BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SANDWELL)

TUESDAY, 29 NOVEMBER 2022 AT 14:00 HOURS
IN COMMITTEE ROOM 6, COUNCIL HOUSE, VICTORIA SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 **NOTICE OF RECORDING/WEBCAST**

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 **APOLOGIES**

To receive any apologies.

3 **DECLARATIONS OF INTERESTS**

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a ‘sensitive interest’, Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via http://bit.ly/3WtGQnN. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

3 - 12 4 **MINUTES**

To approve the minutes of the meeting held on 4th November 2021 as a correct record.

13 - 18 5 **COMMITTEE TERMS OF REFERENCE**

To consider and confirm the updated terms of reference for the municipal year 2022-23.
Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council.

19 - 44 6 **ACUTE CARE MODEL**

Liam Kennedy, Midland Metropolitan University Hospital Delivery Director.

45 - 52 7 **PROPOSED CHANGES TO DAY CASE SURGERY**

Liam Kennedy, Midland Metropolitan University Hospital Delivery Director.

8 **DATE AND TIME OF NEXT MEETING**

To agree a date and time.

9 **REQUEST(S) FOR CALL IN/COUNCILLOR CALL FOR ACTION/PETITIONS RECEIVED (IF ANY)**

To consider any request for call in/councillor call for action/petitions (if received).

10 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

11 **AUTHORITY TO CHAIR AND OFFICERS**

Chair to move:-

'In an urgent situation between meetings, the Chair jointly with the relevant Chief Officer has authority to act on behalf of the Committee'.

Item 4

Sandwell Metropolitan Borough Council

Minutes of Joint Health Overview and Scrutiny Committee

Thursday 4 November 2021 at 2.30pm
at the Council Chamber, Sandwell Council House

Present: Councillors E M Giles (Chair) and Davies (Sandwell).
Councillors Brown and Islam (Birmingham).

Officers: Rachel Barlow (Director of System Transformation, Sandwell and West Birmingham Hospitals NHS Trust);
Kieren Caldwell (Head of Specialised Commissioning – NHS England and NHS Improvement);
Andrew Clements (Director of Operations, University Hospitals Birmingham NHS Foundation Trust);
Dr Qamar Ghafoor (Consultant Clinical Oncologist, University Hospitals Birmingham NHS Foundation Trust);
Louise Herd (Commissioning Lead, NHS England);
Liam Kennedy (Chief Operating Officer, Sandwell and West Birmingham Hospitals NHS Trust);
Dr Ian Sykes (GP and Chair of Sandwell Locality Commissioning Board, part of Black Country and West Birmingham CCG);
Stephnie Hancock (Senior Democratic Services Officer, Sandwell Council);
Ceri Saunders (Overview and Scrutiny Manager, Birmingham City Council).

12/21 Apologies for Absence

Apologies for absence were received from Councillors Akhtar, Bhullar, Clancy, Costigan, Fisher and Tilsley.

ONE COUNCIL ONE TEAM

13/21 **Declarations of Interest**

There were no declarations of interest.

14/21 **Minutes**

> **Resolved** that the minutes of the meeting held on 15 April 2021 are approved as a correct record.

15/21 **Additional Items of Business**

There were no additional items of business to consider.

16/21 **Committee Terms of Reference**

> **Resolved** that the Committee Terms of Reference for 2021/22 are approved.

17/21 **Delivering Solid Tumour Oncology Services for Sandwell and West Birmingham Update**

Further to its meeting on 15 April 2021, the Board noted a further update on the delivery of solid tumour oncology services for Sandwell and West Birmingham.

Due to the workforce constraints brought about by covid-19, there were concerns about the ability to repatriate the service to Sandwell Hospital site at the present time. To ensure that all available options for the service had been considered, a working group had been re-established comprising executive level clinical and operational leads.

Initial work by the working group had concluded that the move to Sandwell Hospital from the University Hospitals Birmingham (UHB) would cause a significant risk to patient safety and experience, due to the ongoing workforce issues. It would take over 12 months to safely move the service, so focus had now shifted to ensuring that the provision of care was as close to hone as possible over the next six to nine months. An evolutionary approach would now be

taken to the transfer of the service, rather than a lift and shift approach.

The national shortage of oncologists had been recognised by Health Education England and was ongoing. Experts from NHS England, NHS Improvement, and Public Health England were looking at different workforce models and international expertise was also being drawn upon.

The following was noted in response to questions and comments:-

- There was a shortage of oncologists, chemotherapy trained nurses, and diagnostics staff. Health Education England had established a number of training posts targeted towards Birmingham, however, those staff would not be in post at the hospital for around three years.
- The planning of services was assuming a continued shortage of oncologists and so consideration was being given to models where consultants would lead on care plans with lesser qualified staff delivering that care. Some pharmacists would be oncology trained to create capacity within the system.
- Some patients would be able to receive treatment at home and be reviewed remotely. Others, with more complex cases, would need to continue to attend the Queen Elizabeth site for treatment.
- Chemotherapy was co-ordinated by UHB and either delivered at home or the QE site. Surgery was still delivered at Sandwell Hospital. Radiotherapy was still provided at Queen Elizabeth Hospital and New Cross Hospital (Wolverhampton) sites.
- The evolution of treatments meant that people were living longer with cancer, and this required more clinicians.
- Patients received the same treatment and standard of care, no matter which hospital site delivered it.
- Recent reports from the Care Quality Commission confirmed that patients were receiving good and safe care.
- Where patients struggled to attend the Queen Elizabeth Hospital, virtual consultations were taking place.

- Many of the visits to the Queen Elizabeth site were for clinics, however, covid-19 meant that 50% of these had taken pace remotely.
- There had been no objections to the methods used for consultations (e.g. phone and virtual), and they were tailored to the patient's preference. Where required, translation services were provided, and patients were able to have relatives present - which was no different to face to face consultations.
- Patients had also found additional support, such as prescriptions being delivered to their home beneficial.
- Every patient was provided with a key worker and an emergency contact, available 24/7.

Members expressed concern that the matter had been ongoing for many years now and had still not been resolved.

The Head of Specialised Commissioning – NHS England and NHS Improvement undertook to provide members with data on current waiting times.

Resolved that a further update on the review of the delivery of solid tumour oncology services is submitted to the Board's next meeting.

18/21 **Primary Care Networks – Impact of West Birmingham Locality Move to Birmingham and Solihull Integrated Care System (ICS)**

The Board noted a report on the changes to local health service structures and the potential impacts of these changes.

From 1 April 2022, Integrated Care Systems (ICS) would become statutory, replacing existing sustainability and transformation partnerships. Following a government review of boundaries, West Birmingham would become part of Birmingham and Solihull ICS.

Four Primary Care Networks (PCNs) in West Birmingham would move to join the Birmingham and Solihull ICS. Eight GP practices would also form a fifth PCN in West Birmingham.

These changes were expected to have only minimal practical impacts on general practices in both the Sandwell and Birmingham Primary Care Networks (PCNs).   There would be no practical change felt by patients to the delivery of various GP services including community and mental health services.

Three practices on the border of Birmingham and Sandwell had been asked to determine which ICS they wished to join: -

- Cape Hill Medical Centre was within the Sandwell boundary and was already a part of the Sandwell PCN, so there was no impact on patients.
- Sherwood House Medical Centre was within the Birmingham boundary and would remain within the Birmingham Integrated Care System, so there was no impact on patients.
- Smethwick Medical Centre, was within the Sandwell boundary and currently part of the West Birmingham Modality PCN. The Centre would be asked to join a Sandwell PCN to support joint working with other nearby practices. It was not anticipated that this would impact on patients.

The integration of West Birmingham into the Birmingham and Solihull ICS created some challenges in that patients in West Birmingham who currently routinely attended City Hospital would now be referred to the Midland Metropolitan Hospital under the changes, which could create an additional 220,000 patient demand on the new hospital. However, the funding allocated to West Birmingham area would now be allocated into the Birmingham and Solihull ICS.

