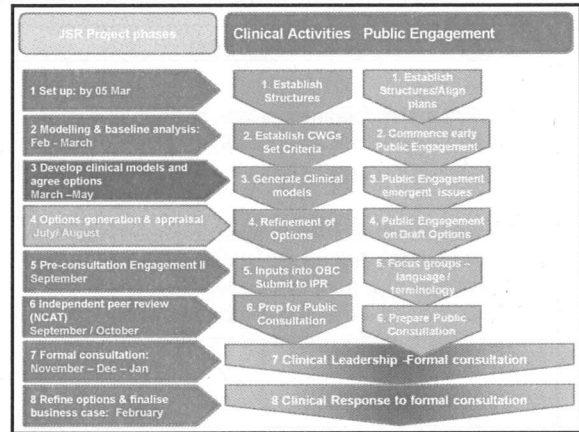


**Worcestershire NHS Joint Services Review**  
**Worcestershire hospitals – fit for tomorrow**

**An overview**

Working together to ensure high quality, safe and sustainable health services in Worcestershire



**Why we need to change**

The way the NHS runs, with much of our healthcare provided by hospitals has changed little since its inception in 1948.

Despite this, the population has changed, we are older, living for up to 3 decades with long term illnesses. As a result demand for healthcare is rising.

**Why we need to change**

New and more effective drugs, treatments and technologies need to be funded every year which can improve our overall health outcomes

At the same time, Acute Hospitals are facing other growing pressures:

1. Sustaining workforce requirements
2. No real terms growth for ? years.

**Clinically led**

Clinician leaders in Worcestershire want to make sure we can continue to provide high quality care but this must also be affordable.

We have to provide **better healthcare to more people** with the **same amount of money**

This challenge is facing every economy in the country.

**Clinically Led**

This scale of challenge is unprecedented. We cannot meet it without significant changes to the way services are organised in the County.

Local Doctors and Nurses are clear that doing nothing is not an option.

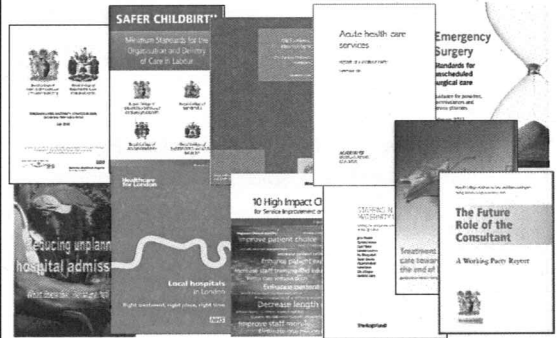
They have been focused on the Clinical Quality and Safety issues and how we ensure standards can be met in the future.

## Clinically Led

We deliberately planned to look at costs at a later stage – to ensure the focus initially was on the evidence for quality care.

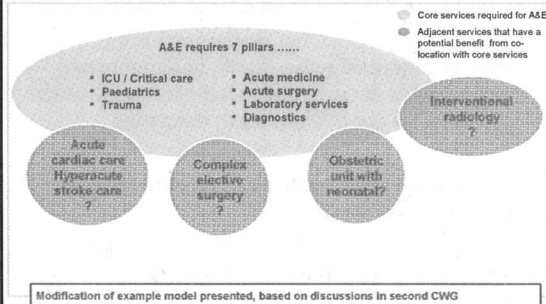
The early work clinicians have completed has looked at **the full range of possibilities**. They have had help from independent experts in the field of Paediatrics, Obstetrics, Midwifery, General Surgery, Elderly Care, Anaesthetics.

Expert guidance suggests quality of clinical care could often be improved by consolidating and increasing the scale of services



SOURCE: The Medical Royal Colleges, NHS

### The Case for Change: Emergency Care The 7 pillars of A&E and potential adjacent services...



### Royal colleges have published a range of recommendations on increasing consultant presence in acute specialties, to enable better 24x7 care

