

Paper for the Trust Board, June 2014

Dr Andrew Catto, Executive Medical Director

1. Introduction

Reconfiguring surgery across the HEFT sites is a key element of the Trust's strategic plan. It has been given extensive consideration over recent years in order to devise a proposal to deliver high quality, sustainable surgical services to our patients in the future. The Board has recently given consideration to the proposed changes at its strategy meetings.

Specific options for reconfiguring have been identified, designed at a high level and appraised by clinically led multidisciplinary teams. External engagement through a diverse stakeholder reference group is contributing to the co-design of the proposals. This will ensure the needs of patients and other service users are properly considered and incorporated into our plans.

Transforming surgical provision will deliver the following benefits:

- The ability to meet current and future clinical standards for surgery
- Better outcomes and experiences for our patients
- Shorter waiting times and more certainty with dates for planned surgery
- Faster access to emergency surgery and reduction in bed days waiting for such surgery
- The ability to create centres of excellence in a number of surgical specialties
- The capacity to deliver activity internally without the need for premium rate waiting list or private sector work
- The opportunity to grow those specialties where additional revenue could be secured eg bariatric surgery
- Gains in efficiency from consolidation and best practice benchmarking eg reduction in LOS and increased theatre utilisation
- Opportunities to release financial benefits by doing things differently

To release these benefits from April 2015, phase 4 of this programme, which will devise the detailed operational and implementation plans and undertake the required external consultation, must commence in May 2014.

This paper provides more detail and an indicative timeline for the public consultation phase and describes how the elements of the next phase (phase 4) of this complex, transformational change programme will take place in parallel.

2. Surgery Reconfiguration – phase 4

Detailed Design and Implementation Planning

During phase 4 internal teams will continue to co-design the detailed reconfiguration plans with the Stakeholder Reference Group.

The many interdependencies will require input and full engagement from many functions within HEFT. A formal programme management and governance framework is being established as described in the decision paper to facilitate this and ensuring there is adequate resource and visible Board sponsorship are amongst the key success factors identified.

Progressing this part of the programme in parallel to, rather than after, the public consultation will allow the design of the proposed solution to fully consider feedback from the consultation process whilst work up of some of the fundamental building blocks continues thus enabling faster delivery of patient and organisational benefits once a decision as to how to proceed is made.

Financial Appraisal

A full financial appraisal cannot be undertaken until the detailed design has been completed. This will therefore be an iterative process working to increase the levels of granularity of the assumptions throughout the next 6 months to produce the financial implications as part of the final Board decision paper in December.

Public Consultation

The Trust takes its obligations to involve the users of its services in the in development and consideration of proposals for changes in the way those services are provided, as contained in section 242 of the NHS Act 2006, very seriously.

A comprehensive suite of consultation documents is currently being prepared as shown in the pre-consultation phase on the attached timeline. An agreed approach will be adopted with our Clinical Commissioners to review the consultation plan with the scrutiny bodies of the appropriate Local Authorities and input will be sought from the various sources of expert advice and guidance available to NHS organisations .

A 8-10 week period of consultation is planned for the Autumn after which the findings will be reviewed by all parties and will be key to finalising the delivery and implementation plans.

The proposed configuration which consultation will consider is as follows. The implications of the “do nothing” alternative will be included in the consultation documentation.

Good Hope		Solihull		Heartlands	
Plus	Minus	Plus	Minus	Plus	Minus
Urology All emergency Planned from SH and BHH	Orthopaedics Planned and emergency (trauma)	Orthopaedics Planned from GHH	Urology	Orthopaedics Emergency (trauma) to be all on one site	Urology Emergency and planned
UGI/Bariatrics All emergency Planned from SH and BHH	Ophthalmology (only 3 lists)	Ophthalmology From GHH	UGI/Bariatrics	Gynaecology (only 4 lists)	UGI/Bariatrics Emergency and planned
Possibly ENT	Emergency and planned colorectal		Gynaecology (only 4 lists)	Emergency and planned colorectal	Possibly ENT
No Change					
Obstetrics and Gynaecology General Surgery assessment Planned Minor General Surgery		Planned Minor General Surgery		Obstetrics and Gynaecology Thoracics Vascular Paediatrics Emergency surgery	
Outpatient attendances for consultations, imaging, physiotherapy Non-theatre diagnostic investigations		Outpatient attendances for consultations, imaging, physiotherapy Non-theatre diagnostic investigations		Outpatient attendances for consultations, imaging, physiotherapy Non-theatre diagnostic investigations	