The following was noted in response to questions and comments:-

- Around 2,000 patients would be affected by the boundary changes in West Birmingham.
- Current patient numbers at the affected practices was around:
    - Cape Hill Medical Centre – 12,000;
    - Smethwick Medical Centre – 10,000-15,000;
    - Shanklin House – 10,000-15,000.
- One PCN would grow by around 12,000 patients.

- Once ICSs were formally established, plans would be looked at to determine the best way to manage the changes and impact.

19/21 **Black Country Provider Trust Collaboration Update**

The Board received a report on progress with the establishment of an acute provider collaboration programme.

There were four acute providers in the Black Country. The purpose of the collaboration programme was to look at standardising those services that were low risk or highly resilient.

Sandwell and West Birmingham Hospitals NHS Trust had been accepted as part of a national 'deep dive test site', which would look at how acute provider collaboratives were working to inform best practice and provide access to NHS England and Improvement expertise.

A third clinical summit had taken place on 24 September, attended by clinical leads from 16 specialities to discuss issues within services and identify key themes. It had been agreed that a robotics strategy should be developed as part of the programme. Royal Wolverhampton NHS Trust was in the process of commissioning a second robot for robotic gynaecology surgery and other trusts would pause any further investment until a strategy had been agreed.

Back office processes were being reviewed to identify where there were synergies. Standardised pay rates were being considered to reduce staff movement to Trusts paying higher. A Memorandum of Understanding to enable staff to work across the four organisations - staff "passporting" - had been agreed in June 2021. This would build resilience across systems; however, a number of issues were still being worked though, including use of NHS mail; shared IT helpdesk; estates issues; mandatory training.

The following was noted in response to questions and comments: -

- Dudley Group of Hospitals NHS Foundation Trust had not previously engaged as well with collaborative working and had therefore been flagged as a risk to the success of the project. This would not impact on the success of the staff passporting plans however.
- Standardisation of pay rates across each Trust would help with resilience. However, it was acknowledged that this was a difficult time for the NHS as staff were tired after working through the pandemic. There was now a big focus on staff wellbeing across the whole of the NHS.
- There was a heavy reliance on bank staff at present due to a number of staff retiring. Around 40 full time staff from Intensive Care Units had retired across the four trusts in the last 18 months.
- Whilst Black Country Healthcare NHS Foundation Trust was not part of the collaboration programme, consultation was taking place on a quarterly basis as mental health featured in most workstreams.

[Councillor Islam left the meeting.]

[The Board was inquorate for the remainder of the meeting].

20/21 **Status Report on Waiting Times for Elective Treatment**

The Board noted a report on waiting times for elective and planned care.

At the beginning of the Covid-19 pandemic and during lockdown periods, urgent treatment (treatment essential within 24 hours) had been prioritised. As other services had reopened, those patients with the highest clinical need had been prioritised.

At August 2021 73% of patients had received their care on time, whilst the remainder had been waiting for 18 weeks or more. This placed the Trust within the top 25% performers nationally, but it was acknowledged that there was much to improve.

Performance data for all specialities was noted. The top five specialities with the highest number of patients waiting in excess of

18 weeks were ophthalmology, trauma and orthopaedics, urology, otorhinolaryngology and oral and dermatology surgeries.

Recently orthopaedics inpatient activity had been stood down for two weeks to support the Trust's Covid-19 surge plan. Weekly reviews were in place to ensure timely re-instating of the service when appropriate.

Gynae-Oncology remained a key area for the Trust as the complexity of cases meant that a high number of intensive therapy unit beds were required to operate the service.

A Trust-wide Harm Review template had been created to record Harm Reviews in respect of those patients waiting beyond 18 weeks for treatment. Harm reviews had been carried out and no harms had been identified to date.

It was hoped that all cancer services would be back on track by December.

21/21 **Midland Metropolitan University Hospital Update**

The Board received an update on the development of Midland Metropolitan University Hospital (MMUH).

The impact on the construction industry on the available workforce and required materials were well known and represented a live risk, which was being actively managed. This had not caused any significant delays, however, there had been an impact on costs, which it was anticipated would be met by the government. The availability of constructions workers had also presented challenges that impacted on timescales. It was therefore not possible to announce an opening date; however, opening was now likely to be in 2023 as post-construction assessments would take around nine months to complete. The emphasis was on a high-quality build, not time.

The clinical model was 90% complete and had been considered through internal clinical gateway reviews and peer review. Over 80% of the workforce plans had been through a similar gateway review process. The model was to be finalised by the end of

December, which would inform revised activity forecasts and assurance including total hospital flow simulation and testing.

Work had taken place with local commissioners to transform services. Frailty was the most significant innovation in the care model. A holistic approach to community-based care, same day emergency assessment and community-based care pathways, along with early and appropriate recognition for end of life care for those who needed it, aimed to avoid around 2785 unnecessary admissions.

Mental health providers were looking at pathways and working to improve the gross inequity and under-resourcing of services. GPs were also looking at a multi-disciplinary approach for patients with chronic mental health issues, many of whom had multiple co-morbidities.

The Board also received a report outlining the proposed allocation of day case surgical activity at the Sandwell and West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) was opened.

SWBHT would operate from two treatment centres for planned day case surgery - Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General Hospital). Acute care and elective surgery would be delivered from MMUH.

As part of the Acute Care Model Programme the Trust had developed clinical pathways including a new theatre model which allocated surgical specialities to a single treatment centre. The new theatre model meant that trauma and orthopaedic day case surgery would be delivered by the Sandwell Hospital site and general day case surgery would be delivered by the City Hospital site.

An analysis of patients that received day case surgery in 2019 had been undertaken to understand the impact to patients and potential catchment loss. Approximately 600 patients would be potentially affected by moving general day case surgery case surgery to City Hospital, and around 486 patients would be affected by the move of trauma and orthopaedic surgery to the Sandwell Hospital site.

Some staff and public engagement had been done, however further consultation was necessary, as these plans had not been part of the original business case for the new hospital. Consultation would be undertaken initially through patient engagement groups to develop the proposals, followed by consultation with GPs, pharmacies and community leaders. Local media would be utilised in order to widen the reach of the consultation. The consultation would be launched as soon as possible and take place for six months.

Resolved:-

(1) that arrangements be made for members of the Board to visit the Midland Metropolitan University Hospital, as soon as it was safe to do so, taking into account the ongoing covid-19 pandemic;

(2) that a briefing session is arranged for all members on the proposals to relocate orthopaedic day case surgery to the Sandwell Hospital site and general day case to the City Hospital site.

Meeting ended at 4.35pm.

Contact: democratic_services@sandwell.gov.uk

Birmingham City Council

Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council

Date 29 November 2022

Subject:	Terms of Reference for the Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council
Report of:	Cllr. Mick Brown and Cllr. Elaine Giles, Chairs of the Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council
Report author:	Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council

1 Purpose

To update the Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council Terms of Reference to reflect the changes in NHS organisations following the establishment of Integrated Care Systems.

2 Recommendations

2.1 The Committee agrees the amendments to the terms of reference attached as Appendix 1.

3 Any Finance Implications

3.1 There are no new financial implications resulting from this report. The Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council will be supported from within existing resources by both authorities as set out in Section 5 of the Terms of Reference attached of Appendix 1.

4 Any Legal Implications

4.1 The amendments to the terms of reference follow the establishment of Integrated Care Systems under the Health and Care Act 2022. A further review of the terms of reference will be undertaken when the Statutory Guidance on Health Scrutiny has been published.

5 Any Equalities Implications

5.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.2 The Committee should ensure that it addresses these duties. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within the Joint HOSC area; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

5.3 The Committee should ensure that equalities comments, and any recommendations, are based on evidence. This should include demographic and service level data and evidence of residents/service-users views gathered through consultation.

