

# Committee report

Committee	<b>POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH</b>
Date	<b>MONDAY, 16 JULY 2018</b>
Title	<b>ACUTE SERVICES REDESIGN (ASR) UPDATE REPORT</b>
Report of	<b>JAMES SEWARD, PROGRAMME DIRECTOR</b>

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## SUMMARY

1. To consider current progress in taking forward the proposals for the reconfiguration of acute hospital-based services agreed at the Isle of Wight Clinical Commissioning Group (IW CCG) Governing Body meeting on 1<sup>st</sup> February 2018 and answer specific questions raised by the Committee. Acute services are those services providing specialist support and treatment that cannot be provided in the community. This could be after an accident or other emergency, during a severe period of illness or following surgery.

## BACKGROUND

2. The IW CCG proposal for the future configuration of acute services agreed in February 2018 identified that:
  - Around 89% of current acute hospital-based care should remain on the Island so most Islanders would continue to have their acute care needs met at St Mary's Hospital. Up to 11% of more complex, urgent care should, in future, be transferred for specialist care to the mainland where people could expect better results from their surgery or treatment.
  - This 11% would involve procedures requiring more specialist, complex and urgent treatment, not whole services for example, emergency laparotomies (a surgical incision into the abdominal cavity), inflammatory bowel disease, colectomy (removal of all or part of the colon) and high-risk elements of stroke treatment. More work is being undertaken now to identify the specific procedures that could potentially be involved, and it is expected that most of these transfers off-Island would take place as urgent/emergency transfers by helicopter and ambulance which would therefore be funded by the NHS, not the patient directly
  - In recognition of strong and consistent feedback from local stakeholders and the public on the impact of cross-Solent travel, patients who currently travel to the mainland for routine care, pre-op assessments and follow up appointments should, in future, be able to have that care delivered on the Island – resulting in fewer journeys for Island patients overall
3. The preferred approach was based on Option 4 from the shortlisted proposals with several important caveats:
  - There would be no change in capacity at St Mary's until actual changes in activity are put in place. These would be likely to take around three-five years to implement after any final decision
  - Further work will be undertaken with mainland hospitals to help resolve our workforce challenges, focusing on the core acute specialty services where changes is most needed.

- A robust and seamless system for transferring patients to and from mainland hospitals would be developed before any changes are put in place

4. The Governing Body's decision committed the Isle of Wight Local Care System to the following commitments and actions in delivering this:

- a. **Refining the preferred acute services configuration proposal:** the local care system will rapidly refine the recommended option and work with Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW-STP) and mainland Solent Acute Alliance (SAA) partners to explore the best solution to tackle our workforce and activity challenges and looking in more detail at the individual acute specialty services where change is most required to identify:
  - i. What procedures would need to be transferred to the mainland (within the 11% of more complex, high-risk, urgent care procedures) to provide the best possible care for patients on the Island;
  - ii. The way in which services, which can only be maintained with additional support from mainland hospitals, will be delivered to ensure other procedures can be carried out on the Island with improved results for patients
  - iii. The way in which services may need some other form of redesign to enable them to be carried out on Island more effectively and efficiently into the future, for example, through the usual of technology or integrated workforce solutions
  - iv. What procedures or elements of a patient's care can be brought back to the Island e.g. pre-operative checks and post-operative follow-up appointments, thereby reducing the need for travel
  - v. In what order and over what timescales the changes should be phased over the next few years, if they were to go ahead
  - vi. How this affects patient care pathways (the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, entry into hospital to the completion of their treatment and discharge from hospital) and how these can work seamlessly and in the best interests of patients
  - vii. A credible and seamless system for transferring patients across the Solent to and from mainland hospitals for critical care services, with the help and support of the HIOW-STP and national clinical expertise
- b. Recognising that changes to hospital services need to be made in tandem with changes to primary (GP-led) and community services, a need was also identified to prioritise and accelerate the work already underway to **Redesign Community Services:** to ensure more people can be treated in the community, closer to home and at the same time reducing unnecessary demand on the hospital (currently forecasted as an increase of 3.5% each year)
- c. **Pre-Consultation Stakeholder engagement:** more intensive work to engage with local residents to discuss the recommended proposals to ensure that the work to refine and develop the proposals continues to reflect the views of local people and clearly identifies the perceived impact of any proposed changes
- d. **Programme assurance:** The refined acute and community service redesign proposals will be drawn together to form one overall local care plan reconfiguration proposal for the Island, which will then be subject to the NHS England-led (NHSE) external programme assurance

process (see [Planning, Assuring and Delivering Service Change for Patients](#), NHS England, October 2015)

