System-wide Transformation
DRAFT

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Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Introduction and Context

Introduction

- Rising demand, workforce shortages, and unequal access to care are placing unsustainable pressure on the NHS in Devon, particularly for the aging population in Devon. The 10-Year Health Plan aims to transform care by shifting focus toward prevention, community-based services, and digital innovation whilst supporting staff and addressing inequalities across Devon's largely rural and aging population. There is a need for accessible, joined up, and personalised care that leverages technology and partnership working.

- NHS Devon has set out its five-year Health and Care Strategy and commissioning intentions to guide the transformation of health and care across the county, accelerating our transition to a future model of care – one where Neighbourhoods become the default delivery point for any activity that does not require a specialist setting.

- This clinical vision reflects our commitment to delivering integrated, person-centred care that is closer to home, more proactive, and more sustainable. It aligns with the NHS Long Term Plan and its three transformative shifts.

- Building on the progress made over the past three years, we are now entering a phase of deeper transformation that will reshape activity across our system. This transformation must be achieved at a significantly reduced cost, to address Devon's long-term sustainability challenges, requiring a comprehensive review of all current areas of commissioning.

- While the pressures are significant, there are opportunities to build a better, fairer, and more sustainable health service for the future.

Why change is needed – key messages

Demographics	A rapidly ageing population driving higher health need, multi-morbidity and end-of-life demand
Inequalities	Deprivation and rurality shape outcomes and access; inclusion health groups face persistent barriers
Finance	Underlying fragility and limited investment headroom require productivity improvement and value by design
Workforce	Supply, retention and skill-mix pressures; productivity below pre-COVID; variable culture and digital readiness
Quality and access	Sustained urgent and emergency care (UEC) pressure, diagnostics constraints, variable experience, and long waits in some pathways
Performance	Significant pressure across urgent, elective, cancer and mental health pathways, with front-door congestion, diagnostic backlogs and delayed discharge continuing to pull key standards off trajectory
Digital	Devon has significant room to strengthen digital capability, with priorities around leadership, workforce, citizen access and a single digital front door
Public insight	Consistent support for preventative, local, digitally-enabled care that is easier to navigate

Conclusion: change is unavoidable. The system must shift delivery into neighbourhoods, design for prevention, standardise specialist services, tackle variation and incorporate best practice — with productivity and equity built in from the start — and the public are generally supportive of the direction of travel

Transformation Programme Scope

Delivering Transformation

Clinical Strategy

Neighbourhood/Place Transformation

- **Aim**
  - To deliver services as close to people's home as possible.
- **Programmes of work**
  - Neighbourhood Framework
  - Neighbourhood Services (all age, physical health, mental health, complex needs inc primary care)
  - Long Term Conditions (CVD, Diabetes, Respiratory)
  - Frailty (inc End of Life care)

System-wide improvement/ Pathway Transformation

- **Aim**
  - To improve productivity of existing services to deliver best value
- **Programmes of work**
  - Pathway Redesign and Improvement
    - Outpatient Transformation
    - Standardised Pathways
  - Shared/Corporate Services (inc digital and workforce)

Strategic and Structural Transformation

- **Aim**
  - To develop and deliver a sustainable health care environment in Devon
- **Programmes of work**
  - Surgical Services
  - UEC and Medical Services
  - Paediatric Services
  - Maternity and Neonatal Services

Neighbourhood Transformation

The ambition for the neighbourhood transformation programme is to deliver cohesive, integrated teams across physical and mental health, working together to care for all ages of our population as close to home as possible with a radical shift of care from specialist settings into neighbourhoods.

