



Update on proposed Right Care Right Here public consultation
Joint Health Overview and Scrutiny Committee
Wednesday 3 December 2014

Purpose

NHS Sandwell and West Birmingham CCG and the wider Right Care Right Here Partnership have identified a need to undertake a public consultation on planned service changes to cardiology, acute surgery and urgent care. Following an initial briefing given to the Joint Health Overview and Scrutiny Committee (HOSC) on 19 November 2014, this report aims to update the Joint HOSC on the proposed consultation and planned approach.

Overview

Right Care Right Here

For over 10 years health and social care partners have worked together under the Right Care Right Here partnership to achieve major transformational change. The partnership is committed to improving people's health and the quality of health and social care services provided to them, by:

- Expanding the level of provision of services in community settings, bringing appropriate elements of care closer to home
- Ensuring that people have the opportunity to benefit from healthier lifestyles
- Ensuring that services are extensively redesigned to meet the needs of the local population.
- Delivering Midland Met Hospital, a new specialist acute hospital in Smethwick by 2018

Journey so far

In 2006 Right Care Right Here launched a comprehensive consultation with patients and wider stakeholders to understand how to develop a sustainable, high quality health and social care system for Sandwell and West Birmingham. Following this consultation, partners have undertaken a number of service transformations with more planned for the future, highlights include:

- £150million has been invested in providing new first class healthcare facilities across Sandwell and West Birmingham
- A range of new health centres, including the Neptune Health Centre, Glebefields Centre and £35m Birmingham Treatment Centre. These developments bring services closer to home for patients, and give them more choice about where and when they receive care
- Services such as dentistry, podiatry, speech and language therapy, minor injuries, diabetes clinics, respiratory clinics and therapy support for patients following a stroke have, in a number of areas, become community based, working alongside GP practices to offer a huge improvement in the way services are delivered
- Stroke services were transformed, centralising hyper acute and other inpatient stroke services onto the Sandwell General Hospital site in March 2013. Already we have seen improvements to patient outcomes with more patients admitted to a stroke unit within four hours, increased scanning undertaken soon after arrival at hospital, more patients receiving thrombolysis quickly after arrival at hospital and very rapid access to specialist clinics for patients experiencing mini-strokes (TIAs).

- The Community Orthopaedic Service provides additional triage and preparation to ensure that everything that can be done has been done, before an operation
- New primary care facilities have been opened, with more under construction.

Midland Met Hospital

A key strategic priority within the Right Care Right Here Partnership is to deliver a new state of the art acute hospital, the Midland Met Hospital, for local patients. In July 2014 the Treasury and Department of Health gave approval for the new development. This is the culmination of work over the last decade. The Hospital, due to open in 2018, will be the centrepiece of a new and exciting future for healthcare within our community, which will truly see the needs of patients put at the heart of everything we do.

Refocusing the Right Care Right Here partnership

Following the approval of the Midland Met Hospital earlier this year, work has been underway to strengthen and renew the RCRH Partnership. In order to prepare for 2018 and the launch of the Midland Met Hospital, significant work is needed to:

- Reconfigure services from two hospitals onto one site
- Develop capacity within primary care and the community, to support a smaller acute hospital
- Integrate health and social care services.

Over the next four years all partners will be working towards this vision to deliver:

- Day case surgery continuing in the Birmingham Treatment Centre (BTC), Birmingham Midland Eye Centre (BMEC) and at Sandwell Hospital
- Consultant outpatient clinics and diagnostic services being provided in a range of community locations
- Supporting people to live independently with more services for patients with long term conditions, as far as possible being provided by primary care staff with support from specialists in primary care settings e.g. rheumatology
- More community services provided in people's own homes/usual place of residence.

Continued improvements to quality

In parallel to this, NHS Sandwell and West Birmingham Hospitals NHS Trust and the CCG are continually working to improve the quality of care for local patients. This involves reviewing the latest best practice, technologies and listening to patients to identify improvements. Two key specialities have so far been identified as needing transformation prior to the Midland Met Hospital:

- Cardiology
- Acute surgery

Best practice shows that these services need to become specialist centres, able to deliver:

- Timely access to treatment
- Skilled care from specialist teams
- Quality and consistent care across both Sandwell and West Birmingham
- Consultant led service 24 hours a day 7 days a week.

During 2015 RCRH want to carry out a consultation on these specialities.

Developing a sustainable urgent care system

Both nationally and locally, urgent care systems are facing increasing pressure and demand. Since 2006 local NHS partners have attempted to adapt urgent care services to meet this demand, including:

- Launch of the NHS 111 telephone triage service
- Working with primary care to improve access to GP appointments
- Front end GP triage at emergency departments
- Instigation of walk in centres.

