

# PATIENTS FIRST

Better, safer care for local people



**Public consultation on surgery reconfiguration**

Help us develop our services to meet local need



## View from our **STAKEHOLDERS**

The Heart of England NHS Foundation Trust is committed to working with local people and groups to develop services for our communities. One of these groups is the Surgery Reconfiguration Stakeholder Reference Group.

This group consists of several members who each bring invaluable expertise. Members range from local residents, surgery staff and members who represent local governing bodies, thus making the process meaningful and non-tokenistic.

The group works in partnership and each individual member is an equal partner in the process. The group of volunteers meet on a regular basis in order to audit the programme at each stage. This co-productive way of working has enabled the process to be open, honest and transparent.

“

As soon as some draft proposals had been devised by the clinical teams, the Trust recruited members of our group to work with them. Both the Trust and its citizens have been and will continue to work collaboratively for the benefit of our communities in respect of how surgery services are delivered in the future.

”

**Keymn Whervin**

Chair of Surgery Reconfiguration  
Stakeholder Reference Group



Please help us to  
**REDESIGN OUR  
HOSPITAL SERVICES**

Professor Matthew  
Cooke

NHS services across the country need to change so that every patient gets the best treatment and has the best possible outcome from their care. Senior doctors and professional organisations such as the Royal College of Surgeons and the Royal College of Physicians believe this, and many patients and carers believe it too.

And so we have asked a project team that includes hospital staff and local people to work on new ideas that will help us to meet the changing needs of our communities. Together, they are trying to make sure we can:

**Improve quality** – every NHS organisation must improve how patients feel about their care and strive for the best possible results from their treatment

**Provide more care** – more and more people are coming to live in our area, and living longer – we must be able to

give everyone the care they need to stay well, or to get well

**Deliver services that put people at the heart of what we do** – we need to re-organise what we do to make sure patients are always put first

It has become very clear that we need to change how and where we deliver some of our services to make sure that all our existing surgery services can be offered safely and to the highest standards in our hospitals in the future, and that we can continue to develop and improve them.

Lots of hospitals in the UK have come to the same conclusion and they are working on their own new plans. Here at Heart of England, we're committed to working in partnership with local people to design our own, genuinely patient-centred solutions.

**Please take a few minutes to read this booklet to find out more about the work we've done so far, and the ideas that we are working on. We believe they'll help us to:**

- Meet the new, high standards for surgery that are being set by the Royal Colleges
- Reduce waiting times for emergency surgery
- Cut waiting times for non-urgent, planned surgery and cut the number of cancelled appointments
- Improve experiences and health outcomes for patients
- Create 'centres of excellence' (specialist centres), bringing specialist doctors and the latest equipment together to provide the very best care
- Make sure our patients receive the best, safest surgical care in all specialties, even though there will probably be 20% fewer hospital doctors training in the next few years
- Do more of the things that we are already leading experts at, such as the treatment of a range of urology and bowel conditions, and attract the best doctors to our hospitals
- Keep all our other usual services, including A&E, maternity, outpatients and diagnostic testing just as now

Because we want to put patients first in everything we do, we need active participation from as many local people as possible. Please tell us what you think. There are details on how to do this at the end of the booklet, you can visit our website or call the dedicated phone line, **0121 424 3838**, and there will also be a series of public events later in the year for those who want to share their views in person. If you can spare the time, please do try to come along to one.

**Professor Matthew Cooke**

Deputy medical director (strategy and transformation)

# WHY CHANGE ?

Many of us find change unsettling, especially when it affects our services. It's worrying and it can be hard as well, but there are several reasons why surgical services really must change.

National trends are affecting all hospitals. Across the country, emergency admissions are now 47% higher than 15 years ago, and demand for non-emergency surgery grew by 60% between 1995 and 2013.

## **We are seeing the same pressures locally...**

Our staff want to improve patient experience and satisfaction and they know that faster access to emergency surgery, fewer cancelled appointments and better facilities for patients (and staff) will help in achieving that.

Our senior doctors have done some research of their own to help us measure what we're doing well, identify what we need to do better, and see how we match up to other hospitals. Their detailed findings were presented to the Council of Governors in May 2014.



While improving patient care is the reason we have made our commitment to change, we also need to do more with our money. We'll be getting less money from the NHS over the next few years and we need to save £25m each year for at least the next four years. Changing the way we offer some services, working alongside partners such as GPs, Community Services and local authorities may free up some money to help us balance the books. This will enable us to have the best equipment and expert staff to deliver the most up to date, safe care at the same or similar cost.

