HEFT Surgery Reconfiguration

Building a sustainable future

Presentation to the Council of Governors

27th May 2014

Surgery Reconfiguration Project

Building a sustainable future

Strategic Context

All our hospitals

Urgent care
Antenatal & midwifery
Diagnostics & outpatients
Access to specialist acute care
Elective surgery

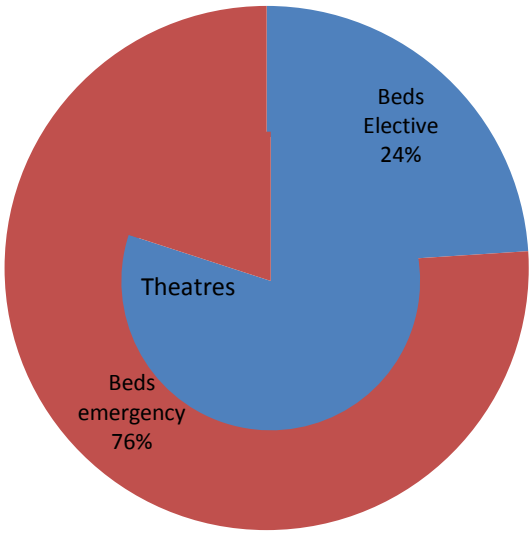
Birmingham Heartlands Hospital
A&E services
Centre for complex and emergency care
Inpatient paediatrics
Obstetric care
Academic centre

Good Hope Hospital
A&E services
Acute medicine
Home to surgical specialties
Obstetric care
Hollier Simulation Centre

Solihull Hospital & Community
Urgent care
Care for the elderly
Home to large elective care centre
Community services hub
Midwifery led labour unit

Current configuration of surgery provision in HEFT

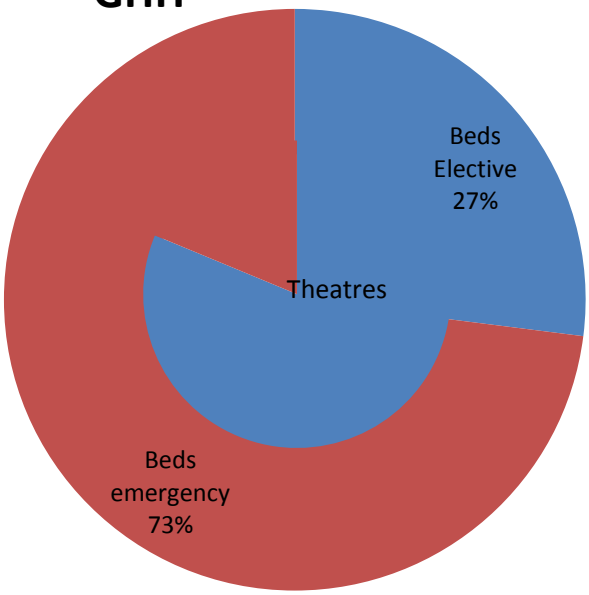
BHH



Emergency & trauma

Elective: long and short stay vascular, gynae, thoracic, CR/GS, UGI, urology, ENT

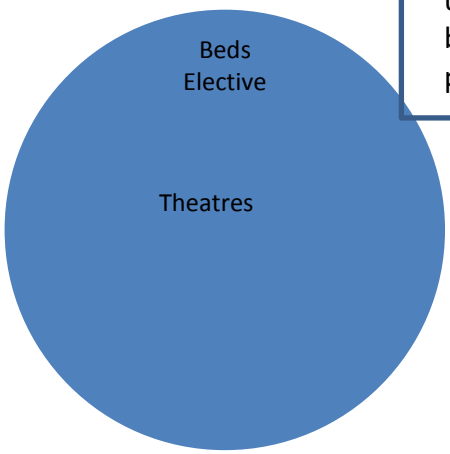
GHH



Emergency & trauma

Elective: long and short stay orthopaedics, vascular, gynae, CR/GS urology, ophthalmology, breast,
plastics

SH



Elective: long and short stay orthopaedics, gynae, CR/GS, UGI, urology, ophthalmology, breast

Reasons for considering reconfiguration

- Quality
  - Desire to improve the patient experience eg faster access to emergency surgery and certainty for elective surgery dates
  - Want to give improved outcomes and lower mortality in the future with higher levels of safe and harm free care
  - The opportunity to create centres of excellence with space to develop services

