Proposed changes to Surgery at HEFT

Building a sustainable future

Vision

To have emergency and planned surgical services in our hospitals which are sustainable and enable the provision of high quality, safe care to our patients.

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Strategic Context: The future look of our hospitals

All our hospitals

20mins

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
Care for the elderly
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

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Solihull Hospital in the Future

Rheumatology and Oncology Centre	Critical care outreach and high dependency unit	Cardiology Service	Specialist Dermatology Centre
Frail Elderly Centre	Medical Assessment Unit	Urgent Care Centre	Specialist Orthopaedic Centre
Breast Surgery centre	Specialist Ophthalmology Centre	Imaging including CT and MR scanning	Local Acute Unit

Mental health for in patients and acute attendances (RAID)

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Heartlands Hospital in the Future

Major Emergency Centre	Medical Assessment Unit	Critical Care including Intensive Care Unit	Specialist Respiratory Service	Specialist Cardiology, including intervention
Specialist Gastroenterology, including endoscopy	Specialist Renal and dialysis service	Acute elderly service	Hyperacute and local acute Stroke Service	Specialist Paediatrics
Obstetrics and neonatology	Imaging including CT and MR scanning	Mental health for in patients and A&E (RAID)	Research and innovation Centre(MIDRU)	Surgical assessment unit
Trauma Assessment unit	Specialist vascular Surgery	Specialist Thoracic Surgery	Trauma Unit including trauma surgery	Colo-rectal surgery

Ear Nose and throat Surgery	Paediatric Surgery	Gynaecology Service	Interventional Radiology

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Good Hope Hospital in the Future

Emergency Centre with full Accident and Emergency Department	Medical Assessment Unit	Critical Care including Intensive Care Unit	Acute Elderly Service	Local Acute Stroke Unit
Cardiology Unit (specialist arrhythmia service)	Orthodontics	Diabetes Service	Oncology & Haematology day case	Endoscopy Service
Paediatric Assessment and short stay unit	Obstetric Service and neonatal unit	Imaging including CT and MR scanning	Mental health for in patients and A&E (RAID)	Hollier centre for simulation and patient safety
Surgical Assessment unit	Specialist Gynaecology Service	Specialist Urology Service	Specialist Upper GI surgery and Bariatric Surgery	Breast surgery (oncoplastics)
		Interventional Radiology		

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Surgery in the Trust

Current Model

Some elements of most types of surgery at all sites but not all elements at every site
(except for no emergency surgery at SH)

Proposed Model

Centre for complex and emergency surgery

Centre for certain surgical specialties

Centre for certain planned surgery

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Reasons for considering change

External – out of our control

- National trends
  - Greater sub specialisation in surgical specialties e.g an orthopaedic surgeon may operate on hands or feet but not usually both compared to a more generalist approach 10 years ago
  - Fewer surgeons being trained with 20% fewer junior doctors entering surgery
  - Royal College of Surgeons' requirements are more demanding for emergency and planned surgery
  - NHS wide moves to consolidating services to achieve better outcomes
  - These challenge the sustainability of safe surgery across multiple sites and create a compelling clinical case for change
- Financial Challenge
  - The financial challenges facing not just the Trust, but the NHS as a whole, are significant so things need to be done differently to protect service provision in the future

Internal

- Quality
  - Desire to improve the patient experience eg faster access to emergency surgery and certainty for planned 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
- Belief
  - Our clinical leaders believe things need to change to protect and develop services and that doing nothing will impact our ability to provide safe surgery in all specialties

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Process over the last 18 months

- A Clinical Reference Group (all surgical Clinical Directors) profiled specialties and their requirements
- A Surgical Advisory Group (above plus representatives from directorate and operations teams) considered requirements, site facilities, interdependencies and developed two strategic options
- The last 12 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
- Overwhelming messages:
  - Intend to retain local access points for local people through our 3 hospitals. This means all aspects of a patient's journey within the Trust, 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

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Proposed future split by surgery type and site

Heartlands	Good Hope	Solihull
Emergency Surgery Most specialties (excluding Urology and Upper Gastrointestinal) Orthopaedic trauma Planned surgery Obstetrics Gynaecology Thoracic Vascular Colorectal ENT Paediatric surgery Some General Surgery	Emergency Surgery General surgery assessment Urology Upper Gastrointestinal Planned Surgery Obstetrics Gynaecology Urology Upper Gastrointestinal Bariatric (weight loss) surgery Some General Surgery (including breast surgery)	Emergency Surgery No emergency surgery Planned Surgery Orthopaedics Ophthalmology Some General Surgery (including breast surgery)
No change ***All outpatient attendances as now e.g consultations, imaging, physiotherapy*** ***Non theatre diagnostic investigation as now e.g endoscopies***		