6 Appendices

6.1 Appendix 1: Joint Health Overview and Scrutiny Committee Birmingham City Council and Sandwell Metropolitan Borough Council Terms of Reference

Joint Health Overview and Scrutiny Committee
Birmingham CC and Sandwell MBC
November 2022

Terms of Reference

1. General Terms of Reference

1.1 The Joint Health Scrutiny Committee has been convened to scrutinise:-

(a) monitor and respond to substantial variations (changes and reconfigurations) in service delivery proposed by Sandwell and West Birmingham Hospitals NHS Trust, including proposed consultation frameworks;
(b) services delivered by Sandwell and West Birmingham Hospitals NHS Trust ;
(c) progress towards completion of work on the Midland Metropolitan Hospital;
(d) proposals coming forward from the Black Country Integrated Care System and the Birmingham and Solihull Integrated Care System affecting both areas;
(e) any other cross boundary health issues as agreed by the two chairs.

1.2 No matter to be discussed by the Committee shall be considered to be confidential unless exempt under Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

2. Key Considerations

2.1 In relation to 1.1(a), above, the Joint Health Scrutiny Committee will have regard to the four requirements for lawful consultation in reaching its conclusions in relation to:-

- at the formative stage, the consulting body must have an open mind on the outcome;
- there must be sufficient reasons for the proposals, and requests for further information should be supported;
- adequate time should be allowed for consultation with all stakeholders;
- there should be evidence of conscientious consideration of responses by the consulting body.

2.2 The Joint Health Scrutiny Committee will consider the options presented as part of any proposed substantial service changes and implications they might have on the individual local authorities.

2.3 The Joint Health Scrutiny Committee will scrutinise and review any consultation framework to ensure that it is adequate and robust and that it captures the views of both service users and the public.

3. Timescales and Governance

3.1 The Joint Health Scrutiny Committee was reconstituted during October/November 2021 and will meet as and when required to ensure thorough scrutiny of the issues listed in paragraph 1.1, above and will continue whilst proposed service changes that affect both areas are contemplated.

3.2 Any issues listed under paragraph 1.1(a) above will only be scrutinised by the Joint Health Scrutiny Committee and not the constituent authorities.

3.3 Ideally, any other issues listed under paragraph 1.1 will only be scrutinised by the Joint Health Scrutiny Committee.

3.4 Any response or recommendations to services outlined in paragraph 3.1 and 3.2 above will only be agreed by the Joint Health Scrutiny Committee and signed by both Chairs. It will not need the endorsement or agreement of the individual constituent authorities. Should agreement not be reached over recommendations a minority report will be attached to the recommendations.

3.5 Meetings of the Joint Health Scrutiny Committee will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority Chairing the meeting and providing democratic services support).

3.6 These terms of reference will be revisited and reconsidered by the Joint Health Scrutiny Committee at its first meeting of each municipal year.

4. Membership

4.1 Membership of the Joint Health Scrutiny Committee will be nominated by the Sandwell and Birmingham scrutiny committees

that have responsibility for discharging the statutory health scrutiny function.

4.2 Membership of the Joint Health Scrutiny Committee will reflect the political balance of each respective authority. For a committee of ten members the ratio for Sandwell is (3:1:1) and for Birmingham it is (3:1:1).

4.3 The responsibility for chairing meetings will alternate between Birmingham and Sandwell, with the Chair of the hosting authority chairing the meeting. The location of meetings is to be rotated between the two authorities. In the absence of a chair of a meeting, the other chair, if present, takes the chair. In the absence of both chairs, a chair will be elected from those members at the meeting.

4.4 The quorum for meetings will be four members, comprising two members from each authority.

4.5 There are to be no co-opted members.

5. Support Arrangements / Resources

5.1 The work of the Joint Health Scrutiny Committee will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.

5.2 Venues for meetings are to be rotated between Sandwell MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two authorities. The nature of the tasks involved in supporting the Committee is set out below.

Support	**Nature of tasks**
Overall Co-ordination of the Joint Health Scrutiny Committee's work, Policy Support and Administrative Support	• Manage the Committee's work programme. • Ensure key action points arising from Committee discussions are followed. • Maintain ongoing dialogue and communication with Healthcare Trusts, commissioners and providing health organisations.

	• Maintain ongoing dialogue and communication between the two Local Authorities. • Provide policy support as required by the Committee. • Produce briefing papers as required. • Undertake any other support tasks e.g. writing letters, inviting witnesses etc. • Drafting joint response.
Clerking of meetings	• Set up meetings and associated tasks. • Maintain schedule of meetings. • Publication of agenda and related documentation. • Take notes of meetings and distribute these. • Provide advice in relation to scrutiny procedures.

Approved by: Councillor Elaine Giles (Sandwell Chair)

Councillor Mick Brown (Birmingham Chair)

Members of the Joint Health Scrutiny Committee

Date approved:

Briefing Paper for Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

Clinical Services Model

Subject: Acute Care Model

Sponsoring Executive: Liam Kennedy

Report author: Amanda Geary

1 Purpose

1.1 To provide an update to committee members of the ongoing work transforming Clinical Services ahead of the opening of the Midland Metropolitan University Hospital in Spring 2024.

2 Overview

2.1 When Midland Metropolitan Hospital opens, our new hospital will bring together all critical and emergency care services that currently take place at City and Sandwell Hospitals.

2.2 The hospital design strengthens our ability to deliver the best standards of care alongside an opportunity to transform some clinical services to maximise the opportunity the new estate provides the Trust.

2.3 Our journey to Midland Met involves us transforming our services before we open our doors. Our acute care model has 12 key transformation schemes based on clinical pathway improvements to streamline patient care. Several changes will happen before we move into our new hospital, and these improvements will continue once we open.

2.4 The 12 major transformation programmes focus on redesigning our emergency care pathways so that patients are seen and diagnosed rapidly, by senior decision makers, in the most appropriate hospital setting.

2.5 We are also concentrating our efforts on delivering care for more patients away from the hospital setting, in their own homes or closer to home. Right sizing our community bed facilities and home-based care services will help us achieve this.

2.6 There is collaborative work underway between SWB, acute and community services, primary care, social care, mental health, ambulance and third sector partners. This collaborative approach will help us to secure the most patient-focused outcomes.

3 Recommendations

3.1 The committee are requested to:

- Note the contents of Appendix 1 detailing work to date

- Acknowledge ongoing work:

    - Continuous and extensive GP, public and patient engagement as detailed pathways develop across the transformational programmes

- Further development of EQIAs and QIAs as transformation work progresses
- Collaborative working with commissioners and key stakeholders
- Ongoing work with peer clinical reviewers during service refinements
- Delivery of the key transformational changes
- Monitoring and sharing of the benefit realisation

4 Appendices

Appendix 1: Midland Metropolitan University Hospitals Clinical Services overview

Midland Metropolitan University Hospital

Building our future together

November 2022

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

NHS Sandwell and West Birmingham NHS Trust

Getting to know our new hospital

Midland Metropolitan University Hospital will be our acute centre for care and includes:

- A purpose-built emergency department with co-located imaging and diagnostic services.
- A dedicated children's emergency department and assessment unit.
- Adult and children's wards with 50 per cent en-suite single rooms.
- Operating theatres for both emergency and major planned surgery.
- A midwife led birth unit next to a delivery suite, two maternity wards and an antenatal clinic.
- A neonatal unit.
- Same day emergency care for adults.
- Sickle cell and thalassemia centre.

You can expect to receive all of this as a standard part of our care model:

- A full seven-day service – you can expect the same high standards any day of the week.
- Senior doctors leading expert clinical teams.
- Diagnostic tests identified for your care through our diagnostic facilities including x-ray, MRI and CT scans, plus other tests for urgent care.
- A clinical model focused on keeping patients mobile. Our Winter Garden and outdoor spaces are designed to help patients stay active.

