

Building acute hospital services fit for the future

Find out more and join the conversation

Introduction

We all need the support of hospital services at some point in our lives and when you do need treatment, we want to ensure that you have access to the best possible quality of care and the best results from your treatment. We believe that even though we are a small Island, we should be able to expect the same access to treatment and standards of care available anywhere else in the country.

As a hospital we are facing some well-documented challenges and we are working to put those right. Some of these challenges require us to change our day-to-day practices, others involve investigating how we might take a new approach to delivering services to ensure they provide residents with the services and standards of care they should rightly expect

This leaflet will explain more about a key piece of work looking at the future arrangement of our acute hospital services; those services where you may need specialist support and treatment which cannot be provided in the community. This could be after an accident or other emergency, during a severe period of illness or following surgery.

Whilst this work is still ongoing, we want to discuss the progress made. No decisions have been made yet, although a recommended approach has been developed which we are now investigating further. We will have a full public consultation on our proposals in 2019, but in the meantime, we are listening and welcome people's thoughts and views to help us shape our thinking.



Maggie Oldham, Chief Executive Officer
Isle of Wight NHS Trust

Why do these services need to change?

On the Isle of Wight, we have much to be positive about our way of life and the opportunities it gives us to live our lives to the full.

However, we also have a range of growing problems we cannot ignore.

Demand for health and care is increasing – We're all living longer, which is something to celebrate. But this is also increasing demand on health and care services. Proportionally, we have a much larger older population (27.1% aged 65 years and older) compared with the rest of England and while the general population is only increasing by 0.26% per year, the proportion of older people will increase to around 30% by 2025 with the biggest rises amongst the very elderly, so we face a bigger challenge than most other areas.

Patient needs are increasingly complex – More people, around 45,000 on the Island, are now living for longer with one or more long-term conditions such as coronary heart disease, diabetes and dementia and this too is expected to increase, adding pressure on services.

A workforce that needs to develop and change – Our health and care service is dependent on the caring and committed people that work within it. We struggle to recruit staff and we are operating some specialist services with only one consultant, which can cause problems in maintaining standards or when that person falls ill or needs a holiday. Due to our population size and profile, there is lower demand for some types of specialist procedures making it hard for our staff to maintain their skills due to the infrequency of carrying out certain types of surgical procedures and treatment. We need to make sure we have access to people skilled in delivering the services we need in the future and that they can maintain and utilise their full range of skills within our healthcare system.

The system isn't coping and we need to improve quality of care – In some services, the quality of care provided is also falling short of what it should be, especially when compared to other similar areas. Access to some Isle of Wight services is also poor in relation to national benchmarks with nearly half of patients (48%) wanting planned treatment choosing to travel off the Island where they can have their operations/treatment more quickly. Without change, some people on the Isle of Wight will not get access to the level and quality of care they need at the time they need it.

We cannot afford to keep providing what we do currently – The costs of providing some services here are higher than providing them on the mainland. This is because we have a small population but, as we are an island, we need to provide a wider range of services to ensure people's safety. We need to find ways of operating these services more efficiently so that we can afford to continue to provide them in the future.

In short, we need to do things very differently to change the way health and care services are delivered, to ensure that we can meet these challenges and provide safe, sustainable services into the future.

What do we hope to achieve?

Over the next three to five years we want to have arrangements in place that mean residents have access to services that provide the same standards of care as anywhere else in the country and in a sustainable way.

We aim to ensure that:

- Services are delivered on the Island wherever clinically appropriate
- Residents only need to travel for services when it is essential to do so and that people who currently choose to go to the mainland for planned services can have their treatment on the Island
- Services between hospitals, the community and social care are better connected
- We have a workforce that is grown, developed, trained and supported so that it can sustain services over the longer-term
- We embrace technology to help us improve the way we deliver access to care
- Services are safe, sustainable and deliver the best use of limited resources for the next five to ten years

Whilst these services must be able to run in an affordable way, we have been clear from the start that this is not about saving money. We do not expect any changes to deliver significant financial gains, but at the same time we need to demonstrate that we are providing best value to taxpayers and are using our resources appropriately and efficiently.

How have we approached this work?

We started by talking to clinicians working in the acute (hospital based) services, extensively reviewing data and looking in depth at the full range of challenges and opportunities facing each service including Acute medicine, Urology, Anaesthetics, ENT (ear, nose and throat surgery), Obstetrics and Gynaecology, Paediatrics, Orthopaedics, Radiology, General Surgery, Specialist Medicine, Ophthalmology and Haematology.

We also talked to clinicians in partner organisations including Southampton and Portsmouth hospital trusts and to regional bodies like Wessex Strategic Clinical Senate and our national regulators NHS England and NHS Improvement.

We involved patient representatives in these discussions wherever we could and reviewed any existing patient feedback about these services. We also held over 50 different meetings with community groups to discuss some of the likely scenarios so that we had an appreciation of initial public thoughts and concerns.