**We are committed to ensuring that we have general acute services and also specialist services in Bordesley Green, Solihull and Sutton Coldfield.**

We looked at

# FOUR DIFFERENT IDEAS

to provide and develop our services

1

Do nothing ...



Our senior surgeons say that that this simply isn't an option. Doing nothing would mean that we are unable to meet strict new national safety guidelines. We would not attract the best doctors to work in our hospitals and we would have to stop offering some specialist services.

So we developed three alternative ideas that could protect services and also help us improve them:

2

Create a new centre for day and short-stay surgery at Solihull Hospital



- It's a really efficient way to manage surgery for all day and short-stay operations



- All day and short-stay patients would have to travel to Solihull for their procedure
- Specialist staff would still have to travel between at least two locations, wasting time that could be used to care for patients
- It would be much harder to create specialist centres of excellence, offering the very best care
- To make room for the new centre we would have to move several other services to our other hospitals, which would mean unwelcome extra travel for lots more patients

3

Create a new centre for planned (non emergency) surgery at Solihull Hospital, and centralise all emergency surgery at Heartlands



- Fewer planned operations would be cancelled because of emergency need
- All emergency operations could be managed in a single centre of excellence



- It would mean removing the A&E service from Good Hope Hospital, and we are committed to retaining it there
- It would overload Heartlands Hospital, and make it harder to give patients the very best treatment there

4

Deliver all types of emergency surgery at both Good Hope and Heartlands and create a new planned surgery centre at Solihull Hospital



- It would need more junior doctors than we have (and there is a national shortage so it's very difficult to recruit more)
- We wouldn't be able to ensure the availability of the correct specialist teams at both sites

Each idea had too many drawbacks, so we

**COMBINED THE BEST OF EACH**

to come up with our preferred option...

What is our

# PREFERRED OPTION ?

Our preferred option would mean that most patient services won't change at all...

Each year, our three hospitals see patients for 1.2m appointments, including 45,000 appointments for a surgical operation in one of our 25 operating theatres.

Our plan is to change how we deliver only a few surgical specialties, so most patients would not see any change to their own care, though they may enjoy using some of the fresher, more modern treatment and public areas that would be developed as a result.

Our vision is to make each of our hospitals a centre of excellence in its own right, and give it the staff, equipment and facilities it needs to specialise more in the things it is already known for. At the same time, each hospital would continue to provide all the key local care services for its own local people.

**We propose to invest in each of our three local hospitals to make this happen.**

Each hospital would still function as a local facility. That means it would continue to provide:

- Accident and emergency (at Good Hope and Heartlands) and urgent care (at Solihull)
- Antenatal and midwifery services
- Diagnostics (for example, blood tests, x-rays, scans and eye tests)
- Some planned surgery

## And...

Your local hospital will still be the first place to go for help if you need specialist acute care.

In addition, each hospital would take the lead in providing surgery for its own range of specialties. There's more detail in this chart:

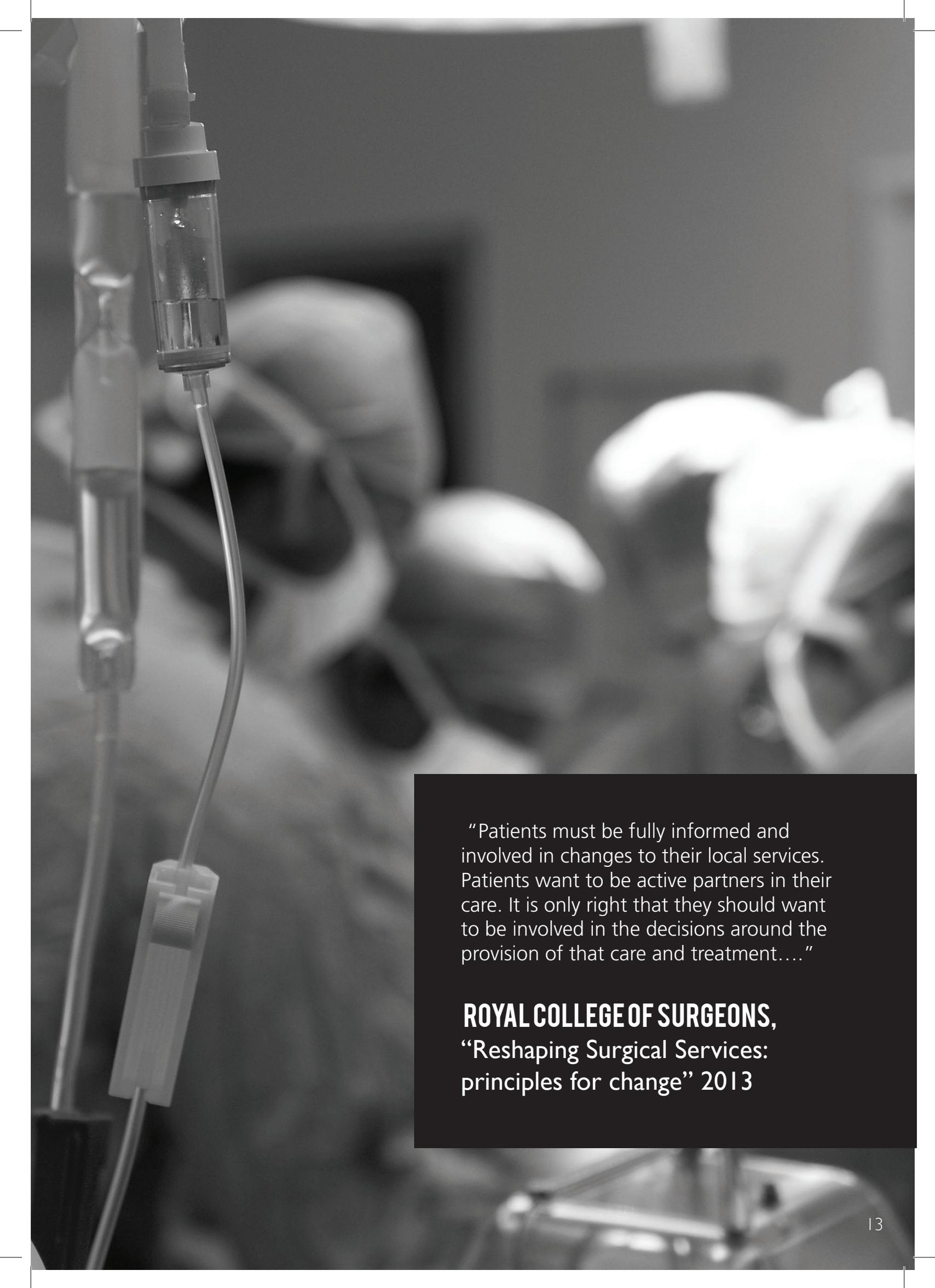
Heartlands	Good Hope	Solihull
<ul style="list-style-type: none"><li>• Most emergency surgery including orthopaedic trauma</li></ul> <p><b>Planned surgery:</b></p> <p>Obstetrics and gynaecology Thoracic Vascular Colorectal Paediatric Plus some general surgery</p>	<ul style="list-style-type: none"><li>• Surgical emergency assessment</li><li>• Urology emergency surgery</li><li>• Upper gastrointestinal emergency surgery</li></ul> <p><b>Planned surgery:</b></p> <p>Obstetrics and gynaecology Urology Upper gastrointestinal (UGI) Bariatrics (weight loss) Plus some general surgery</p>	<p><b>Planned surgery:</b></p> <p>Orthopaedics Ophthalmology Plus some general surgery</p>
ENT (Ear, Nose and Throat) to be confirmed		

Centres of excellence (specialist centres)

# PROVIDE BETTER PATIENT CARE

There is now plenty of evidence that concentrating specialist resources into one place brings real benefits for patients. It means, for example, that:

- Specialist staff are always on hand when there's an emergency and to provide ongoing care
- The most suitable equipment is available, and buildings can be purpose-designed
- Better ways of working are developed and adopted quickly
- Patients have a better experience in hospital
- Patients recover better and faster



“Patients must be fully informed and involved in changes to their local services. Patients want to be active partners in their care. It is only right that they should want to be involved in the decisions around the provision of that care and treatment....”

**ROYAL COLLEGE OF SURGEONS,**  
“Reshaping Surgical Services:  
principles for change” 2013

Some people will have to travel

## FURTHER FOR SURGERY

It's true that, under these proposed changes, some patients would have to travel to a different hospital, **but only** for their surgical procedure. They would still have all their other appointments in their local hospital – their specialists will travel to these appointments.

Patient groups have asked us to think about how we could provide transport to take patients and their visitors between sites where this is needed. We are doing that now and we'll report back as soon as possible.

