NHS
Devon, Cornwall and Isles of Scilly
Peninsula Acute Sustainability Programme

# Peninsula acute sustainability programme: Developing the case for change

## Torbay Health and Wellbeing Board
## 26 September 2024

**September 2024**

## 1. Introduction

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we plan to work with local populations during phase 2 to develop a case for Change.

We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

## 2. Context

Lord Darzi's report to the government on the NHS was published on 12th September.

The key findings of the report include:

- Deterioration: The health of the nation has deteriorated over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions
- Spending: Too great a share of the NHS budget is being spent in hospitals, too little in the community, and productivity is too low
- Waiting times: Waiting lists have swelled and waiting times have surged, with A&E queues more than doubling from an average of just under 40 people on a typical evening in April 2009 to over 100 in April 2024. 1 in 10 patients are now waiting for 12 hours or more
- Cancer care: The UK has appreciably higher cancer mortality rates than other countries, with no progress whatsoever made in diagnosing cancer at stage one and two between 2013 and 2021
- Lasting damage: The Health and Social Care Act of 2012 did lasting damage to the management capacity and capability of the NHS. It took 10 years to return to a sensible structure, and the effects continue to be felt to this day
- Productivity: Too many resources have been being poured into hospitals where productivity had substantially fallen, while too little has been spent in the community.

The Secretary of State for Health and Social Care has indicated that three 'big shifts' are needed:

1. From hospital to community care
2. From analogue to digital
3. From treating sickness to preventing it

This report will help set the direction of travel for the NHS over the next 10 years and we will be reflecting on the report and its implications in relation to the Peninsula Acute Sustainability Programme (PASP).

NHS organisations in Devon, Cornwall and Isles of Scilly are working together on an ambitious plan to improve acute services for local people and staff. The Peninsula Acute Sustainability Programme (PASP) involves the four NHS acute trusts and the two NHS commissioning organisations in Devon, Cornwall and Isles of Scilly:

- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- NHS Cornwall and Isles of Scilly
- NHS Devon

Across Devon, Cornwall and the Isles of Scilly, we want everyone to be able to:

- live happy and healthy lives
- have equal chances (ie the same opportunities as everyone else regardless of where they live or who they are)
- live well for as long as possible
- have independence
- have choice
- live free from harm.