- National trends
  - Greater sub specialisation in surgical specialties
  - Fewer surgeons being trained with 20% fewer junior doctors entering surgery
  - Royal College requirements more demanding – emergency and planned surgery
  - These challenge the sustainability of safe surgery across multiple sites
  - NHS wide moves to consolidating services to achieve better outcomes

- Financial Challenge
  - The financial challenges facing the Trust, and the NHS as a whole, are significant and reconfiguration may release greater opportunities to meet them

- Belief
  - Our clinical leaders believe things need to change to protect and develop services and that now is the time to consider how to best do so

- Clinical case for change (see Appendix 1)
  - National trends and evidence of best practice create a compelling case for change

Process over the last year

- A Clinical Reference Group (all surgical CDs) profiled specialties and their requirements

- A Surgical Advisory Group (above plus reps from directorate and operations teams) considered requirements, site facilities, interdependencies and developed 2 strategic options

- The last 6 months has seen greater consideration of these 2 options, greater involvement of multidisciplinary teams, external stakeholder engagement (patients, GPs, CCGs, Health Watch)

- Options have evolved and developed as operational work up has taken place to conclude with one preferred option to take to the next stage

- Overwhelming messages:
  - Intend to retain local access points for local people through our 3 hospitals. This means all aspects of a patient's journey with HEFT, apart from some surgical procedures, will remain locally delivered as now
  - Intend to retain 3 busy surgical hospitals so where one service may move out to consolidate on one site, another will move in to consolidate

Proposed future configuration

Heartlands	Good Hope	Solihull
Most Emergency surgery including trauma Planned surgery: Obs and gynae Thoracic Vascular Colorectal Paediatric Some general surgery	Urology emergency surgery Surgical assessment & UGI emergencies Planned surgery: Obs and gynae Urology Upper GI Bariatrics Some general surgery	Planned surgery: Orthopaedics Ophthalmology Some general surgery
ENT to be determined		

