

NHS Dorset CCG Clinical Services Review

Overview of review, analyse and design stage

May 2015



Decisions to be made by the Dorset CCG Governing Body

No.	Decisions to be made
1	Does the Governing Body agree with the out of acute hospital approach?
2	Does the Governing Body agree with the acute hospital models of care and site specific options?
3	Does the Governing Body approve the proposal to proceed to consultation?
4	Does the Governing Body approve the delegation of authority to the Chair and Accountable Officer to make minor amendments to the consultation proposal to address the external assurance feedback?
5	Does the Governing Body approve the delegation of authority to the Control and Assurance Group to sign off the consultation document?



Why we need to change Dorset's health system

1

We have a growing **elderly population** with **changing health** needs who are placing greater and new demands on services

2

We have **variable quality** in out of acute hospital care and patients reporting **difficulty accessing care**

3

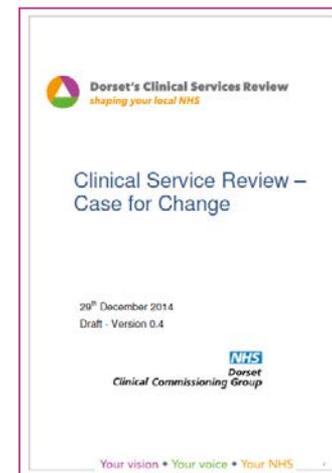
We have **variable quality** in acute hospital based care, particularly for more specialist services and with **some national quality standards not being met**

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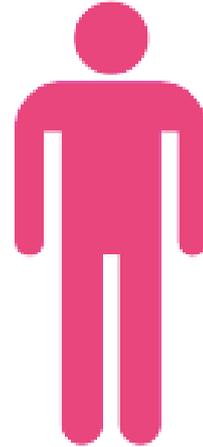
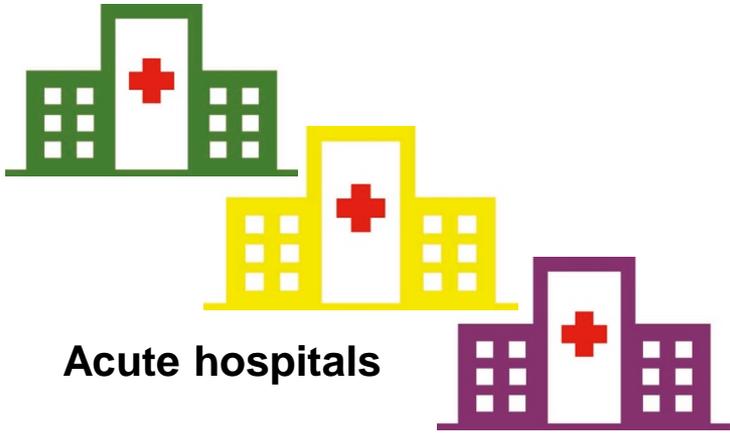
We have **shortages of healthcare staff**, including specialist consultants, which means it is difficult to ensure we have enough staff available, especially where 24/7 care is needed

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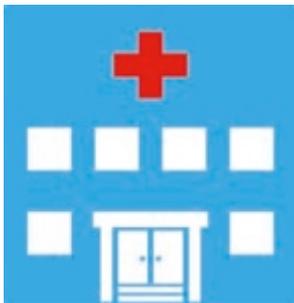
We have a growing **financial challenge** with average yearly demand growing at three times the rate of average yearly growth in income (1.7% as compared with 5.8%) resulting in an estimated annual funding gap from £167m to over £200m by 2020/21 for NHS Dorset commissioned services.



