

Acute Services Review briefing document

Five year plan for service transformation

Health and Care organisations and Local Authorities across Devon have been working together to create our shared five-year vision for how we aim to meet the increasing health and care needs of our population whilst ensuring our services are sustainable and affordable. There is a compelling case for change, driven by demography and complexity, and we must plan for safe, sustainable and affordable health and care services, learning from best practice and latest evidence to develop new and innovative types of care.

Work already underway

A significant focus since March has been to work on a new model of care for integrated community services, and public consultations on proposed changes are now underway across Devon. In addition, we are also looking at a range of ways to improve our efficiency, such as by reducing our reliance on agency staff and how we can network or share services such as pathology and some of our support functions.

Acute hospital services review

We are also focused on improving our acute hospital care because the needs of our population are outstripping our capacity to meet these needs. This gap in capacity means increasing waiting times for our patients and clinically we may not always meet standards for good care. Some services are also experiencing workforce and other challenges which are making them unsustainable. In short - we are failing to provide timely and high quality care in a range of acute hospital services, and we must change to become more efficient, effective and sustainable so we can deliver better care for the people of Devon.

So a priority for Devon is a clinically led review of our acute hospital services, based on the following principles:

- Improving the health of our population
- Improving the quality of care delivery
- Improving the experience of staff, so Devon can attract the workforce we need for our health and care system
- Achieving better value by reducing the cost of care

A set of criteria is proposed to guide each Service Review in the development of options for change, and these will be tested with our stakeholders and through our patient and public involvement (PPI) networks. These criteria are:

- Patient Safety
- Service Quality, Patient Outcomes and proven clinical benefit
- Access as measured by both waiting times and travel times
- Service sustainability
- Effective training and development of future clinicians
- Cost effectiveness
- Patient Choice
- User Experience

The first phase of these clinical reviews will include stroke services, and this review will start in mid-November and conclude in mid-January. Two further reviews - maternity, paediatrics & neonatology, and urgent and emergency services - will start in December and conclude in March 2017.

As well as these large scale reviews, a number of smaller services will be reviewed because they are currently facing particular difficulties in remaining sustainable and safe due to workforce and other challenges. The most urgent of these 'vulnerable' services to be reviewed are Breast Services, ENT, Interventional Radiology, Histopathology, Neurology, Interventional Cardiology and Vascular Surgery. Due to necessity early work has started on neurology, vascular and ENT which needs to be extended to be Devon wide.

The Clinical Lead overseeing the Acute Services Review programme on behalf of the Devon health and care system will be Dr Phil Hughes, Medical Director at Plymouth Hospitals Trust, and Mairead McAlinden, Chief Executive at Torbay and South Devon NHS Foundation Trust, will be the lead Chief Executive.

Each service review will be led by senior medical leaders drawn from the provider and commissioning organisations across Devon, alongside a senior manager, and will draw on the knowledge of a 'college of experts' including public and service user representation.

Any proposed changes will be subject to debate and challenge by the public, service users, local communities and their elected representatives, health and care staff and their trade unions. When each Service Review is completed, the changes proposed will be subject to wider engagement and where required will be subjected to formal public consultation. Where formal public consultation is needed, it is anticipated that this will commence from mid-2017. A copy of the Wider Devon Acute Services Review document 'Services not Structures' is attached.

ACUTE HOSPITAL SERVICES REVIEW

'Services not Structures'

A Compelling Case for Change

Under the NEW Devon Success Regime, a detailed case for change has been produced and is being refreshed to reflect the transition to a Devon-wide Sustainability and Transformation Plan. The compelling case for change in Devon's current model of acute hospital care is clearly set out and includes:

- Our demographic change which is driving increased need for treatment and care, and which is outstripping the capacity of our acute hospital services to meet that need, resulting in longer waiting times for access to care, including emergency care, planned care and cancer care.
- It is challenging for the current configuration of services, designed and funded for historical levels of demand and service standards, to achieve and sustainably deliver these increasing standards of care, adoption of new technology and 'best practice' and innovative ways of working, for which it was not designed.
- The costs of striving to meet increasing need, rising standards and new technologies, including new drugs and diagnostics, through the current model of acute hospital services are higher than our current and predicted funding levels. This is partly driven by high locum and agency costs, where hospitals are unable to permanently recruit the medical and nursing workforce needed to deliver services, and duplication of specialist services. Expenditure on locum and agency was £49.7m (financial year April 2015 to March 2016) across the five Trusts in Devon.
- Provider Trusts are currently failing to deliver the key access and quality standards for access to effective assessment, treatment and care for the population of Devon. In summary for August 2016:
 - The 95% standard for patients being seen in A&E within 4 hours – the Devon system is currently achieving 91.6%
 - The 92% standard that no patient should wait more than 18 weeks from Referral to Treatment – the Devon system is currently achieving 89.7%.
 - The 85% standard for assessment and treatment for Cancer within 62 days – the Devon system is currently achieving 82.1%
 - The 99% standard for Diagnostics – the Devon system is currently achieving 96.9%
- The Devon acute hospital system is currently costing more than funded levels, with a deficit of £50m predicted for this year, increasing to £305m by 20/21 should the 'status quo' be maintained.

