



South Yorkshire and Bassetlaw Shadow Integrated Care System

The Hospital Services Review

Presentation to Governing Bodies and Boards

June 2018



The aim of the Review was to make acute hospitals services in SYBMYND sustainable:

The objective of the Hospital Services Review was to identify ways in which acute hospitals in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire, can be put on a sustainable footing, in the face of significant challenges:

- **The population** is ageing
 - **Demand** is increasing
 - **Our workforce** is increasingly overstretched
 - **People's needs** are changing
 - **The types of healthcare** that we can provide are changing
- ... But the NHS has not changed to keep up₂



The Review focused on some of the most challenged services

The Review identified services which

- Are facing significant difficulties with workforce and quality; and
- have a significant impact on the service as a whole

- **Urgent and Emergency Care**
- **Maternity**
- **Care of the Acutely Ill Child**
- **Gastroenterology and Endoscopy**
- **Stroke**

We discussed these with...

Staff

Clinical Working Groups including doctors, nurses, allied health professionals, the ambulance services, GPs, commissioners.

The public

3 SYBMYND-wide public events; online survey; telephone survey; engagement with seldom heard groups; sessions in Places and in hospitals



Clinicians, patients and the public identified 3 main areas of challenge

Workforce

Significant shortages of staff, across the workforce. Shortages mean that staff work long hours and don't have time for training; in the worst cases they move on. Patients comment on care feeling rushed.

Clinical Variation

Every trust has its own way of doing things, even when there are supposed to be national standards. This makes joint working difficult, and impacts on patients.

Innovation

IT doesn't work across organisations, and the system is not good at making the most of new technologies. Whilst there are some excellent new ideas emerging, these are usually in isolation of other trusts.



In developing solutions to these problems the Review was guided by three main principles:

1. There will continue to be a hospital in every Place: we are not closing any District General Hospitals;
2. Most patients will receive most of their hospital-based care at their local DGH;
3. We need the staff we have – we do not expect that the Review will lead to any redundancies, although some staff might have to work differently.



Two types of solutions were developed

Hospitals working together better

*or, where working together will not
be enough:*

Changing the way that services are configured



Shared working will be through Hosted Networks – one hosted by each of the trusts

Workforce

Single approach to recruitment; retention; training. “Stop competing with each other for staff and focus on making this a place people want to work in.”

Clinical Variation

Shared approaches to reviewing clinical practice, agreeing clinical standards and protocols for all trusts, and managing capacity across trusts .

Innovation

Learn from each other rather than reinventing the wheel. Develop interoperable systems that recognise that patients move between many organisations.

There will be three different levels of networks with different degrees of shared working across the trusts



Some specialties will delegate more functions than others to the host – the host might lead on:

- Agreed protocols for patient transfers
- Agreed clinical protocols
- Opportunities to work across sites eg secondments, rotations
- Standardised job roles for the alternate professions

**All trusts,
for all
specialties**

- Managing capacity across sites – e.g. a single point to coordinate available beds across sites
- More direct role in workforce planning to address shortfalls

**All trusts,
for some
specialties**

- More direct role in supporting the delivery of services on another site

**Some trusts,
for some
specialties**

**The host
could be any
of the SYB
trusts (and
potentially
Mid Yorks /
Chesterfield
in long
term)**

The Review looked at the following options

A&E



- Maintaining all A&Es; or
- Replacing one or more A&Es with an Urgent Treatment Centre led by GPs

Maternity



- Maintaining all obstetric units; or
- Replacing one or more obstetric units with a Midwifery Led Unit

Acutely ill children



- Maintaining all paediatric inpatient units; or
- Replacing one or more inpatient units with a Paediatric Assessment Unit

Stroke



- How the sites which will have a Hyper Acute Stroke Unit in the future can support those which have an Acute Stroke Unit and rehabilitation

Gastroenterology



- Current situation: some sites do not have out of hours (OOH) emergency GI bleed cover; or
- Consolidating OOH onto fewer sites: all have access to 24/7 GI bleed cover, if necessary on another site



The Review tested the possible options for each of the services against 5 criteria



Workforce

The HSR looked at how many consultants and mid grades are currently in post, and will be in post in 5 years' time. It compared this with how many would be needed in different scenarios.



Affordability

The HSR modelled the capital cost of the different options. This was based on how many patients would move, and the cost of providing this elsewhere.



Access

The HSR looked at how the options would impact on people's ability to access services. This included thinking about the implications for equalities.



Quality

The HSR looked at whether the options would make it easier to meet national guidelines for services, including the impact on waiting times for services



Interdependencies

The HSR looked at whether the options would ensure that all the necessary supporting services were available on the same site, or with transfers if relevant.