All outpatient attendances as now eg consultations, imaging, physiotherapy etc

Non theatre diagnostic investigations as now eg endoscopies

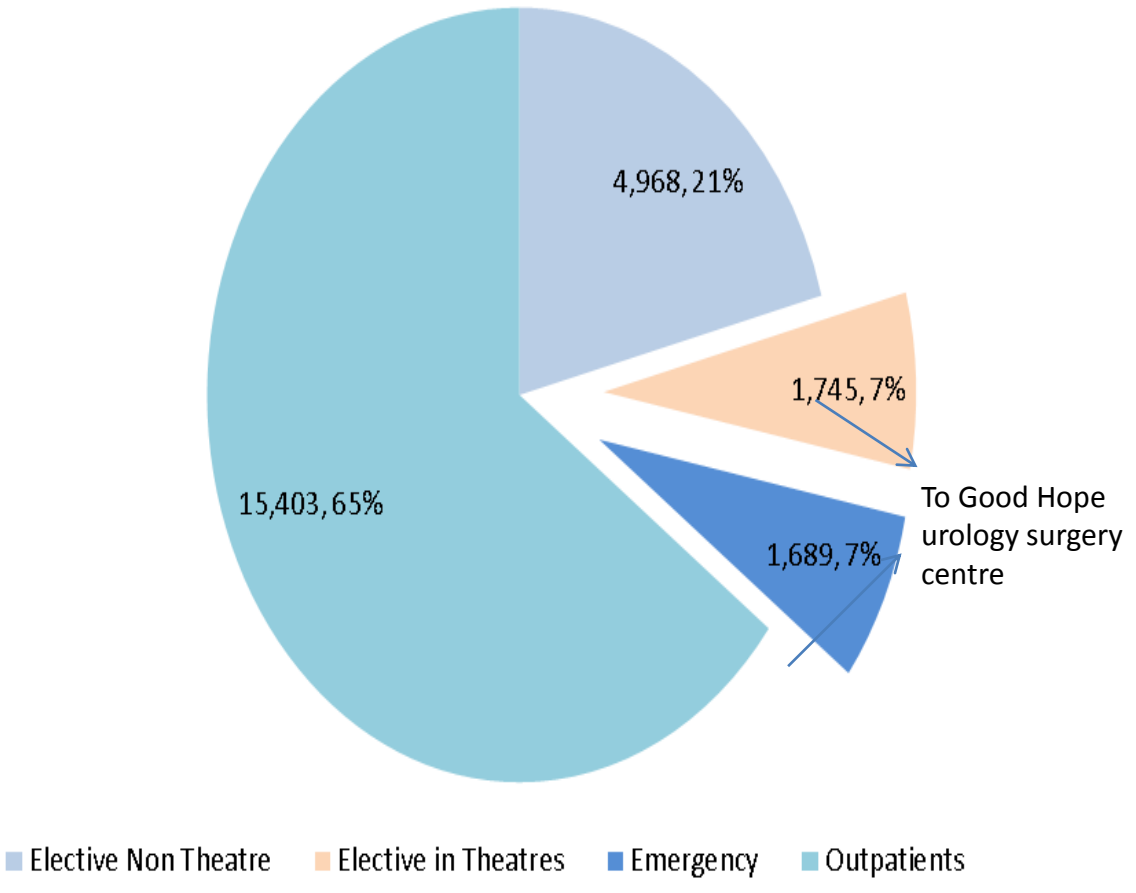
Summary of proposed changes

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	

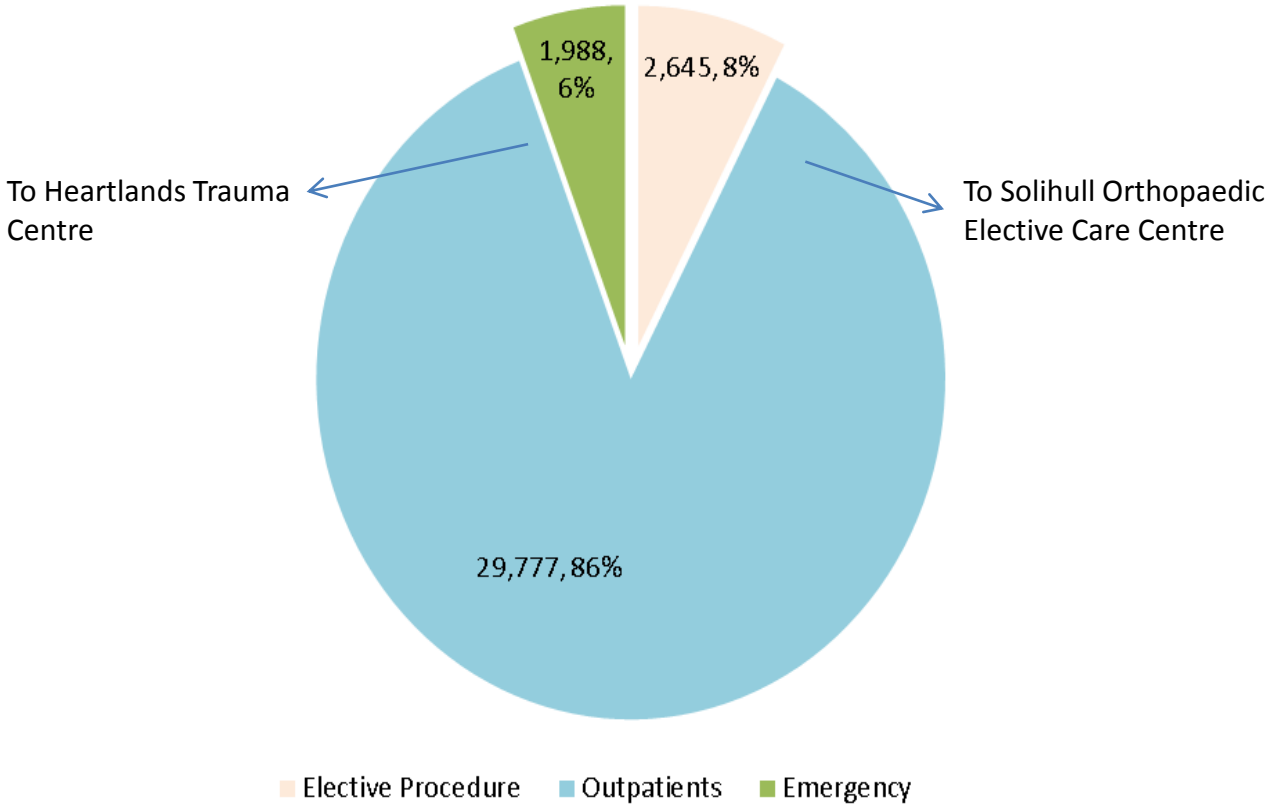
Impact on patients

- No impact for most of our patients
- Better quality care for our surgical patients sustainable in the long term
- Small percentages of patients' attendances are for a surgical intervention – as per attached pie charts
- Support for patients and relatives travelling further being designed in conjunction with Stakeholder Reference Group
- Feedback from this group so far is positive, understanding the rationale for considering change and seeing the potential benefits of reconfigured, consolidated surgical provision such greater certainty for planned surgery and all the experts in one place

Current Proportion of Urology Work at Heartlands & Solihull Hospitals (2012/13)



Current Proportion of Trauma & Orthpaedic Work at Good Hope Hospital (2012/13)



Stakeholder engagement to date

External

- Patient/carer groups – Solihull and Good Hope
- Consultative Healthcare Council
- Stakeholder Reference Group
- CCG Locality Ops Boards
- JCCG meetings
- MP/councillor engagement

Feedback

- Understand the rationale for change
- Main concerns are around travelling for patients and visitors