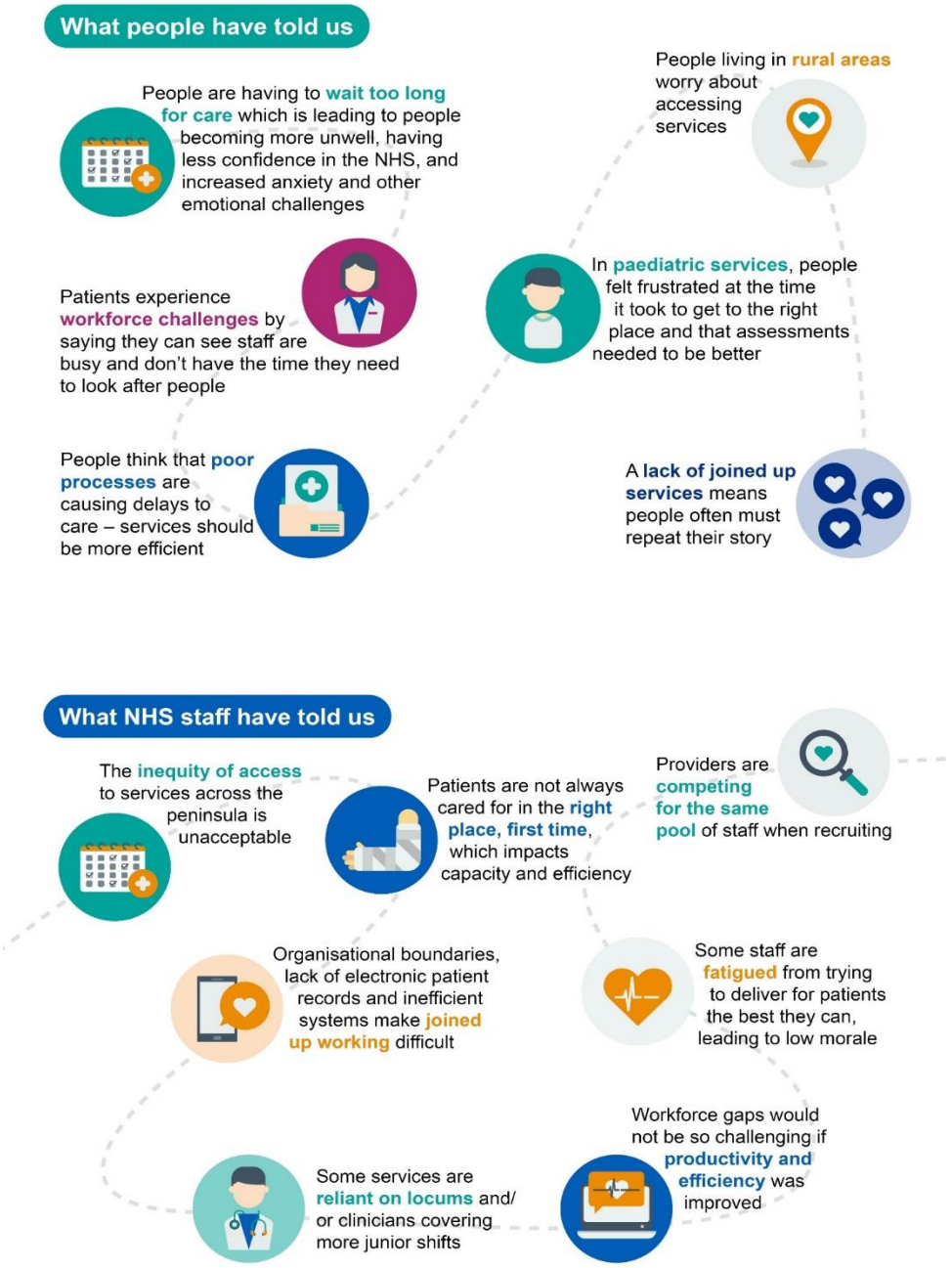
We are focused on caring where it matters using the latest technology, the best clinical evidence and the latest research to provide the best outcomes and experiences for our people.

What we believe should be true:

- the care that can be provided at home, is provided there
- the care that can be provided in local communities, is provided there
- the care that can only be provided in an acute hospital setting, is provided there
- the care that is best provided in a specialist hospital setting or centre of excellence, is provided there

The Peninsula Acute Sustainability Programme aims to ensure **clinical, workforce and financial** sustainability of services at the five acute hospitals in Devon, Cornwall and Isles of Scilly. The primary role of the PASP is to **support service sustainability in the long-term** creating a sustainable platform for strategic service improvement, and the **recovery of fragile services in the medium term** but it also needs to be **aligned with any short-term tactical improvements** to ensure support for recovery of elective, UEC, cancer and diagnostic services and Devon's exit from NOF4. NHS England » Recovery Support Programme