Our vision is an integrated local health system



Community hubs



GP practices and primary care



The benefits we expect for our local people and health care system by delivering the out of acute and acute hospital models of care (1/4)

Quality of care for all

- Care centred around the patient
- Meeting patients' physical and mental health needs
- Improved outcomes: morbidity and mortality
- Saving more lives by having 24/7 consultant on site led care
- Centres of excellence
- Right care in the right place at the right time
- Improved communication between clinicians across the health community
- Ensuring people have a positive experience of care
- Seamless integrated care
- Meeting national quality standards for key specialist services
- Reduced hospital admissions
- Reduced length of stay
- Increased focus on prevention

The benefits we expect for our local people and health care system by delivering the out of acute and acute hospital models of care (2/4)

Access to care for all

- Care delivered closer to home for more people
- More services available 7 days a week
- More services available up to 24 hours a day
- Easier access to hyper-acute and specialist services
- More services delivered in the community

Sustainability and value for money

- Closing predicted financial gap of between £167 to over £200 million per year by 2021 using,
 - new models of care
 - cost avoidance
 - in house productivity improvements
- Increased efficiency and value for money
- Further savings beyond 2021 through prevention



The benefits we expect for our local people and health care system by delivering the out of acute and acute hospital models of care (3/4)

Workforce

- Sustainable workforce with availability 24/7 where appropriate
- Attract and retain high calibre staff to Dorset
- Greater focus on multidisciplinary working
- Improved efficiency of working practices and reduced pressures on workforce
- Sufficient volumes of care per consultant to maintain skills and expertise

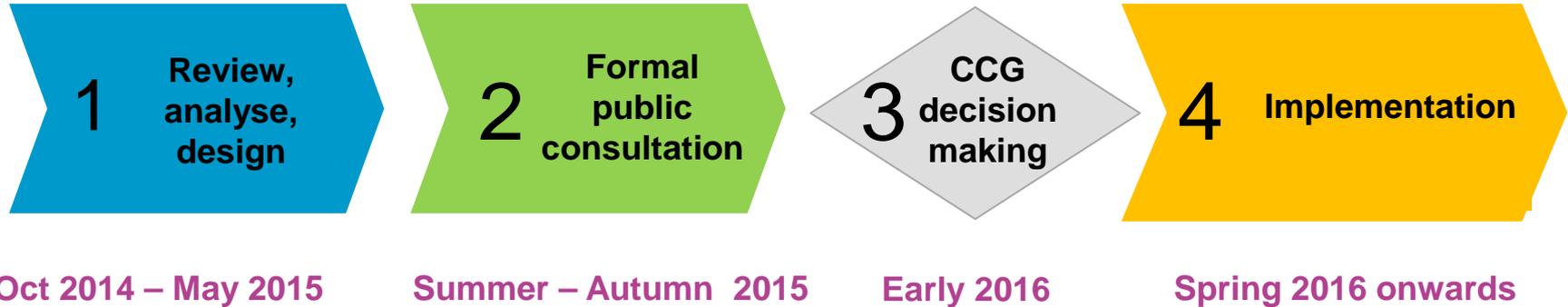


The benefits we expect for our local people and health care system by delivering the out of acute and acute hospital models of care (4/4)

Deliverability	<ul style="list-style-type: none">• A solution that can be largely implemented within 5 years• Service models supported by national guidance and best practice• Support from national bodies
Other (e.g., research and education)	<ul style="list-style-type: none">• Improved opportunities for training and education of clinicians in Dorset with networked working• Enhanced ability to attract research and development work and funding• More able to adopt new technologies, techniques and treatments

