The Future of Healthcare Services in Calderdale and Greater Huddersfield

Stakeholder Event

10th December, 2015

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Welcome

Penny Woodhead

Head of Quality and Safety

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

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Housekeeping

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What happens today

- The Journey So Far
- The Clinical Model: where we have got to
- The Appraisal Criteria
- Table talk on two key elements:
    - The Clinical Model – your hopes and fears
    - Views on the application of the appraisal criteria
- Feedback
- Next steps

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We’re here to work together

- Open discussion.
- Look at the issues.
- Give time for people to have their say.
- Discuss the facts.
- Understand different points of view.
- Listen without bias.

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Our Journey So Far

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Where are we in our journey

- Todays stakeholder event marks the end of our engagement process
- Our engagement process started in May 2014, however our journey started in September 2012
- Since that date we have engaged with and gathered views from over 3,000 people
- We have had lots of community conversations and two stakeholder events to date
- The next stage of our journey will be a formal consultation process

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What do we mean by engagement and consultation?

Engagement: the informative stage:

We gather information, listen to people's ideas and views and consider the findings to develop the plans

Consultation: **the formal legal stage:**

This cannot happen without engagement and is informed by the findings from engagement for the public to have their say. This will end in a final decision, informed by the public, of how services will be delivered in the future.

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What did we engage about?

Strategic Outline Case (SOC): **Providers** response to the case for change.

NHS Calderdale and Greater Huddersfield CCGs - 5 year Strategies and commissioners intentions.

Care Closer to Home: for both Calderdale and Greater Huddersfield

Hospital Standards and Hospital services: emergency, urgent and planned care. Therapies, new technology and more recently maternity and paediatrics

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How we used what you have told us?

We have used all the information we have gathered from our engagement activity to;

- Inform a ‘Community Model’ for Calderdale
- Inform a ‘Community Model’ for Greater Huddersfield
- Inform the development of a model for future hospital services

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The Future Clinical Model of Care

Dr Alan Brook & Dr Steve Ollerton

Clinical Chairs

NHS Calderdale

Clinical Commissioning Group/ NHS Greater Huddersfield Clinical Commissioning Group

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The Challenge

Calderdale and Greater Huddersfield are like many other parts of the UK when it comes to healthcare:

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Right Care, Right Time, Right Place

Meeting challenges through Right Care, Right Time, Right Place.

- Commission services to deliver care in a timely way, closer to where you live.
- Reduce the occasions where unplanned hospital care is needed.
- Innovation - not just from the CCG but also from providers of care and partners.

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Key messages

- The current system if unchanged will be neither affordable nor safe in the future.
- Many services are not comprehensively delivered in both Calderdale and Huddersfield even now due to split site working
- Part of the reconfiguration will be to move services (where appropriate) into the community and investing in General Practice

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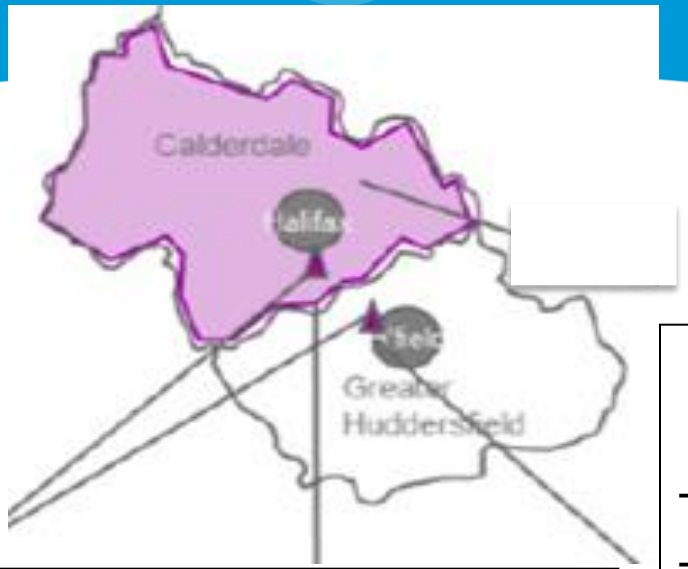
Current location of services

Service Provision at **both** Hospitals:

- Outpatient and day case services
- A&E services
- Acute medical services
- Rehab older people
- Complete range of diagnostics
- Endoscopy
- Therapy services
- Level 3 intensive care therapy



Acute service provision at **CRH**

- Stroke Services
- Inpatient Paediatrics
- Midwife/Consultant led maternity
- Special Care Baby Unit and neonatal level 2
- Interventional cardiology services

Acute service provision at **HRI**

- Trauma Unit
- Unplanned surgery
- Paediatric surgery
- Midwife led unit

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The Future Clinical Model of Care

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Hospital services within the model

- Urgent Care
- Emergency care – surgery and medicine
- Maternity and paediatric services.
- Planned care, day case and diagnostics

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Key messages

- We need to consider everyone who lives in Calderdale and Greater Huddersfield
- The proposed model will provide higher quality and safer services for all our patients
- Model is not location specific - based on best clinical evidence not site.