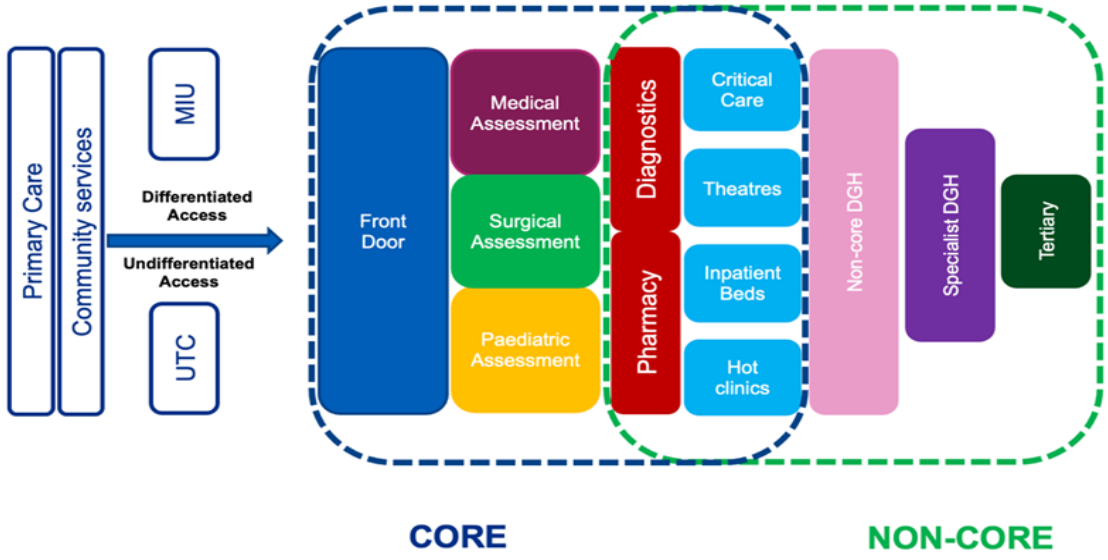
## What we already know, from what people have told us




## 3. Outputs of Phase 1 - November 2022 – December 2023

## Starting hypothesis

The simplistic outline hypothesis that this programme started with was that through strengthening the assessment and diagnostic functions aligned to the hospital front door, there could be **different approaches to delivering the non-core services** that would start to address some of the significant workforce challenges facing the Peninsula.




## What we did in phase 1

We held a series of focused workshops within paediatric, medical and surgical specialties which involved a wide range of clinicians across the interdependent specialties, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.

We adopted a consistent approach for the paediatric, medical and surgical assessment workshops with 3 phases:  Prepare the ground; Agree the position; Develop proposals.

A series of core questions, co-produced with Chief Medical Officers were used to stimulate workshop discussions. There was a clear requirement to think innovatively about what could be different.

Robust demand, activity and workforce data was essential input to considering the impact of changes in the demographic and health profile and needs of the population of Devon, Cornwall and Isles of Scilly and the complementary impact on staff.

We commissioned Healthwatch in Devon, Plymouth and Torbay, in collaboration with Healthwatch Cornwall, to support us in developing an understanding of patients experiences of acute services in the Peninsula. This involvement happened in July 2023 and the report can be found here: https://healthwatchdevon.co.uk/pas-report/

## Key outputs from Phase 1

- A shared understand of the challenges faced delivering health services in acute settings across the peninsula
- A set of key messages from the clinical workshops for paediatrics, medical and surgical assessment (appendix 1).
- Feedback from patients and their families on their experience of using medical, paediatric and surgical acute services (appendix 2).
- An outline a possible direction of travel to transform acute service to ensure sustainability in the future.

## 4. Phase 2 January 2024 – January 2025

To meet the needs of the population of the Peninsula we need to consider transforming some services. Phase 2 will include:

1. Developing a detailed formal case for change in partnership with staff and local people
2. Undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle our challenges.

## Developing a detailed formal case for change in partnership with staff and local people

**What is a case for change?**

A case for change describes, in detail, the challenges facing services, our vision for the future and outlines some progress that we have already made towards achieving this vision. It does not describe any answers or what we want to do.

It is a **technical document** that uses data to evidence the need to change. It is required as part of the regulated transformation process outlined by NHS England.

Ensuring we have robust arrangements to involve staff, patients and the public in developing the Case for Change is vital to meeting our objectives and our statutory responsibilities.