Our process for delivering this review

Clinical Services Review four stage review process

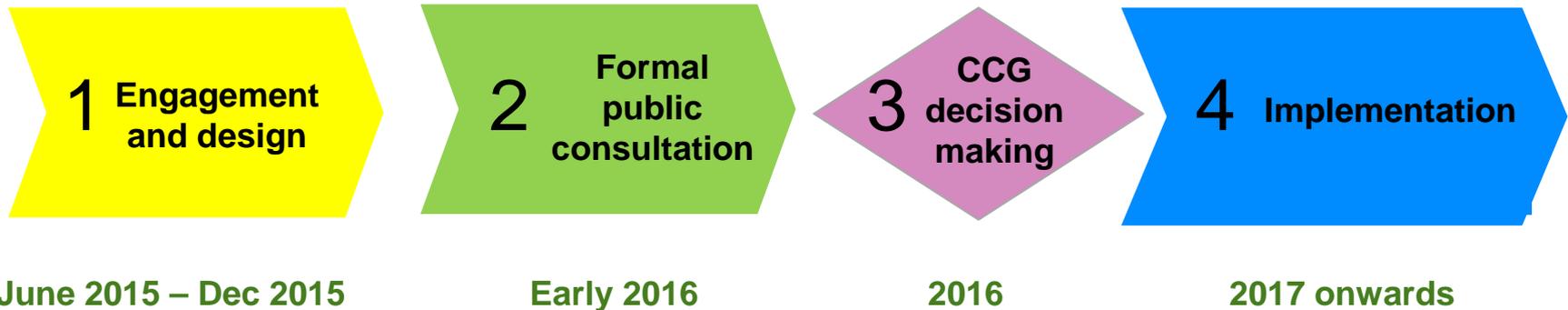


- We are now completing Stage 1 with an identified potential design for new ways in which care could be delivered to meet changing needs
- **Decisions on the major service models of care reconfiguration will be made early 2016**

Alignment with the mental health acute care pathway review

- A review of the mental health acute care pathway is also taking place
- This is an important complementary programme of work
- It will take into account the outcomes of the Clinical Services Review

Mental health acute care pathway review process



Over 300 local clinicians have been involved to identify the potential design Oct 2014 – May 2015

<p>CWG1 Nov 14</p>	<p>What are people's needs? How are services currently being provided? Is there a need to change?</p>
<p>CWG2 Dec 14</p>	<p>What is the local, national and international evidence and best practice? What does good look like? What model of care in and out of acute hospitals can best meet people's needs?</p>
<p>CWG3: Jan 15</p>	<p>What model of care in and out of acute hospitals can best meet people's needs? (continued from CWG2) What are the potential options we have for organising the delivery of acute hospital services? (eg. what range of services could we have and where could they be located?)</p>
<p>CWG4: Feb 15</p>	<p>What are the potential options we have for organising the delivery of acute hospital services? (continued from CWG3) Review of how Dorset might meet its out of acute hospital ambitions.</p>
<p>CWG5: Mar 15</p>	<p>What are the preferred options for the delivery of services (assessments against the agreed evaluation criteria)</p>

Who we have engaged pre-consultation?

Dorset's clinicians



Public, patients and carers	GPs and primary care teams	NHS staff	Other stakeholders
<p>525 people at 9 Public Information Events</p> <p>5 Patient and Public Engagement Group meetings</p> <p>Analysis of 29,000 survey responses (Big Ask and Citizen Panels)</p> <p>Information to 1,400 Health Involvement Network members</p>	<p>13 Locality based out of hospital discussion meetings</p> <p>50 Cluster and Locality meetings</p> <p>38 Practice Visits</p> <p>Development Workshops and Membership events</p>	<p>Meetings and briefings with Dorset CCG, acute hospitals, community and mental health services and ambulance service</p>	<p>Meetings and briefings with NHS England, Health & Wellbeing Boards, MPs, other CCGs, councillors, voluntary organisations</p>

The ambition to transform Dorset's out of acute hospital service provision... (1/2)

	From	To
Transformed primary care	<ul style="list-style-type: none"> Variations in performance 5-7 day services 	<ul style="list-style-type: none"> Consistent quality 7 day services
Rapid response to urgent health needs	<ul style="list-style-type: none"> Multiple overlapping services Limited access out of hours 	<ul style="list-style-type: none"> Single point of access Access to a range of professionals
Integrated care for people with long term conditions and the frail older people	<ul style="list-style-type: none"> Fragmented services and duplication of effort 	<ul style="list-style-type: none"> Integrated locality based teams providing seamless services to patients

