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NHS
South Devon and Torbay
Clinical Commissioning Group

Report to Torbay Health and Wellbeing Scrutiny Committee

12 July 2017

Acute Services Review

1 Introduction

This paper updates the Committee on progress being made under the Acute Services Review (ASR) and in particular covers the specific aspects on which the Committee has asked to be briefed:

- Impact on Torbay Hospital and Torbay as a whole
- Timescales
- Plans around engagement and consultation

2 Recommendation

The Committee is asked to note this report and the progress being made to ensure acute services are sustainable and meet the needs of the local population.

3 Background

The ASR was announced last November when the draft Devon wide five-year Sustainability and Transformation Plan (STP) was published, along with the detailed case for change, 'Services not Structures', available via the CCG website. Securing sustainable acute hospital services across Devon is one of seven main priorities set out in the STP for transforming health and care services across the county.

The review was undertaken because doctors said key acute hospital services were likely to become unsustainable in future due to the difficulty of recruiting key clinical staff, large increases in demand for services and the challenge of consistently meeting national service standards.

It was recognised that across Devon there is variation in service provision, patient outcomes and experience. Whilst providers aim for best practice some of the workforce challenges mean this can be compromised. The three core requirements of the ASR were to:

- Examine any gaps in current acute services and review whether national clinical standards are being consistently met
- Identify those acute services that are vulnerable because of workforce or other challenges and which are at risk of becoming unsustainable

- Engage with staff, stakeholders and the public on the criteria for decision-making.

The Review focused on the high priority acute services – urgent and emergency care; stroke (incorporating hyperacute and rehabilitation); maternity, neonatology and paediatrics.

Since December a series of more than 25 workshops has been held looking at each of these areas, led by a medical director. More than 100 clinicians from Devon's four main hospitals, (including Torbay), GPs, NHS managers and patient representatives (with lived experience of the service being reviewed) have been involved in reviewing how we can ensure the safe, effective and affordable delivery of acute hospital services across Devon.

In March, 12 engagement events were held across Devon in order to gain views from patients and the public on what they felt were the important criteria against which any future proposals should be judged. Views from these meetings were shared at the clinical workshops and included the importance of ensuring safe hospital services, delivering services closer to accepted national standards and better clinical outcomes. The full feedback report is available via the CCG website.

4 Stage 1: recommendations

The clinically preferred recommendations from the clinical workshops were published on 20 June. These included ways to enhance how clinicians work – including adopting best practice models of care, improved resilience by partnering between hospitals, new workforce solutions to solve recruitment challenges, and use of technology to improve productivity. The main clinical recommendations per service area are set out below.

Urgent and emergency care

- Continued provision of 24/7 urgent and emergency care services (including A&E) at all four main acute hospitals – Torbay, Derriford, North Devon and the Royal Devon and Exeter. This will ensure that key emergency services continue to operate at the four main hospital locations.
- Enhance the way these services operate, in particular how the four sites are better networked with workforce solutions required to ensure that there are enough nurses, other clinical staff and doctors at junior, middle grade and consultant levels to provide safe, reliable, sustainable care 24 hours a day, seven days a week.

Stroke services

- Continue to provide first-line emergency response for people experiencing symptoms of a stroke at all four hospitals. This will include rapid stroke assessment, diagnostics and thrombolysis. These services will be supported by 'Acute Stroke Units' (ASUs) at all four sites, and will ensure rapid intervention and aftercare for those with a stroke.
- As part of working towards clinical best practice to improve outcomes for stroke patients, two specialist 'Hyperacute Stroke Units' (HASUs) will be developed in Exeter and Plymouth, serving the whole population of Devon. Patients attending these units will receive three or more days of intensive treatment for their stroke immediately following emergency treatment, following which they will return home or to their local ASU. HASUs are highly specialist units, bringing together teams of staff highly expert in acute stroke

care into a designated facility with access to diagnostics and equipment specific to the needs of people who have experienced a stroke, providing best practice treatment 24 hours a day. This model has been proven to reduce death rates and long-term disability following a stroke. The numbers of these units are increasing across the country because of the strong evidence of improved outcomes for stroke patients. These enhanced services will link closely with the local emergency stroke assessment and treatment, ongoing acute care and rehabilitation services