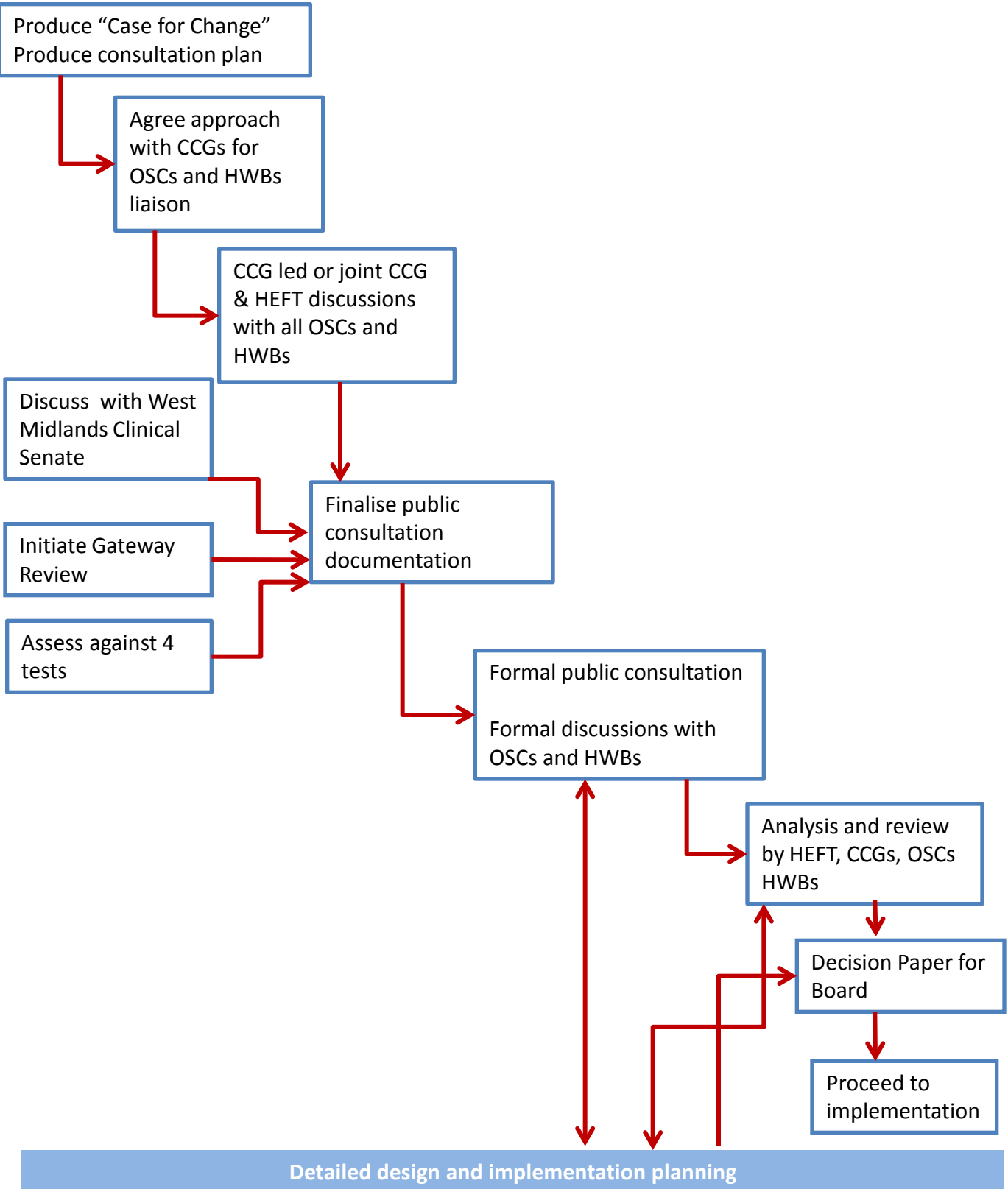
HEFT Surgery reconfiguration- Phase 4 timeline

June July August September October November December

Pre-consultation

Consultation

Post Consultation



3. Recommendations

The Board is asked to approve:

1. To make and communicate internally a decision to proceed in principle with surgery reconfiguration, as described in this paper, recognising that further iterations may develop during the detailed implementation planning phase.
2. To approve and support progression to the external consultation process