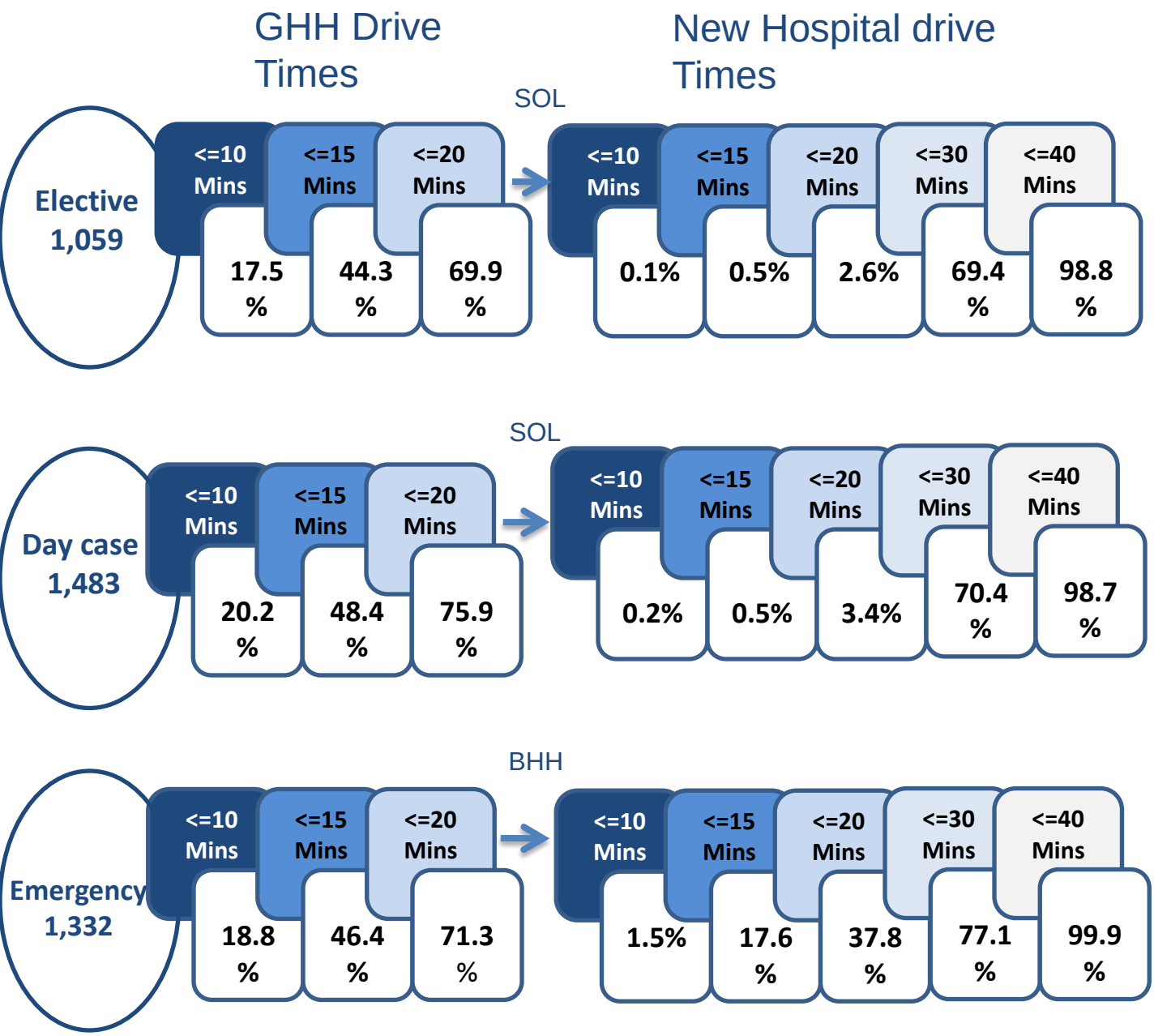
Internal

- Surgery Advisory Group meetings
- Directorate meetings
- Intranet site
- Staff information leaflets
- Heartbeat on line
- Specialty design meetings for T&O and urology
- Programme Board
- CoG Finance and Strategy Committee

Feedback