Maternity, paediatrics and neonatal services

- Retention of consultant-led maternity services, with access to 24/7 clinical care and specialist services, at all four hospitals. Of the 12,285 births in Devon last year, 89% took place in these units
- Deliver choice for home or midwifery-led births to continue to be provided in line with the national strategy 'Better Births'.
- Explore the potential to relocate the four midwifery-led units at Newton Abbot, Okehampton, Honiton and Tiverton alongside our consultant-led units at our main hospital sites in line with the strong evidence base for this approach. Only 2% of births in Devon took place in the four standalone midwife-led units.
- Retention of neonatal services at all four main hospital sites is also recommended, further developing the networking arrangement between neonatal services across Devon. To ensure this network is sustainable into the future, we will expand the advanced neonatal nurse practitioner role within Level 1 services to augment the expertise provided by resident medical staff, addressing the current and predicted medical workforce challenges for this specialty. We will adopt best practice care in delivering transitional care, in line with the national evidence that this improves outcomes.
- Expansion of ambulatory paediatric assessment units, which provide a responsive alternative to hospital admission, and will provide the necessary number of inpatient beds on all four hospital sites. Moving to this model of care will also require increased access to specialist services for children and young people with very complex needs. All options to safely staff this model in all four hospitals will be explored including joint approaches to recruitment and job planning, training opportunities for staff and rapid development of new roles such as physician associates and advanced nurse practitioners. There is also more work to do to ensure better care for children with mental health issues as part of plans to develop CAMHS (Children and Adolescent Mental Health Services).

In addition to the above four core acute services, the sustainability of the following vulnerable services has also been reviewed.

Histopathology: patients will continue to access this service at their local hospital, but some of the technical and clinical services will be delivered in a new way through two or three Specialist Reporting Laboratories. This 'hub and spoke' model is in line with the Carter Review.

ENT: services will be delivered in all four acute hospitals in Devon with comprehensive services being retained in Torbay, Exeter and Plymouth hospitals and a satellite service in North Devon building on the successful partnership between the Royal Devon & Exeter and North Devon District. In addition to existing outpatient, diagnostic and audiology services in

North Devon, day case ENT operations will resume and, as previously, major operations will be undertaken at the Royal Devon & Exeter with acute ENT emergencies being stabilised in North Devon District and treated at the Royal Devon & Exeter. Head and neck cancer patients will receive their care in the Royal Devon & Exeter, Derriford Hospital and Torbay Hospital, with major surgery being undertaken in Royal Devon & Exeter and Derriford only, as has been the case for some time.

Neurology: To better manage demand and improve access times, a Devon-wide referral management system will be put in place to ensure patients needing neurology expertise are quickly assessed and directed to the most appropriate care. For general neurology, a clinical and operational network will be put in place to ensure patients receive the earliest possible access for diagnosis and they receive services in a consistent way irrespective of where they live.

Other: a number of other vulnerable services including breast surgery, dermatology, interventional radiology, interventional cardiology, and vascular services are being reviewed and work is underway to finalise clinical proposals for the future delivery of these services across Devon.

5 Stage 2: next steps

These recommendations provide greater certainty of direction for services that were perceived as under threat but they represent a beginning, rather than the end of the process.

So in stage 2, these recommendations will now be tested in more detail to ensure they can be delivered with safe, cost-effective and reliable staffing solutions for the future. Once this assurance work is complete, the recommendations can be finalised and will be provided to the two CCG's Governing Bodies for formal commissioning.

Inevitably however, the proposals emerging from these reviews have not provided solutions to all the clinical, staffing and financial sustainability issues. Retaining four sites for maternity, neonatal and paediatric inpatient care, in a way that is safe and resilient in and out of hours is a challenge, given our current and predicted workforce constraints. Therefore more work will be required to ensure we can deliver safe and resilient 24/7 clinical expertise at the right level.

Creative solutions and new ways of working will have to be found to resolve current and future workforce gaps and make these services sustainable in a way that is also affordable.