Scope of the Review

The Acute Services Review is not about the current system of acute hospital care staying the same but improving its efficiency - the opportunities for efficiency improvement in our acute hospital services are already being undertaken in separate projects within the STP, and we are failing to deliver timely and high quality care in a range of services right now.

This Review is a partner project to the STP project which is planning changes to the model of care in our communities and under which, both CCG's are currently consulting with the public on proposals for changes to our Community Hospitals (and in South Devon to Minor Injuries Units).

The Acute Service Review is focused on optimising the quality and timeliness of care by reforming individual acute hospital services to be more resilient, with better outcomes and improved affordability, so that they can meet the increasing demand for acute and specialist services, that can only be provided by hospital-based clinical teams and support services now and in the future.

The review is based on an 'all Devon' footprint, but some services may, because of population flows or scale of service, need to be considered on a wider geography, and for these services the Review Team will work in partnership with neighbouring STP's, Clinical Commissioning Groups and Specialist Service Commissioners.

An important step in the process will be to define and agree the set of standards that ensure services are 'good care for the people of Devon'. These are the standards against which the need for change in any given service will be assessed. Any changes proposed must consider a range of options for how they can be delivered and the level of standard that can be reached – from 'good' to 'excellent/best in class', and bring forward a preferred option.

Principles for the Review

This review will be founded on a set of principles – which will guide the work of the review. These principles are drawn from the 'triple aim' defined in the Five Year Forward View as

- Improving the health of the population
- Improving the quality of care delivery
- Achieving better value by reducing the cost of care

There is a fourth principle – improving the experience of staff working in our system of care, making their jobs challenging but satisfying and increasing the attractiveness of a career in the Devon health and social care system.

The review will:

- Address inequalities in the health of the population of Devon and improve outcomes, through the development of prevention, early intervention, expert and well informed service users, and timely and responsive treatment, care that delivers reduced variation in clinical outcomes and a good experience for the people who use our services.
- Focus on improving service quality and sustainability in the interests of an equal standard of care and not the future of buildings or individual organisational interests.

- Address the current 'post code lottery' where some people in Devon wait longer for treatment and care than others depending on where they live.
- Promote change that is evidence-based and that will result in clinical benefit and improved outcomes for patients, and ensure that the treatment offered will be of proven benefit for the individual patient.
- Recognise the unique geography of Devon and that distance from service provision should not of itself be a factor that prevents the delivery of optimum care and best outcomes for patients.
- Ensure that reconfiguration of acute and specialist hospital care will maximise the benefit of integration with primary and community health and social care, including mental health, disability and children's care, and will seek to manage population need as a system, not silos of care.
- Seek to configure acute hospital services to achieve the best outcomes for the population of Devon and for the individual service provided, while recognising the need to group certain services together because of their interdependences and critical clinical adjacencies.
- The review will not focus on the future of individual hospitals in the current system, but will seek to ensure that no single service change destabilises any hospital.
- Ensure that any proposed change will be affordable within the funding allocated for Devon, so that 'out of hospital care' can be protected and invested in.
- Draw on, and be aligned with, the work underway to deliver a new model of care for the wider health and social care system, and the intent that this model of care will provide community-based alternatives to hospital admission and will minimise delayed discharges for patients who are medically fit and ready to be discharged to a more appropriate form of care.
- Seek to promote better alternatives – more effective/efficient/better quality service model, relatively easily available – either through rationalisation of the location of services, networking across hospitals, a new integrated clinical pathway or an 'out of hospital' delivery model

Successful delivery of any change pre-supposes that the transitional funding needed to secure safe, well managed change can be secured

These general principles will inform the development of proposed changes in care models in Devon.

Criteria to Guide the Decisions of the Review

Any proposed changes to the current model of acute and specialist hospital care will rightly be subject to debate and challenge by the public, service users, local communities and their elected representatives and our staff and trade union colleagues.

We recognise that many of our citizens and staff will be concerned about any proposed change and are not confident that their voice will be heard in any consultation processes. Therefore, this review will be a transparent process that enables all stakeholders to judge whether any proposed changes will:

- be more effective in responding to current and future demand
- deliver against increasing standards for safe and high quality care
- ensure more resilient services now and in the future.

Subject to the advice of Health Oversight and Scrutiny Committees of local authorities, there may be a need for commissioners formally to consult local populations, service users and the public of

Devon about the proposed changes. In doing so, commissioners must demonstrate that options for change have been objectively assessed against these principles and criteria. Therefore, an important first step is to ensure these are accepted by our stakeholders as understandable, fair and transparent in guiding decision-making to achieve the best options for safe, effective and affordable acute hospital care services that will improve outcomes and timeliness of care for the people of Devon, and thus provide a compelling case for change.