The benefits of our new hospital

- The hospital itself will house state-of-the-art equipment to support faster diagnosis and improve patient outcomes. It will be home to 11 emergency, trauma and elective inpatient operating theatres, maternity theatres and 15 birthing rooms for maternity services.

- Patients who need to stay in hospital will be transferred around the new hospital via separate corridors and lifts to those used by visitors. It means patients will have privacy while moving around the hospital.

- The wards and rooms centre on patient wellbeing. All bedrooms have an external view onto one of the courtyards or surrounding areas of the hospital. The design also includes 50 per cent single rooms with en-suite shower rooms in the main ward areas which will reduce the risk of spreading infections.

- The hospital provides a dementia friendly environment. Colours and clear bed numbers will help patients identify where they are. Layouts of wards will be the same, with each group of four beds within a ward having a different colour theme. Non-patient rooms will have different doors (which will blend with corridor walls).

Our future service model

- When Midland Met opens, our new hospital will bring together all critical and emergency care services that currently take place at City and Sandwell Hospitals.

- The new hospital will provide clinical teams with modern purpose-built facilities, and new technology will enhance the patient experience, one example being a modern nurse call system.

- The hospital design strengthens our ability to deliver the best standards of care. For example, the layout of the emergency department allows the rapid transfer of patients arriving by ambulance straight to the most effective treatment area for them. This conscious design decision ensures that patients can rapidly access diagnostics and treatments improving clinical outcomes.

- It will also signify a change in how care is delivered across Sandwell and West Birmingham. The good news is that a lot of outpatient care, day-case surgery and routine diagnostics will remain at the Sandwell and City Hospital sites, which will also house intermediate care wards, plus the 24/7 Urgent Treatment Centre at Sandwell, Birmingham Treatment Centre and Birmingham and Midland Eye Centre at City Hospital. This is important for patients as it means they will still be able to access specialist care locally.

Clinical care when Midland Met opens

- Our journey to Midland Met involves us transforming our services before we open our doors. Our acute care model has 12 key transformation schemes based on clinical pathway improvements to streamline patient care. Several changes will happen before we move into our new hospital, and these improvements will continue once we open.

- The 12 major transformation programmes focus on redesigning our emergency care pathways so that patients are seen and diagnosed rapidly, by senior decisionmakers, in the most appropriate hospital setting.

- We are also concentrating our efforts on delivering care for more patients away from the hospital setting, in their own homes or closer to home. Right-sizing our community bed facilities and home-based care services will help us achieve this.

- There is collaborative work underway between SWB, acute and community services, primary care, social care, mental health, ambulance and third sector partners. This collaborative approach will help us to secure the most patient-focused outcomes.

OUR FUTURE SERVICE MODEL BY SITE

(Plans as of June 2022)

DUDLEY ROAD SITE (City Hospital)

BIRMINGHAM TREATMENT CENTRE

OUTPATIENT SERVICES

Including:
- General clinics for multi-speciality use.

Bespoke OP services
- ENT and SLT
- Breast services
- Gynaecology & Colposcopy
- Hearing Services
- Orthopaedic & Fracture Clinic
- Oral Surgery (TBC)

DIAGNOSTIC
- Endoscopy Unit
- Imaging (PF, US, MRI, CT)
- Phlebotomy
- Cardiac Diagnostics Respiratory Physiology (main dept)

DAY TREATMENT

Day Surgery Unit (6 theatres) & minor ops

OTHER
- Pharmacy
- Research

SHELDON

OUTPATIENT SERVICES

Including:
- Dermatology
- Cardiac Rehabilitation
- Pain Management Clinics Therapy Services (Rehab, OT, Neurology, SLT, MSK)
- Dietetics

DGM Building
- Clinical Admin
- National Poisons Information Service (NPIS)

BIRMINGHAM MIDLAND EYE CENTRE (BMEC)

OUTPATIENT & DIAGNOSTIC SERVICES
- Ophthalmology clinics (adults & children)
- Glaucoma clinics
- Visual Function dept Orthoptics
- Optometry
- Other specialist eye diagnostics
- Behcets Service
- Medical Illustration

OPHTHALMOLOGY A&E

DAY TREATMENT

Ophthalmology Day Surgery (adults & children)

OTHER
- Clinical Admin
- Training facilities

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

ACUTE INPATIENT BEDS: 739
- 13 Adult wards (32 beds each) including coronary care (14) beds, hyper acute stroke (6) beds & level 1 beds (16 distributed within wards)
- 2 Maternity wards (56 beds)
- 30 Critical Care beds
- 36 Neonatal cots
- 50 Paediatric beds (& 6 day case spaces)
- 108 AMU beds & 24 Same Day Emergency Care trolleys

EMERGENCY / ELECTIVE SURGERY / DAY CASE
- Emergency Department
- 2 Trauma theatres
- 2 Emergency theatres
- 7 Elective theatres
- 2 Maternity theatres
- 15 Delivery Suites
- 6 Birthing centre
- Medical Infusion/Procedure Suite & SCaT

DIAGNOSTIC
- Endoscopy Unit
- Cardiac Interventional Suite (2 cardiac labs) Imaging (Plain x-ray, US, Ante Natal US, MRI (1), CT (2), Physics & Nuclear Medicine, IR) Medical Illustration (inpatient support) Essential Service Laboratory Medical intervention unit
- Cardiac Diagnostics (main dept)
- Respiratory Physiology (inpatient support)
- Neurophysiology (inpatient support)

OUTPATIENT SERVICES (Bespoke)
- Antenatal Care and phlebotomy
- Paediatrics (including audiology test room, orthoptic consulting rooms)
- Urodynamics

OTHER
- Research
- Pharmacy
- Clinical and Corporate Administration
- Education Centre
- Multi faith Centre
- Mortuary
- Integrated discharge hub

SANDWELL TREATMENT CENTRE

Community Intermediate Care Beds

OUTPATIENT SERVICES

General clinics for multi speciality use
Bespoke OP Services including:
- Ophthalmology
- ENT
- Gynaecology + Colposcopy
- Paediatrics
- Orthotics (main dept)
- Orthopaedics & Fracture Clinic
- Midwifery led Antenatal Care
- Dietetics
- Dental
- Therapy Services - (MSK, Hand Therapy, SLT, OT, Foot health)
- Cardiac Rehabilitation Clinical Research Facility

DIAGNOSTIC
- Endoscopy Unit
- Imaging (Plain x-ray, US, Ante natal US, MRI, CT)
- Medical Illustration
- Phlebotomy
- Cardiac Diagnostics
- Neurophysiology Service (main dept)
- Respiratory Physiology
- Pathology (specialist labs)
- Integrated discharge hub

SANDWELL URGENT TREATMENT CENTRE

PRIMARY CARE
GP practice

OTHER
- Trust Headquarters
- Occupational Health Department Pharmacy
- Mortuary (main dept inc. PM)
- Clinical and Corporate Admin Academic & Research (main dept)
- Education Centre

DAY TREATMENT
- Chemotherapy Services
- Medical Infusion Suite
- Day Surgery Unit (4 theatres)

ROWLEY REGIS HOSPITAL

Community Intermediate Care Beds

OUTPATIENT SERVICES

General clinics for multi-speciality use including:
- Community Clinics
- Ophthalmology
- Dental
- Urology
- Gynaecology (community)
- ISHUS
- Dietetics
- Children's services
- Therapy Services - (MSK, Rehab, SLT, OT, Foot health)

DIAGNOSTIC
- Imaging (Plain x-ray, US)
- Phlebotomy
- ECG

PRIMARY CARE COMMUNITY
Admission Avoidance Service

URGENT COMMUNITY RESPONSE

ADMISSION AVOIDANCE

VIRTUAL WARDS

OTHER
- Clinical and Corporate Admin
- Main Catering Unit

DAY TREATMENT
- Heart of Sandwell Day Hospice

LEASOWES

Community Intermediate Care Beds

COMMUNITY SERVICES

ICARES, District Nursing, ESD Stroke Team, School Nursing, Health Visiting, Specialist Nursing Teams (Continence, Heart Failure, Diabetes, Falls), ISHUS, Community Rehabilitation Teams, Case Management Team, Foot Health, Admissions Avoidance Team, HAPO, MSK Clinics, Hand Therapy Service, Specialist Diabetes Service, Community Paediatric Nursing, Specialist Nursing & Therapy Teams, Respiratory Team, HIV Clinic, GP practices & other primary care services.