- Developing a **framework for neighbourhoods** with integrated leadership with outlined responsibilities and accountability.
- Ensuring **population health data and insights** provides meaningful stratification and segmentation at a local level to support a focus on key priorities.
- Developing a **core community and primary care offer** providing the right foundations on which to build and deliver a core, consistent offer for both urgent (24/7) and routine support (all age, physical and mental health) with reduction in community waiting lists and No Criteria to Reside.
- Encouraging neighbourhoods to work in an integrated way to take a **proactive approach to prevention with anticipatory care planning** becoming routine for known individuals who are high-intensity-service-users, on an end-of-life pathway, or living with a chronic condition so that there is easy access to advice and information to escalate care without reverting to an emergency attendance or admission.
- Deploying of **single point of access approach** providing clinical expertise to primary care, community teams and ambulance services to ensure that where possible, admission can be avoided, and acutely unwell people are directed to the most appropriate hospital to meet their needs first-time.
- Developing a bridge between acute trusts and neighbourhoods using specialist expertise to support neighbourhoods/place to keep people in their own homes where possible. This includes the **Hospital @ Home and frailty offer**.
- Embedding **End of Life Care** in neighbourhood services

System-wide Improvement and Pathway Transformation

The ambition is that system wide improvement and pathway transformation programme will deliver whole scale transformation to move care into neighbourhoods and deliver in-year system improvement.

- **Pathway redesign and improvement** (all age) including:
  - Networked Service Approach (for identified high volume specialities) - identification of parts of the pathway that can be optimally delivered in the community; standardisation of clinical pathways and clinical decision making with adoption of best practice; introduction of a single PTL; and a consistent approach towards job planning (Ophthalmology, ENT, Dermatology, Gynae, MSK, Urology, OMFS, Stroke).
  - Productivity and Performance – productivity to GIRFT benchmark or comparable peer performance if better and implementation of GIRFT Best practice delivery pathways, incl HVLC metrics
  - Long Term Conditions – development of neighbourhood/place pathways for Long Term Conditions (diabetes, respiratory and CVD) that support the movement of outpatients into a multidisciplinary community setting which includes a focus on prevention.
  - Outpatient Transformation: Reduction in outpatient appointments, increased use of PIFU in line with national requirements, national best practice, productivity and delivery of enhanced clinical triage and specialist advice through a single point of access model

- Maximising the benefits of **shared corporate services**, optimising the potential and benefits of the use of **digital solutions and electronic patient records** and standardisation of **workforce** policies and procedures, reduction in workforce numbers.

- **Clinical effectiveness and medicine management**

Strategic Service Change

As neighbourhoods develop to their full potential with a shift of care from specialist settings into the community and we increase standardisation, consistency and productivity across clinical pathways we need to consider the implications for our more specialist services. We need to ensure that these services are configured to deliver to the right footprint and are supported by the right organisational structures. Firstly, we need to ensure that services that sit between neighbourhood and acute hospitals are in the right place offering the right services to support neighbourhoods and avoid unnecessary use of specialist services, we then need to configure our specialist services in a way that offers safe and sustainable care

- Development of a sustainable **Community Urgent Care** model to support neighbourhoods to manage appropriate demand outside of Type 1 Emergency Departments.
- Development of a **short-stay Intermediate Care Bed** model to support neighbourhood Intermediate Care teams to manage people as close to home as possible either avoiding an admission to an acute hospital or to support earlier discharge
- Immediate review of **stand-alone midwifery led units** in relation to community-based maternity services and home births and hospital-based birthing services to ensure safe, effective and sustainable care .
- Development of a **UEC front door and medical services model** including assessment functions so that people whose urgent needs cannot be addressed in the community are seen in a timely and clinically appropriate manner.
- Review configuration of **acute paediatric services** to reflect the impact of the shift of services to the community ensure a safe, sustainable model for the future.
- Review configuration of **hospital based birthing services** to reflect the impact of changing demand and development of community maternity services to ensure a safe and sustainable model for the future.
- Review configuration of **surgical acute services** to reflect the developing clinical model, the shift of services into the community to ensure the most effective and sustainable model for the future. We would expect all acute hospital sites to move towards reduced reliance on inpatient care, with fewer centres providing specialist DGH services for reasons of critical mass for clinical outcomes and protected elective capacity for routine, high volume, non-complex activity.