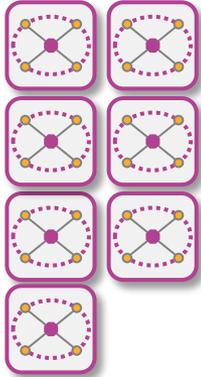
The ambition to transform Dorset's out of acute hospital service provision... (2/2)

	From	To
Efficient planned care close to patients' homes	<ul style="list-style-type: none"> Patients travelling to acute hospital location 	<ul style="list-style-type: none"> Outpatients and other planned care delivered at scale in the community
Support for people to recover independence quickly	<ul style="list-style-type: none"> People kept in hospital 	<ul style="list-style-type: none"> Home-based support services available Improved use of technology to recover independence
Workforce for the future	<ul style="list-style-type: none"> Clinical staff spending time on inappropriate tasks, travel and with little IT support 	<ul style="list-style-type: none"> Highly skilled staff to deliver physical and mental health care Staff using their specialist skills more Enhanced IT support

Proposal is to develop hubs to support the delivery of services at scale

(registered population ~ 280k)

(registered population ~ 500k)



- Develop 5-7 local hubs based on existing community hospital and potentially acute sites
- GP practices as part of a network



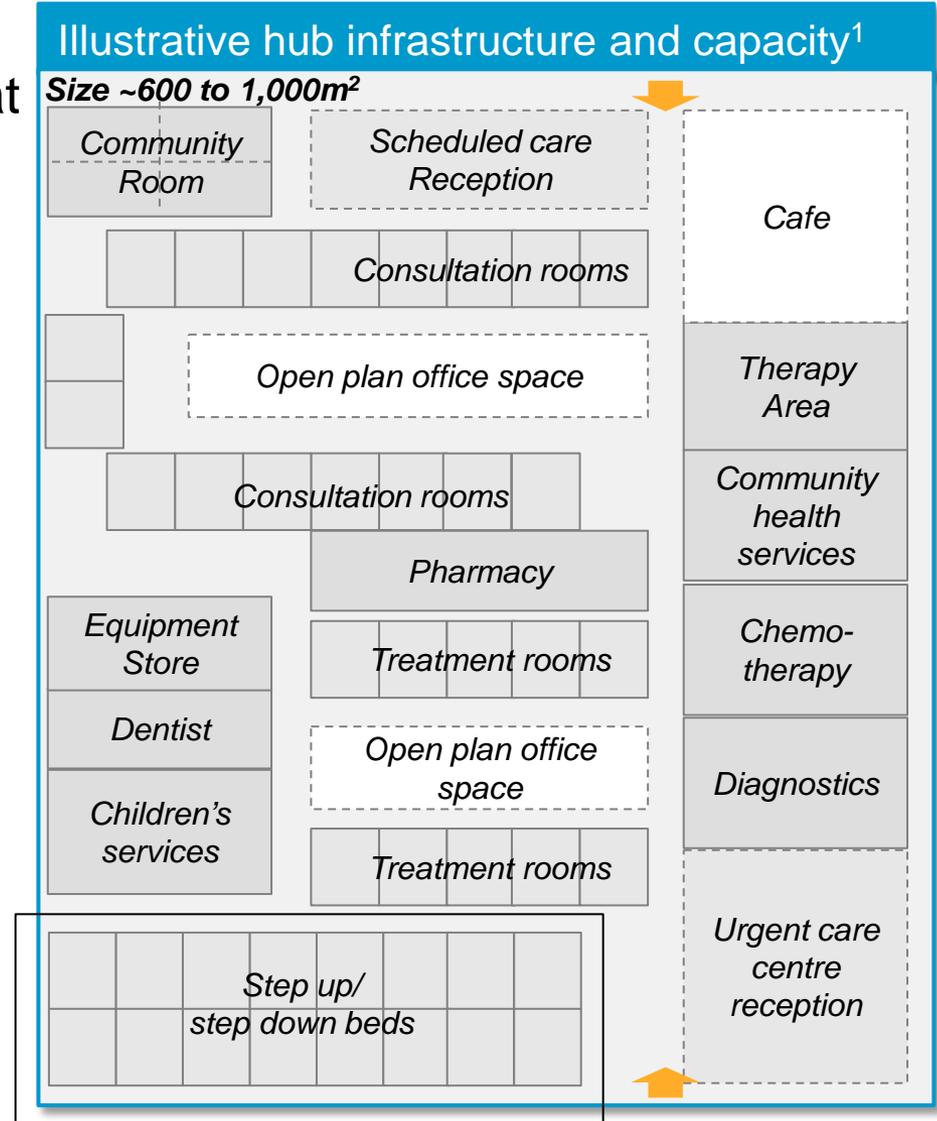
- Develop 2 large hubs, with one at the Major Planned Care Hospital site and one at community hospital
- Larger GP practices with urgent care, outpatients and primary care



