Agenda Item 5

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**19 June 2012**
By:	**Assistant Chief Executive**
Title of report:	**East Sussex Healthcare NHS Trust Clinical Strategy – proposals for service change**
Purpose of report:	**To receive proposals from NHS Sussex and East Sussex Healthcare NHS Trust for changes in the provision of health services in East Sussex arising from the Trust's Clinical Strategy.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Agree that the service change proposals set out in appendix 1 constitute 'substantial variation' to health service provision requiring statutory consultation with HOSC under health scrutiny legislation.**
2. **Agree that HOSC will undertake a detailed review of the proposals from July to October 2012 in order to prepare a report and recommendations.**

1. Background

1.1 Over the past 18 months East Sussex Healthcare NHS Trust (ESHT) has been developing a Clinical Strategy known as *'Shaping our Future'*. The strategy sets out the future direction for the Trust, taking into account the national and local context. It is intended to support the organisation in taking a consistent and coherent approach to developing and reconfiguring its services over the next five years.

1.2 HOSC has followed the strategy development process closely, receiving updates on the progress of the work at its meetings in March, June, September and November 2011 and March 2012. In September 2011, HOSC agreed to establish a Task Group to provide additional oversight and scrutiny during the final phase of the strategy development. The Task Group has met monthly since October 2011 and provided feedback to the main committee during this period.

1.3 The Trust Board has now reached the stage of having identified a set of services where it believes substantial change is needed to ensure clinically and financially sustainable services for the future. Preferred options have been identified for the future configuration of these services. The Trust has agreed with its commissioners, NHS Sussex (the Primary Care Trust cluster, which incorporates the three developing Clinical Commissioning Groups for East Sussex), to put forward these proposals for public consultation.

1.4 The final decision on any change to the configuration of services will be made by the Board of NHS Sussex as the body which exercises statutory responsibility for the commissioning of services until April 2013. The NHS Sussex Board will be informed by the views of the Clinical Commissioning Groups, who will take over commissioning responsibilities from that date, and the view of the ESHT Board. Decisions will be made following consideration of the outcomes of the consultation process.

2. Clinical Strategy service change proposals

2.1 The Clinical Strategy is based on preferred models of care across eight primary access points (PAPs): emergency care; acute medicine; general surgery; cardiology; stroke; trauma and

orthopaedics; paediatrics and maternity. These services, many of which are interdependent, represent 80% of the Trust's current income and are integral to its future success. The development of models of care was led by a stakeholder group for each PAP, including ESHT clinicians and other Trust/NHS staff, key patient groups and commissioner representatives.

2.2 Having agreed preferred models of care, the PAP groups developed a number of potential delivery options for each service area, which were then assessed to determine which could be taken forward as potentially viable ways to deliver the service in the future.

2.3 Potential delivery options entailed varying levels of change to the way the service is currently delivered. HOSC has previously noted that the sort of change emerging from the Clinical Strategy falls into three categories:

- Increasing operational efficiency and effectiveness
- Service redesign – changing the care pathway experienced by patients
- Service reconfiguration – changing the service model, such as where or whether a service is provided in the future.

2.4 The Trust has now identified preferred options (for most of the PAP services) which it believes will best deliver the agreed model of care in a clinically and financially sustainable way. The Trust has also identified those PAPs where the preferred delivery option involves making substantial change to services, i.e. service reconfiguration.

2.5 The proposals for service reconfiguration are set out in the report at appendix 1. This document summarises the context, the case for change, the specific proposals being put forward for consultation and the anticipated benefits.

2.6 The proposals involve reconfiguration of these specific services:

- Hyper acute and acute stroke care
- Emergency and higher risk elective (planned) general surgery
- Emergency and higher risk elective (planned) orthopaedic surgery

2.7 For each of these services the preferred option is to provide the service from one acute (main) hospital site only. The two acute hospital sites, which both currently provide the above services, are Eastbourne District General Hospital and the Conquest Hospital in Hastings. There is no recommendation as to the preferred site for the location of the services and the Trust has indicated that they could be provided at either site. However, emergency and higher risk general surgery and orthopaedic surgery are interdependent and therefore must be located at the same hospital.

2.8 It is important to note that remaining delivery options for the maternity and paediatrics PAPs also represent potential substantial service change. However, there is ongoing work on the future provision of these specialties across the whole of Sussex (East, West and Brighton & Hove) through the Sussex Together programme, led by NHS Sussex, which is not yet complete. Service changes for these PAPs are not therefore being put forward at this time, but may be proposed at a later date.