Aims of Clinical Services transformation work

…and to ensure…

Our road to Midland Met

The opening of Midland Met is highly anticipated, and rightly so. It will significantly enhance the care we provide and transform services across our estate at SWB and in our communities.

To ensure that we stay united on our road to Midland Met, we're tracking our progress via our six-step change programme.

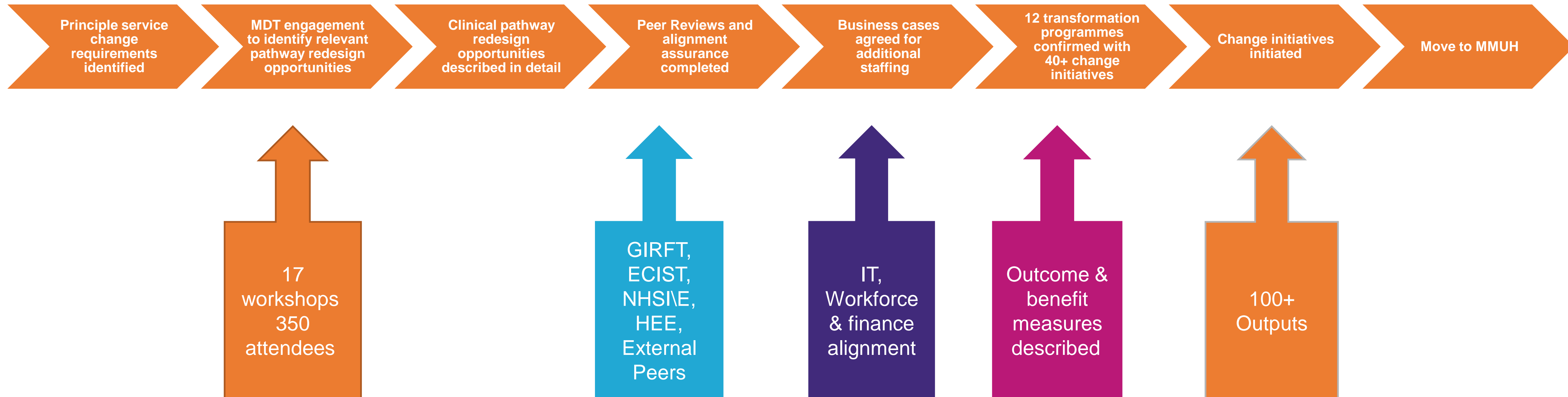
Our new six-step programme consists of:

1. Transformation planning – A period of controlled change and planning.
2. Testing and getting ready – Putting our plans into action.
3. All aboard – colleague orientation and induction.
4. Ready to move checkpoint.
5. Our first 100 days.
6. Optimising for continued success.

MMUH Service transformation Road Map

October 2020

Spring 2024



#MoreThanAHospital

NHS Sandwell and West Birmingham NHS Trust

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Clinical Services – 12 transformations

- 19 admitting specialties are on a single site model already (pick and drop)
- Four specialties going from 2 sites to 1 site
- Four specialties going from 2 sites to 3 sites
- 12 significant transformation programmes

Service	Description
ED 2 sites to 1	Senior decision making supported by rapid diagnostics to support right care right place.
SDEC 2 sites to 1	Expansion of same day emergency care (SDEC) pathways to optimise ambulatory care, reducing admissions and assessment unit demand.
Assessment Units 2 sites to 1	Rapid diagnostics and decision making over seven days to reduce length of stay (LOS) in assessment units.
Older Peoples Care & Frailty 2 sites to 1	End to end acute and community care will prevent patients being admitted unnecessarily or reduce LOS if admitted.
Stroke Decoupling	Rehabilitation to be provided in a community setting to improve patient care, end of life experience and release acute beds.
Cardiology	Increased use of ambulatory pathways and day case procedures will prevent patients being in hospital unnecessarily.
Acute Therapies 2 sites to 3	Extended working hours will enable patient therapy provision to support earlier discharge.
Imaging 2 sites to 3	Improved turn around times will support rapid decision making at the front door. Demand management and artificial intelligence will improve efficiency.
Endoscopy 2 sites to 3	Separation of inpatient and outpatient endoscopy to the treatment centres and Midland Metropolitan University Hospital to support patient flow and productivity.
Place Partnership	Community beds and home based services right sized to enable increased supported discharge from acute settings.
Theatres 2 sites to 3	Increased use of day case pathways with day case activity split from elective and emergency activity will improve efficiency.
Enhanced Care	Provision of a post anaesthetic care unit (PACU) and ward based enhanced care to support care pathways.

Peer Reviews include oversight by:

- **ECIST / NHSEI** - The Emergency Care Improvement Support Team and NHS England and NHS Improvement.
- **Best Practice Network**
- **GIRFT Network** - Getting It Right First Time Network.

#MoreThanAHospital

NHS Sandwell and West Birmingham NHS Trust

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Engagement and collaboration

Public and Patient Engagement

- Public consultation 2006 – 2007 for single site hospital, with further public engagement events including single hospital preparatory consolidations for maternity service (2009-2010), stroke services (2012), acute cardiology and general surgery (2015)
- Post Covid engagement recommenced:
    - Single site day surgery model – April 2022
    - Stroke decoupling – September 2022

Patient Choice post MMUH

- The majority of services will offer outpatient clinics at both City and Sandwell Hospitals.
- An Urgent Care Centre will remain on the Sandwell Hospital site.
- The majority of ambulatory diagnostic tests will be available in the Birmingham Treatment Centre and on the Sandwell Hospital site including Xray, CT scans, MRI, phlebotomy, ECG, Echocardiograms, Endoscopy

Clinical Evidence Base

- OCG gateway reviews and business cases for the Towards 2010 programme and acute service consolidations plus peer clinical reviews (e.g. National Clinical Advisory Teams
- All 12 Transformation programmes clinically peer reviewed

Commissioning Support

- Single Acute Hospital Site/MMUH business cases developed under the Right Care Right Here Partnership (formerly Toward 2010 & RCRH programmes) with core multi organisational partners including Sandwell and Birmingham Commissioners

Preventing unnecessary attendances and readmissions

To realise the opportunity Midland Met provides in improving clinical acute care, it is essential to transform pre and post hospital-based care to support a culture of "home first" utilising population health data to predict ill health to inform care planning and escalation of care.

Key areas of work:

- Urgent response OPAT Community IV therapy service expanded to support urgent response team.
- Enhanced community heart failure service with increased provision of diuretics at home if required.
- Community intermediate care expanded to support patient care at home.
- Use of population health data to focus personalised care teams to support the health and wellbeing of patients.

Preventing unnecessary admissions and readmissions and, reducing unnecessary stays in hospital

A focus on redesigning our emergency care pathways so that patients are seen and diagnosed rapidly, by senior decision makers, in the most appropriate hospital setting.

Key areas of work:

- Improving acute care diagnostic access with early decision making in assessment units.
- Implementation of robust senior clinical triage and streaming in ED.
- Growing our same day emergency care to maximise admission avoidance and day case cardiology.
- Increased use of day case and OPPROC pathways with day case theatre activity split from elective and emergency activity, plus development of an enhanced care unit and a centralised admissions unit.
- 7 day working and extending the hospital day from 8am – 8pm where appropriate, with senior decision makers, e.g. acute therapy provision and compliance to seven day standards.