The Review's recommendations were as follows

A&E



- Maintain 6 consultant led A&Es (plus the consultant led paediatric A&E at Sheffield Children's)

Maternity



- Increase choice: home births, Midwifery Led Units
- All hospitals have midwifery led services for low risk women
- Higher risk women cared for in larger consultant led units
- Could replace 1 or 2 obstetric units with MLUs

Acutely ill children



- More care for children at home / in community
- Seriously ill children cared for in units with more specialists
- Explore focusing 24/7 paediatric units on fewer sites: 1 or 2 could become Paediatric Assessment Units open 14/7

Stroke



- Standardised approach to Early Supported Discharge, TIA and rehab services
- Consultants on Sites which will have a Hyper Acute Stroke Unit support services on those sites which have Acute Stroke Unit

Gastroenterology



- Explore consolidating evening and weekend cover onto 3 or 4 sites: so that all sites have formal access to 24/7 GI bleed cover at all times, if necessary on another site

Next steps June-July

- The HSR was published 10 May 2018
- There will be a public JCCCG discussion 26 June.
- The JCCCG's view will be discussed at Trust Boards and Governing Bodies during June and July 2018
- Public responses to the recommendations, and the views of trusts and commissioners, will inform the drafting of a Strategic Outline Case
- This will be signed off by the JCCCG and the Collaborative Partnership Board

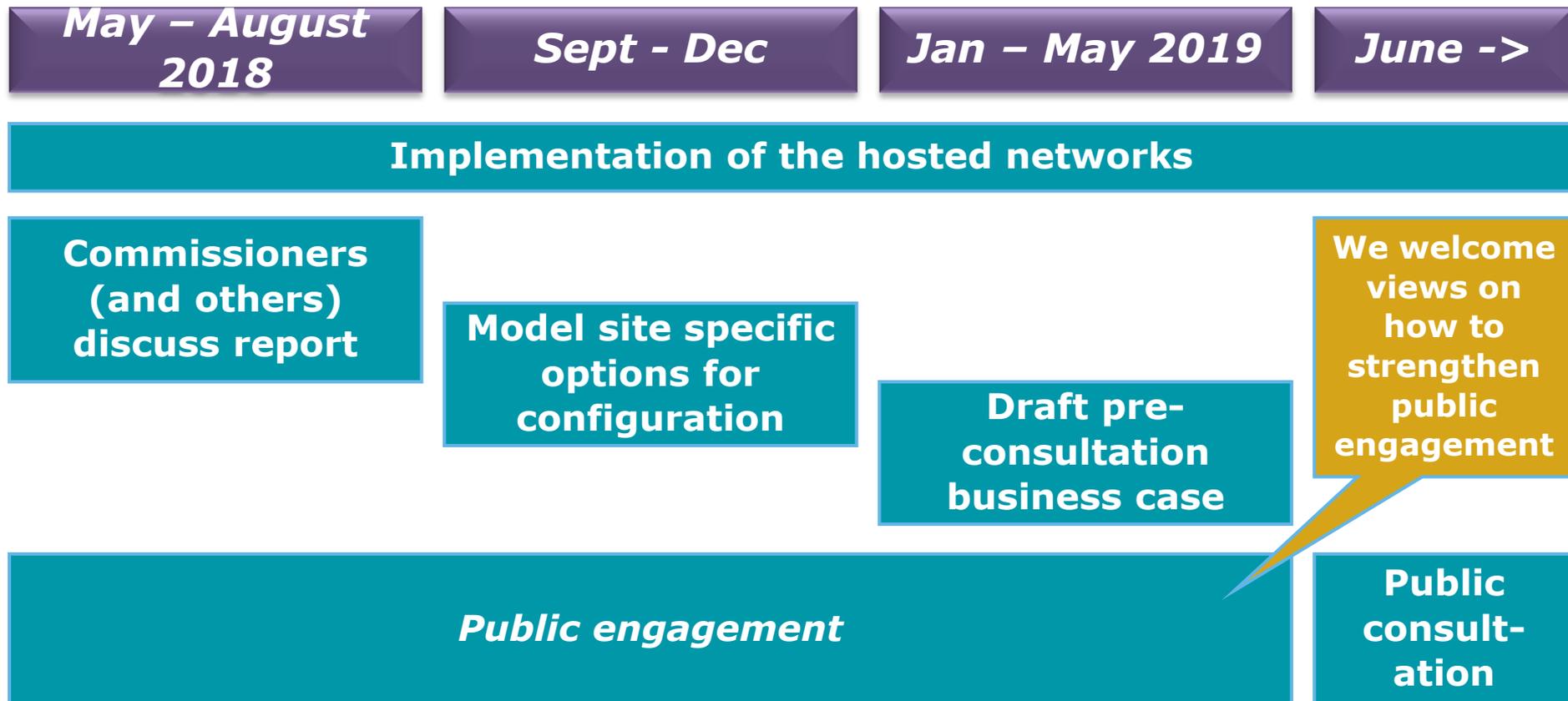
Collaborative Partnership Board	8 June
Bassetlaw CCG GB	12 June
Barnsley CCG GB	14 June
Mid Yorks Board	14 June
Doncaster CCG GB	21 June
SCH Board	26 June
STH Board	26 June
Rotherham Board	26 June
DBH Board	26 June
Wakefield CCG GB	26 June
JCCCG (in public)	26 June
Chesterfield Board	27 June
Barnsley Board	28 June
North Derbyshire CCG GB	28 June
Committees in Common	2 July
Rotherham CCG GB	4 July
Sheffield CCG GB	5 July
Executive Steering Group	17 July
JCCCG	25 July
CPB FINAL AGREEMENT	TBC



Next steps

The Report is an independent report submitted to the system; commissioners will need (in discussion with providers and local authorities) to decide which elements they wish to take forward.

If any further work on reconfiguration is agreed, this will require site-specific analysis and public consultation.





Thank you