Despite this work, it is clear that a long term strategy is needed to develop a sustainable urgent care model for Sandwell and West Birmingham. From listening to patients and clinicians we know that the system is confusing; with too much fragmentation amongst services and opening times. Patients are unsure which service to access to best meet their needs.

In response to the latest national guidance, local performance challenges and patient concerns the Right Care Right Here partnership have agreed that a new model for urgent care is needed for Sandwell and West Birmingham. During early 2015, the partnership wants to consult with patients and wider stakeholders on the proposed future model for urgent care.

Consultation scope

As a result, the Right Care Right Here partnership have identified three key priorities to consult on during early 2015

- Cardiology
- Acute surgery and orthopaedic trauma
- Urgent care and emergency care

To minimise confusion for patients and wider stakeholders, we are looking to undertake a single consultation with three strands between January and March 2015. This will be a partnership approach under the Right Care Right Here brand and we will use the opportunity to re-engage with the public about our Right Care Right Here vision and the changes we have delivered so far.

Clinical case for change background

Cardiology

When the Midland Met Hospital opens in 2018 all cardiology inpatients and interventional procedures including PPCI and PCI treatment for patients having a heart attack or at high risk of one (using specialist cardiac catheterisation laboratories) will be located on one site. Currently cardiology inpatients and interventional procedures (including specialist cardiac catheterisation laboratories) are provided 24/7 on two sites, City Hospital and Sandwell Hospital. Within the current two site service there is a high risk of failure, both to consistently deliver the quality of care that is required within the expected national standards, and to meet prescribed PPCI and PCI Centre status standards. Retention of PPCI and PCI Centre recognition allows the Sandwell and West Birmingham Hospitals' Trust to continue to provide a local service to the population we serve, which has higher than average Coronary Heart Disease and related mortality.

Cardiac catheterisation laboratory capacity and resilience: each hospital has one cardiac catheterisation laboratory with a contingency plan that if one is not operational (e.g. requiring repairs) patient's requiring emergency procedures are transferred to the other hospital. This further disrupts the elective sessions for planned interventional treatment. There is an urgent need to replace the cardiac catheterisation laboratory facility at City Hospital (last replaced in 2002) which has reached its end of life, and to link this investment to improve patient safety and patient flow. A business case for this replacement has been approved by the Trust Board and is currently being procured. The Sandwell cardiac catheterisation laboratory was replaced in 2005 and should be functional between 8 to 10 years from deployment (i.e. until between 2013-2015). However, this laboratory is now experiencing an increasing number of breakdowns. The proposal now is to replace both laboratories, but on the same site.

In changing acute cardiac inpatient pathways the aim is to:

- a) Improve treatment times for patients who have a STEMI heart attack; improving direct access to specialist cardiac catheterisation laboratories
- b) Develop an infrastructure consistent with the NHS Standard Contract for Cardiology: PPCI – NHS England 2013 and fulfil national British Cardiac Intervention Society (BCIS) guidance of a minimum of 400 PCI cases and 2 cardiac catheter laboratories per centre
- c) Improve access times for non-STEMI patients
- d) Improve consistency in practice (reducing current variation across multiple sites)
- e) Ensure recruitment and retention of specialist staff
- f) Support future development of interventional procedures (utilising latest technologies and best practice)

It is important to note that cardiology outpatient clinics will continue to be provided at both hospitals, as well as at Rowley Regis. This is in line with the RCRH principles of bringing care closer to home.

In developing the proposed new service configuration a number of options were explored including continuing with the current two hospital model and locating the service at Sandwell Hospital. After a review it was felt that the existing two site model would not address the drivers for change. The Sandwell Hospital option was not considered feasible as locating two cardiac catheterisation laboratories at Sandwell Hospital in close proximity to each other and Coronary Care Unit (CCU) would not be possible without:

- Relocating both cardiac catheterisation laboratories and CCU to another location in the hospital with major refurbishment /new build and displacement of another service along with moving the service further away from the emergency department and blue light ambulance entrance or
- Placing the second cardiac catheterisation laboratory in another location away from the existing one and CCU.

Acute surgery and orthopaedics trauma

Current model

In 2007 the independent review panel recommended a single acute surgical centre. A City Surgical Assessment Unit was created that provided a 'half way house' to that recommendation. The partnership recognises that this is not able to offer rapid access to assessment, diagnosis and treatment. There is a significant risk that the unit retains patients for too long due to capacity constraints or delays in being assessed.