Policy/guidance	Key recommendations
Royal College of Physicians Consultant physicians working with patients, 4th edition (2008)	<ul style="list-style-type: none"> <li>Round-the-clock consultant supervision of AMU</li> <li>Consultant reviews of all acute admissions within 12 hours of initial assessment through twice daily post-take ward rounds</li> <li>Increased consultant coverage required when &gt;25 admissions/24 hours</li> </ul>
The College of Emergency Medicine Emergency Medicine Consultants – Workforce Recommendations (2010)	<ul style="list-style-type: none"> <li>10 WTE minimum coverage for all A&amp;E providing 16 hour/7 day consultant coverage; minimum coverage higher for A&amp;E departments with &gt;80,000 attendances per year</li> <li>24/7 emergency medicine consultant coverage of A&amp;E</li> </ul>
RCS Emergency Standards for Unscheduled Surgical Care (2011)	<ul style="list-style-type: none"> <li>Consultant available by telephone 24/7 and available onsite within 30 minutes</li> <li>Consultant review of high risk patient within 4 hours</li> <li>Consultant surgeon present for operations where predicted mortality &gt;5%</li> </ul>
RCPOH Facing the Future: A review of paediatric services (2011)	<ul style="list-style-type: none"> <li>Consultant paediatrician review within 24 hours of child's acute admission to paediatric unit</li> <li>Short Stay Paediatric Assessment can access consultant opinion throughout operational hours</li> <li>Paediatric consultant present during peak hours</li> <li>Minimum 10 WTE per rota</li> </ul>
The Future Workforce in Obstetrics and Gynaecology (2009)	<ul style="list-style-type: none"> <li>24/7 consultant coverage for delivery suites with &gt;5000 births per year = 12.5 consultant WTE rota</li> <li>60hr/week consultant coverage for delivery suites with 2.5k-3.5k births/year</li> </ul>

SOURCE: Royal Colleges 10

### Emerging views on interdependencies around the country

Obstetrics	obstetrics needs emergency surgery and interventional radiology to be co-located
Paediatrics	<ul style="list-style-type: none"> <li>Move towards 24x7 consultant cover for paed and NICU creates further pressures to share rota</li> <li>Challenge to sustain critical workforce 24/7 – national reduction in paediatric units</li> </ul>
Critical care and elective surgery	<ul style="list-style-type: none"> <li>Complex elective surgery requires critical care</li> <li>Critical care is expensive to operate – hence a number of trusts seeking to move to a single critical care facility – and so focusing day case and less complex work onto a site without critical care</li> </ul>
Acute medicine and emergency surgery	<ul style="list-style-type: none"> <li>Clinical concerns about admitting patients to sites without emergency surgery presence; and so moving towards a selected medical take whereby the most unwell patients are directed to the site with emergency surgery</li> </ul>
Critical care & emergency surgery	<ul style="list-style-type: none"> <li>Clinical concerns about having a critical care facility without emergency surgery presence</li> </ul>
A&E & emergency surgery	<ul style="list-style-type: none"> <li>Clinical concerns about having an A&amp;E without emergency surgery presence</li> </ul>
A&E and Paediatrics	<ul style="list-style-type: none"> <li>Clinical concerns about having an A&amp;E without Paediatric 24/7 cover on site</li> </ul>

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### Meeting best practice guidelines for consultant cover – current figures for WAHT

	Suggested minimum	Current WRH	Current Alex	Gap
Paediatrics	10	7	6	-7
A&E	10	5	4	-11
Maternity	13 & 6	11	5	-3
General Surgery	10	9	7	-4
Total Gap				-25

Minimum WTE taken from Royal College Guidance. Values are approximate as some Trusts are adapting for variances in SPAs, non-clinical time, etc.

## Clinically Led Review

- Clinical Reference Group consisting of 25 senior doctors and nurses from across primary, secondary and community care
- 120 health and care professionals working in 4 work-streams to review the current organisation of care and the clinical evidence:

- Elderly Care
- Emergency Care
- Planned Care
- Women's and Children's

Working together to ensure high quality, safe and affordable health services in Worcestershire

	Description
<b>Model A</b>	No change (Three sites - fully staffed medical rotas)
<b>Model B</b>	Two acute hospital sites (each with full A&E dept) Women and children's services brought together onto one site One hospital treatment centre (includes planned surgery) with MIU
<b>Model C</b>	One acute hospital site (with a full A&E dept) One acute site with urgent care centre (selected medical admissions) MIU One hospital treatment centre (includes planned surgery) with MIU
<b>Model D</b>	One acute hospital site (with a full A&E dept) One hospital site providing planned surgery with MIU One hospital treatment centre (includes planned surgery) with MIU
<b>Model E</b>	One acute hospital site (with a full A&E dept) One hospital site providing planned surgery with MIU. One site providing outpatients & diagnostics, with MIU.
<b>Model F</b>	One acute hospital site (with a full A&E dept) Two sites providing outpatients & diagnostics with MIU.