- Some resistance to change
- Some buy in
- Desire for decision to be made

Spells with a T&O Procedure at GHH (Patients aged 17+) January – December 2013



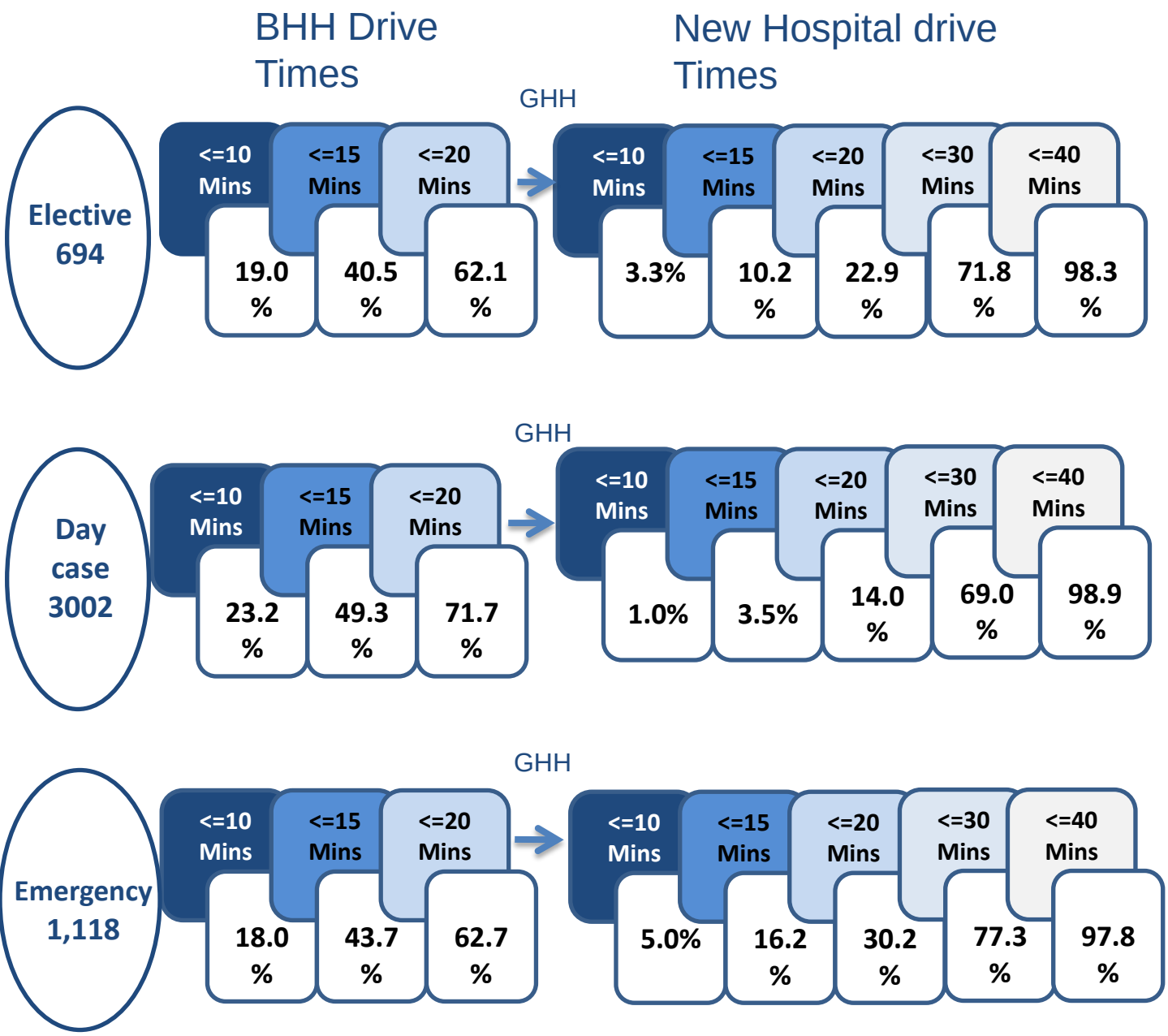
Spells with a T&O Procedure at GHH (Patients aged 17+)
January – December 2013

