

Briefing on the first stage of the Acute Services Review – the clinical recommendations

Introduction

Over 100 clinicians from our four main hospitals, GPs, NHS managers and patient representatives have been involved over the past five months in reviewing how we can ensure the safe, effective and affordable delivery of acute hospital services across Devon.

The three main service areas under review are as follows:

- Urgent and emergency care: led by Adrian Harris, Medical Director, RD&E.
- Stroke: led by George Thomson, Medical Director, Northern Devon Healthcare.
- Maternity, paediatrics and neonatal: led by Rob Dyer, Medical Director, Torbay and South Devon.

At a series of over 25 workshops, information on current service demand and delivery, staffing challenges (including difficulties with recruitment and dependence on locums), current performance against standards and forecasts for future patient needs were discussed so that clinicians, service users and service managers could put together a series of recommendations for the future.

This review was undertaken because we recognise that some of our hospital services are at risk of becoming unsustainable in the future because of:

- Significant recruitment and workforce challenges. As a result, the NHS pays high locum and agency costs, as we are unable to permanently recruit the medical and nursing workforce needed because of the way services are currently delivered. Expenditure on locum and agency staff in hospitals, in Devon, was over £50 million last year.
- Difficulty meeting national service quality standards and evidence-based best practice to achieve the best outcomes for our population.
- Large increases in demand for these services, which is outstripping the current capacity of some acute hospital services to meet this need. This has resulted in longer waiting times for access to care.

A series of 12 engagement events were also held in order to gain views from patients and the public on what they felt were important criteria to judge any future proposals. Their views were invaluable and were shared at clinical workshops. Their feedback stressed the need to ensure safe hospital services, deliver services closer to accepted national standards and better clinical outcomes.

The first stage of the Acute Services Review is now complete, as clinicians have presented their recommendations. These were endorsed by the Programme Delivery Executive Group (PDEG) on Friday, 16 June 2017. This Group is made up of all organisations who are partners in the Devon STP.

What has been recommended?

Clinicians working on the review have recommended new ways to enhance how they work – including adopting best practice models of care, improved resilience by partnering between hospitals, new workforce solutions to solve recruitment challenges, and use of technology to improve productivity – to ensure that most of our acute services can be strengthened and made sustainable.

This clinical work has always been the first stage in the review.

As part of the second stage, the recommendations will be tested in more detail to ensure they can be delivered with safe, cost-effective and reliable staffing solutions for the future.

Only once this assurance work is complete, can the recommendations be finalised. This is an important step, as the recommendations do not, at this time, immediately solve all the problems that drove the need to review these services.

The clinical recommendations are as follows:

Urgent and Emergency Care

- 24/7 urgent and emergency care services (including A&E) should continue to operate at our four main acute hospitals – the Royal Devon and Exeter Hospital, North Devon District Hospital, Derriford Hospital and Torbay Hospital.
- This ensures that key emergency services for the population of Devon continue to operate at our four main hospital locations.
- How these urgent and emergency services operate in a sustainable way needs to be enhanced, in particular how the four sites are better networked with workforce solutions required to ensure that we have enough nurses, other clinical staff and doctors at junior, middle grade and consultant levels to provide safe, reliable care 24 hours a day, 7 days a week.

Stroke Services

- We will continue to provide first-line emergency response for people experiencing symptoms of a stroke at all four hospitals. This will include rapid stroke assessment, diagnostics and thrombolysis. These services will be supported by 'Acute Stroke Units' (ASUs) at all four sites, and will ensure rapid intervention and aftercare for those with a stroke.
- We will work towards clinical best practice to improve outcomes for stroke patients by developing two specialist 'Hyperacute Stroke Units' (HASUs) in Exeter and Plymouth where patients will receive 3 or more days of intensive treatment for their stroke immediately following emergency treatment, following which they will return home or to their local ASU.

- HASU's are highly specialist units, bringing together teams of staff highly expert in acute stroke care into a designated facility with access to diagnostics and equipment specific to the needs of people who have experienced a stroke, providing best practice treatment 24 hours a day. This model has been proven to reduce death rates and long-term disability following a stroke. The numbers of these units are increasing across the country because of the strong evidence of improved outcomes for stroke patients.
- London, for example, has eight of these highly specialist HASUs in total, serving a population of eight million. These units provide 24/7 immediate, expert care from highly specialist staff. Since they were introduced, thrombolysis rates have increased to amongst the highest of any capital city in the world. London is also seen to be the leading city for stroke care, and they estimate that up to 400 lives are saved each year by introducing these new HASUs. There are also over 20 ASUs across London.
- It is proposed that Devon will move to this best practice approach, providing 2 HASUs in Exeter and Plymouth that will provide hyper-acute stroke care for all the population of Devon. These enhanced services will link closely with the local emergency stroke assessment and treatment, ongoing acute care and rehabilitation services which will continue to be provided locally at all four Trusts.

Maternity, Paediatrics and Neonatal Services

- Retaining consultant-led maternity services at all four main hospital sites is proposed. These specialist units have access to 24/7 clinical care and the specialist services to provide more intensive care when that is needed.
- Delivering choice for home or midwifery-led births will continue to be provided in line with the national strategy 'Better Births'. Therefore, clinicians have recommended that we adopt the strong evidence base for midwifery-led units co-located with consultant-led units.
- Therefore, we will explore the potential to relocate our four midwifery-led units at Newton Abbot, Okehampton, Honiton and Tiverton alongside our consultant-led units at our main hospital sites.
- Of the 12,285 births in Devon last year, 89% took place in the main specialist hospital maternity units, with a further 5% at the Alongside Midwifery-led Unit at the Royal Devon & Exeter. Only 2% of births in Devon took place in the four standalone midwife-led units, with 4% of births supported at home or in other settings.
- Our strategy is to provide more choice in the type of care – consultant-led, midwifery-led or home birth – and to deliver this care in line with latest evidence of effectiveness and efficiency. We will engage with parents and the public on any plans for changes to these services when proposals are fully developed.