Worcestershire NHS **NHS** Worcestershire Health and Care NHS **NHS** Worcestershire **NHS**

### Clinical models

	Description
<b>Model A</b>	<p><b>No change, (Three Sites - fully staffed medical rotas)</b></p> <p>This would maintain all hospital services as they are on 3 sites. To meet minimum standards going forward we need to have additional consultants across a range of specialities – increasing costs. We also believe that these Doctors will not gain sufficient experience to maintain their specialist skills from the workload at one site. We do not believe that we will be able to recruit enough experienced doctors – even if the additional funding was available – which it is not.</p> <p>Our clinicians <b>do not believe this model can continue</b> because it will not be possible to meet quality standards, even if additional funding was available.</p>

Worcestershire NHS **NHS** Worcestershire Health and Care NHS **NHS** Worcestershire **NHS**

### Clinical models

	Description
<b>Model B</b>	<p><b>Two Acute hospital sites (each with full A&amp;E dept)</b> <b>Women and children's services brought together onto one site.</b> <b>One Hospital Treatment Centre with MIU</b></p> <p>As per the previous slide. Concentrating services into a single location.</p> <p>Our clinicians <b>do not believe this model should be taken any further</b> as we believe there would be a shortage of qualified and experienced consultants to maintain safe, quality services AND safety concerns about an A&amp;E on one site without children's consultant cover</p>

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### Clinical models

	Description
<b>Model C</b>	<p><b>One Acute hospital site (with a full A&amp;E dept)</b> <b>One Acute site with Urgent Care Centre (selected med admissions) + MIU</b> <b>One Hospital Treatment Centre with MIU</b></p> <p>At this stage we believe this model is safe and achievable and would:</p> <ul style="list-style-type: none"> <li>•Help to ensure quality and safety of women's and children's services located at the acute hot site.</li> <li>•Maintain access to urgent care services for selected cases at 2<sup>nd</sup> site</li> <li>•Address, in part, the difficulties in recruiting consultants in other specialities</li> <li>•Emergency care available for most severely ill at one site (but careful planning to ensure patients went to the right site). Patients would travel by ambulance to nearest A&amp;E – which may be out of county.</li> <li>•No change to the Kidderminster Treatment Centre.</li> </ul>

Worcestershire NHS **NHS** Worcestershire Health and Care NHS **NHS** Worcestershire **NHS**

### Clinical models

	Description
<b>Model D</b>	<p><b>One Acute hospital site (with a full A&amp;E dept)</b> <b>One Hospital site providing planned surgery with MIU</b> <b>One Hospital Treatment centre (includes planned surgery) with MIU</b></p> <p>We believe this model is safe and achievable and would:</p> <ul style="list-style-type: none"> <li>•Help to ensure quality and safety of women's and children's services and emergency care – meet all standards</li> <li>•Address, in part, difficulties in recruiting consultants</li> <li>•Separation of planned and emergency care enables us to create a state of the art centre for planned surgery at one site - reducing disruption/cancellation of planned surgery due to emergency admissions</li> <li>•Make us a more attractive choice for patients who need elective care</li> <li>•No change to the Kidderminster Treatment Centre.</li> </ul>

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### Clinical models

Model E	Description
	<p><b>One Acute hospital site (with a full A&amp;E dept)</b>  <b>One Hospital site providing planned surgery with MIU</b>            MIU, Outpatients and Diagnostic services in third location</p> <p><b>We believe this model is safe and achievable and would:</b></p> <ul style="list-style-type: none"> <li>• Help ensure quality and safety of all services</li> <li>• Create a state of the art centre for planned surgery and associated benefits</li> <li>• Supported by expanded, modernised primary and community services care closer to home</li> <li>• Improve recruitment and achievement of right number of consultants</li> <li>• Outpatient appointments in all three locations</li> <li>• Possibility of midwifery led unit</li> <li>• Children's rapid access clinics in two towns supported by community nursing services</li> </ul>

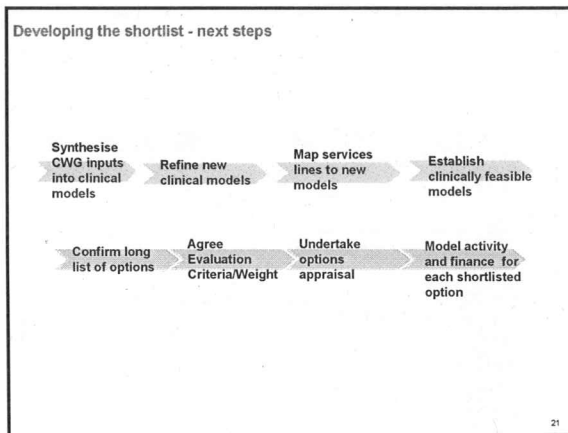
Worcestershire NHS  
Acute Hospital NHS Trust

Worcestershire Health and Care NHS  
NHS Trust

Worcestershire NHS  
Worcestershire

### Clinical models

Model F	Description
	<p><b>One Acute hospital site (with a full A&amp;E dept)</b>            MIU, Outpatients and Diagnostics in the other two locations</p> <p><b>We believe this model is safe and achievable:</b></p> <ul style="list-style-type: none"> <li>• Single acute site providing full range of services meeting all standards.</li> <li>• Improve recruitment and achievement of right number of consultants in all specialities</li> <li>• MIUs and outpatient / diagnostic facilities in other two locations</li> <li>• Possibility of a Midwifery Led Unit</li> <li>• Children's rapid access clinic during daytime hours in other localities</li> <li>• Supported by expanded, modernised primary and community services care closer to home</li> </ul>