2.9 It is also important to note that the Clinical Strategy does involve making changes to the provision of acute medicine, cardiology and emergency care, although there are no specific proposals being put forward for consultation from these PAPs. The acute medicine and cardiology services will be redesigned, but will continue to be provided at both main hospital sites, so there is no proposed reconfiguration. Emergency care (A&E) will also continue to be provided on both sites. If emergency orthopaedic and general surgery were to be provided at a single site, patients requiring these services would be taken to the A&E department at the hospital where they are located. This A&E department would also be the designated Trauma Unit in East Sussex.

2.10 Dr Andy Slater, Medical Director (Strategy) at ESHT will present the proposals to HOSC. A copy of the presentation is attached at appendix 2. Darren Grayson, Chief Executive, Dr Amanda Harrison, Director of Strategic Development and Assurance, and Catherine Ashton, Programme

Director, ESHT, and Amanda Philpott, Director of Strategy and Provider Development, NHS Sussex will also attend to discuss the proposals.

3. Consultation with HOSC

3.1 NHS bodies have a statutory duty to consult the relevant HOSC(s) on any proposal to make substantial variation or development to the provision of services.

3.2 What constitutes 'substantial variation or development' is not defined in legislation. It is a matter for local agreement between the NHS and relevant HOSC(s).

3.3 In November 2011, HOSC agreed in principle that proposed changes emerging from the Clinical Strategy which constitute service reconfiguration would be considered 'substantial variation' to services requiring formal consultation with the Committee under health scrutiny legislation. HOSC is recommended to agree that the specific proposals outlined in appendix 1, which represent service reconfiguration, do constitute substantial variation and require the NHS to consult formally with the Committee.

3.4 HOSC has a duty to respond to any NHS body making proposals for substantial variation to services, having considered the proposals and the evidence. HOSC is asked to agree to undertake a detailed review into the proposals in order to prepare a report and recommendations in response. This will involve seeking a range of views on the proposals from NHS organisations, clinicians, key patient/public representatives and other stakeholders such as Adult Social Care, and reviewing key documentary evidence.

3.5 Although it is for the consulting NHS organisations to determine the appropriate level of public involvement and consultation on service change, proportionate to the scale of the change, HOSC's view on what constitutes substantial change has guided NHS Sussex and ESHT. The intention is to undertake a full public consultation process on the areas of proposed service reconfiguration which are also subject to consultation with HOSC. A separate report on the planned public consultation process is at item 6 on this agenda.

3.6 As outlined above, the implementation of the Clinical Strategy involves significant service development through redesign and efficiency and productivity changes, as well as those changes which fall into the category of reconfiguration. Where changes are not considered substantial, and are not subject to formal consultation with HOSC or the public, there remains a duty on the NHS to undertake appropriate patient and public engagement, which may include oversight by HOSC as part of the Committee's ongoing work programme.

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East Sussex Healthcare NHS
NHS Trust

Shaping Our Future: East Sussex Service Reconfiguration

1. Proposals for Service Change

1.1 This document sets out the proposals for delivering improvements in the quality and sustainability of Stroke, General Surgery and Musculoskeletal services provided by East Sussex Healthcare Trust (ESHT, the Trust) to the population of East Sussex.

1.2 These proposals are set in the context of a wider strategic review that aims to deliver improvements in patient care and outcomes for a wide range of clinical services by ensuring patients receive the right care in the right place at the right time. These improvements should result in a significant decrease in the numbers of patients being treated in acute care settings and an increase in the number of patients treated within a community setting.

Aims

1.3 The overall aim of the healthcare strategy for East Sussex is to ensure the provision of high quality, safe and sustainable services which enable the development of centres of excellence and improve the healthcare outcomes for local people. Services changes should be clinically led and put patients at the heart of self-management and self-care.

1.4 Intentions for commissioning are on keeping people healthy and independent for as long as possible, maintaining and enhancing quality of life, addressing inequalities and recognising the health needs and diversity of the local population. This supports the aim to reduce emergency hospital admissions and unnecessary journeys to hospitals for appointments and x-rays, by providing alternatives closer to people's own communities and local doctors. In order to reduce the amount of activity that takes place in an acute hospital setting, primary, community, acute and social care services need to be working more cohesively to provide better, patient-centred services.

1.5 Delivering these aims requires a local health economy wide approach to improving the quality of care by ensuring that services are integrated and patients are treated in the right place at the right time by health and social care teams who are appropriately skilled and resourced. It also requires that the healthcare system is designed and configured to best meet the needs of local people within the available resources.

Transforming services to improve patient care

1.6 The strategic plans for transforming services in East Sussex centres on moving the emphasis from traditional divisions between health and social care and hospital and primary care to a much more integrated or joined-up pattern of services. They reflect the intention to shift the setting of care from acute hospitals to community and primary care provision wherever appropriate and to raise the quality and improve the sustainability of the services provided in all settings.

