

## **CLINICAL SERVICES REVIEW: HHFT/CCG JOINT UPDATE PAPER**

### **PURPOSE OF THIS PAPER**

Hampshire Hospitals NHS Foundation Trust (HHFT) and Commissioners presented a joint update to the Health & Adult Social Care Select Committee (HASC) in May 2018. In this paper the challenges faced by health and care systems in North and Mid Hampshire were highlighted. The acute hospital service split across 3 sites (Andover, Basingstoke and Winchester), and the pressure to staff these services was acknowledged, and the options for changes were outlined.

This paper provides a summary of HHFT's position in terms of its' clinical strategy. The strategy has been developed with and by clinicians and commissioners and reflects public feedback and is presented in this summary form to HASC for it's consideration.

### **BACKGROUND**

HHFT's clinical strategy remains "the provision of care locally where possible and centrally where necessary." HHFT remains committed to its hospitals in Andover, Basingstoke and Winchester and the communities it serves in these areas.

The McKinsey review of acute healthcare services in North and Mid Hampshire (March-September 2017), commissioned by West Hampshire Clinical Commissioning Group (WHCCG), North Hants Clinical Commissioning Group (NHCCG) and HHFT, resulted in a continued consensus that changes to the provision of acute services may be required in order to support safe and sustainable care for patients.

The McKinsey review recommended further detailed work be carried out to assess the feasibility, in terms of cost and deliverability, of centralising essential services on the Basingstoke Hospital site.

The extent of potential reconfiguration required and the associated feasibility was acknowledged to be dependent upon a number of factors, including:

- a) Confirmation of which, if any, acute services are at risk in terms of safety and sustainability in the short term and where centralisation, if applicable, should be prioritised
- b) The timescale and effectiveness of implementation of the Integrated Care Services New Models of Care (NMoC) to divert the current demand for non-critical care within inpatient services to more appropriately resourced community based care
- c) The estate infrastructure reconfiguration required to enable changes to be implemented, and the full extent of associated cost and deliverability including any capital replacement and equipment programmes. Due to the restrictions of the Basingstoke & North Hampshire Hospital (BNHH) and Royal Hampshire County Hospital

(RHCH) sites, further investment in the buildings and infrastructure, over and above essential backlog maintenance, would need robust consideration

From October 2017, following the McKinsey review:

- the Trust reiterated that the strategy of 'Local where possible; Central where necessary' would continue to underpin clinical decision making processes
- clinical reviews were held to identify services at risk of becoming unsafe or unsustainable in the short, medium and long term and any mitigation activities required
- the Trust maintained its support of NMoC in conjunction with Clinical Commissioning Groups (CCGs), Primary and Community Care providers
- a detailed Six Facet estates survey was completed
- the Trust confirmed its wish to continue to explore options for a Cancer Treatment Centre (CTC)
- the Trust also stated that it continued to believe that a new build centrally sited hospital will be necessary to provide health care for the people of North and Mid Hampshire

## CLINICAL REVIEW

HHFT undertook a full review of its clinical services in October 2017 against the below agreed criteria:

- quality of care for all
- access to care for all
- affordability
- workforce
- deliverability

It was agreed that no service was unsafe or unsustainable in the immediate future.

However, it was recognised that assumptions and aspirations previously made regarding the ability for NMoC and redirection of care into the community, to reduce demand, had yet to materialise. In addition, demand for secondary care continues to increase both locally and nationally. Both these factors suggest that bed and estate pressures will continue to increase not decrease.

It was agreed that three acute services, listed below, could be at risk in the present model of delivery on both RHCH and BNHH sites in the medium term (3-5years), especially considering workforce and financial sustainability:

- Emergency Department (ED)
- Women's and Children's services
- Surgery

The reviews were undertaken with a commitment to finding a solution which ensured services could be sustained and remain available to the local communities they serve. Further reviews were held in May, June and July 2018 to examine these three services in more detail. General Practitioners (GPs) and CCG representatives were in attendance.

In reviewing services, HHFT recognised that any reduction in provision could be considered as a **significant** change and would be required to move through the Health and Adult Social Care Select Committee (HASC) process and undergo full Public Consultation.

