Gaps in data - home dialysis

Avon

How many were intervened a to maintain functionality.

24/3/21 Recognising Vasc Services
The Good the Bad + Ugly

① Characterise service arrangements

② Identify/develop
Evaluation of Patient Centred Services
e PAQ - VAS - QoL questionnaire

Good - Better Outcomes } workstream
Bad } @ NBS
Ugly Barriers

Procedures
Specialties
How many
Individual team site/network

Workforce planning
Cost effect.

Bad - patient choice
Trade off better outcomes vs bad
Reduced access to services

Barriers: Money/management. Ugly.
Purchaser Provider split 1991
Private finance initiative 1992
Foundation Trust 2003
Payment by results 2004
Reference costs/tariffs
HRG's Health Care Reserve Group

Competition - Cross charging btwn Trust
Unmeasured/displaced
Disincentives to joint working
Consolidation of services to base hosp
Turf wars

Perverse incentives:
Defensive practice, distort practice to max income
Creative coding
Efficiencies, not cost effectiveness
Chasing target:
Private practice

Centralisation

Centralisation saves at a cost
Maintain local presence
Geo Pathway
Outreach Services
Repat for rehab
Funding arrangements be aware

24/3/21 BNSSG Stroke Programme
Lynda Matthews
Justin Pearson

Hyper Acute
Acute
Sub acute

What is preference / likely option
What in ideal world want
Stroke went from VT / carotid
imaging

Timeline: Public Consultation June 21 ✓
Implement Oct 2022
Merepts to Spread -

ASU + HSU @ NBT
? ASU @ BRI - no decided as
need Stroke cover for BHI

Fast tve's here

2 Rehab units:

* TIA daily Possibility to BRI *
- Cold cases → BRI -
ED → same day Hot Clinic

(A) → Ideal - not send to send
ppl → 7 day service
extend 8am-8pm on demand

funding - MRA - 2nd weekend

* 7 days - sufficient - *

ASCR - Core Clinical