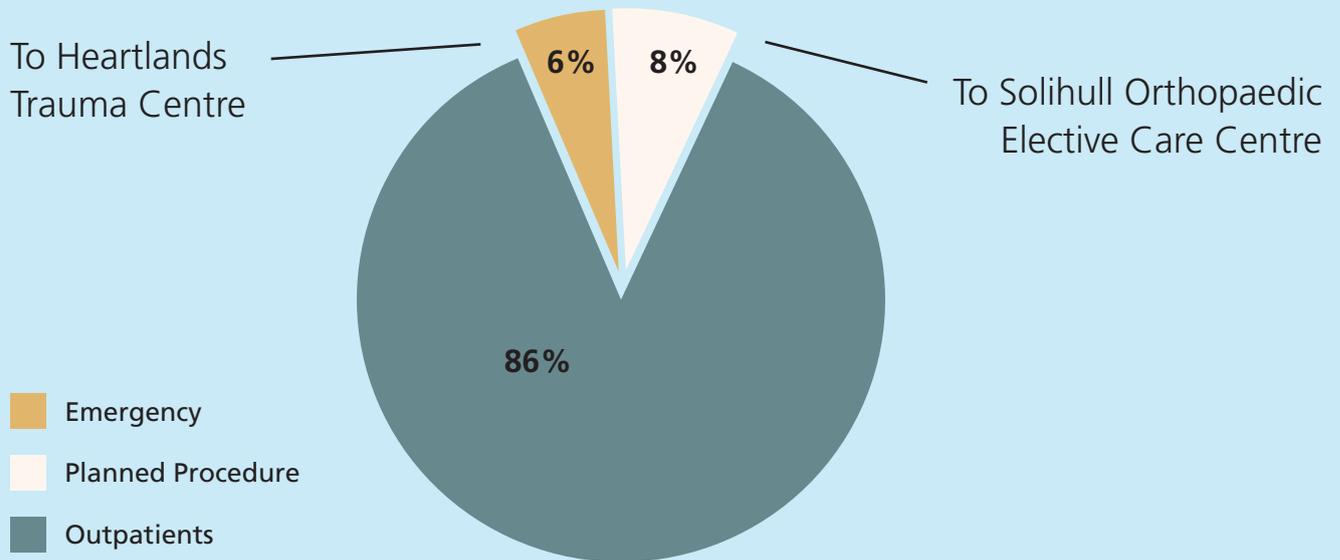
These pictures show the proportion of patient attendances that are for surgical procedures. They show that most appointments would not be changed:

**Picture 1** - shows that, in a single year, only 6% of appointments with our bone specialists at Good Hope Hospital need emergency surgery (for example, to treat injuries caused in an accident) so that's how many appointments would need to move to the proposed new specialist centre at Heartlands. Another 8% of appointments are for planned surgery such as hip or knee replacements and these would be sent to the new Solihull Hospital elective care centre. Most appointments (the remaining 86%) would be held at each patient's own local hospital, as they are now.

**Picture 2** - shows that 7% of appointments for urinary tract conditions are emergencies, and another 7% are for planned theatre procedures. These two groups (14% in total) would have their operations in the new and improved specialist unit at Good Hope Hospital. The remaining 86% (65% outpatient appointments and 21% planned non theatre procedures) would continue at Heartlands and Solihull Hospitals.