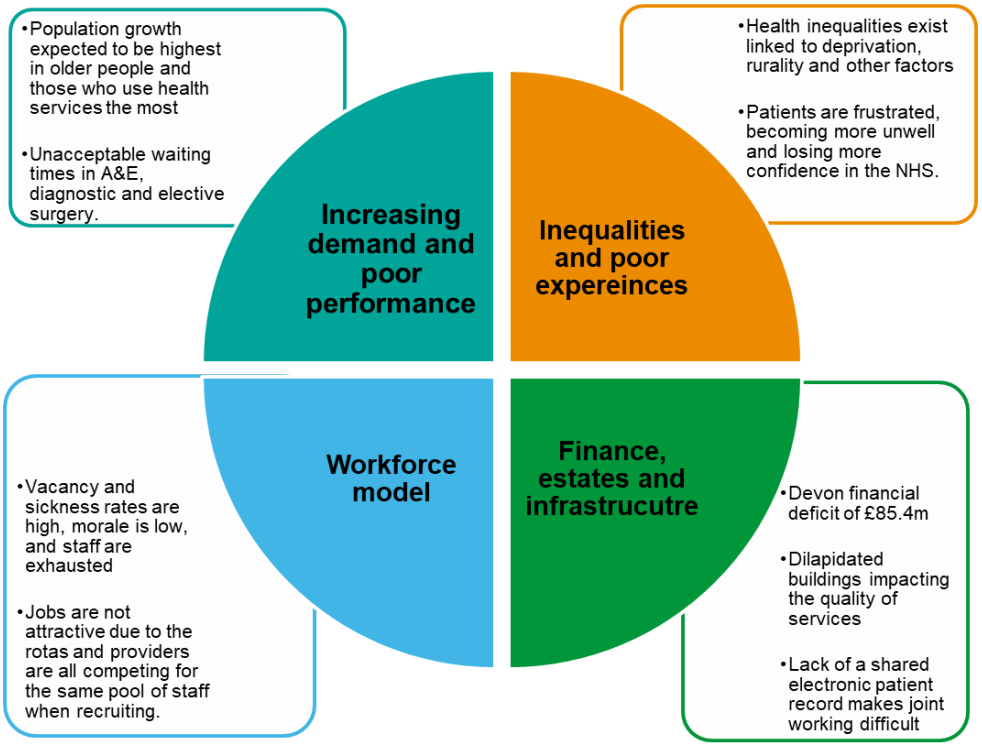
**Summary of our case for change**

- The five acute hospitals across the Peninsula are facing unprecedented challenges in delivering high quality and timely care to patients. Many of our challenges existed before Covid, the global pandemic has exacerbated an already challenging position.

- The NHS workforce are our biggest asset, but they are exhausted and burnt out from going above and beyond to deliver care for patients in processes that are not working for them.

- An older age profile and more rapid population growth coupled with the impacts of the Covid-19 pandemic and ‘cost of living’ crisis, are contributing to increased demand for health and care services.

- The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.




## Our vision for acute services

The Board of all five acute hospitals in the Peninsula have developed this shared vision for acute services in the Peninsula:

*To work together to deliver high quality, safe, sustainable and affordable hospital services as locally as possible.*

## What will our vision mean for everyone

**For patients and families**

- More timely access to the right specialist teams
- Reduced waiting lists, with fewer procedures and operations cancelled, including at short notice
- Faster ambulance response times because they will spend less time waiting outside hospitals
- People spending less time in hospital, because of closer working with community teams
- Improved equity of access, so that where people live or who they are is never a barrier to them accessing the services they need
- Services that are more joined up, so people don't have to tell their story multiple time.
- Closer working between acute and community teams so people spend less time in hospital and receive care as close to home as possible