1.7 The majority of this transformational change can be delivered through improving the design of services to ensure that they are focused on prevention of illness, timely access to expert care, minimising the exacerbations of long term conditions and early and effective rehabilitation. More care will be shifted to community settings and the need for hospital treatments and long lengths of stay minimised. However, in some instances re-design and efficiency will not be sufficient to meet the aim of improving services and achieving improved outcomes for patients and reconfiguration must be considered.

1.8 The NHS, together with social care across Sussex is committed to delivering audacious goals that will transform services. Their implementation of these goals will ensure that local services can meet local needs by providing the right care in the right place at the right time and will deliver:

- improved quality and safety,
- improved outcomes for patients,
- improved patient experience and
- sustainability and affordability

Current service

1.9 Ensuring that patients receive the right care in the right place at the right time is the key to providing high quality and safe care. The quality of patient care and patient experience is adversely affected if patients are admitted to hospital when it is not necessary or if they stay longer than is required for optimal care. Developments and innovation in clinical care increasingly focus on reducing the invasiveness of procedures and shortening the amount of time patients need to spend in hospital. In many cases delivering this care requires highly specialist skills and training as well as specialist equipment.

1.10 Whilst ESHT's performance in many areas relating to quality and safety is good the Trust is currently failing to meet a number of quality, national performance and best practice standards. This is particularly the case in relation to the quality standards for Stroke services and the standards required to achieve best practice tariffs within surgical specialties.

1.11 Quality and safety are further impacted if specialist staff are difficult to recruit or retain. Staff with specialist training and skills need and want to work in environments where their training is put to best use and their skills are constantly updated. National scarcity of some staff groups and changes in training numbers along with uncertainty about the future of services within the

Trust and areas of poor performance in relation to quality have impacted on the Trust's ability to recruit medical, nursing, AHP and technical staff in a number of areas. Concerted effort has gone in to addressing these issues but progress has been slow.

1.12 Stroke, General Surgery and Musculoskeletal/Orthopaedics have been identified as priority service areas for reconfiguration.

Process for reviewing the service

1.13 These proposals for change have been developed through a clinically led process that has secured stakeholder engagement at every stage and have the support of clinicians within the Trust and the local Clinical Commissioning Groups.

1.14 Delivering the Clinical Strategy and local commissioning intentions requires the implementation of clinically effective models of care that improve the quality of care, well as efficiency and productivity.

Model of care and options for change

1.15 The models of care for Stroke, General Surgery and Orthopaedics have been developed through a clinically-led review to establish the optimum models of care that align with the strategic vision of the trust as set out in the clinical strategy, together with the stated strategic commissioning intentions. They respond to current services challenges and drive to improve the quality of service provision to the East Sussex population.

1.16 The strategic direction is to shift the balance of care provision to primary and community care and provide care closer to patients' homes wherever appropriate. This is supported by the commissioning intentions and the shift in activity as part of demand and referral management.

1.17 The models of care developed as part of the ESHT clinical strategy were based on 'end to end', starting with primary prevention through acute care, when necessary, including discharge to patients' place of residence and secondary prevention.

1.18 For each priority area the current service has been assessed against the proposed model of care and options for improving the service developed. These options were assessed against quality, safety, patient outcomes, patient experience, sustainability and affordability. For each service a preferred option has been identified.

Preferred options

1.19 Based on the preferred options for configuring the service set out in this document the proposals for service reconfiguration are:

> **Preferred option for Stroke:** Hyper-acute and acute Stroke services are provided on one acute (main) hospital site only

This option is preferred as it would enable the development of a high quality, sustainable Stroke service utilising existing resources more efficiently and providing a working environment that would attract high calibre professional staff to the unit. The whole pathway would be managed by a specialist stroke physician and a specialist stroke team would be available 7 days a week.

Preferred option for General Surgery: All emergency and higher risk elective General Surgical procedures are provided on one acute (main) hospital site only

This option is preferred as it would deliver the best quality care and enable the Trust to meet best practice tariffs and referral times, and compared to other options, would result in fewer patients having to travel further to receive their care. Cohorting emergency and higher risk surgery would enable clinical staff to gain a depth of experience in the treatment of these challenging conditions, and specialist workforce to be concentrated to support these patients. These measures would improve clinical quality, patient experience and overall length of stay. Separating emergency and elective surgical beds would help to reduce the number of planned operations cancelled by the Trust.

