

South East Midlands Acute Services Review

Paper for all Acute Services Review (ASR) partner organisations' Boards

15th November 2011

1. Background

Hospitals and Commissioners have been working together for the last year on proposals to review acute services across the South East Midlands. The current work began in earnest in Spring 2011 with a focus on the services provided by the five District General Hospitals.

Twelve NHS organisations (two PCT Clusters, five Clinical Commissioning Groups and five District General Hospitals) came together in partnership to take forward this ambitious programme of work which aims to improve quality and outcomes for patients and ensure that the health system is in a position to face the extensive challenges facing the NHS in the future.

There is a phased approach to the Review which is scheduled to run until March 2015 when all service changes will have been implemented. Phase One commenced in June 2011 and this Board paper marks the end of this initial scoping phase. Phase Two is due to start in early December and a full public consultation is planned for Phase Three which will start in May 2012.

At the final Programme Board meeting of Phase One on 10 November 2011 all partners showed a strong commitment to taking the Review forward in partnership and there is strong support for the aims of the Review from key stakeholders such as the Local Authorities, LINKs and MPs.

2. Case for Change

Work undertaken during Phase One has led to the development of a Case for Change which outlines the current and future challenges facing the health system and concludes that these issues can not be solved if hospitals and other services work in isolation from each other. Three of the biggest challenges both nationally and locally are:

- A growing and ageing population with rising levels of long term conditions
- Sustaining the current quality and safety of services as well as improving services and optimising patient volumes for best outcomes in complex services
- The most difficult financial situations ever faced by the NHS

The full Case for Change is attached at Appendix 1.

3. Patient, Public and Clinical Engagement

Clinical engagement has been a key feature of Phase One. This has been led by the Clinical Reference Group with representatives from all acute trusts, Clinical Commissioning Groups (CCGs) and other stakeholders. The Medical Directors of all five Trusts have provided an important leadership role. A number of clinicians have undertaken media training relating to the ASR and

subsequently have taken part in presentations to patient groups as well as media work leading to positive local coverage.

Multiple stakeholders have been represented at all the governance groups including LINKs, ambulance trusts, adult social care and community trusts. A two day engagement event, U-Collaborate, brought together nearly 80 people from over 29 organisations including patient representatives.

Face to face briefings have been held with MPs, Health and Wellbeing Boards and LINK representatives from across the South East Midlands and presentations at the local Health Overview and Scrutiny Committees are planned for November and December 2011. An agreement has been reached in principle to establish a Joint Overview and Scrutiny Committee.

Patient and public engagement will now be strengthened as the Review moves into Phase Two ensuring that meaningful engagement is undertaken with the local population and that they have the opportunity to shape the development of proposals. As part of this, the intention is to set up a Patient Panel, with an independent Chair, to provide advice on and assurance about the Review's engagement processes and to co-develop key principles which will shape proposals.

4. Future Programme Process, Governance and Timescales

A Senior Responsible Owner (SRO) has been appointed to oversee and drive the Review which will be managed through a Programme Board made up of the twelve Accountable Officers from partner organisations. New clinical models will be developed through a series of Clinical Working Groups reporting to a Clinical Senate. The Clinical Senate will be made up of the Chairs of the Clinical Working Groups, with representatives from the acute Medical Directors, CCG lead clinicians and representatives from ambulance, community, local authority and patient representatives. The Chair of the Clinical Senate will be a local clinician from primary or secondary care, and will be appointed by the Programme Board. An external clinical adviser will also be appointed to provide independent assurance and expertise. The Clinical Senate will make recommendations on new clinical service models to the Programme Board.

Where proposals suggest a reduction in the number of hospital sites a specific service should be delivered from, or a change in the existing hospital configuration, these proposals will then be given to the Clinical Implementation Group, made up of Medical Directors from both Acute Trusts and CCGs, to develop proposals for locations.

See Appendix 2 for the proposed structure of the ASR Review.

The Review will be commissioner led with a broader scope than originally defined. Clinical Working Groups will develop clinical models based on the whole pathway of care, from primary care to hospital and specialist care and from low to higher acuity.

Key outputs from Phase Two will be:

- The development of an overarching commissioning vision and principles for South East Midlands that will define the pattern of care for the future
- The development of a range of local proposals drawn up by individual CCGs with their local partners. This work will link into the wider ASR process to understand the different impacts and to share learning and ideas
- The development of what will constitute the core clinically viable services at all five local hospitals

- The development of proposals for service reconfiguration across South East Midlands where change would lead to qualitative improvements

By the end of Phase Two there will be a clear commissioning vision, a wider understanding by the local population and stakeholders of the need to change and a suite of proposals ready for public consultation. The intention is for a public consultation to start in May 2012.

5. Resources Required

The costs of the Review programme are forecast to be in the region of £2m up to December 2012, of which 33% is for the remainder of this year and 67% next. These costs include key staff time and external support.

Costs will be shared between commissioners and providers. The provider contribution will be made up of dedicated managerial and clinical staff time which is expected to be significant.

6. Next Steps

The work outlined below will commence following agreement from the Boards of all the ASR partner organisations:

- The establishment of the groups outlined in the governance structure and appointment of the relevant Chairs and external adviser
- The establishment of and appointment to a central Programme Office
- The establishment of a Patient Panel
- The establishment of the Commissioning Group to start the development of the commissioning vision and principles
- Pre-consultation engagement with patients and the public in line with a communications and engagement strategy that has been agreed by the Programme Board
- The Case for Change will be used as a basis for a short and compelling public facing document to help raise awareness and understanding of the challenges faced by the local NHS
- Data collection and analysis to support the Clinical Working Groups. These group will start work in January 2012

6. Recommendations

Boards are asked to:

- Note the above and associated appendices
- Endorse the proposed approach
- Confirm their continuing commitment to the Review programme

Appendices:

1. The Case for Change
2. Proposed Governance