Illustrative purposes only

Illustrative example of a hub

- Providing 'hub' services for a catchment population of 60,000 at a local hub and 125,000 at a larger hub
- Providing primary care services for catchment population of 30,000 at a local hub and 40,000 at a larger hub
- All the hubs will require multi use of rooms and utilisation for 10 hours a day, 7 days a week, including pharmacy and GP services
- Larger hubs would include step up/step down beds



The ambition to transform Dorset's acute hospital service provision...

- Local clinicians have defined different types of acute hospital service models for Dorset as informed by the Sir Bruce Keogh Review¹
- They have described three main acute hospital service types which are centres of excellence they would like to see provided for the people of Dorset
- They determined this is how 'good' could be delivered in Dorset

Major planned care hospital with an Urgent Care Centre
(as part of Dorset's A & E network)

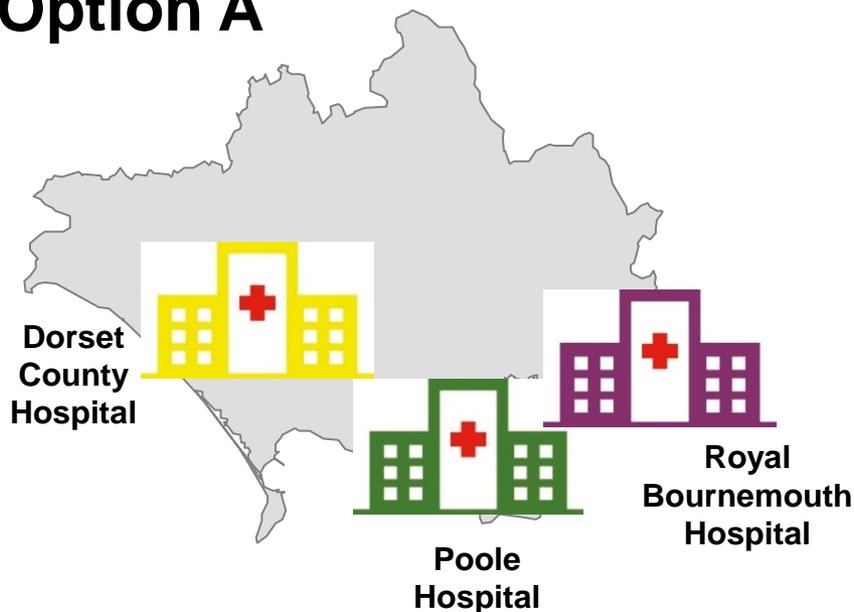
Major emergency hospital with A&E services