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Benefits

- Improved outcomes, clinical safety and experiences for our patients
- The ability to meet current and future clinical standards for surgery
- 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 opportunity to grow those specialties where there is increasing demand
- Gains in productivity from consolidation and best practice benchmarking eg reduction in Length of Stay and increased theatre utilisation
- Opportunities to release financial benefits by doing things differently

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Impact on patients

- No impact for most of our patients – we see about 1.2 million patients pa and undertake approximately 35,000 theatre operations
- No impact for outpatient attendances
- Better quality care for our surgical patients sustainable in the long term
- Small percentages of patients' attendances are for a surgical intervention
- Support for patients and relatives travelling further for their operation is 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

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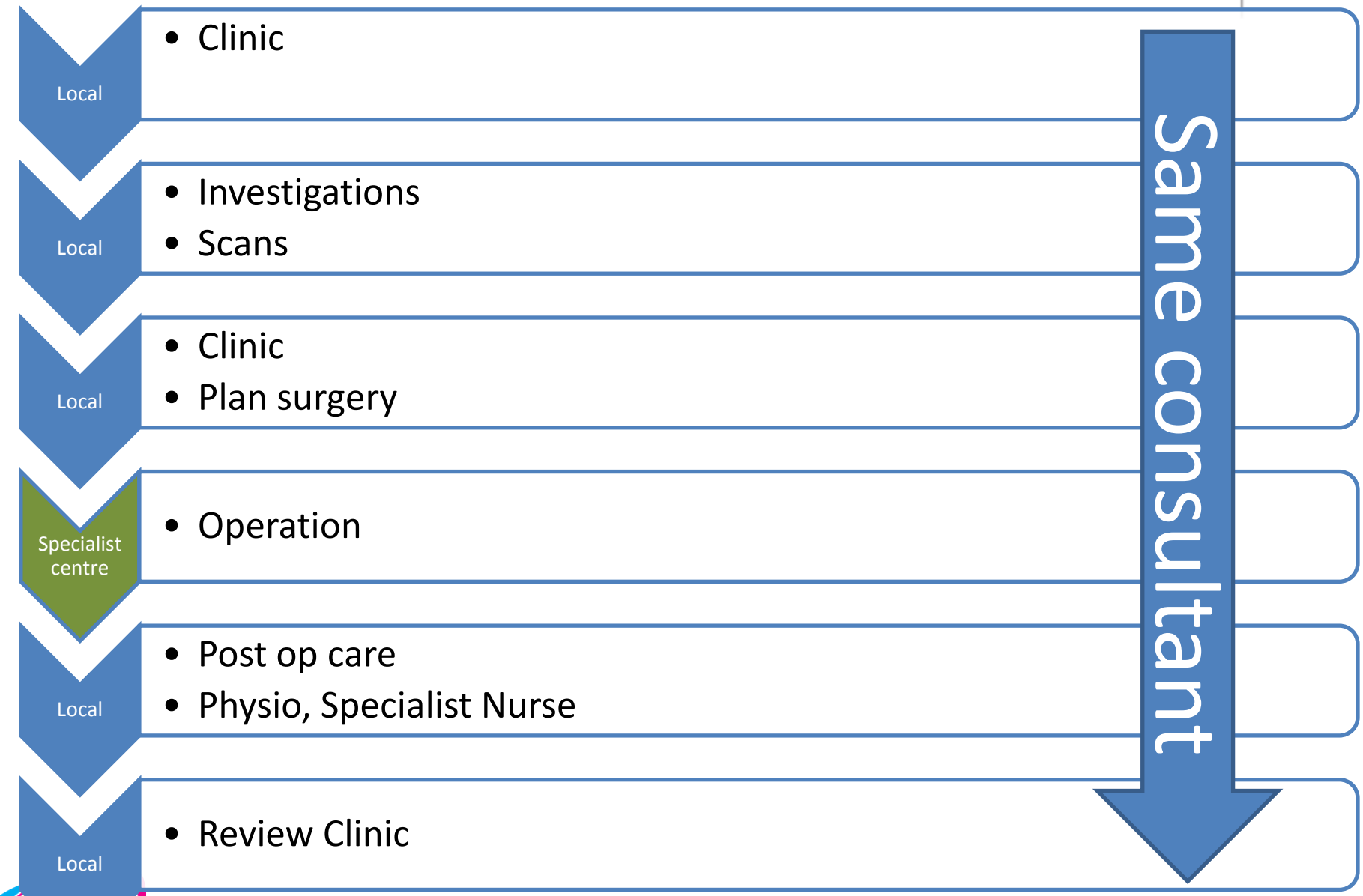
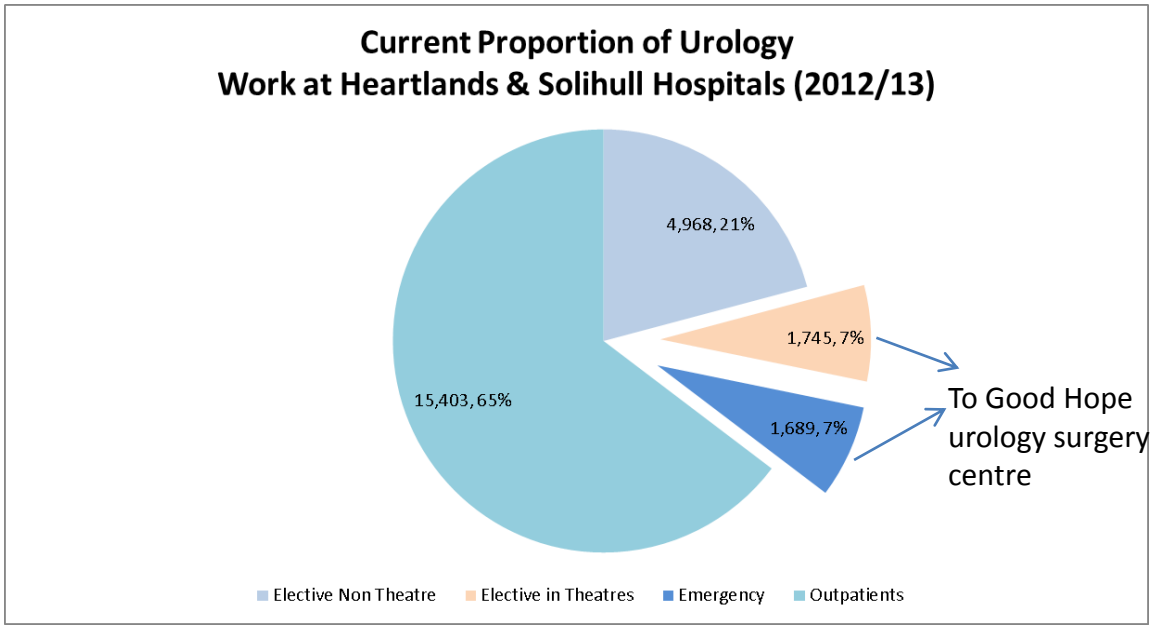
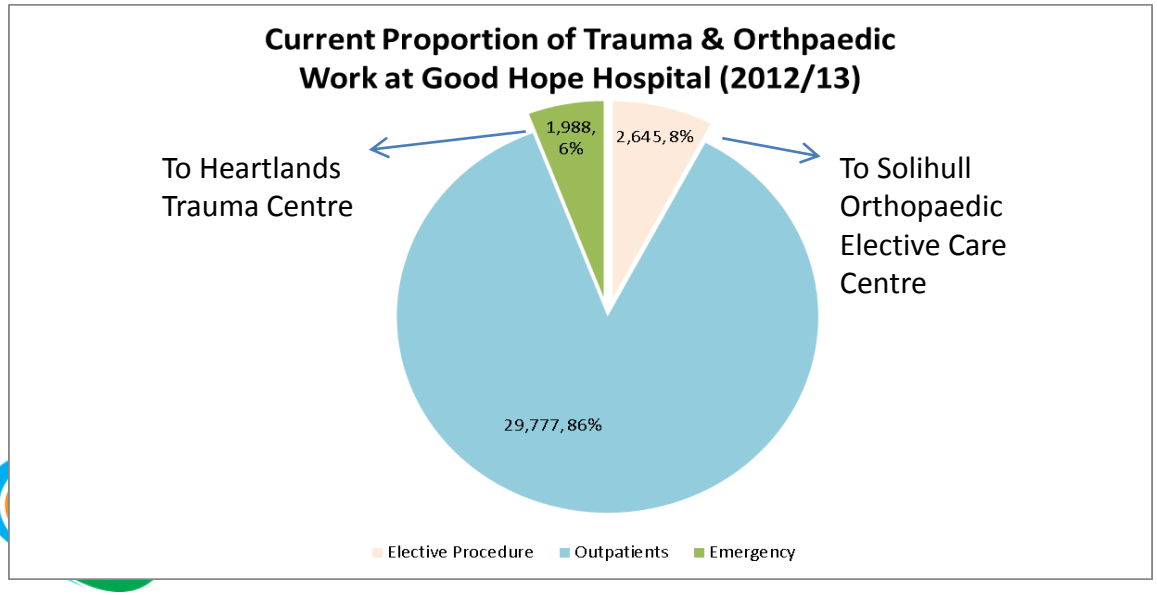

Local
• Clinic
Local
• Investigations
• Scans
Local
• Clinic
• Plan surgery
Specialist centre
• Operation
Local
• Post op care
• Physio, Specialist Nurse
Local
• Review Clinic
Same consultant