- e. **Public Consultation:** When the proposals have successfully completed programme assurance the local care system will have authority from NHSE to begin formal public consultation.
5. In March 2018, the Isle of Wight Local Care Board (LCB) approved plans for taking forward these delivery commitments in 2018/19. The Acute Services Redesign (ASR) Task and Finish Steering Group has been reconvened to co-ordinate the next steps by monitoring, supporting and enabling the implementation of these key areas of work across the Solent Acute Alliance (SAA) partners and Local Care Systems.

## PROGRESS REPORT

6. The current status of each element of the programme is summarised below:

a. **Refining the preferred acute services configuration proposal**

- i. The SAA has the lead for bringing together the key clinical and operational leaders across the three Trusts in 14 areas of work to provide further detail on how patient pathways will be delivered across the Solent in a way that is consistent with the agreed ASR blueprint.
- ii. This will include identifying how and when activity will be transferred to mainland providers, how overall patient journeys across the Solent will be reduced and how services will be delivered in partnership across the SAA to ensure the future sustainability and resilience of acute services on the Island
- iii. The aim is to collate the recommendations from these working groups to provide a final, more detailed proposal which can then be put forward for NHSE assurance and subsequently to public consultation.

b. **Accelerating the Community Services Redesign (CSR) proposals.** The Committee will be receiving a separate update report on the CSR programme.

c. **Pre-Consultation Stakeholder engagement.** In order to ensure that staff, key stakeholders and the public have an opportunity to discuss the ASR proposals and influence their development, a series of engagement events have been taking place across the Island. This builds on the community engagement work already undertaken in 2017 and 2017:

- i. On 6<sup>th</sup> June, an all staff event drop-in was held in the Education Centre, St. Mary's Hospital led by a Panel of Trust, CCG and clinical leaders. Although widely publicised, the event was not well-attended, however those that did attend had a full and frank discussion with the panel focusing on topics including plans for elective care, details of the development work underway, physical transfer of patients, capacity and willingness of mainland hospitals and the importance of having appropriate communication and processes in place in advance. An update has also been given to primary care staff including GPs at an all-Island locality meeting and further opportunities for staff engagement are being considered.
- ii. On 11<sup>th</sup> June, a 'Question Time' style public event session was held at Cowes Enterprise College with a panel of health leaders including representatives from the

local care system and the Hampshire and Isle of Wight Sustainability and Transformation Partnership (HIOW-STP).

- iii. The event was broadcast live on IW Radio and live online on County Press and social media. The BBC also attended to give a live update for their evening news slots and for BBC Radio Solent. The event had been widely publicised through local media (County Press, IW Radio and BBC), through social media, press advertising including the Beacon magazine (delivered door-door across the Island), radio advertising, event posters in public facing locations and direct email.
  - iv. Around 80 people attended the event and at various points, nearly 3,000 people were actively involved via Facebook live and many more listening in to the live broadcast on IW Radio which was encouraging.
  - v. There was a good interaction from the audience with a wide range of topics covered by their questions during the event, as well as questions posed in advance or via social media. Travel and communications between hospitals continued to be the key concern, together with the capacity and willingness of mainland hospitals to take Island patients. Other topics included staff recruitment, primary care accessibility, critical care, neonatal and children's services, Island resilience (for major incidents), community services, housing and GDPR.
  - vi. Whilst there were only a handful of feedback forms completed at the end of the event, those that had taken the time to respond (who in the main described themselves as members of the public or patients/carers) were positive about the event saying that they liked the fact that they had been given the opportunity to ask questions and the fact that there were wide ranging questions.
  - vii. The majority of those that had responded were already aware of the work going on and so did not feel particularly more aware as a result, however those that were less informed before, indicated through their scoring that they were much more aware of the work following the event.
  - viii. A further four drop-in events have also been held across the Island during June so that people can come and share their views and talk to clinicians and members of the ASR team on a more informal basis. These took place in Sandown (19<sup>th</sup> June, Freshwater (26<sup>th</sup> June), Ryde (27<sup>th</sup> June) and Newport (28<sup>th</sup> June). Around 60 people attended the events with travel remaining a key topic of concern.
  - ix. There are also continuing community discussions with a wide range of different groups including Carers IW, Age UK IW, Long-term conditions group, Breakout Youth with many more currently being planned and facilitated through voluntary sector leaders Community Action Isle of Wight.
  - x. People also have the continuing option to email, write or telephone us with their views and we continue to record their feedback and respond directly to these.
- d. **Programme assurance and Public Consultation.** NHS England has requested a formal meeting to check on the work completed to date and this will take place in October 2018. If they are content at this stage, this will then initiate the Programme Assurance phase which usually takes around six months to complete. This process will include a referral to the Wessex Strategic Clinical Senate will appoint an external review team to provide a rigorous assessment of the clinical safety and quality aspects of the proposals. As a result, it is unlikely that the Public Consultation process will occur until 2019.