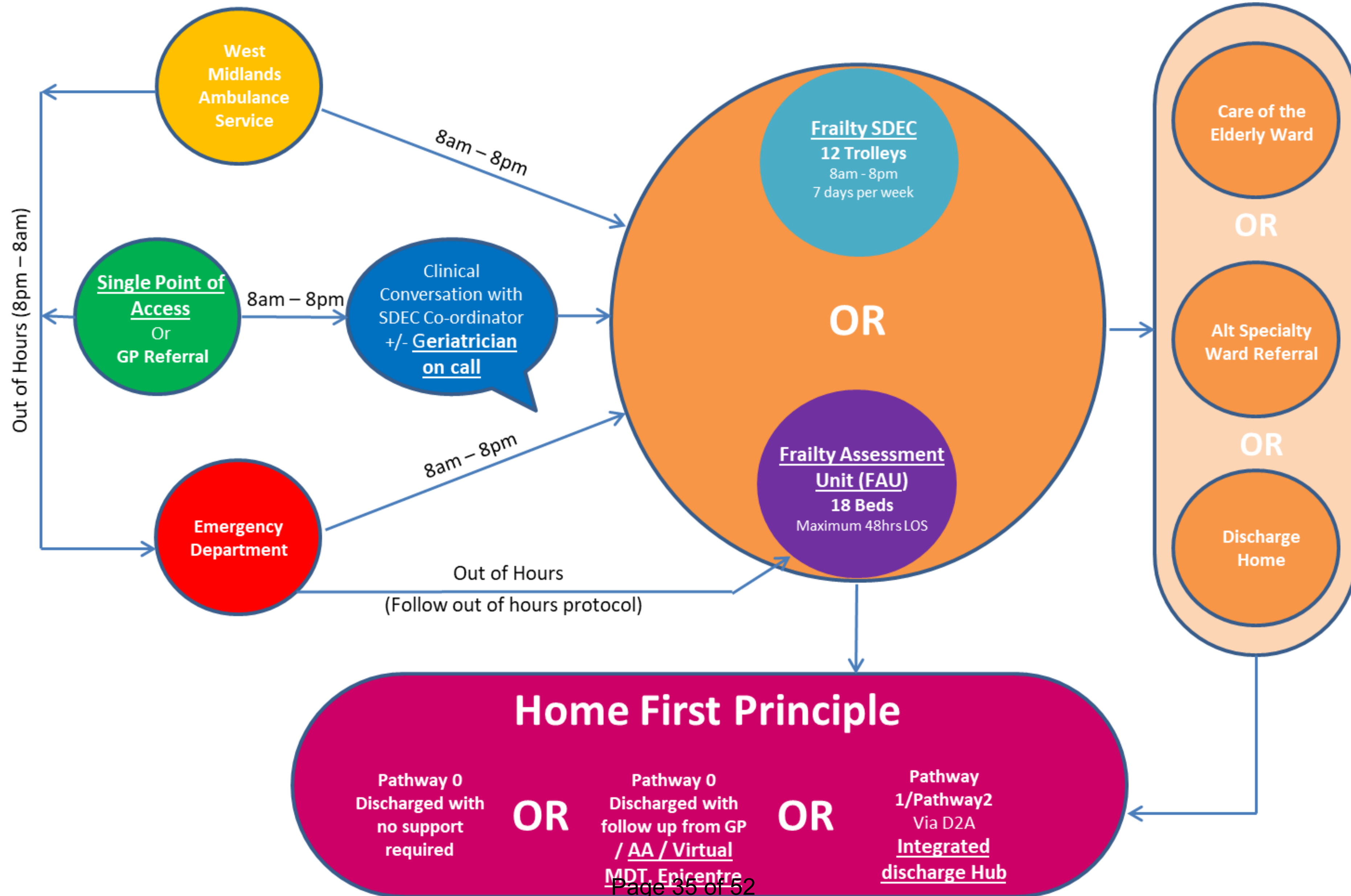
Reducing unnecessary stays in hospital and ensuring discharge to the most appropriate place

Key to quality and safe care is ensuring our patients spend only the required length of time in hospital and essential elements of work is ensuring there is post hospital-based care to support prompt and safe discharge.

Key areas of focus:

- Enhanced integrated discharge hub and D2A pathways.
- Community beds and home-based services right sized to enable increased supported discharge from acute settings.
- Increased digitalised remote monitoring in homes and care homes.
- Integrated community stroke service to manage rehabilitation for stroke patients at home.
- Development of virtual wards.
- Further development of support from third sector organisations e.g. Driving Miss Daisy.

Revised Older People & Frailty Pathway



Frailty Operational Overview: FSDEC in context

Unplanned / pre-alerted arrival to ED

Triple Assessment

NEWS2

4AT

CFS

No vulnerability/frailty

Usual ED Care

CFS ≥4
OR
4AT >1

Screen for acute frailty syndromes:

- Falls
- Reduced mobility
- Delirium
- Incontinence
- Medication side effects

No: Not an acute Frailty Presentation

Yes: Acute Frailty Presentation

Medical Stability /NEWS2

NEWS2 ≥ 4

NEWS2 ≥ 4 BUT ACP not for hospital admission

NEWS2 <4

Usual ED Care +/- FIT referral Likely admission >24hrs (FAU)

FSDEC (likely stay 4-8hrs)

Usual ED Care – (Likely discharge within 4hrs

Possible outcome of each group may be ANY of:			
Discharge home – pathway 0 (+/- SDEC follow-up, Epicentre, virtual ward)	Discharge Home pathway 1 (+/- SDEC follow-up, Epicentre, virtual ward)	Admission to FAU with subsequent CGA (stay <48hrs)	Admission to deeper Elderly Care Bed Base (stay >48hrs)

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Frailty Patient stories: Silver trauma and same day care packages

- 76 year old lady admitted with a fall and concerns regarding coping at home
- Sustained a distal radial fracture of her non dominant hand
- Fracture managed by ED and referred to medicine- awaiting medical clerking – in ED

FIT Intervention:

- Transferred to new FSDEC facility
- Clerked
- Fracture clinic follow-up arranged
- Therapy assessment undertaken
- Same day 4x1 care package organised
- Foot health referral
- DNAR initiated
- Key Safe arranged
- Time in FSDEC – 3 hours

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Patient Stories: Reducing long stays in ED/Medical clerking backlog

- 80 year old lady admitted with confusion, low blood sugars and safeguarding concerns
- Referred to medicine - Time in ED: 9 hours and still waiting medical clerking
- Risk of diabetes management worsening as no insulins reviewed/prescribed for the rest of the day

FIT Intervention:

- Transferred to new FSDEC facility
- Clerked
- Seen by Think Glucose
- Safeguarding explored and resolved
- District nurse referral made for community monitoring of blood sugars
- Capacity formally assessed
- Sugars observed for several hours to ensure stability post long acting insulin
- Discharged at 5pm using Driving Miss Daisy

MIDLAND METROPOLITAN
UNIVERSITY HOSPITAL

7 Day Services

The Trust aims to operate true 7 day services, meeting and exceeding the 7 day standards set out by NHSE and ensuring that support services are available to support this approach