Planned care and emergency hospital with A&E services

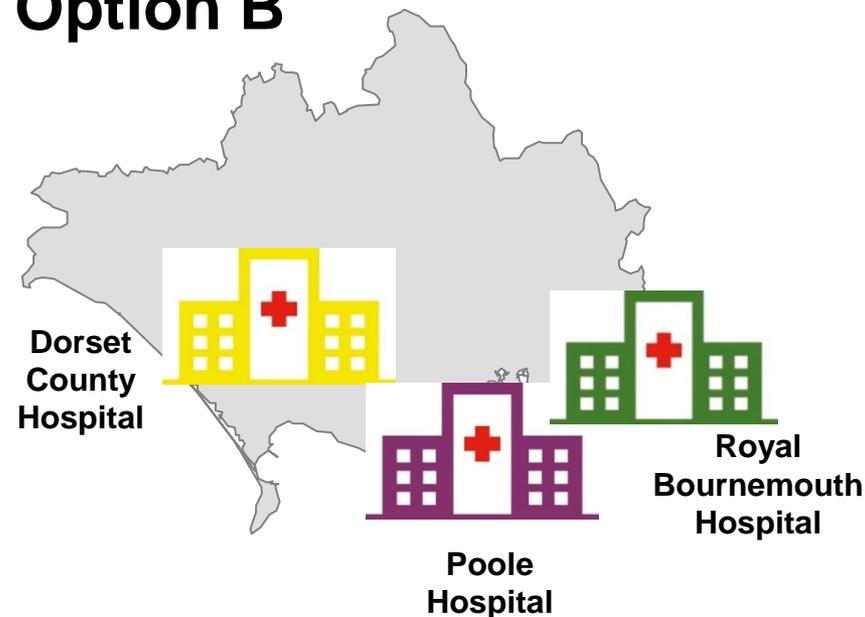
¹ *Transforming Urgent and emergency care services in England: Urgent and emergency care review, High quality care for all, now and for future generations. Nov 2013. NHSE.*

Two potential site specific options have been identified by clinicians for delivering the model of care for acute hospital based services

Option A



Option B



Major planned care hospital with Urgent Care Centre (as part of Dorset's A & E network)



Planned care & emergency hospital with A&E services



Major emergency hospital with A&E services

Major planned care hospital summary of services

Urgent and emergency care

- 24/7 Urgent Care Centre (as part of Dorset's A & E network) - GP led with consultant input in networked arrangement with integrated GP out of hours services
 - Sub-acute medical admissions
 - Rehabilitation beds
-

Planned and specialist

- High volume low complexity planned and day case surgery
 - Enhanced planned recovery unit
 - Planned medical interventions/admissions e.g. chemotherapy
 - Outpatients and diagnostics
-

Maternity and paediatrics

- Antenatal and postnatal care
 - Children's therapies and outpatients
-

Long term conditions & frail older people

- Integrated frailty service
- Primary and community care services on site
- Step up, step down beds
- Mental health care services (not inpatient beds)

Indicative no. of beds: ~180 to 300



Major emergency hospital summary of services

Urgent and emergency care

- 24/7 consultant delivered A&E with trauma
- 24/7 hyper-acute cardiac, stroke
- 24/7 consultant delivered emergency surgery in line with NCEPOD* recommendations
- Acute medical admissions
- 24/7 Gastrointestinal bleed rota

Planned and specialist

- Level 3 critical care
- High complex low volume planned care
- 24/7 interventional radiology
- Outpatients and diagnostics

Maternity and paediatrics

- High risk obstetrics with 24/7 consultant presence for maternity
- Alongside midwifery led unit
- Inpatient consultant delivered paediatrics 24/7
- Neonatal Intensive Care Unit level 2

Long term conditions & frail older people

- Integrated frailty service
- Mental health care services (not inpatient beds)
- Primary and community care services on site

**National Confidential Enquiry into Patient Outcome and Death
Indicative no. of beds: ~900 – 1,100*



Planned care and emergency hospital summary of services

**Services provided 24/7 across Dorset on a networked basis*

Urgent and emergency care

- 24/7 A&E with 14/7 consultant presence*
- Hyper-acute cardiac Monday to Friday, 8 hours a day*
- Non-interventional cardiac – 12/7 in line with 7 day a week working*
- Hyper-acute stroke service 14/7*
- Stroke unit and stroke rehabilitation
- Emergency surgery 14/7*
- Acute medical admissions*