Some solutions will be achieved through new partnerships between hospitals and through Devon-wide service networks, others through new workforce models which will take time to fully develop and will need increased investment in professional development and training. Creating these solutions in a way that is sustainable and affordable will be the next stage of each service review.

Networked solutions will require significant changes to the ways that clinicians work and different levels of cooperation may be needed for different services. For example, one level of cooperation may mean that services operate within a clinical network with expert

discussion on best care for individual patients across all four hospital sites. At the other end of the cooperation spectrum, the most integrated networks could see the majority of services of a specialty managed and staffed by one provider. It would have responsibility for the standards and delivery of services in each of the other locations where treatment is provided.

6 Impact on Torbay Hospital and Torbay as a whole

Overall the recommendations will support Torbay Hospital to deliver sustainable acute services to the people of Torbay which meet national best practice.

No services are being lost from the hospital under these recommendations and the proposed strengthening of networking arrangements will support the Trust in specialist areas where recruitment is especially challenging.

For maternity, the Torbay team will be part part of the NHSE recommended 'Local Maternity System' (LMS) which is being created across Devon and so will be involved in developing the full business case to support this work. Particular focus will be on the recommendation to consider moving the midwifery-led unit at Newton Abbot to Torbay Hospital. If this was to happen the options available in the Bay would be increased – evidence suggests that more woman would choose to give birth in a midwifery led unit with the security of knowing obstetrician care is available on site if required.

The stroke recommendations strengthen care in Devon by proposing the establishment of two HASUs. Although Torbay is not one of the proposed locations, the Torbay team will support the RDE team in providing a HASU in Exeter whilst continuing to provide ASU care locally.

The HASU in Exeter will mean that part of the pathway for patients in SDT will take place in Exeter so that all patients receive the benefit of HASU care. The plan is for a 72 hour stay at HASU, but first point of access will be local ASU where assessment, diagnostics and thrombolysis will take place with repatriation for the remainder of the pathway (rehab) locally.

Histopathology is a real issue at present for Torbay with workforce challenges at consultant level. Closer working with PHT and RDE initially will provide immediate support and consideration is being given to histopathology services across Devon (and potentially Cornwall) moving into a single network. This is a non-patient facing service so will have no impact on patients in terms of access.

7 Timescales

Working groups will test the recommendations over the next quarter, involving key staff in discussions surrounding any changes that need to be made to working practices to ensure the proposals can be effectively delivered. Implementation plans will be prepared, based on sustainable resource models so as to ensure they are affordable.

Much of this work will need to be undertaken on a site by site basis so as to address the specific needs of that location in terms of staffing and service quality.

We would expect the outcome of this further work to be published in late autumn, with full business cases for change being presented to the clinical commissioning groups.

8 Engagement and consultation

Should the final proposals be likely to result in significant change to local services, the public will be fully consulted in line with the NHS' statutory requirements.

The Committee is aware from previous reports that the NHS in Devon is spending well above its financial allocation. Our regulators have been clear with us that this cannot continue. Over the last 12 months, working as a system, we have saved more than £100 million by reducing the amount spent on agency staff, by running services more efficiently and by changing the way we deliver care. The current year will be even more challenging.

To tackle some of the health inequalities that exist across Devon – with a 15 year gap in life expectancy depending on where someone lives – we will also need to make progress in changing how we invest the budget we have available, to best achieve better outcomes for the people of Devon.

In the coming months, we will begin to talk to patients and the public about some of the difficult choices we will need to take.

Our aim will be to bring together proposals for different services in a single engagement and consultation process so as to reflect the overall challenges facing the health and social care system, reduce confusion and maximise public understanding and input. Until stage 2 of the ASR and similar work in other areas is complete, it is not possible to be precise as to when this will take place in this financial year.

9 Conclusion

The ASR has been a thorough and challenging process. The work of the clinicians, patient representatives and NHS managers involved in the Review has been considerable and has involved an appropriate level of challenge to make sure the proposals are robust and future-proofed. We would like to thank everyone who participated in these reviews.

The learning from this phase of the ASR will be taken into the next stage of the process and will also inform our workstreams in the STP.

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