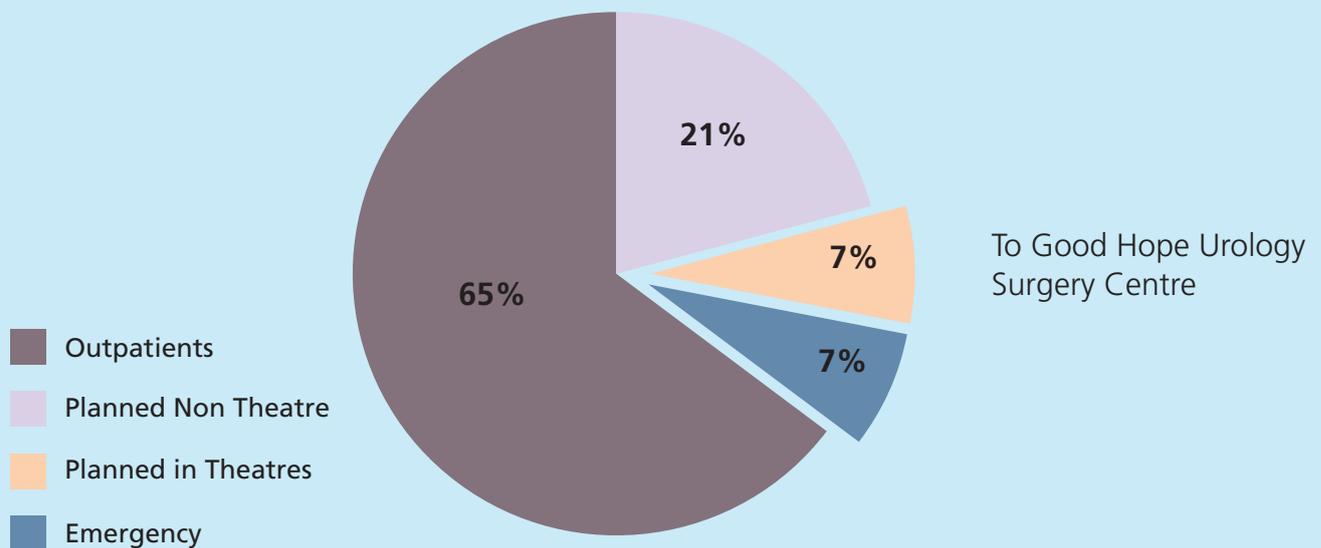
## PICTURE 1 -

Current proportion of trauma & orthopaedic work at Good Hope Hospital (2012 / 2013)



## PICTURE 2 -

Current proportion of urology work at Heartlands & Solihull Hospitals (2012 / 2013)



Local people helping us to plan these changes have told us that people are worried about having to travel further for treatment. We have studied this and for patients in the proposed plan, 70% of journeys would be no more than 30 minutes, compared with 20 minutes now for those travelling by car.

# What does it all mean **FOR OUR STAFF?**

## **We don't want to see fewer doctors, nurses or other health professionals.**

The number of doctors, nurses and other hospital staff will remain the same; we are not proposing to reduce this.

We want to keep all our staff and we will offer as much choice as we can to those who are affected by the proposed changes. We hope that, in consultation with our staff, we will be able to meet those needs, whether that means moving with their specialist area of work, re-training in a different speciality in their local hospital, or enhancing their skills further.

Our staff groups will continue to be involved in planning the proposed changes, and there will be lots of opportunities for all our staff to have their say in what happens next.

## **We want you to actively participate and share your views**

On the next page we've included a series of questions for you to answer. Filling in the form and sending it back to us (the postage is free) is a quick, easy way to contribute to the development of our plan.

There will also be a full public consultation during the autumn, with public meetings and smaller group meetings in locations near each of our hospitals. If you'd like us to send you details of these, please visit our website and register your interest at:

**[surgeryreconfiguration@heartofengland.nhs.uk](mailto:surgeryreconfiguration@heartofengland.nhs.uk)**

or fill in your details on the form overleaf and post it back to us.

# HAVE YOUR SAY

Please fill in this form, detach it from the booklet and send it back to us. **You do not have to pay for a stamp.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post code: \_\_\_\_\_

My local hospital is (tick one):

Heartlands

Good Hope

Solihull

Your thoughts on our proposals:

1. Do you understand and agree with the reasons why these changes are being planned?

\_\_\_\_\_

2. Do you know where to go for the information you need to give us your comments and views?

\_\_\_\_\_

3. If not, tell us what you need to know and we will get back to you (don't forget to give us your contact details above):

\_\_\_\_\_

\_\_\_\_\_

4. What do you think the Trust should consider before making any changes?

\_\_\_\_\_

\_\_\_\_\_

5. Do you support our idea to create centres of excellence for surgery, with outpatient appointments remaining at your local hospital?

\_\_\_\_\_

\_\_\_\_\_

6. If any of these proposals worries you, what is it?

\_\_\_\_\_

\_\_\_\_\_

7. Do you support the proposals in principle, if we can address the worries you have raised?

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8. Are there any other changes that you think we should make?

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9. Would you like to help us plan these changes?

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10. Please feel free to add any other comments you wish to make regarding these proposals:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you would like us to send you details of the public meetings, and keep you informed of progress as the consultation progresses, please indicate how you'd like us to do that, and provide the relevant contact details below.

Post (address if different from above) \_\_\_\_\_

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Email (address) \_\_\_\_\_

Text (mobile number) \_\_\_\_\_

No stamp required

**FREEPOST TO THIS ADDRESS**

**FREEPOST: RLTZ-ZXAH-CRGL**  
Membership Team  
Stratford House  
Heartlands Hospital  
Bordesley Green East  
Birmingham  
B9 5SS

You can also keep

# UP TO DATE

**on developments on the Trust website :**

[www.heartofengland.nhs.uk/surgery-reconfiguration](http://www.heartofengland.nhs.uk/surgery-reconfiguration)

**and you can tell us your views on social media:**



**LinkedIn** - Heart of England NHS Foundation Trust



**Facebook** - Heart of England NHS



**Twitter** - @heartofengland



If you would like a copy of this document in an alternative format, for example in Braille or another language, please contact us by email at:

**[surgeryreconfiguration@heartofengland.nhs.uk](mailto:surgeryreconfiguration@heartofengland.nhs.uk)**

or **Telephone (0121) 424 3838**