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Dear Colleague

Delivering our vision for the NHS in the region in economically challenging times

At a national, regional and local level the NHS has been setting out its plans to improve the quality of healthcare, patient outcomes and productivity.

We are now at the right point to communicate more widely about this work in the South East Coast region, so I am writing to you ahead of our meeting on Thursday to describe our plans for offering more and better care that will narrow the gap between expected future demand for care and resources. I also want to describe how the NHS and our partners across the region can best work together to achieve our common ambition of getting better quality health and care for the taxpayers' money we spend.

The scale of the challenge

In the emergency budget on 22 June, the Chancellor reiterated the government's commitment to real terms increases in the NHS budget throughout this parliament. However, that must be set against what we know are real pressures on health services. Our ageing population and increasing demands for ever more complex and costly care will result in a widening gap between need and resources unless we act.

For example, our population is growing disproportionately in the age groups over 65. The greater amount of ill health amongst over 65s means they already account for 51% of acute care spending despite constituting only 18% of the population.

We estimate that the combination of underlying cost pressures, demographic change and medical advances means that the region will need to deliver permanent improvements to the value of £1.1 billion by 2013/14. We will do this by tackling demand through prevention and wellbeing initiatives, and by improving productivity and delivering efficiency savings that can be reinvested in services to keep pace with the demographic pressures and technological advances.

Nationally, the trend is similar. Sir David Nicholson has identified that, for the NHS as a whole, the value of the resources that will have to be released for improvements in other areas of care is £15 billion to £20 billion by 2013/14, or less if preventative measures are effective.

In the South East Coast region we have identified over £600 million of efficiency and productivity gains across eight clinical pathways from birth to end of life and more than £550 million across eight additional programmes that will enable transformation of services. We will discuss this in more detail when we meet.

In terms of our management costs, the government has asked the NHS to go even further, faster. Our management costs must reduce to two thirds of 2008/09 levels by 2013/14, with very significant progress to be made during this and next year.

Beneath these programmes sit a series of projects that will deliver efficiency improvements and release resources that we can reinvest to improve the quality of care and patient outcomes.

Delivering our vision in challenging times

Our regional vision, *Healthier people, excellent care*, is our blueprint for transforming health and care so that it is more effective, efficient and equitable. Our vision was founded on widespread engagement with patients, the public, GPs and NHS staff including consultants and allied health professionals. It has local support from frontline staff and clinicians and from government. Andrew Lansley, Secretary of State for Health, quoted from our regional vision saying, "We must aim for a zero tolerance approach to hospital-acquired infections."

In line with government policy, we will be delivering the strategy through strengthened GP commissioning arrangements and fuller, meaningful patient and public engagement.

Our focus is on quality, innovation, productivity and prevention – and how we empower the local NHS to drive change at pace for the benefit of patients, while continuing to focus on reducing health inequalities across the region.

We are concentrating our efforts on immediate improvements in patient health outcomes, productivity and efficiency, and we will continue to do so. We will achieve this by building on proven best practice and spreading it across the region.

The results will be fewer people admitted to hospital, shorter stays for those people who are admitted, more care for patients that is closer to home and better outcomes from treatment and better health overall. This is better for patients and means that taxpayers' money is well spent.

Key areas of focus include:

- Transforming systems of care for patients with long-term conditions
- Ensuring acute care is accessible via a single integrated point of access
- Improving primary and secondary prevention of long-term illness

- Promoting the adoption and spread of innovative best practice.

We will discuss these in more detail when we meet.

The benefits of the work will be delivered principally at local level, with some initiatives delivered countywide and regionwide. Delivery will be through routine commissioning arrangements or specifically established projects and programmes.

Across the region, a leadership coalition of chairs, chief executives and clinical leaders is mobilising staff to deliver the quality and productivity changes needed. We are also working with colleagues at all levels of the NHS and within partner organisations who are increasingly determined to transform healthcare to meet the challenges ahead.

We have clearly defined systems in place to ensure local managerial and clinical leaders are aligned and delivering this work locally. In Kent, the lead chief executive for the county is Steve Phoenix, with Sue Braysher managing the programme. John Wilderspin is the lead chief executive for Sussex and Anne Walker will be the chief executive in charge of the Surrey county hub once she assumes the role of chief executive at NHS Surrey.

Three SHA executive directors have been appointed to work with each of the three counties: Vanessa Harris for Kent and Medway, Sue Webb for Sussex and Guy Boersma for Surrey.

Each workstream also has a regionwide clinical lead with managerial support and can draw upon the expertise of regionwide clinical networks.

NHS staff across the region are working hard to deliver improved quality, innovation, productivity and prevention, not just because we need to do so to live within financial constraints, but also because it is the right thing to do in terms of ensuring quality of outcome is our organising principle. We all share an ambition to improve quality for patients and value for taxpayers. This is not a choice between saving money and saving lives. Better quality care can and does save money.

I hope this gives you enough information to digest ahead of our meeting, and I look forward to discussing this with you in more detail on Thursday where we will be able to tell you about some examples of the sort of work the NHS is doing in the region to achieve these goals.

Yours sincerely



Candy Morris
Chief Executive
NHS South East Coast