Planned and specialist

- Level 3 Critical Care*
- High volume low complexity planned and day case surgery
- Interventional radiology - Monday to Friday, 8 hours a day*
- Outpatients and diagnostics

Maternity and Paediatrics

- 24/7 consultant led cover with an increase to approx. 60 hours per week on labour unit and 108 hours on call at night (either resident or at home if within 30 minutes)*
- Alongside midwifery led unit
- Neonatal care*

Long term conditions & frail older people

- Develop paediatric assessment unit 16/7 with full consultant presence*
- Integrated frailty service
- Primary and community care services on site
- Mental health care services (not inpatient beds)

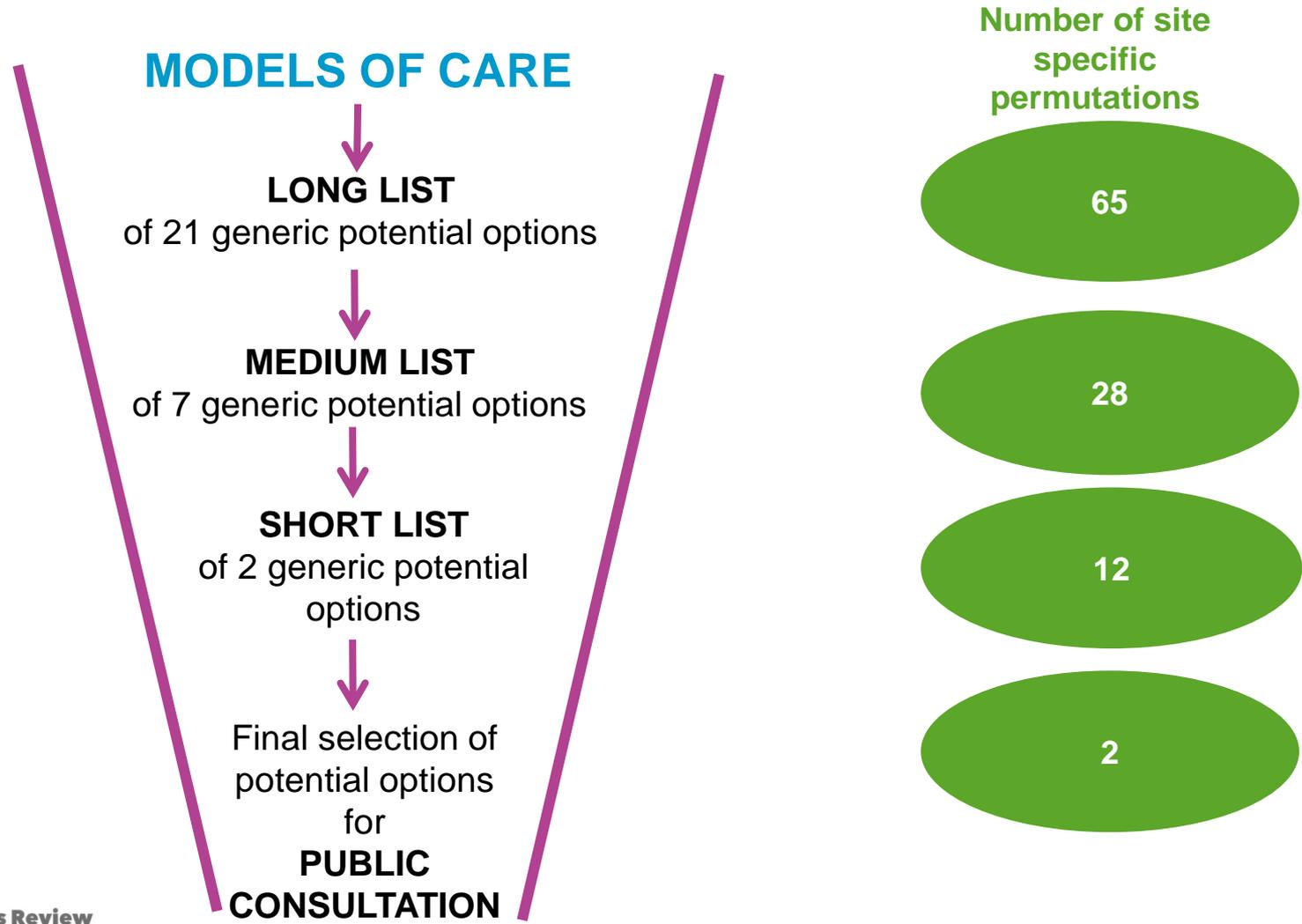
Indicative no. of beds: ~320 - 360



Full evaluation criteria

Criteria ¹	Sub-criteria	Description
1 Quality of care for all	<ul style="list-style-type: none"> Clinical effectiveness Patient and carer experience Safety 	<ul style="list-style-type: none"> Improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites Improved patient and carer experience (overall holistic/personalised care, respect and involvement in decisions and consistency) with excellent communication and improved estate Expected impact on excess mortality, serious untoward incidents
2 Access to care for all	<ul style="list-style-type: none"> Distance and time to access services Service operating hours Patient choice 	<ul style="list-style-type: none"> Impact on population weighted average travel times (blue light, off-peak car, peak car, public transport) to reflect average impact for emergency and elective treatment and total impact for more isolated and/ or rural populations Ability of model to facilitate 7 day working and improved access to care out of hours No. of sites delivering emergency, obstetrics, elective, outpatients, diagnostics; no. of Trusts with major hospital sites
3 Affordability and value for money	<ul style="list-style-type: none"> Capital cost to the system Transition costs Net present value Meet license conditions 	<ul style="list-style-type: none"> Capital requirement to achieve required capacity & quality One off costs (excl. capital & receipts) to implement changes Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis Meets regulatory requirements e.g. surpluses generated by each Foundation Trust