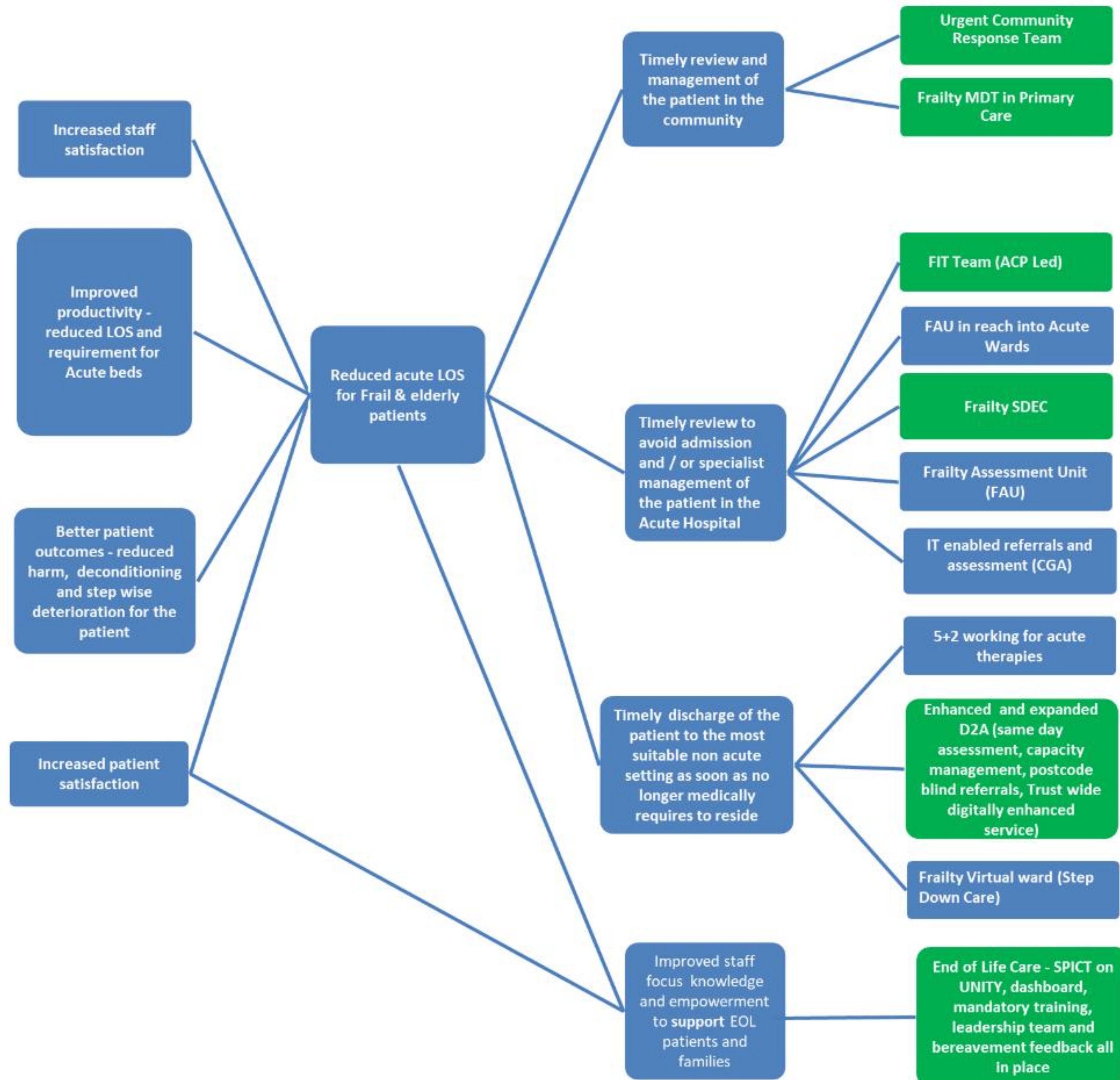
We have already started this journey with 7 day D2A and review of the specialty ward rotas

We expect a reduction in LOS due to the continuity of senior decision makers, we will work with researchers as we implement to produce a research paper on our findings

Pathway Redesign
Expected Outcomes and Benefits

Improved clinical quality & safety due to rapid decision making & reduced LOS

- Emergency – flow
- Elective – split site working



This is an example of a future patient experience:

A 61-year-old heart failure patient, is taken to Midland Metropolitan University Hospital after calling 999. He complained to his wife that he'd been experiencing worsening breathlessness and could only walk short distances before feeling breathless. His legs were also becoming more swollen.

The patient is admitted via A&E and is looked after by our team of experienced nurses and members of the cardiology team. He is diagnosed with heart failure within 24 hours of admission into AMU.

Having received treatments and once stable, the patient is discharged to the heart failure hub – a dedicated section of the acute medical unit and seen within 24 hours for ongoing care. It differs significantly from the existing model of care that would mean the patient would stay in the hospital for 9-10 days to complete treatment.

The heart failure hub has dedicated heart failure nurses. The patient returns from home to the heart failure hub the morning after his discharge and has his intravenous diuretics given to him as an outpatient for a few hours. We request all his investigations at the time. He has his echocardiogram (ultrasound scan of the heart) when in the heart failure hub. Plus, he sees a cardiologist and a plan is made for him straight away instead of in the clinic.

The patient receives lots of educational information about how to manage his condition. He will spend approximately two days in the hospital, a considerable reduction to today's patient experience.

This pathway achieves a shorter length of stay for patients, maintains clinical safety and also improves patient satisfaction. Plus, it means that patients can go home and be supported with expert interventions in the community if required.

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Next steps

- Continuous and extensive GP, public and patient engagement as detailed pathways develop across the transformational programmes
- Further development of EQIAs and QIAs as transformation work progresses
- Collaborative working with commissioners and key stakeholders
- Ongoing work with peer clinical reviewers during service refinements
- Delivery of the key transformational changes
- Monitoring and sharing of the benefit realisation

#MoreThanAHospital

NHS
Sandwell and West Birmingham
NHS Trust

Questions?

Birmingham City Council

Birmingham/Sandwell Health Scrutiny Committee

Date 29 November 2022

Subject:	Proposed Changes to Day Case Surgery
Report of:	Liam Kennedy, Midland Metropolitan University Hospital Delivery Director
Report author:	Jayne Salter-Scott, Head of Public and Community Engagement, Sandwell and West Birmingham NHS Trust

1 Purpose

To provide the requested update on feedback received during the public conversation on proposed changes to Day Case Surgery delivery following the opening of the Midland Metropolitan Hospital.

2 Recommendations

The committee members are asked to:

- Note the contents of the report in Appendix 1. This report presents the findings from the formal public conversation on the proposed changes to day case surgery across Sandwell and West Birmingham Hospitals between 7th March and the 15th of April, ahead of the opening on the Midland Metropolitan University Hospital.
- Acknowledge the proposed next steps:
    - The insight from the public conversation will be considered by the MMUH Surgical Programme Board and the Clinical Executive Group as well as the MMUH Steering Group as much of the insight and comments refers to generally to the new hospital development.
    - The MMUH Surgical Programme Board will consider the feedback relevant to their specialty area and explore how to mitigate any associated risks or potential negative impact on our patients caused by the proposed changes
    - An implementation plan will be drawn up and that along with the decision and the report findings will be shared formerly with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants

3 Appendices

Appendix 1: MMUH Day Case Surgery report

Sandwell and West Birmingham
NHS Trust

Sandwell and West Birmingham feedback on the proposed changes to day surgery

Briefing Paper to Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

1. Introduction or background

1.1 The purpose of this paper is to report back on the insight gathered through the formal conversation period. Early this year we instructed by the Joint Health Overview and Scrutiny Committee of both local authorities to run a consultation on the proposed changes to day surgery.

1.2 We ran a consultation earlier in the year whereby as part of our approach, we outlined the proposed allocation of day case surgical activity at the Sandwell & West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) opens in 2022.

1.3 As outlined in the MMUH business case SWBHT will operate from two treatment centres for planned day case surgery, these sites are the Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General hospital). Acute care and elective surgery will be delivered from MMUH.

1.4 As part of the clinical services model the Trust has developed clinical pathways including a new theatre model which allocates surgical specialities to a single treatment centre. The new theatre model results in a potential change in location of day case surgery for General Surgery and Trauma and Orthopaedics.

1.5 The paper outlines the approach undertaken to seek the views of people potential affected by the proposed change and the insight we gathered because of the many conversations held.