Preferred option for Orthopaedic: All emergency and higher risk elective Orthopaedic procedures are provided on one acute (main) hospital site only

This option is preferred as it would enable the development of a sustainable, high quality, efficient emergency service but minimises the number of patients who would have to travel further for their care. This option enables the protection of orthopaedic elective beds and would help to reduce the number of operations cancelled by the Trust. This would enable the Trust to achieve best practice tariffs and 18 week referral to treatment target. Again, cohorting emergency and higher risk surgery would enable clinical staff to gain a depth of experience in the treatment of these challenging conditions. These measures would improve clinical quality, patient experience and overall length of stay.

1.20 It has been identified through clinical review that emergency General Surgery and emergency Orthopaedics are interdependent and therefore should be provided on the same acute hospital site in order to support the provision of a designated Trauma Unit in East Sussex.

1.21 Separating emergency and elective teams would enable patients needing emergency and urgent care to receive prompt assessment by senior experienced doctors and dedicated teams 7 days a week.

Improving patient experience

1.22 Making changes in the model of care and the design and configuration of these services would:

- Ensure quality and safety standards can be met
- Improve outcomes for patients by ensuring they receive appropriate high quality care at every stage of their pathway
- Improve patient experience by reducing waiting times, reducing cancellations and providing expert rehabilitation services 7 days a week
- Contributing to the sustainability of the Trust and the local health economy

1.23 Based on the preferred options for configuring the services, the proposals for service change set out in this document would achieve this by:

- Ensuring that a specialist centre of excellence is developed for acute Stroke care
- Providing a consultant led service for patients with general surgical and orthopaedic emergencies seven days a week and 365 days a year
- Ensuring consultant general and orthopaedic surgeons are able to provide a dedicated emergency service separated from their elective work
- Allowing investment in therapy staff to support rapid recovery and return to home seven days a week 365 days a year to all patients who need it
- Allowing investment in community provision to support the delivery of rehabilitation services closer or in patients own homes
- Ensuring patients receive their care on the appropriate specialist ward or unit
- Reducing the numbers of cancelled operations by improving the management of patient flow and reducing emergency outliers
- Reducing the number of incidents of patient harm and near misses by providing specialist care in dedicated units

Acute sites

1.24 The acute (main) hospital sites are Eastbourne District General Hospital and the Conquest Hospital. At this stage no recommendation has been made as to the preferred sites at which these services should be provided.

Consultation

1.25 There has been an extensive process of pre-consultation engagement with all stakeholders including Trust clinicians, GPs and clinicians from other providers within the local health economy, and colleagues from social care. Stakeholders have been involved in every stage of the development process.

1.26 In agreement with NHS Sussex, local Clinical Commissioning Groups and ESHT, it has been determined that the public will be formally asked for their views on the case for reconfiguring these services during a public consultation. This will be carried out through an appropriate process that provides opportunities for those with an interest in these services to provide feedback.

East Sussex Healthcare NHS
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Shaping Our Future: East Sussex Service Reconfiguration

The Clinical Case for Change

East Sussex Health Overview and Scrutiny Committee: 19.06.12

Stroke

Centralising Acute and Hyperacute Stroke Care on a single site

Larger cohort of patients enables development of centre of excellence

- Consistently exceed National Targets and achieve upper decile performance
- Attract High calibre clinical staff
- Provide consistent 7 day service
- Reduced LOS
- Dedicated ward
- Development of TIA service
- Enhanced community rehabilitation

General Surgery

All emergency and higher risk elective general Surgery provided on a single site

Enables the development of a high quality consultant led 7 day a week service

- Combining consultant workforce enables the provision of dedicated consultant surgical time to manage emergency patients and maintain elective activity
- Achieve national best practice, reduce variation and reduce LOS
- Enables dedicated theatre time reducing OOH operating
- Larger cohort of patients enables development of consistent specialist teams
- Consistent medical input and ERAS
- Enhanced community rehabilitation

MSK/T&O

All emergency and higher risk elective orthopaedic surgery provided on a single site

Enables the development of a high quality 7 day a week service

- Combining consultant workforce enables the provision of dedicated consultant surgical time to manage emergency patients and maintain elective activity
- Achieve national best practice, reduce variation and reduce LOS
- Enables dedicated theatre time reducing OOH operating
- Larger cohort of patients enables development of consistent specialist teams
- Ortho Geriatric care and TADS
- Enhanced community rehabilitation

- Development of the models of care was clinically led by consultants responsible for the safety, quality and sustainability of their speciality in light of the current and future challenges for their service
- Developed using national best practice models
- Aim to secure the future of both Acute hospitals at the heart of the community
- To take full advantage of integration with community services
- Overwhelming majority of patients attending hospital will notice no change. The small numbers that are required to travel will receive a higher quality of care