Sustainable Services Programme
Strategic Outline Case
Clinical Reference Group
19 April 2016

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Aims of this presentation

To share:

1. The clinical model and the agreed assumptions
2. Our proposal and how this improves services for our patients
3. The potential solutions described within the Strategic Outline Case
4. The work to do
5. Proposed timescales

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1. The agreed clinical model and assumptions

- One single fully staffed and equipped Emergency Centre
- 'Some' Urgent Care Centres
  - Urban Urgent Care on both acute sites
  - Rural Urgent Care throughout the county
- One Diagnostic & Treatment Centre
- Local Planned Care on both sites

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The agreed activity assumptions

- In remaining aligned to the Future Fit Programme, we have used the same principles to determine future activity
- However, we have amended the baseline from a 2012/13 out-turn to 2014/15 out-turn
- Future Fit activity modelling had two phases:
  - Phase 1: Estimated the impact of demographic change, traditional commissioner activity avoidance and provider efficiency strategies on acute and community hospital activity
  - Phase 2: Built on the initial models and estimated the consequence of more radical redesign proposals generated by three clinical redesign work streams:
    - acute and episodic care
    - planned care and
    - long term conditions and frailty

2. Our proposal and how this improves services for our patients

A single Emergency Centre:

- Better clinical outcomes with reduced morbidity and mortality
- Bringing specialists together treating a higher volume of critical cases to maintain and grow skills
- Ensure greater degree of consultant delivered decision making and care
- Improved clinical adjacencies through focused redesign
- Improved access to multi-disciplinary teams
- Delivery of care in environment for specialist care
- Improved recruitment and retention of specialists

Within our balanced site proposal, patients would:

- Be cared for in their nearest hospital as much as possible for their acute service needs – Urgent Care, Ambulatory Emergency Care, Outpatients, Diagnostics and some inpatient specialties
- Benefit from planned Care with defined separation form emergency care pathways
- Benefit from an ambition of improved pathways between primary and secondary care providers

The potential solution and the clinical model

- One single fully staffed and equipped Emergency Centre ✓

- 'Some' Urgent Care Centres
  - Urban Urgent Care on both acute sites ✓
  - Rural Urgent Care throughout the county –