The table below shows the drive time from the residential location of patients age 17+ attending Good Hope for a T&O procedure to Walsall, UHB and S&WB hospital.

	Drive Time (Mins)					
Hospital	10	15	20	30	40	Total
Walsall	8	96	804	2,737	3,762	3,874
	0.2%	**2.5%**	**20.8%**	**70.7%**	**97.1%**	**100.0%**
UHB	6	17	56	1,982	3,205	3,874
	0.2%	**0.4%**	**1.4%**	**51.2%**	**82.7%**	**100.0%**
S&WB	8	15	1,030	2,614	3,605	3,874
	0.2%	**0.4%**	**26.6%**	**67.5%**	**93.1%**	**100.0%**

*This is for all patient classes i.e.. Inlec, nonelec and daycase

Spells with a Urology Procedure at BHH (Patients aged 17+) January – December 2013



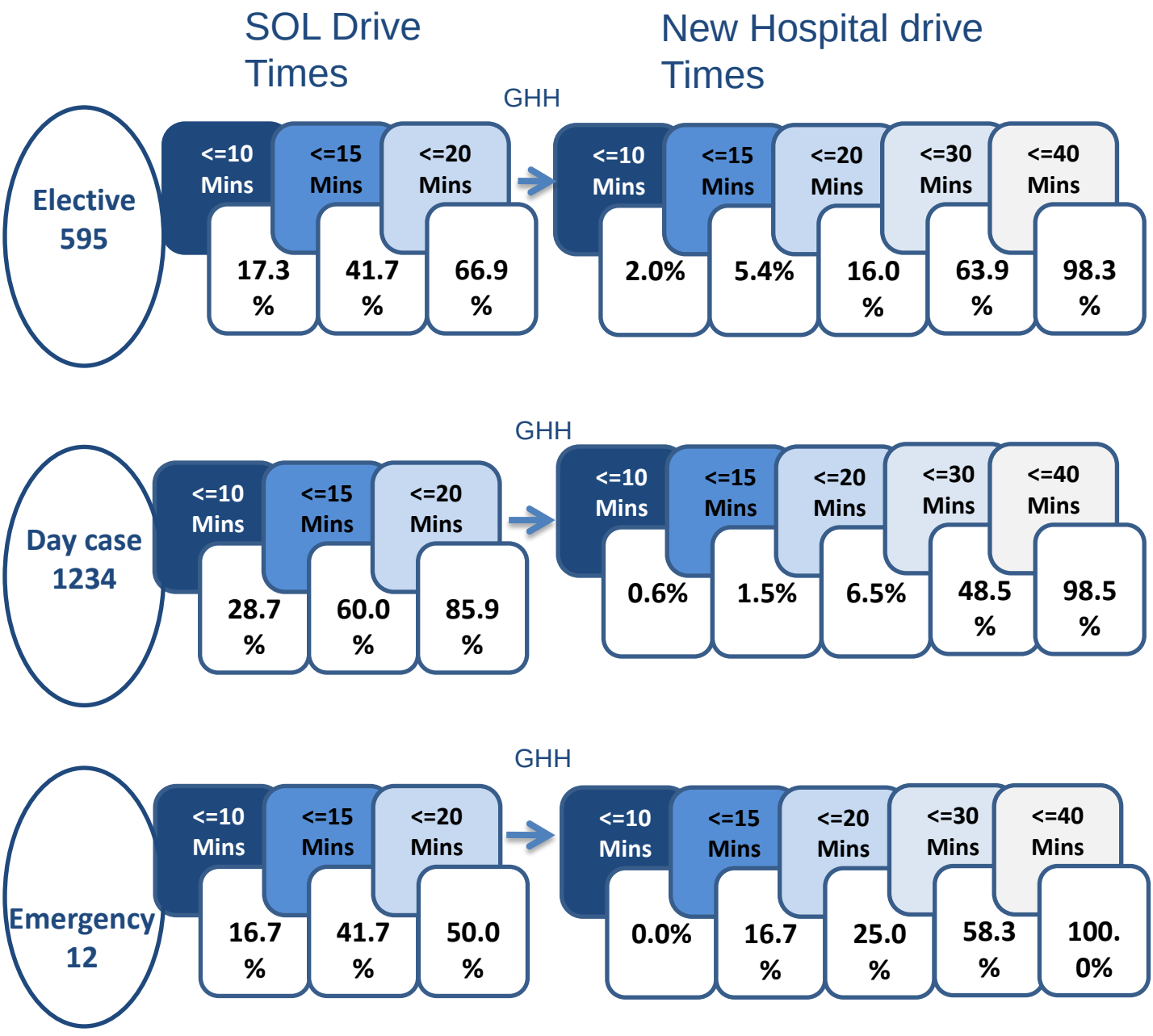
Spells with a Urology Procedure at BHH (Patients aged 17+) January – December 2013