One of the key issues raised by community stakeholders were concerns about the impact of travel off the Island. As a result, an initial travel impact assessment was carried out to establish the number of patients who might be affected because of the different solutions put forward including numbers of journeys, costs and the time needed to make any additional journeys.

We also talked to staff to get initial feedback and our workforce group was closely involved in reviewing the different options to look at the potential impact on the workforce. We also set up a finance group to look at the financial impact of each option.

What options did we consider?

We developed, with specialist data modelling support, over 280 different options. We were then able to narrow these down firstly by agreeing some fundamental principles. Most significantly was the agreement that we must continue to have an obstetric-led (specialist doctor led) maternity service on the Island, rather than a purely midwife-led service, recognising that this provided the best possible care for Island maternity patients and their babies.

We arrived at a final shortlist of five options that were then separately assessed by different representatives; clinical, workforce, finance, system-wide stakeholders (our steering group) who gave their expert opinion about each option against each of the following criteria:

- Quality of care (clinical effectiveness, patient and carer experience, safety)
- Access to care (distance and time to access services and specialists, operating hours)
- Affordability and value for money
- Workforce (recruitment and retention, skills and sustainability)
- Deliverability

The different expert groups made their recommendations to a panel of stakeholders brought together by the Local Care Board in January 2018.

The five options were:

Option 1: No change.

Acute services remaining as they are (100% of current hospital acute activity retained on the Island, operational improvements only)

Early in the process it was agreed that Option 1 was unsustainable due to current and projected concerns in delivering appropriate quality and safety standards in several specialties. In these areas, workforce challenges are often compounded by low activity levels and challenges in meeting appropriate quality standards. It was also agreed that even assuming the delivery of challenging year-on-year system efficiencies, the current configuration of acute services is unaffordable against projected income and expenditure forecasts.

Option 2: Flexible workforce.

Acute services remaining as they are but working in a more flexible way with our workforce (100% of current acute hospital activity retained on the Island but with significant workforce changes resulting from joint working with Solent Acute Alliance i.e. Southampton and Portsmouth hospital trusts)

It was agreed that Option 2 would not, on its own, sufficiently address the challenges some services face in meeting national standards and delivering effective clinical results, however a flexible workforce approach would be needed in any future option proposed.

Option 3: Emergency and Elective Care Centre (4% of activity transferred)

Running St Mary's as an 'Emergency and Elective Centre' with enhanced emergency surgical and critical care support from the mainland (under this option 96% of current acute hospital activity would be retained/with a small amount of hospital activity transferring to mainland providers)

It was agreed that Option 3 would not sufficiently address the challenges some services face in meeting national standards and delivering effective clinical results. It would also not go far enough in addressing the challenges of sustainability across a sufficiently broad enough range of services which are facing issues of low levels of activity, workforce issues and concerns about their ability to consistently achieve acceptable quality standards.

Option 4: Emergency and Elective Care Centre (up to 11% of activity transferred)

Running St Mary's as an 'Emergency and Elective Centre' with enhanced emergency and elective surgical, critical care and paediatric support from the mainland (under this option

89% of current acute hospital activity would be retained/with 11% of activity transferring to mainland providers)

It was agreed that Option 4 could sufficiently address the challenges some services face in meeting national standards and delivering effective clinical results, provided risks were addressed by the development of a credible and seamless means of transferring and retrieving patients from/to the Island. It was also agreed that this would provide a clear opportunity to bring back more routine activity (for example hip and knee procedures) from the mainland to the Island so that in overall terms there would be a reduction in patient journeys. Option 4 was also assessed as providing the best value for money (estimated £80.6m improvement over 30 years) although it was noted that none of the options fully address the financial gaps.

Option 5: Enhanced Urgent Care Centre

Running St Mary's as an 'Enhanced Urgent Care Centre' with extended support from the mainland (under this option 46% of current acute hospital activity would be retained/ with over half of activity transferring to mainland providers – note this includes the flexible workforce changes i.e. Option 2)

Whilst it was agreed that Option 5 might improve the clinical results of the higher volume of activity that would be transferred to mainland providers, it was agreed that it should be rejected because these benefits would be compromised by the higher numbers of very ill people being transferred off-Island. It would also require a significant increase in transport infrastructure to transfer higher volumes of patients and a significant increase in the costs associated with funding these transfers for both the NHS and for patients. It was also highly likely to be unacceptable to Island residents based on feedback to date.

What decisions have been made?

No final decisions have been made. However, the Local Care Board has made a recommendation endorsed by the Isle of Wight Clinical Commissioning Group Governing Body. A decision will only be made following a formal process of assurance with NHS England. This process is where they check any recommendations to ensure they are clinically safe and meet all requirements. Only after this has been completed and we have their approval are we able to conduct a public consultation which is likely to take place in 2019.