What ? - impact for patients





- A small number of urology patients currently having a planned operation at Solihull or Heartlands will have it at Good Hope about 1750 pa)
- A small number of patients needing emergency urology surgery will be operated on at Good Hope rather than Heartlands (about 1700 pa)
- A small number of patients currently having a planned orthopaedic operation at Good Hope will have it at Solihull (about 2600 pa)
- Approx 2000 patients pa having surgery for orthopaedic trauma at Good Hope will have it at Heartlands

Fractured neck of femur

Ambulance	• Splint • Pain relief • Fluids via a drip
Local A&E	• X-ray • Blood clot prevention • Start treating the medical conditions by geriatrician
BHH	• Operation when patient in best medical condition • Post operative care • Care on a specialist ortho-geriatric ward as recommended in NSF
Local Hospital	• Medical care once over the operation if not able to be discharged

Potential impact on staff

- Working on potential implementation plans

- Workforce plans being devised
  - No planned reduction in staffing
  - Commitment to ensuring staff are regularly kept informed and fully consulted
  - Support for re-training if required
  - Opportunities to be part of expanding and developing services giving improved outcomes and experiences to patients

Stakeholder engagement so far

External

- Patient/carer groups – Solihull and Good Hope
- Consultative Healthcare Council
- Stakeholder Reference Group
- CCG Locality Ops Boards – Jan/Feb 2014
- JCCG meetings from mid 2013 with increasing detail
- MP/councillor engagement
- OSCs- Solihull/Birmingham
- NHS England
- Clinical Senate
- DH Gateway Review Team
- The public

Internal

- Surgery Advisory Group meetings
- Directorate meetings
- Intranet site
- Staff information leaflets
- Heartbeat on line
- Specialty design meetings
- Programme Board
- Council of Governors

Feedback

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

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Public Engagement to date

- Engaged with more than 600 members of the public at 13 public meetings
- Handed out 2,500 booklets at shopping centres
- Attended 12 ward committee meetings
- Attended 9 LCN meetings (approx. 200 GPs and practice managers)
- Distributed booklets via payslips to every one of our 10,318 staff and held staff briefings at each hospital site
- Every Trust volunteer has also received a personal copy of the booklet

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Engagement to date

- Sent booklets to:
  - 100,000 Trust members
  - 420 GPs
  - 55 libraries
  - 82 pharmacies
- Written to 937 community groups – and made arrangements to meet up with 9 groups
- Handed out booklets at main entrances of all our hospitals
- Distributed a total of 60,000 booklets

Feedback to date

94 written responses as at 1st December 2014

- *"Do you understand and agree with the reasons that the changes are being planned?"*
  64 "Yes", 10 "No", 20 combination responses

- *"Do you support the proposals in principle if we can address the worries you have raised?"*
  75 agreed, 8 disagreed and 11 didn't answer, made comments or expressed no preference.

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Main concerns raised

- Transport arrangements – the largest concern so a transport working group has been set up
- Staff – if staff don't want to transfer to other sites, will there be staff shortages?
- Lower number of specialties being offered at Solihull – we need to better explain that these particular specialties are high volume and will help Solihull to expand

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Inter Site Transport

Bus Options

1. Initial tenders have been invited for an intersite bus service, to be run by an external partner.

2. Expansion of the HEFT run shuttle service is being explored.

3. Consideration of a ‘Park and Ride ‘ system being adopted to run in parallel with the above.

Volunteer Drivers

1. In the process of establishing the requirements to expand our Volunteer service to drivers.

2. To support patients on discharge and in daycase procedures.

3. Exploring the possibility of this service supporting visiting for the next of kin of patients.

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Some comments

POSITIVE

- “yes - it sounds like a change for the better not change for its own sake”
- “One of the reasons Americans are at the forefront of medical excellence is because a "centre of excellence" approach - people travel, it’s the treatment that counts”
- “Yes in theory - but more evenly spread especially as regards surgery at Solihull Hospital”
- “Other than ENT I think the reconfiguration makes sense and will streamline services”

NEGATIVE

- “That in a few years, the new arrangements will be dismantled, changed and changed again”
- “I think the biggest worry is transport, a lot of people will find travelling to these hospitals because of the distance daunting”
- “Does not make best use of Solihull Hospital ……. major surgery in limited field as colorectal and general surgery could be there”

Next steps

1. Continued Public Engagement – more meetings in Jan/Feb

2. Summary of findings prepared and published

3. Preparation for formal CCG led public consultation
   - Extend GP engagement
   - Develop a system wide clinical reference group to further work up proposals
   - Finalise proposals to take to consultation

4. Full Public Consultation after the election agreed by Scrutiny Committees prior to commencement

Questions

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