**For staff**

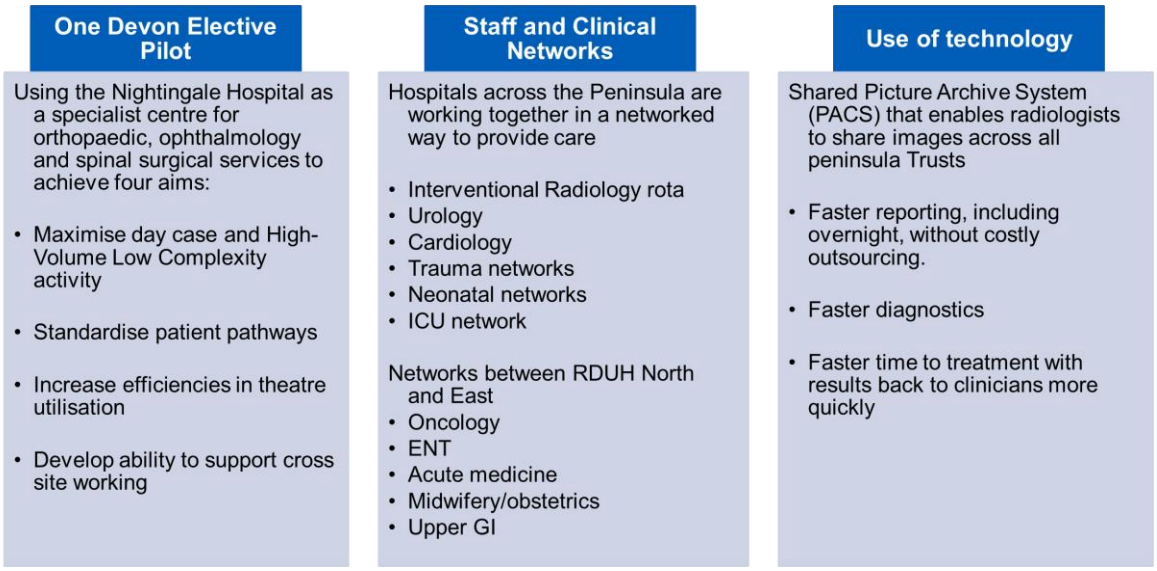
- Improved systems and processes to help teams to provide consistently high-quality care
- A range of different staffing models across our hospital sites, tailored to the service and its needs
- Investment in digital technology to support the delivery of modern healthcare
- Colleagues will be supported to have a healthy work life balance

**For acute hospital services**

- 24/7 urgent and/or emergency care will remain at the five acute hospitals
- Services able to adapt to meet changing population needs
- Organisations working together more effectively to provide a joined-up health and care service,
- New and innovative ways of organising care in line with best practice standards
- Better use technology to provide better experiences and more convenient and efficient care
- Development of rapid assessment, diagnosis and treatment for patients (who would otherwise require a hospital stay) so they can go home the same day if clinically safe to do so – this is better for patients and also helps to free up inpatient beds for those who are more acutely unwell

**We've already made some progress**

Across the Peninsula hospitals already work together supporting delivery of services. There are also organisations and teams working innovatively and collaboratively to successfully improving our performance as the examples below demonstrate:




**Involving people in developing our Case for Change**

A national conversation on the NHS 10 year plan will now run throughout the winter into early next year and we'll be sharing more information with you about this as soon as we have it.

As part of the national conversation, we will be having a Devon conversation, and we envision that within this local Devon conversation we will be engaging on PASP as acute hospital care is one element of how we support people to live happy, healthy lives.

We plan to use a variety of involvement methods to ensure we hear from everyone, and so that everyone who wants to, has the opportunity to tell us what they think. The list below are some of our approaches, but is not exhaustive

- Survey (providing a consistent set of questions)
- Focus groups
- Attendance at meetings
- Market stall type events
- Targeted outreach with people who experience health inequalities

## 5. Our ask from Health and Wellbeing Boards

- Endorse the approach we are taking on involving local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