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What are the benefits?

- Safer / higher quality services
- 7 day services
- Happier / less stressed hospital staff
- Better planned care offer
- Less people staying in Hospital when they don’t need to be
- Fewer readmissions
- Quicker access to diagnostics

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Summary **proposed model of care:**

- Deliver all in-hospital services in line with our modern Hospital Quality and Safety standards
- Continue to enhance 111 for those patients who need urgent medical help or advice.
- Care for the smaller number of patients with ‘once in a lifetime’ life threatening illnesses and injuries in a single emergency centre or a specialist emergency centre with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.
- Work with the ambulance service to direct patients to the right place at the right time, including to Community & Primary Care if appropriate as well as to local & specialist services

Urgent Care Centres

The urgent care centre will be able to see the majority of local patients who don't require admission with minimal delays

- Front door – for ambulant patients
- 1 in each hospital with same offer 24/7
- Booked appointments via 111 or walk in
- Medically led and Emergency Nurse Practitioners
- Minor injuries and minor illness (any age)
- Under 5s encouraged to attend Paediatric Emergency Centre unless triaged to local Urgent Care Centre
- Diagnostics
- Video link to Emergency Centre
- Paramedic ambulance never far away

Our Two Hospitals

Hospital A	Hospital B
• Urgent Care Centre (Minor injury unit / medically led minor illness unit inc' diagnostics) • Emergency centre • Paediatric Emergency Centre • 24 hr Obstetrics • Inpatient Paediatrics • Acute Endoscopy • Intensive Care Unit • Complex and unplanned Surgery	• Urgent Care Centre (Minor injury unit / medically led minor illness unit inc' diagnostics) • Medical day case • Endoscopy • Planned Inpatient Surgery

Service Provision on **both** hospitals**:**

- Outpatient services
- Therapies
- Day Case Surgery
- Mid-Wife led Maternity unit
- Diagnostics

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Emergency Centre

The development of a central emergency centre will provide specialist and acute emergency care for seriously ill and injured patients. This will mean that:

- People with serious and life threatening conditions would have prompt access to specialist clinicians with the right skills
- By separating critically ill people from those with minor conditions the Trust would be able to see and treat people with minor conditions quickly and reduce their wait
- There will be 24/7 consultant access and quicker access to essential diagnostics such as x rays and blood tests.

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How engagement has informed the Clinical Model

- ✓ **Emergency Care:** People told us the most important aspects of care was knowing they can be seen straight away and get the treatment I need.

- ✓ **Urgent Care:** Preferred contact for emergency care would be your local GP. People would only use A&E as a last resort. The most important aspect of care is to be seen straight away.

- ✓ **Planned Care:** To be treated by the staff who understand the condition and to know people will get the treatment needed from joined up and coordinated services.

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How engagement has informed the Clinical Model

- ✓ **Therapies:** The preferred location for therapies is closer to home, at home, in the GP practice or local health centre.

- ✓ **New Technology:** Most people will use a telephone, only half of the people would use a computer, poor connections and equipment should be considered. People still want face to face contact.

- ✓ **Travel and transport:** People will travel further for unplanned care, maternity and paediatric services. Cost of journey, parking, bus routes and appointment times and delays all need to be considered.

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Activity 1
To discuss

Q. What do you think about what you just heard?

Q. What are your hopes for what you just heard?

Q. What are your fears about what you just heard?

Q. Do you understand how engagement has influenced the proposals?

- Place your comments on the opinion board

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COFFEE BREAK

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Anna Basford

Director of Transformation and Partnerships

Calderdale and Huddersfield

NHS Foundation Trust

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Our Two Local Hospitals

- Calderdale Royal Hospital site
- Huddersfield Royal Infirmary/ Acre Mill sites
- We have an agreed clinical model that GP and Hospital doctors recommend
- How do we best deliver the clinical model on the two hospital sites

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Assessment of how we can use our two hospitals

Configuration	Rationale for including
The Base Case **Minimum change in hospital configuration across two sites but incorporates known changes that will occur in next 5 years (e.g. demographic, tariff impacts, initiatives unrelated to hospital reconfig).**	• Not in line with Clinical Model • The base case must be included in the strategy to understand the impact of the reconfiguration options.
Emergency and Acute Care Centre and high risk planned care delivered at CRH. **CRH provides all acute and emergency care and clinically high risk planned care. Elective services are provided at HRI site on main site (dispose of Acre Mill).**	• In line with Clinical Model • Safer / higher quality services, • 24hr consultant led care • Undisturbed planned care • More resilient workforce model • Capital receipt from sale of Acre Mill / HRI
Emergency and Acute Care Centre and high risk planned care delivered at CRH. **CRH provides all acute and emergency care and clinically high risk planned care. Elective services are provided at HRI site on Acre Mill site (dispose of main site).**	
Emergency and Acute Care Centre and high risk planned care delivered at HRI. **HRI provides all acute and emergency care and clinically high risk planned care. Elective services are provided at CRH site.**	• In line with Clinical Model • Safer / higher quality services • 24hr consultant led care • Undisturbed planned care • More resilient workforce model
Emergency and Acute Care Centre and high risk planned care delivered at HRI. **HRI provides all acute and emergency care and clinically high risk planned care. Elective services are provided at CRH site and alternate use of some of CRH estate is explored to optimise PFI utilisation.**	