- One Diagnostic & Treatment Centre ✓

- Local Planned Care on both sites ✓

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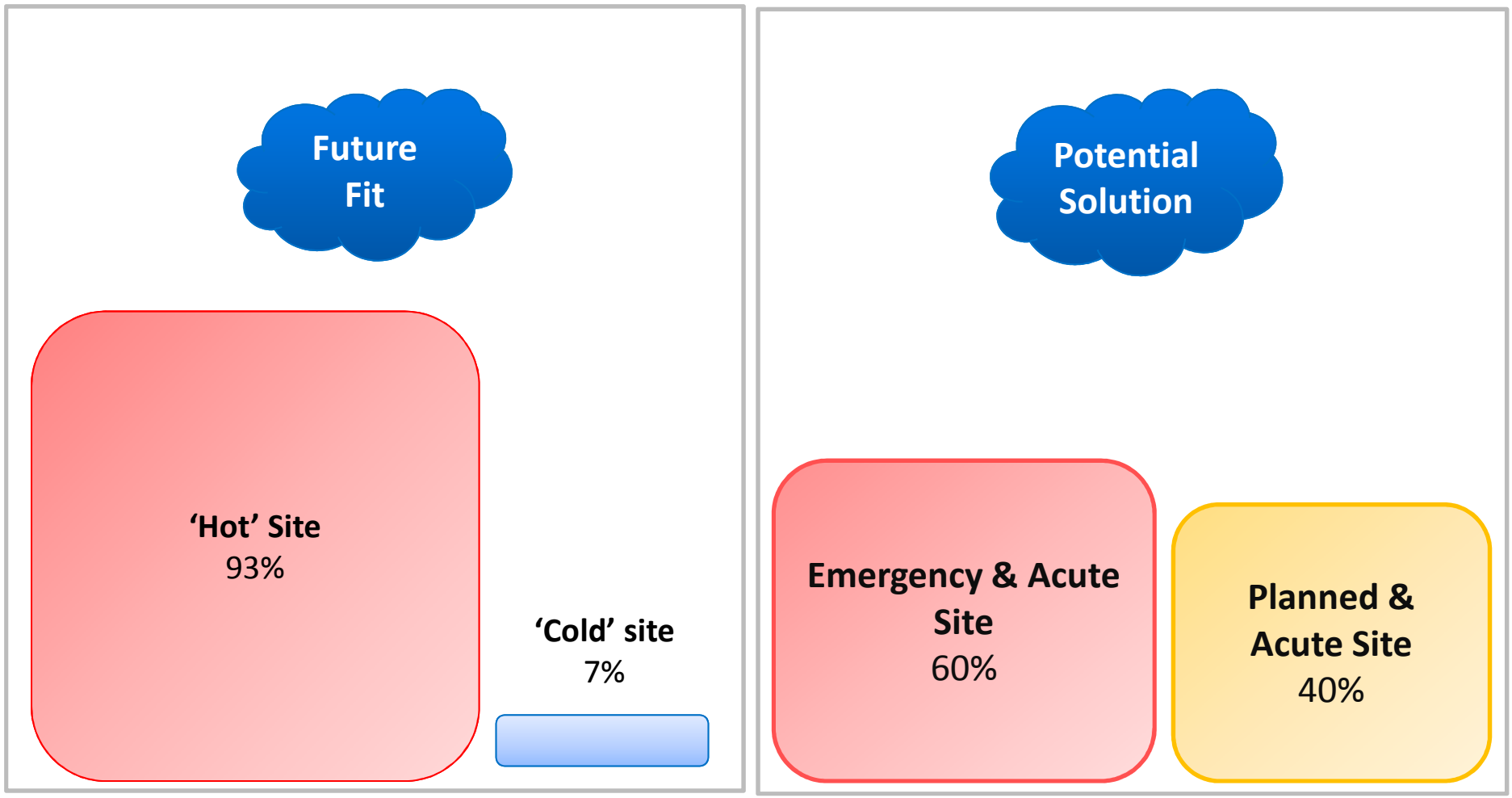
The difference - inpatient Beds



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3. The potential solutions

Option B (Acute and Emergency Care at PRH)

- ED and Critical Care at PRH
- Majority of planned care at RSH
- Urgent Care Centre, Outpatients, Diagnostics at both PRH and RSH

Option C1 (Acute and Emergency Care at RSH)

- ED and Critical Care at RSH
- Majority of planned care at PRH
- Urgent Care Centre, Outpatients, Diagnostics at both RSH and PRH

Option C2 (Acute and Emergency Care at RSH/W&C at PRH)

- ED and Critical Care at RSH
- Women and Children's at PRH
- Majority of planned care at PRH
- Urgent Care Centre, Outpatients, Diagnostics at both RSH and PRH

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The difference between September 2015 and now

A new way of delivering the options:

From:

One large, very ‘hot’ site with all bar 20 of the Trust’s inpatient beds and one very ‘cold’ site delivering planned and urgent care services only

To:

Two balanced, vibrant hospital sites – both delivering acute care with one delivering the Emergency Centre and one delivering the Diagnostic and Treatment Centre

With:

Much more work to be done with individual specialties to develop their own optimal balance

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4. The work to do

- Validate the activity assumptions and what this means for patients and services in partnership with GPs and Primary Care, Stakeholders and Patients

- Progress with the development of integrated shared care pathways

- Further develop the plans for delivery on both hospital sites for each solution (B, C1 and C2)

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5. Proposed timescales

Following today:

- Further CCG discussion on the SOC
- Cross sector staff, stakeholder and patient involvement and engagement
- Appraisal:
  - Clinical Senate
  - GP/GP Commissioners
  - Equality Impact Assessment
- Approval processes (April to June/July)
- Development of the OBC
- Public consultation (Winter)

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