# Appendices

## Appendix 1: Key messages from paediatric, medical and surgical assessment workshops

## Paediatric assessment

- Many services are fragile, patient experience is worsening, and staff are at risk of burnout
- We need to be brave, realistic, and honest and about the need for changes, recognising that these conversations won't always be easy
- Solutions must be clinically-driven, data-driven, affordable, and deliverable
- We need to break down organisational silos and create an environment that makes it easier to work together.
- We agreed that the level of demand for acute paediatric services is increasing. We need to explore how we can manage the demand differently, recognising the impact the increased demand is having on clinicians in terms of extra workload.
- We discussed how we can support parents and families to be confident to self care and be able to make the right choices when accessing care with the support of effective navigation.
- We recognised that parents want rapid access to expertise.
- We felt that we needed to support clinicians working with children and young people in the community to increase their confidence, skills and knowledge.
- We acknowledged that there was a role for digital in providing support to both clinicians and families whilst remembering that some people do not have access to technology
- We agreed that any emerging models of care needed to make the distinction between meeting urgent need and providing routine care.
- We noted that lots of families do not have access to their own transportation and public transport is poor, so we need to consider this in the planning for services. Otherwise, there will be an adverse impact on deprived communities.
- We recognised that they were opportunities for individuals to develop and increase their scope of practice and to improve the working lives of staff, recruitment and retention
- Do have opportunity to consolidate resource and rotas - consolidation gives more resilience.
- We outlined the risks of any potential scenarios particularly in relation to travel (staff and patients), managing demand, lack of alternative provision and capacity.

## Medical Assessment

- Many services are fragile and face challenges with recruitment and retention
- We need to be brave, realistic, and honest and about the need for radical changes, recognising that these conversations won't always be easy and that maintaining trust and confidence is key
- We should focus on sharing resources, streamlining processes and working virtual wherever possible,  we need to establish the right infrastructure around medical assessment with the same core offer.

- Improve patient care and access by treating people in the right place for their needs, which might not necessarily be their nearest hospital and could be provided by other services in the community
- We have a substantial cohort of frail patients with multiple needs who need a rounded assessment and plan in order to avoid the ED “revolving door”. We have an opportunity to develop a Peninsula approach.
- Create a service that people want to work in by rethinking roles, skills, and careers to entice new people and retain existing staff
- We need to develop a consistent and compassionate approach to addressing end-of-life care and give our workforce the skills & tools to manage this.
- Technology (including electronic patient records) has the potential to improve care, avoid duplication, and support people closer to home
- We agreed that we need to have a collective approach to managing risk with patients and their families.
- Break down organisational silos to make it easier to work together e.g. with standardised approaches, models and core competences, working as a system gives the opportunity to standardise pathways and break down silos
- Virtual Wards can result in a reduction in readmission. They need to be consistent across the Peninsula and supported by a single EPR.
- We need a more integrated approach towards psychological support for people with functional illness.
- We need to design a multidisciplinary workforce with the right skills and competencies with a focus on recruitment, retention and training to attractive roles with clear career paths
- The time spent managing the ‘back door’/discharge and supporting patients who are fit to go home is impacting on our ability to manage patients coming into ED and assessment units.
- Travel is significant for patients, families and staff, we will need to make sure that we mitigate the risk of increasing health inequalities if people have to travel further for care
- Diagnostics and Triage are fundamental for all sites

## Surgical Assessment

- A number of services are fragile, and several are in need of mutual aid – we need to address this
- Waiting lists are increasing for elective surgery and we have not addressed the backlog from pandemic
- Also need to consider the amount of activity we are purchasing from the independent sector
- Patient and staff experience is in decline.
- Too much surgical resource is allocated to out of hospital hours care where there are low volumes requiring surgery, compared to in-hours need with high volumes
- Referral to treatment times (RTT) are variable across different Trusts with some Trusts having pressures in areas where other do not. We need to look at the surgical capacity of the Peninsula as a whole to match demand against supply of surgical capacity
- Full implementation of GIRFT will not be enough to meet increasing demand: it’s more than population growth but about meeting the needs of a larger aging population with multiple co-morbities
- Recruitment and retention are a challenge in some areas but on the whole acute general surgery workforce is not an issue

- Barriers need to be broken down to work more collaboratively as a system. Each organisation uses its skill mix differently – we need to understand what drives variation in our staffing models
- We should consider having a consistent approach to training across the region and more flexible training for some roles
- We need to improve flow: from diagnostics, through to discharge and social care
- We need to review how services can be organised – centralisation, networking, hub and spoke and the implications for other services of each model
- Reducing waste and inefficiencies is where some real gains could be made – for example improving our ability to see and treat (reducing revolving door patients), managing the worried well in the right place, having diagnostics at the front door (in ED)
- We need a single electronic system to support joined-up working
- Access to beds is the primary issue for general surgery – because we cannot discharge people and because medical patients are in surgical beds.
- We also need to ensure equitable access for all patients across the Peninsula
- There are good models for ambulatory general surgery

## Appendix 2: Feedback from patient and carer involvement about paediatric, medical and surgical services

### Paediatric services

Feedback was received from 37 patients and their families in paediatric settings. The focus was placed on their experiences of accessing urgent care for their child.