What is the current recommendation?

The Local Care Board has recommended a revised version of Option 4, as the preferred option for improving acute services, subject to further work to refine and improve this model in parallel with the work to redesign community services. However, it made its recommendation only on the basis that certain conditions had to be met. These included:

- Making sure more work was done to look at those key acute specialty services where change is most needed to ensure a properly integrated workforce
- Ensuring that any changes to capacity at St Mary's Hospital and how it provides critical care to patients, is only undertaken when that capacity can be met elsewhere.
- Making sure a credible and seamless method of transferring patients to and from the Island is in place before any changes are made

This recommendation was endorsed by the Isle of Wight Clinical Commissioning Group at its meeting in February 2018. You can find a link to the papers for that meeting on the CCG website <http://www.isleofwightccg.nhs.uk/>

What does this mean?

The recommendation made would effectively mean, subject to further work and full consultation, that:

- About 89% of current acute hospital-based care would remain on the Island so most Islanders would continue to have their acute care needs met on the Island.
- Eleven percent of more complex, urgent care should in future be transferred for specialist care to the mainland where the outcome of their treatment would provide better results.
- This 11% would involve procedures requiring more specialist, complex and urgent treatment and not whole services, for example, emergency laparotomies (a surgical incision into the abdominal cavity), Inflammatory bowel disease, colectomy (removal of the colon) and high-risk elements of stroke treatment. More work is being undertaken to identify the specific procedures that could potentially be involved.
- Most of these transfers off Island would take place as urgent/emergency transfers by helicopter and ambulance and would therefore be funded by the NHS, not the patient directly.
- Patients who currently travel to the mainland for routine care should, in future, be able to have that care delivered on the Island - resulting in fewer journeys for Island patients overall.
- There would be no change in capacity at St Mary's until actual changes in activity are put in place. These would be likely to take around three-five years to implement after any final decision.
- Further work will be undertaken with mainland hospitals to help resolve our workforce challenges and to put in place a robust and seamless system for transferring patients to and from mainland hospitals.

What's happening now?

Whilst the recommendations made represent an important milestone in this process, there is still much more work to be done and many more opportunities for people to have a say in refining these proposals.

We are now focusing on working with mainland partners at Southampton and Portsmouth hospital trusts, together with the Hampshire and Isle of Wight Sustainability and Transformation Partnership, to look in more detail at the individual acute services to identify:

- what procedures would need to be transferred to the mainland (within the 11% of more complex, high risk urgent care); to provide the best care for patients.
- the way in which services, which can only be maintained with additional support from mainland hospitals, will be delivered to ensure procedures can be carried out on the Island with improved results for patients;
- the way in which services may need some other form of redesign to enable them to be carried out on the Island more effectively and efficiently into the future e.g. using technology, integrated workforce solutions;

- what procedures or elements of a patient's care can be brought back to the Island e.g. pre-operative checks and post-operative follow-up appointments thereby reducing need for travel;

- in what order and over what timescale the changes should be phased over the next few years.

There is also a separate specific piece of work, during this stage, looking at a robust and seamless process for urgent and emergency transfers of patients

Work is also currently underway to look in more detail at the workforce and financial implications and any capital investment requirements, plus further work to refine the transport impact analysis. Whilst it is envisaged most acute patients transferred off Island under this model, would be urgent and emergency cases funded by the NHS, it is still recognised that travel back to the Island post-treatment (unless still part of urgent care), as well as family and carer journeys to visit and support the patient needs to be acknowledged in any overall transport impact assessment.

As part of this process, a patient transport improvement group has been established by the council to facilitate direct discussions between patients and cross-Solent transport operators and health commissioners.

What happens beyond that?

Towards the end of the year, the planning work for the Acute Service Redesign, Community Service Redesign and other elements of the overall transformation programme will have been completed and brought together into a single plan for the Island's health and wellbeing services. This, together with the necessary evidence and materials (known as a Pre-Consultation Business Case) will then be prepared for NHS England for their review. Depending on the outcome of this review, we will hopefully secure permission to formally consult with the local community. This is expected to take place in 2019.

How do you get involved/share your views?

Until we have NHS England's authority to conduct formal public consultation, we intend to keep involving the community in our discussions, listening to feedback and ensuring that the proposals are shaped by your views. We are holding several public events and will continue our discussions with a wide range of community groups and other key stakeholders.

We welcome any feedback which you can:

- send to us through our dedicated email address system.redesign@iow.nhs.uk
- You can also write to us at Acute Service Redesign Feedback, System Wide Transformation Team, Ground Floor, South Block. St Mary's Hospital, Newport. Isle of Wight. PO30 5TG.
- Or you can call us on 01983 822099 x 3172

You can also find a list of frequently asked questions and other key information and documents on our website <http://www.isleofwightccg.nhs.uk/>