- Retaining neonatal services at all four main hospital sites is also recommended, further developing the networking arrangement between neonatal services across Devon. To ensure this network is sustainable into the future, we will expand the advanced neonatal nurse practitioner role within Level 1 services to augment the expertise provided by resident medical staff, addressing the current and predicted medical workforce challenges for this specialty. We will adopt best practice care in delivering transitional care, in line with the national evidence that this improves outcomes.
- We propose to expand ambulatory paediatric assessment units, which provide a responsive alternative to hospital admission, and will provide the necessary number of inpatient beds on all four hospital sites. Moving to this model of care will also require increased access to specialist services for children and young people with very complex needs.
- All options to safely staff this model in all four hospitals will be explored including joint approaches to recruitment and job planning, training opportunities for staff and rapid development of new roles such as physician associates and advanced nurse practitioners. There is also more work to do to ensure better care for children with mental health issues as part of plans to develop CAMHS (Children and Adolescent Mental Health Services).
- Retaining four sites for maternity, neonatal and paediatric inpatient care, in a way that is safe and resilient in and out of hours is a challenge, given our current and predicted workforce constraints, therefore more work will be required to ensure we can deliver safe and resilient 24/7 clinical expertise at the right level.

Vulnerable services

- Histopathology: Patients will continue to access this service at their local hospital, but some of the technical and clinical services will be delivered in a new way through 2 or 3 Specialist Reporting Laboratories. Lord Carter of Coles undertook a national review into how the NHS can make efficiencies, and this 'hub and spoke' model will be in line with his recommendations.
- ENT: Services will be delivered in all 4 acute hospitals in Devon with comprehensive services being retained in Torbay, Exeter and Plymouth hospitals and a satellite service in North Devon building on the successful partnership between the Royal Devon & Exeter and North Devon District. In addition to existing outpatient, diagnostic and audiology services in North Devon, day case ENT operations will resume and, as previously, major operations will be undertaken at the Royal Devon & Exeter with acute ENT emergencies being stabilised in North Devon District and treated at the Royal Devon & Exeter. Head and neck cancer patients will receive their care in the Royal Devon & Exeter, Derriford Hospital and Torbay Hospital, with major surgery being undertaken in Royal Devon & Exeter and Derriford only, as has been the case for some time.

- Neurology: To better manage demand and improve access times, a Devon-wide referral management system will be put in place to ensure patients needing neurology expertise are quickly assessed and directed to the most appropriate care. For general neurology, a clinical and operational network will be put in place to ensure patients receive the earliest possible access for diagnosis and they receive services in a consistent way irrespective of where they live.
- A number of other vulnerable services including breast surgery, dermatology, interventional radiology, interventional cardiology, and vascular services are being reviewed and work is underway to finalise clinical proposals for the future delivery of these services across Devon.

Next steps

The work of the clinicians, patient representatives and NHS managers involved in these service reviews has been considerable and has been undertaken with real openness and transparency and an appropriate level of challenge to make sure the proposals are robust and future-proofed. The leadership of the four Trust Medical Directors in chairing the review processes has been invaluable.

We would like to thank everyone who has participated in these reviews for their contribution and their expertise.

This is the first stage of our review of acute care across Devon, and we will bring the learning from this phase into the next important stage.

Inevitably, the proposals emerging from these reviews have not provided solutions to all the clinical, staffing and financial sustainability issues, some services and sites will continue to work on how we can best deliver these proposals in a way that is safe, effective and affordable.

Some solutions will be achieved through new partnerships between hospitals and through Devon-wide service networks, others through new workforce models which will take time to fully develop and will need increased investment in professional development and training. Creating these solutions in a way that is sustainable and affordable will be the next stage of each service review.

Networked solutions will require significant changes to the ways that clinicians work and different levels of cooperation may be needed for different services.

For example, Level 1 support could mean that services operate within a clinical network with expert discussion on best care for individual patients across all four hospital sites. The most integrated networks (called Level 5) could see the majority of services of a specialty managed and staffed by one provider, who would have responsibility for the standards and delivery of services in each of the other locations where treatment is provided.

The huge challenges ahead

We know that further significant changes lie ahead in how we manage all our NHS and social care services. This is because the NHS is facing unprecedented challenges:

- Huge growth in the use of NHS and social care services. Demand has risen by 50% in a decade.
- An ageing population – particularly in Devon – who are more and more reliant on support from the NHS and social care.
- Increasing demands that have to be delivered within annual funding that is fairly stable.
- Real difficulties in recruiting to core roles in the NHS and social care.

In addition, we are acutely aware that Devon is currently spending well above its financial allocation. Our regulators have been clear with us that this cannot continue.

Over the last 12 months, working as a system, we have saved more than £100 million by reducing the amount spent on agency staff, by running services more efficiently and by changing the way we deliver care. This year will be even more challenging.

In order to tackle some of the health inequalities that exist across Devon – with a 15 year gap in life expectancy depending on where someone lives – we will also need to make progress in changing how we invest the budget we have available, to best achieve better outcomes for the people of Devon.

In the coming months, we will begin to talk to patients and the public about some of the difficult choices we will need to take. It is important we do this in an open and honest way. Not everyone welcomes changes, so it is important to explain to and involve the people of Devon in these choices.

So we will keep you informed and involve you in conversations about how we transform services across the NHS and Social Care, to be fit for the future. And, when proposals are ready, we will also engage and consult with patients and local people on our programme of change.

We hope our briefing has been helpful.



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