## THE EVALUATION FRAMEWORK

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Acute Hospital NHS Trust

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NHS Trust

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### Non Financial Decision criteria and weightings

	Non Financial Criteria	Mean Weights	Median Weights	Recommended Weights
1	Improved, more sustainable clinical quality	30	30.8	30
2	Better access to services for patients and families	16	16.5	16
3	Improved strategic fit of services	14	13.2	13.5
4	Meeting training, teaching and human resource needs	12	11	11.5
5	Making more effective use of resources	16	16.5	16
6	Deliverability	12	13.8	13

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NHS Trust

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### Financial decision criteria and weightings

- The financial assessment will focus on an assessment of the financial impact of each model on WAHT.
- The assessment will be based on the initial cost estimates which have been prepared by the Steering Group, and will include for each model (over the assessment period of 30 years):
  - Capital Costs – the initial estimates of the capital investment required;
  - Non-recurring Revenue Costs – the estimated non-recurring revenue costs;
  - Recurring Revenue Costs – the projected change in the Trust's recurring cost base;
  - Lifecycle Costs – an assessment of the change in the lifecycle costs of the Trust's estate

## COMMUNICATION AND ENGAGEMENT

- This is a clinically led and patient centred review – it aims to safeguard high quality care for all the residents of Worcestershire
- We are currently in an engagement phase on 'work in progress' and our case for change
- Staff and the public are invited to 'have their say' on the models of care and the evaluation criteria that we will use in developing a short list of options.
- There is external scrutiny of our work via HOSC, NCAT, Stakeholder Reference Board

### Public involvement

Our approach to involvement is 'no decision about me, without me'

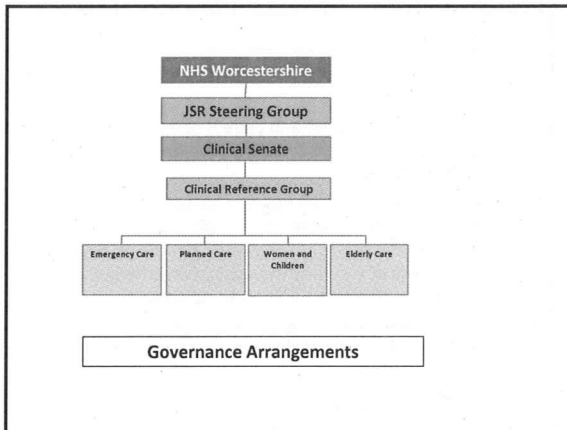
A series of community events have been organised for people to have their say – led by local clinicians

Wed 27 June, 10:00am – 2:00pm	BHI, Bromsgrove
Sat 30 June, 10:00am – 2:00pm	Kidderminster Town Hall
Mon 2 July, 5:00pm – 8:00pm	Redditch Town Hall
Tue 3 July, 5:00pm – 8:00pm	Kidderminster Town Hall
Wed 4 July, 10:00am – 2:00pm	Pershore Civic Centre
Sat 7 July, 10:00am – 2:00pm	Worcester, County Hall
Tue 10 July, 5pm – 8pm	Redditch Town Hall

## REVISED PROJECT TIMETABLE

Date	JSR timetable
March 2012	Set up Model and undertake Baseline Analysis Work up Clinical Models
April 2012	Work up of Clinical Models
May 2012	Finalise Clinical Models and Case for Change
June 2012	4 weeks Public Engagement on Clinical Models
July 2012	Appraisal of Long List – Non Financial and Financial Short list agreed
August / September 2012	Second phase pre-consultation public engagement
October 2012	NCAT Review and report
November 2012	Public Consultation starts
December 2012	Public Consultation
January 2013	Public Consultation
February 2013	Public Consultation completes
March 2013	JSR Approval of Service Reconfiguration.

## GOVERNANCE, ACCOUNTABILITY AND DECISION MAKING



Worcestershire NHS  
Acute Provider NHS Trust

Worcestershire Health and Care NHS  
NHS Trust

NHS  
 Worcestershire

## Finding out more

You can also find out more online at [www.worcestershirehealth.nhs.uk/joint-services-review](http://www.worcestershirehealth.nhs.uk/joint-services-review)

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## What happens next

**Early engagement phase completes**

- Responses to commissioners for refinement of Appraisal process
- Non Financial and Financial Appraisal
- Ranked Long list of Options to Steering Group
- Short List of Options agreed
- Detailed modelling and analytics to fully assess implications of each short listed option

**Further public engagement**

- Responses feed into the preparation of the Outline Business Case
- Preparation for Formal Public Consultation in Autumn