4 Workforce	<ul style="list-style-type: none"> Scale of impact Sustainability Loss of Dorset workforce 	<ul style="list-style-type: none"> Potential impact on current staff and retraining required Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and taking into account recruitment challenges and change in what work force does i.e. ability to ensure sufficient people with the right skills in the right places? Potential impact on staff attrition due to change
5 Deliverability	<ul style="list-style-type: none"> Expected time to deliver Co-dependencies with other strategies 	<ul style="list-style-type: none"> Ease of delivering change within 3-5 years Alignment with other strategic changes (e.g. Better Together, national and local NHS strategies) and provides a flexible platform for the future
6 Other (e.g., research and education)	<ul style="list-style-type: none"> Disruption to education & research Support current & future education & research delivery 	<ul style="list-style-type: none"> Disruption to Research and Education Support for current and developing research and education delivery e.g. meeting college standards of training individuals and service specifications

Clinicians considered a large number of options for how the services could be organised and the results of analysis and assessment against the evaluation criteria



What we will be consulting on (1/2)

Thematic area	Public views about and levels of support around:
The need to change	Why change is required and acceptance that the status quo is neither sustainable or desirable
Our vision for healthcare in Dorset	Agreement with the CCG's overarching vision



What we will be consulting on (2/2)

Thematic area	Public views about and levels of support around:
Transforming our out of acute hospital provision to provide high quality, safe and sustainable care	Changing model of out of acute hospital care focused on bringing more care closer to people's homes, offering a greater range of services locally (based on a scale model), making best use of estates
Transforming our acute hospitals to provide high quality, safe and sustainable care	Changing model of acute hospital care with centres of excellence that can offer specialist and day-to-day acute emergency, urgent and planned care . Consulting on site specific options (Option A and B) for new ways to organise care
Implementation of the agreed solution	Any specific issues of note or to be aware of during implementation (e.g. public transport routes, sequencing of new and old services)



Proposed timetable