### **EMERGENCY DEPARTMENT (ED)**

During the ED review, all possibilities were explored. These are described below:

#### **Variant 1: Closure of RHCH ED and replacement with an Urgent Treatment Centre**

Whilst this would reduce the medical cover required at RHCH, making it a theoretically sustainable approach, Trust clinicians and local GPs identified specific issues especially the potential for reduced patient access; estate reconfiguration challenges (particularly the cost of reconfiguring the existing BNHH estate), a potential reduction in quality of care and the wider system implications, including patient moves to University Hospital Southampton NHS Foundation Trust and other providers. Feedback from public and stakeholder engagement also indicates the view that this option is not acceptable to HHFT or to the community. This variant was rejected.

#### **Variant 2: Closure of ED overnight**

This was reviewed and the practicalities of establishing a safe cut-off time, given that the bulk of the attendances are afternoon and evening, were felt to increase clinical risk. The points detailed above were also applicable. This variant was rejected.

#### **Variant 3: Redesign the ED function to make it sustainable**

The clinical view was for a redesign of the RHCH front of house services, with a focus on specialties receiving appropriate patients directly, rather than all patients being processed through ED. It was thought that this is likely to be the best model for both sites and importantly, an improvement on the current system. This redesign would require less clinical and estate reconfiguration. The model of Worthing Hospital was reviewed and considered useful. An evolving medical model for RHCH was proposed to include an efficient telephone triage service allowing GP's, South Central Ambulance Service (SCAS) and Emergency Nurse Practitioner's (ENPs) early access to specialist advice to allow streaming of patients directly to the appropriate specialists. As well as an ENP staffed walk in service, the Emergency Department would receive those patients requiring emergency care. Behind the front door, a Clinical Decisions Unit (CDU) would provide ambulatory care for medical, frailty, paediatric, surgical and orthopaedic patients. Longer term admissions would be directed to the existing inpatient facilities.

#### Variant 4: No change

This was not considered feasible given the ED medical workforce shortage. This variant was rejected.

The conclusion of the ED review was that variant 3 should be pursued, such that ED services at RHCH should remain and that a redesign of the ED function across Basingstoke and Winchester should be undertaken.

#### **WOMEN'S AND CHILDREN'S SERVICES**

Agreement was reached during the review of maternity and child health that whilst there may be some necessity to centralise a small higher acuity subset of obstetrics and neonates, there was not a compelling argument to centralise the major part of these services. However it is important to note that Maternity and Neonatal services are currently being reviewed, both via the Wessex network and nationally. Neonatal services especially may be affected by these reviews.

#### **SURGERY**

The surgical review concluded that there was no compelling drive to centralise all emergency surgery. However, the provision of surgical assessment units as part of the ED developments on each site would be a platform to launch future service changes for these patients.

Potential changes to the Orthopaedics service, both elective and emergency, continue to be evaluated and developed.

#### **SUMMARY OF CLINICAL REVIEW DECISIONS**

Consideration of all issues led to the conclusions/recommendations below:

- There will be a redesign of the Emergency Department and Emergency Care Pathways to ensure its sustainability
- There should be no significant centralisation of obstetrics, maternity services, paediatrics and neonatal services at this time, however the system wide reviews could influence this decision, and may involve some centralisation
- There should be no relocation of acute services from RHCH to BNHH at this time, although the orthopaedic service is currently under review
- All specialities would continue to consider any changes required to ensure safe and sustainable patient care, on two sites, moving forward

HHFT has launched an Emergency Care Pathways redevelopment programme looking to fully test and implement the proposed model. HHFT received £4 million in winter capital funding from the Department of Health and Social Care for its EDs in both Basingstoke and Winchester. The award has facilitated early progress on some

elements, such as the introduction of front of house surgical and paediatric assessment units, which dovetail into the overall redevelopment programme. Most of the funding has been utilised for estates projects which allow the Trust to increase capacity in the two emergency departments and assessment units, improving the flow of patients through the hospitals. The funding is aimed initially to ease winter pressures in the Emergency Departments in its hospitals in Basingstoke and Winchester but has ongoing benefits for the future. Throughout the development of this programme, the project team will be regularly testing the evolving model against the 5 HASC tests<sup>1</sup>.