Proposed change

We want to transfer the nursing expertise onto a single site, and expand the scale of care at Sandwell. This reflects the growth in demand at Sandwell for complex surgery, which makes supporting a dual site model more difficult than seven years ago, despite investments in staffing including consultant numbers. All major trauma cases are taken directly or transferred to the Major Trauma Centre at the Queen Elizabeth Hospital. Both emergency departments in the Trust currently have trauma unit status, where immediate treatment may be given prior to safe onward transfer to the Major Trauma Centre. The number of major trauma cases presenting directly to City or Sandwell emergency departments are relatively small and so maintaining the required experience and expertise on both sites is increasingly difficult. The challenges in summary are:

- A lack of timely access to senior clinical input, which is dependent on how often they are asked to assess patients in two emergency departments at both City and Sandwell

- Inability to meet required staffing levels (middle grade doctors) 52 weeks a year, as surgical trainee numbers nationally reduce
- Reliance on agency nursing to staff SAU and other surgical wards, with general surgical ward at City isolated from wider specialty bed base.

Future model

Single Site SAU with up to 33 spaces located at Sandwell Hospital - 24/7 service

This enables:

- Critical mass of expertise and increase in clinical expert control over assessment and admission process with consolidation of imaging service and dedicated imaging capacity
- Rapid multi-disciplinary assessment/diagnosis within six hours
- The majority of patients will be seen/have a working diagnosis and be admitted/transferred or discharged within 12 hours of arrival to the Surgical Assessment Unit; a small number of patients may require a stay of up to 24 hours maximum according to clinical need as defined by the specialist
- Ambulance patients with surgical or trauma conditions will be taken directly to Sandwell emergency department with the exception of women under a specified age (tbc – 45) with abdominal pain who will be taken directly to City Hospital emergency department to be assessed by the emergency department and then gynaecology in the first instance
- GP emergency referrals to general surgery and trauma and orthopaedics will be directed to Sandwell Hospital SAU with a timed appointment. GP emergency referrals to gynaecology, urology and ENT to be directed to that appropriate ward at City Hospital. GP emergency referrals are made through a telephone call from the GP to the appropriate clinical team
- Self- presenting patients to City Hospital emergency department with a surgical condition or trauma will be seen at City and transferred to Sandwell emergency department or SAU if surgical or trauma specialist assessment required.

Urgent Care

The Sandwell and West Birmingham Health and Social Care partners have jointly committed to review and redesign the current urgent and emergency care system, in order to develop a holistic, patient centred, vision for the next five years and beyond. All organisations are committed to a whole system approach, ensuring a 24 hour, seven day a week, urgent and emergency care service is provided to patients in Sandwell and West Birmingham.

In Sandwell and West Birmingham there has been a continued rise in demand for urgent and emergency care across the whole system, in particular, rising demand on both the GP in and out of hours services. Sandwell and West Birmingham has an extremely diverse and increasingly ageing population, and there is a continued rise in all long term conditions. In the future, managing this demand may become unsustainable within the current local configuration of health and social care systems. As technology and clinical techniques advance, so do the expectations of the public in being able to access health and social care services in more convenient and flexible ways.

National strategy

In 2013 NHS England ran a national consultation and engagement exercise with patients asking patients to outline what their needs were. Sir Bruce Keogh's Urgent and Emergency Care Review outlines the principles that an urgent care system should follow:

1. Provide consistently high quality and safe care, across all seven days of the week
2. Is simple and guides good, informed choices by patients, their carers and clinicians
3. Provide access to the right care in the right place, by those with the right skills, the first time
4. Is efficient and effective in the delivery of care and services for patients.

Locally, the Right Care Right Here partnership is working towards these objectives.

Current provision

The current model for urgent care services sees a multitude of providers and locations which is confusing for patients. The services were not all commissioned concurrently and have instead been added into the system in a piecemeal way. Over time, this has resulted in the development of numerous services including emergency departments, two walk in centres, GP out of hours centres, primary care services etc. that can appear to the patient as unrelated, each with different names and access points. This has created a complicated system with multiple connections and complex patient flows. Patients and health and social care professionals can find it challenging to navigate around these services efficiently. Recent national advice is to co-locate urgent care centres with emergency care centres to remedy the current complex system in place.

Proposed future model

Given the future development of the Midland Met Hospital, it is clear that a two stage reconfiguration is needed. This strategy supports NHS England's Five Year Forward Plan.

- Stage one improving the current urgent care system for 2016-2018:
Developing an integrated urgent care model at the Sandwell and City Hospital sites. This would bring together activity from walk in centres, out of hours GP services, the GP front end service into two integrated centres. By developing integrated centres, these services can better connect with other services including mental health, social care, community nursing and admission avoidance.

