acute Stroke
DGH services
Wide range of tertiary services

Beckenham Beacon
Range of outpatient and diagnostic services
Community midwifery

Princess Royal
500 beds
Emergency Department
Hyper Acute Stroke
DGH services
Some specialist services

Queen Mary's
Ophthalmology, Oral surgery, Community Midwifery

Orpington
Orthopaedics, Rehabilitation, dermatology and other outpatients

- In 14/15 Lewisham patients were 7.2% of King's activity
 - Of Denmark Hill activity the total from Lewisham is 11%
The top specialties are:
 - Ophthalmology
 - General medicine
 - Haematology (Clinical)
 - Obstetrics
 - Oral surgery
 - Cardiology
 - General surgery
 - Of PRUH activity the total from Lewisham is 1.7%
The top specialties are:
 - General Medicine
 - General Surgery
 - Obstetrics
 - Gynaecology
 - A&E

Our finances

- As with most NHS organisations, we have a serious ongoing deficit – our target is for a £65m deficit at the end of the financial year
- To reach this position we need to save 8 % of turnover - £86m. So far this year we have identified £74m of savings but this still leaves a £12m gap.
- We are optimistic that we will meet the target at year end but we also need to ensure that our income is in line with expenditure
- A five year financial recovery plan has been submitted to Monitor – next year's saving's target will be another challenging 5% - £50 million
- Our savings alone will not be sufficient in the longer term, we need to change the way we deliver services, working in partnership with commissioners and other health partners
- Next year we will be launching a Transformation Programme across the Trust that will help us meet our financial targets and where the focus will be on sustainable cost efficiencies

Our challenges

Over the next few years King's will be particularly challenged in the following areas:

- **Finance** - We started the year with a deficit and have set a ambitious cost savings target of 8% of turnover this year (£86m), and 5 % for the four years following that (£50m per year)
- **Demand** – Patient demand for services continues to rise , especially around emergency attendance, admissions and length of stay. During peak winter months we are under even greater pressure. Emergency bed days have risen by 12% in two years at Denmark Hill and by 8% equivalent in one year at PRUH.
- **Capacity** – We cannot keep pace with demand from emergency patients - this leads to cancellation of planned admissions and longer waiting lists for patients. Estimates show that by 2020 we will have a shortage of 360 beds

How can we meet these challenges ?

Productivity improvements

- Improve length of stay
- More Day Case operations
- Operating Theatres efficiency
- Alternatives to Outpatients

Delivering integrated care

- Prevention
- Admissions avoidance
- Reduce delayed transfers of care
- Long term conditions - inc.mental health
- End of Life Care

Service developments

- Consolidation of services
- Reconfigure and redesign services
- Utilising alternative/increasing capacity
- KHP institutes

Where will we get to ?

Through delivering improvements across productivity, efficiency, integrated care, service development and commercial activity

£77m

Estimate of savings achieved

- £50m – productivity, efficiency and integrated care
- £21m – service developments
- £6m commercial services

£76m

Savings gap

We will still be very far away from achieving the savings required – 5% a year for three years

262

Estimate of bed capacity achieved

- 180 – Denmark Hill
- 100 – PRUH
- -18 – Orpington (increased bed gap)

98

Capacity gap

We will still be very far away from meeting the predicted demand for 360 beds

Summary – working together to bridge the gap

- The challenge we have set for ourselves is hugely ambitious and even achieving it will not be enough to secure a sustainable future
- We can't solve this problem alone – it is system wide
- The only way to address the gap is to go further than we have before, developing a closer and deeper partnership with others in our health economies
- We must change the way we think and the way we do things