HHFT is also committed to the following development projects:

- Andover – Plans for an Urgent Treatment Centre
- Andover – Extension to Countess of Brecknock Hospice (Charity funded)
- Bordon – Relocation of Outpatient services
- Eastleigh - Integrated Health & Wellbeing Centre (WHCCG project)
- Winchester – New hospice facility (Charity funded)
- Winchester – Expansion of elective care, especially orthopaedics
- Basingstoke – Cancer Treatment Centre
- Whole Trust – Digitalisation programme (Fast Follower)

### INTEGRATED CARE SERVICES NEW MODELS OF CARE (NMOC)

HHFT is committed to working with our partner organisations as part of the New Models of Care steering group to provide integrated care by removing organisational boundaries and working together.

- HHFT has supported the development of GP clusters around Hampshire and look on these to facilitate the provision of some specialist care in the community
- Elderly care has been highlighted as an area of need in the local community and HHFT is working with NMoC to develop a robust frailty care model

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1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
    1. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of 'hard to reach groups' where this is appropriate, including the need for any impact assessment for vulnerable groups.
    2. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.
    3. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
    4. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.

- Prompt access to specialist advice has been enhanced by the exchange of GP and Consultant phone numbers and the use of Advice and Guidance
- Unification of health records remains an aspiration and HHFT has improved access to pathology services from the community and is benefitting from improved access to the Hampshire Health Record

#### **SOUTH CENTRAL AMBULANCE SERVICES (SCAS)**

The Trust is working in close collaboration with SCAS and their strategy to:

- agree the provision of robust patient pathways to support a future front of house model and direct access to specialities
- support a gateway model for single point of contact for patients (eg. the current labour line model)
- improve patient care in the community

#### **ESTATES REVIEW**

As described in the update in May 2017, the detailed estate reviews undertaken have generated information on the required maintenance spend for each of the three sites over the next 20 years. In order to address priority estates items, the next 5 years spend would need to be as per below:

Basingstoke and North Hampshire Hospital -	£67m
Royal Hampshire County Hospital -	£46.5m
Andover War Memorial Hospital -	£1.8m

Masterplans and Development Control Plans are being developed capturing:

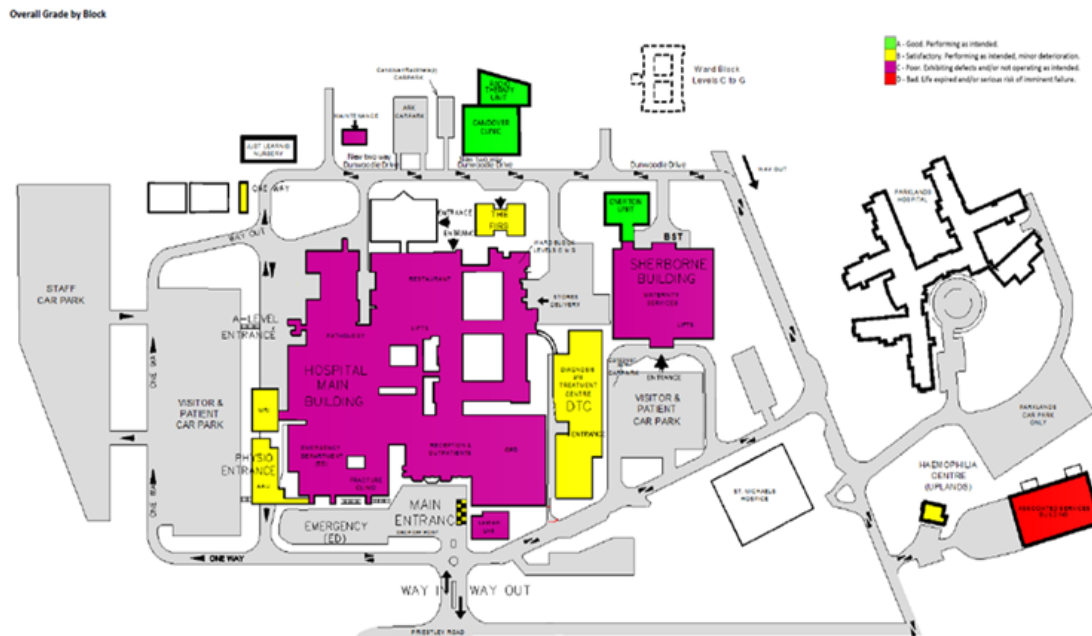
- Backlog Maintenance for all three sites
- Capital Equipment – assessing the extent of expenditure required including timescale and priorities and the development of resilience plans for essential equipment
- Digital Developments as part of the activities through HHFT's role as Global Digital Exemplar, Fast Follower
- Disposals and commercial estate opportunities