These embedded units would then work alongside other urgent care services, including NHS 111, West Midlands Ambulance Service, primary care and the Primary Care Assessment and Treatment Service at Rowley Regis Hospital (currently being piloted and evaluated).

- Stage Two 2018 onwards, once Midland Met Hospital is launched:
Once the Midland Met Hospital is launched, the main hospital would contain a small integrated 24/7 urgent care model along with the emergency department for Sandwell and West Birmingham. The legacy site at Sandwell Hospital would become an urgent care centre for up to 35,000 local people, operating on an integrated model – staff could, in part rotate through this service and the emergency department to maintain skills. Urgent care capability, possibly through PCAT, could be further developed at Rowley Regis.

We are exploring options to develop a further Primary Care Assessment and Treatment Service in West Birmingham, along with opportunities for an additional Urgent Care Centre, which could be explored as a variant.

As above these services will continue to interact with the other elements of the urgent care system. It also assumes that a greater number of people will access NHS 111 for advice and support.

Approach to consultation

Across the health economy partners have been working towards these service changes for many years, with initial public consultations carried out in 2006. Now that the Midland Met Hospital has been approved, partners can begin to progress with these plans.

Partners have agreed to undertake a public consultation, recognising that:

- The previous consultations were carried out in 2006
- There has been new national guidance and best practice, which has shaped the planned reconfigurations
- Partners have reflected on the current system, which has changed since 2006.

During November/ December 2014 a comprehensive Communications and Engagement Plan is being developed, which will enable the programme to fully engage all its stakeholders in the consultation. This will support us to meet the four Lansley tests of consultation, and enable targeted engagement to key groups including seldom heard groups.

The plan will set out the approach to communication and engagement activity and will provide a range of opportunities for stakeholders to get involved and contribute to the consultation. This is still being finalised, but will include:

- The recruitment of an independent consultation partner
- A consultation document will be produced, which details the scale of change and what this means for people in Sandwell and West Birmingham
- Information will be made available, through the media, social media, partner websites, regular stakeholder bulletins
- Internal communications to staff and clinicians across partners
- Face to face meetings; with existing networks and deliberative events across Sandwell and West Birmingham.

This activity will be targeted based on the needs identified in the Equality Impact Assessment.

The consultation is scheduled to run between January and March 2015.

Clinically led

Clinicians from the different specialities have been involved throughout the development of these plans. A minimum of one clinical lead from each specialty has been identified to lead this programme.

- Dr Manir Aslam, CCG’s Clinical Lead for urgent care
- Dr Sirjit Bath, CCG’s Clinical Lead for urgent care
- Dr Chetan Varma, Trust’s Clinical Lead for cardiology
- Mr Ed Harper, Trust’s Clinical Lead for emergency surgery

Governance

NHS Sandwell and West Birmingham CCG has appointed a programme director to drive forward the programme and consultation. This director will report to both the Right Care Right Here Programme Board and the health economy wide Strategic Resilience Group, which have oversight for the programme. NHS Sandwell and West Birmingham CCG and Sandwell and West Birmingham Hospitals Trust as the two key partners will be responsible for agreeing any recommendations through CCG and Trust Governing Body approval. The chart below (timescales) highlights the key bodies involved in the assurance process.

A communications and engagement sub group is being established to lead the consultation process and monitor effectiveness. Patient representatives will be invited to attend this sub group.

Timescales

Activity	Timescale
Appointment of an	November/ December 2014

**independent
consultation partner
Development of
Communications and
Engagement
Plan/Equality Impact
Assessment/
Stakeholder mapping**

Seeking assurance: December 2014
HOSCs
NHS England

Start of consultation January 2015

Close of consultation March 2015

**Analysis and
recommendation** April 2015 onwards

**Recommendation to
RCRH and SRG** Late spring/early summer 2015

**CCG and Trust Governing
Body Decision** Late spring/ early summer 2015

Seeking assurance: Late spring/early summer 2015
HOSCs
NHS England

Future updates

The Right Care Right Here Partnership is committed to keeping the Joint HOSC informed and involved at every stage of the programme. A regular stakeholder bulletin will be issued to keep stakeholders informed during the consultation.

Once the analysis of the consultation is completed and a proposed outcome is known, we will seek approval from the Joint HOSC in mid-2015.

Recommendations

- The Joint HOSC are asked to approve the move towards formal consultation in January 2015
- The Joint HOSC are asked to approve the approach to consultation