The table below shows the drive time from the residential location of patients age 17+ attending Heartlands for a Urology procedure to UHB and S&WB hospital.

	Drive Time (Mins)					
Hospital	10	15	20	30	40	Total
UHB	4	85	543	3,538	4,633	4,814
	0.1%	**1.8%**	**11.3%**	**73.5%**	**96.2%**	**100.0%**
S&WB	5	46	294	2,553	4,743	4,814
	0.1%	**1.0%**	**6.1%**	**53.0%**	**98.5%**	**100.0%**

*This is for all patient classes i.e.. Inlec, nonelec and daycase

Spells with a Urology Procedure at SOL (Patients aged 17+) January – December 2013



Spells with a Urology Procedure at SOL (Patients aged 17+) January – December 2013

The table below shows the drive time from the residential location of patients age 17+ attending Solihull for a Urology procedure to Coventry & Warwickshire and UHB hospital

	Drive Time (Mins)					
Hospital	10	15	20	30	40	Total
Cov & Warwick	0	1	3	481	1,767	1,841
	0.0%	**0.1%**	**0.2%**	**26.1%**	**96.0%**	**100.0%**
UHB	6	27	159	1,338	1,802	1,841
	0.3%	**1.5%**	**8.6%**	**72.7%**	**97.9%**	**100.0%**

*This is for all patient classes i.e.. Inlec, nonelec and daycase

Claire Jones – Project Analyst (Commercial Directorate)

Proposed next steps

- Commence a formal public consultation and external scrutiny process to consult widely with our stakeholders in accordance with the attached timeframe

- Devise detailed operational and implementation plans including on-going co-design with our stakeholder reference group.

Surgery reconfiguration- Proposed Process

Reconfiguration Process	Task	Dates / key activities
Options	Clincial Case for change ↓ Option appraisal ↓ Decision to proceed with preferred option	**Autumn 2013 to Spring 2014** • Clinical reference group • Patient reference group **April 2014** • EMB decision
Pre-consultation	Pre consultation discussions with commissioners, OSCs and other stakeholders ↓ Assessment against 4 tests ↓ Lead CCG and OSC selected ↓	**May 2014** • CCG discussions • Post election discussions with H&WB and OSC • "Case for Change" produced **June 2014** • Trust Board Decision **May / June 2014**
External review	Gateway and Clinical Senate review	**June / July 2014**
Consultation	Formal consultation ↓	**Autumn 2014** (8 – 10 weeks)
Analysis & decision	Analysis and decision by local commissioners ↓ OSC to discuss decision ↓ OSC content ↓ Decision Paper for Board	**November 2014** **December 2014**
Implementation	Proceed to implementation	**December 2014 onwards**

Appendix 1
Clinical Case for Change