HHFT continues to engage with the Hampshire and Isle of Wight STP process to ensure priorities are known and understood, and the masterplan will take into account changes proposed within new out of hospital care models, in support of demand management reductions.

The diagrams below show the summary of the estates review where areas in purple are condition C – poor.

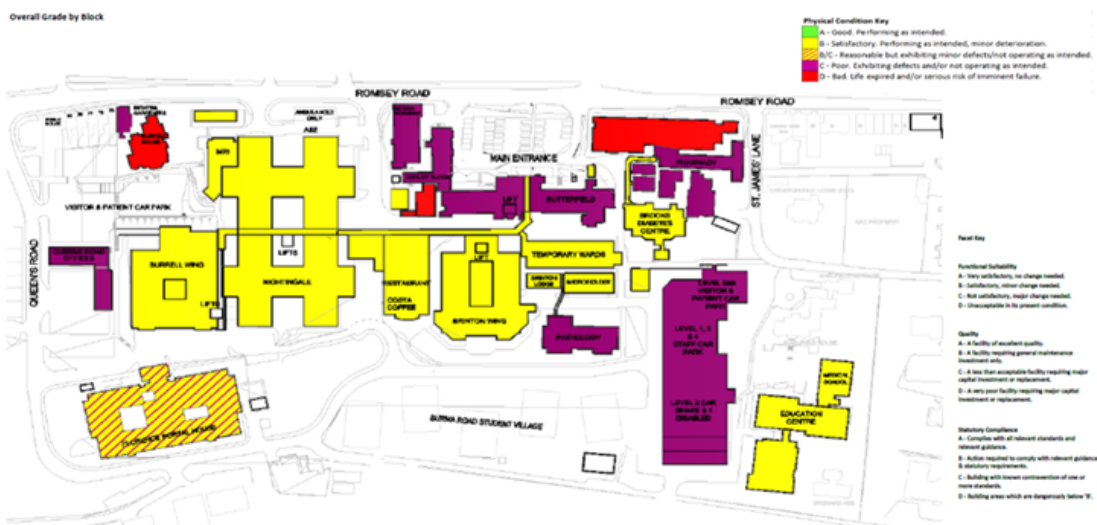
## Site based ERIC and Backlog Maintenance Information

### Basingstoke North Hampshire Hospital



## Site based ERIC and Backlog Maintenance Information

### Royal Hampshire County Hospital



## Site based ERIC and Backlog Maintenance Information

### Andover Community Hospital



#### SUMMARY AND CONCLUSION

In summary, HHFT’s clinical strategy remains “the provision of care locally where possible and centrally where necessary.” HHFT remains committed to its hospitals in Andover, Basingstoke and Winchester and the communities it serves in these areas. The aim is to configure services such that they provide the best possible care in a way that can be sustained. The strategy recognises the condition of the existing Trust estate and the resulting constraints. HHFT and commissioners are working closely together with partner organisations.

The key elements of HHFT’s clinical plan comprise a redesign of the Emergency Department and Emergency Care Pathways to ensure their sustainability. Plans are in place to ensure the continuation of acute services at Basingstoke and Winchester as far as possible. At this time there will be no centralisation of obstetrics, maternity services, paediatrics or neonatal services although this may be affected by national and regional reviews. Potential changes to the orthopaedics service, both elective and emergency, continue to be evaluated and developed.

Recent Government funding awards to HHFT have facilitated early progress on some elements of much-needed redevelopment of Basingstoke and Winchester EDs. A further award will enable the relocation of pharmacy at Winchester hospital, and the creation of a new centre specifically for non-urgent orthopaedic care.

The strategy has been developed with and by clinicians and commissioners and is presented in this summary form to HASC for its consideration.