## RISKS AND MITIGATION

7. Committee members have noted the risk assessment related to this programme presented to the CCG Governing Body on 24<sup>th</sup> May. The following points address these points and provide an update on progress:

### **a. Next stage project resourcing and impact on timelines**

- i. A delay in the allocation of national funding to STPs to support the Urgent and Emergency Care programme has led to a delay in confirming whether there will be any additional HIOW-STP funding
- ii. Mitigating actions:
  1. The HIOW-STP has agreed to cover the costs of the external review of Ear, Nose and Throat (ENT) services anyway so this work can proceed this summer
  2. The Local Care Board has acted to provide additional resources to support the business analytics and business intelligence resource requirement which will enable us to undertake further data modelling around the proposals to ensure the proposals are as robust and detailed as possible
  3. The SAA has released a senior analytical lead to support the ASR activity and workforce
  4. The CCG has released an Assistant Director to provide leadership for the Urgent and Emergency Inter-Hospital Patient Transfer Pathway and Outpatient Repatriation work and address wider issues of travel
- iii. Despite these actions, resourcing issues remain a concern with regards to clinical leadership capacity, communications and stakeholder engagement but these are being addressed by the Local Care Board
- iv. The impact of these issues may delay slightly the production of the final recommendations (due by 30<sup>th</sup> September). While this may add some further delay to the programme assurance and public consultation process, it will not compromise patient safety. The Trust has established escalation processes with mainland hospitals which will ensure that services can continue to be provided during the development and implementation of the proposals.

### **b. Clinical leadership**

- i. The Trust has confirmed that Alistair Flowerdew, the new Medical Director, will be taking up the role as overall clinical lead for the ASR programme. He will work alongside his fellow Medical Directors in Southampton (Derek Sandeman) and Portsmouth (John Knighton) to provide overall clinical leadership to the programme.

### **c. Media handling and communications**

- i. A summary of the updated pre consultation public, patient, staff and stakeholder engagement communications plan is provided at appendix 1. The Committee has previously expressed an interest in reviewing the plan in more detail at a separate briefing session, which we would welcome.
- ii. There have been good levels of engagement thus far with feedback suggesting that people welcome the opportunity for open discussions at this early stage of the process and a chance to feed in their concerns to help shape the work as it is being developed. As more of the detail is identified we will be looking at further engagement

opportunities to help people to understand what these might mean using patient stories, graphics and other materials to help provide a more detailed explanation and feeding back on the issues already raised so that people are clear about how we have sought to address these.

- iii. Overall, we continue to believe that there is an intrinsic value with speaking to the public transparently about our progress, describing how and why the plans are developing and engaging them in discussions that can shape these further.

**d. Inter-hospital transfers**

- i. The Urgent and Emergency Inter-Hospital Patient Transfer Pathway work is directly addressing the issue of inter-hospital transfers. The clinically led project team has been established to:
  - 1. Review the current stabilisation and inter-hospital transfer protocols in place across Hampshire and Isle of Wight for all adult patient transfers from the Isle of Wight, to identify any inconsistencies or service gaps
  - 2. Map the current clinical patient pathways by both condition and area when stabilising and transferring patients, to identify current issues. This work includes the Emergency Department, Ambulance, Critical care and Outreach services. The results from this work will help with solutions to improve current processes and developing a robust and seamless system for transferring patients to and from mainland hospitals.
  - 3. The numbers of patients travelling by ambulance or air are being analysed by clinical pathway to identify patterns and reasons why they are travelling by these forms of transport.

# APPENDIX 1

Appendix 1: System Redesign summary public, patient, staff and stakeholder engagement communications plan