2. Background/Recap

2.1 SWBHT's proposed surgical services clinical model and movement to a single site for the provision of 'hot' Acute service is set out in the Long-Term Plan (NHS National Direction), Sandwell and West Birmingham Hospitals Strategic Plan and the MMUH Business Case.

2.2 The clinical model is based on the following key objectives:

- Separation of 'hot' acute services and 'cold' planned services as recommended by NHS England (NHSE), Get it Right First Time (GIRFT) and NHS Improvement (NHSI).
- Planned day cases are delivered on a 'cold' site where capacity can be protected, reducing the risk of operations being postponed due to urgent cases or infection control implications, most notably recently experienced as part of the Covid-19 pandemic.

- Outpatients will continue to be delivered from both sites in community settings to maintain market share and care closer to home, delivering speciality day case surgery from concentrated sites.
- A single site day case model directly supports the business objectives in the MMUH full business case associated with reduction in inefficiencies, duplication of care, equipment, workforce and running costs.
- An increase in delivery of day surgery and associated benefits that are evidenced in having a dedicated day case facility.
- Providing specialist care by concentrating workforce ensuring the *Right Care at the Right Time.*
- Improved performance through productive operating theatres and standardisation of pathways.

2.3 Day case units are strongly recommended by regulators including NHSE/I, GIRFT, Department of Health and professional bodies. Standalone day case units have evidenced a reduction in overnight stays and other benefits for both patients and system wide efficiencies related to patient quality and experience, reduced waiting times and financial implications. Furthermore, dedicated day case units have resulted in increased productivity and improved outcomes in terms of unplanned admissions rates and post-operative symptoms. It is recommended by GIRFT that similar specialities are co-located to allow for collaborative working and better patient outcomes.

3. Current Provision

3.1 As detailed in the introduction, SWBHTs theatre model once MMUH opens has an implication for General Surgery and Orthopaedics. The current provision for these specialities is as below (data is from 2019 as this is the most relevant data pre Covid-19 implications)

- **General Surgery:** Day case activity is currently delivered from both BTC and Sandwell General Hospital. The activity volumes and percentage split at these sites were as follows:
  - 42% City (868 patients)
  - 58% Sandwell (1199 patients)

- **Trauma, Orthopaedics and Plastics:** Day case activity is currently delivered from BTC and SGH. The activity volumes and percentage split at these sites were as follows:
  - BTC 52% (1620 patients)
  - Sandwell 48% (1402 patients).
  - Plastic surgery day cases are delivered from BTC and in 2019, 336 patients were treated at BTC.

Elective surgery for both these specialities is delivered from Sandwell General Hospital. Both specialities deliver outpatients clinics from both sites and also have provision for virtual consultations.

4. Future Provision

4.1 The proposed locations for General Surgery and T&O are as follows:

4.2 <u>General Surgery</u>

- Electives and Emergencies: Midland Metropolitan University Hospital

- Day Cases: Birmingham Treatment Centre

The proposed location of day case general surgery has considered considerations for collaborative working with other located specialities including urology and the provision of radiography.

4.3 Orthopaedics and Plastics

- Electives and Emergencies: Midlands Metropolitan University Hospital
- Day Cases: Sandwell Treatment Centre

The proposed location of day case orthopaedic and plastic surgery has considered considerations for collaborative working with other support services including physiotherapy, radiography, and fracture clinic.

4.4 The pre-assessment and post-operative pathway will remain unchanged with appointments offered at both Sandwell and BTC within outpatient departments.

5. Conversation Approach

5.1 To present as rounded and robust set of insights as possible, several connected strands of activity were used to ensure widespread awareness and to gather as much feedback as possible between 7th March and 15th April 2022 (6 weeks). This includes both qualitative and quantitative methods as follows:

5.2 Formal presentations to the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee; the Black Country and West Birmingham (BCWB) Provider Collaborative; the BCWB Elective Care Board; the BCWB Strategic Commissioning Committee; the Sandwell and West Birmingham Local Commissioning Boards.

5.3 In-person engagement event and conversations to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. The event was attended by a one hundred people from across Sandwell and West Birmingham and was reflective of many of our communities.

5.4 By undertaking visits to outpatients clinics at Sandwell and City the Head of Public and Community Engagement and Trust volunteers encouraged and supported patients and family members to complete the questionnaire.

5.5 On-line public engagement event to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. Twenty-five people attended the event.

5.6 Targeted conversations for example through Sandwell Consortium and Chinese Community Centre to ensure that those communities which suffer some of the worse health inequalities had the opportunity to listen to the proposed changes and comment accordingly.

5.7 An online survey to collect both qualitative and quantitative feedback from members of the public, current and previous patients, people with caring responsibilities, staff, and other stakeholders. There were 4735 responses to the online survey.

5.8 A PR and social media campaign widely promoted all the above opportunities for involvement up to and during the 6-week period.

5.9 The conversation phase was informed by both the Equality Impact Assessment and detailed data analysis undertaken by our business intelligence team.

6. Findings

6.1 The findings of the formal conversation can be found in Appendix A. of this paper, but it worth noting that most of the in-person and online conversation focused on MMUH. There is an appetite in our communities to learn more about the new hospital. The trust has not had the opportunity to do this over the past few years due to Covid, but for the past year we have begun to re-engage our communities around the new hospital but also the wider work of the trust.

6.2 Three questions within the survey gave respondents the opportunity to share what impact the changes might have on them and their families and how we might support them through the change, and any other comments they wished to share with us.

6.3 This section of the paper provides a high-level summary of the common themes from the communications and engagement activity. Further detailed analysis can be provided upon request.

6.4 Several common themes were identified through qualitative discussions. These themes are summarised below:

6.4.1 Communication and information

- Work with the media more to get the messages out to more people
- More information about what is staying at Sandwell and City hospitals
- More information about the new hospital
- Use plain language to explain changes

6.4.2 Travel and access

- Further away, increase in taxi fare may become difficult for local people
- Increase time of family and friends as surgery could be further away – adds more stress
- Improve public transport route to new hospital
- Might result in patients not attending for their appointment
- Time and money the biggest issues

As a disabled person. I do not have access to a car or carer. I have to use public transport which can be difficult. I can't always afford taxis as I'm also on benefits. I don't know how to get there on my own, it has taken me 45 minutes to an hour on public transport or £10 in a taxi. I also have a disabled son. This means I have to find someone to escort him while I have treatment.

6.4.3 **Workforce**

- Can see benefits of having specialities on different site
- Positive change for staff

Day surgery on a single site with concentrate skill and resources which will make treatment outcomes much better. However, patients may have to travel much further, and this will be expensive to travel to and therefore impractical for some people

The logic of staffing one site is obvious, but the logistics of getting there for some may offsets the advantage gained

6.4.4 **Better patient care/experience**

- Will be easier for patients to access
- Probably cut down on waiting times for patients and easier for relatives who bring and collect patients
- Consistency of care
- Receiving care in the right place is important to me
- Receive quicker treatment
- Shorter waiting times for surgery

Save confusion of which hospital to go to

The use of one site reduces possible patient confusion regarding which site to attend, concentrates expertise in one place and will provide greater service efficiency and is more cost effective.

I am hoping for a shorter waiting time for surgery, and a better recovery time, improve surgical techniques, that will aid improved quality of service and improved overall health, mental well-being and mobility

6.4.5 By far the biggest concern that respondents had was around potential increase in travel time and costs**.** Almost every additional comment received talked about their concern for the additional travel costs and the distance they may have to travel and the inconvenience on family and friends.

6.4.6 When asked how we might support people. The following themes emerged:

- Better communication and information
- Free transport between hospitals
- Assistance with additional travel/fuel costs
- Free parking
- More flexible care including evenings and weekends
- Clear signage in and around hospitals

These findings have been reported back to our MMUH Surgical Board, our Clinical Leadership Executive and our MMUH Programme Board for consideration.