- 65% of experiences were reported as positive with the most common reasons being because of the staff treating their child, the quality and consistency of care and attention provided and timeliness in terms of moving through the hospital system.
- Experiences could have been improved by better communication to support continuity of care, more personalised care, reduced waiting times for assessment and medication, and better staffing levels.
- The responses revealed that the most important factor for families is good communication - (1) between the staff and the family, (2) between staff delivering the care and (3) between two or more services, (where care is being managed by more than one).
- Communication factors that parents felt were most important were:
    - Being involved in the treatment and care
    - Being kept informed
    - Being listened to
- Communication, quality of care and timely access to services were most important to parents when accessing children's hospital services with parents wanting to feel informed, heard and involved.

### Medical assessment

10 members of the public took part in three focus groups which allowed for direct discussions focused on what went well, what could have been better and what mattered most to them when accessing services.

- Experiences were overall positive, participants had high praise for NHS staff in the main and there was much recognition that some go above and beyond in their delivery of care.

- There was recognition across the groups for the caring staff working in the NHS. However, there was also a sense from what people had observed that some staff did not feel confident or that tasks were not within their remit, and that staff need to feel empowered to make choices to ensure patients are well cared for.
- It was also evident from the discussions that there is a level of variability in staff and the quality of care provided across the NHS, but there were several comments from participants pertaining to the whole service being underfunded and staff being overworked and the impact this had on waiting times
- People felt that their experiences could have been improved by better access for people with physical disabilities, better communication and easier navigation of a complex system (including 111 and 999 call handling)
- Being treated with dignity and respect was most important to people – to be listened to and heard.
- Personalised care, recognising and meeting the individual needs of patients, was also important along with the need for this information to be communicated between staff.
- People wanted services to be more joined up and services to share information to improve continuity for the patient.
- People also said that waiting times and being seen quickly and having easy access to services were important.

## Surgical services

- People on waiting lists were invited to focus groups to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.
- Eight virtual focus groups were held between March 2022 and April 2022 with a total of 39 patients attending.
- Focus groups were facilitated and the report produced by Healthwatch Devon, Plymouth and Torbay
- Key Findings – a snapshot:
    - Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
    - Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devon-wide solution.
    - Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
    - When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.

## Survey and Social Media feedback

Feedback from 240 NHS survey responses and 39 comments on social media

- The survey consisted of three questions. The questions asked were open-ended and the findings are summarised themes and trends identified from the responses.
- More than half of the responses to the survey mention waiting times – largely in a negative way. There were lots of comments about being in ambulance queues outside hospitals or in the ED waiting room for hours with many of these mentioning a lack of effective communication.
- There were however many positive comments about staff attitude and capability, particularly ambulance staff.
- There were comments from people who felt the environment was cramped and unhygienic in ED waiting rooms and a few comments about food
- The consensus from respondents seems to be that once people were seen the care was good – but the waiting times are not good at all, with a few respondents suggesting they thought this led to them getting more unwell.
- Many respondents see the primary challenge for the NHS as a systems failure, mentioning issues such as bed blocking, underfunding by Government, and problematic social care structures resulting in discharge delays. People also highlight the lack of GP appointments and the impact of people misusing the system.
- The majority of respondents, when asked about the impact of the challenges faced by the NHS, highlighted the emotional impact of using urgent NHS hospital services and a lack of faith/trust in the system after their visit. Lots of respondents cited issues with waiting times both before and during their visit.
- The general feeling of social media comments was much more positive than negative with many people reporting good urgent care experiences – particularly with staff and treatment – however, some did cite having issues with waiting times.