The following criteria are proposed/will be used to guide the evaluation of any options against the current delivery of services. In making this assessment it is not expected that each option will score highly on every dimension, but that the overall assessment will deliver an option for service change, that will deliver the best overall outcome for the people of Devon. With this in mind the following criteria are proposed:

- **Safety:** delivers improved patient safety
- **Quality and Outcome:** results in clinical benefit and improved outcome for the population, and treatment offered that will be of proven benefit for the individual patient.
- **Access:** maximises the ability of patients and carers to access the service as measured by
 - reasonable travel time given the balance to be achieved with service improvement and achievement of best outcomes, and
 - access to care within the waiting time standards for that service
- **Service sustainability:** results in improved service quality and sustainability given the challenges of the availability of the permanent clinical workforce, avoids high levels of agency/locum staff usage, and addresses known and/or imminent workforce challenges to the delivery of services both during and outside traditional working hours
- **Training:** supports the effective training and development of future clinicians and care professionals.
- **Cost effectiveness:** minimises the cost of service delivery relative to the alternatives.
- **Patient Choice:** promotes patient ability to choose provider or treatment
- **User experience:** delivers an improvement to the user experience

Approach and Methodology for the Acute Hospital Service review

Clinical engagement has identified a number of services that are currently not delivering best possible outcomes for the people of Devon and are not cost effective when compared to alternative models of care. In discussions to date, a number of services have been identified which should be considered for review. These include services prioritised by the STP Clinical Cabinet from those identified by the NEW Devon Case for Change, South Devon and Torbay-specific priorities, and services identified as being potentially at risk of unplanned change because of workforce or other challenges.

The criteria above are proposed as guiding the evaluation of any specific service, and – given that capacity needs to be targeted to the most critically challenged services – for selecting and prioritising the services within the scope of the review.

It is proposed that each service, or bundle of connected services, is scored against these criteria, identifying the potential for improvement. The Clinical Cabinet, through this exercise has already identified the priorities for Phase 1 and will use the same process to identify the priorities for the next phases of the Review and to assess the degree of interdependency amongst high priority services.

The STP Clinical Cabinet, made up of representatives from all health and care organisations within Devon and including service users, have prioritised the services most urgently requiring review in Phase 1 of this work. These priority services are:

- Stroke services (including hyper-acute and stroke rehabilitation).
- Maternity (including consultant-led and midwife-led care), Paediatrics and Neonatology, to be reviewed together given their inter-dependency.
- Urgent and Emergency services, focusing particularly on the acute hospital provision of accident and emergency and co-dependent services.

In addition, the Clinical Cabinet have identified services that need to be reviewed because clinical sustainability was causing some concern. This might be due to, for example, national staff shortages or low patient numbers making it difficult for clinical staff to keep their skills up to date. These so-called 'vulnerable' services include:

- Breast services (surgery and radiology)
- ENT
- Interventional Radiology
- Histopathology
- Neurology
- Interventional Cardiology
- Vascular Surgery

Under the 'vulnerable services' strand of the review, work is already underway in some areas, such as Neurology and ENT.

The services listed have been prioritised for Phase 1 of the Review, and other services will similarly be assessed for clinical priority in future phases of this work programme. NHS England's specialised service and primary care work programmes, which would include specialised cancer care, specialist mental health services and primary care development, may also trigger the need for a Devon-wide service review in future phases of the Acute Services Review.

Proposed methodology for undertaking specific reviews

In carrying out the reviews of specific services, it is essential that the work is undertaken in an objective and transparent way to build trust and confidence in the outcome of proposed optimum solutions for change. Fully engaging the key stakeholders and partners at every stage will be critical to the success of the process.

A core requirement is to set out the arrangements that will be put in place to ensure the review process is well governed and has high levels of stakeholder engagement and influence, is open and transparent, has key decisions approved in line with the STP Governance arrangements, and wider guidance and best practice on effectively managing strategic service change. An overarching project plan is required to ensure quality outcomes at each stage of the review process while delivering the review at pace. The approach proposed and the emerging detailed plan must also have the endorsement of the regulatory system within which the STP operates.



Next steps

We will put in place robust governance arrangements, start to appoint clinical and managerial leadership for each strand of the Review and create 'colleges of experts' – with clinical, service user and stakeholder representatives - to develop the detailed case for change required for each service.

For each service review, where there is a significant change proposed, we will also engage widely with service users, clinicians, staff, unions, representative groups and the public. Where formal consultation is required, this will be planned and undertaken to meet all the statutory requirements relating to NHS service changes.

This development and evaluation process is likely to take at least a year before any service change begins.