Configuration	Rationale for not taking forward
All current Hospital Services provided at CRH **All existing hospital services provided at CRH i.e. a single hospital site proposal. Dispose of HRI and Acre Mill sites.**	• In line with Clinical Model • No guarantee that capacity will be sufficient to service the local community • Requires extensive reconfiguration and capital investment.
All Hospital Services provided at CRH enabled by a retracted range of services provided by CHFT **The trust reduces market share to ensure all services can be delivered from CRH site only i.e. single hospital site proposal. Dispose of HRI and Acre Mill site**	
All Hospital Services at HRI – Use Break Clause for PFI **All hospital services provided at HRI i.e. a single hospital site proposal. Exit CRH site through use of PFI break clause.**	• In line with Clinical Model • No guarantee that capacity will be sufficient to service the local community • Requires extensive reconfiguration and capital investment. • PFI break clause is expected to be [£200m] and not available for 30 years
All Hospital Services at HRI –Trust sublets / finds alternate use of CRH **All hospital services provided at HRI i.e. a single hospital site proposal. Alternate use of CRH secured.**	• In line with Clinical Model • No guarantee that capacity will be sufficient to service the local community • Requires extensive reconfiguration and capital investment. • Likelihood of securing alternate use of CRH that will cover PFI cost is considered low.

Configuration	Rationale for not taking forward
New build **Exit both CRH and HRI sites and build new hospital delivering all services on alternate site.**	• In line with Clinical Model • Safer / higher quality services • 24hr consultant led care • Undisturbed planned care • More resilient workforce model • Requires extensive capital investment. • Funding highly unlikely to be provided • PFI break clause expected to be £200m and not available for 30 years • Likelihood of securing alternate use that would cover PFI cost is low.
Growth of activity and income on both sites to improve financial & clinical viability negating need for reconfiguration **Maximise income from both sites via increased market share to enable improved income and viability.**	• Not in line with Clinical model • Unlikely to be able to secure sufficient market share / growth to enable improvement in financial and clinical viability.

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Proposals taken forward (1)

- **The Base Case**

Minimum change in hospital configuration across two sites but incorporates known changes that will occur in next 5 years (e.g. demographic, tariff impacts, initiatives unrelated to hospital reconfiguration).

- **Emergency and Acute Care Centre and high risk planned care delivered at CRH.**

CRH provides all acute and emergency care and clinically high risk planned care. Elective services are provided at HRI site on main site (dispose of Acre Mill).

- **Emergency and Acute Care Centre and high risk planned care delivered at CRH.**

CRH provides all acute and emergency care and clinically high risk planned care. Elective services are provided at HRI site on Acre Mill site (dispose of main site).

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Proposals taken forward(2)

- **Emergency and Acute Care Centre and high risk planned care delivered at HRI.**

HRI provides all acute and emergency care and clinically high risk planned care. Elective services are provided at CRH site.

- **Emergency and Acute Care Centre and high risk planned care delivered at HRI.**

HRI provides all acute and emergency care and clinically high risk planned care. Elective services are provided at CRH site and alternate use of some of CRH estate is explored to optimise PFI utilisation.

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Dawn Pearson

Engagement Lead

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

Jen Mulcahy

Programme Manager, Right Care, Right Time, Right Place

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

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Appraisal Criteria

- Jointly agreed between both CCGs and Trust
- Engagement has informed the development of the appraisal criteria
  - ✓ Trust engagement Feb 14 and Jun 14
  - ✓ CCG engagement in Aug 2014

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Engagement (1)

The criteria will be used to identify any future models for hospital services.

In August we asked you;
What you would like to see within the evaluation criteria?

You told us:

- Patient engagement reflected in the criteria and the patient at the centre
- In general participants agreed most of the headings were correct
- The provider needs to demonstrate value for money and sustainability including social value and social and corporate responsibility

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Engagement (2)

What advice, guidance or support you could offer?

You told us:

- How the voluntary and community sector will engage in the process
- Some participants also wanted more information on how the criteria would be applied
- The need for providers to use case studies and examples to illustrate previous success.
- Participants want to know who will make decisions and who the panel will consist of

We have used all the engagement feedback we have received over the last two years, including your comments from the event on each of the criteria to develop the appraisal criteria.

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High level Appraisal criteria

1. Quality of Care - How good that care is
2. Access to Care – How easily you get the care you need
3. Value for Money – how much you get for your money
4. Deliverability and sustainability- Can it be delivered and will it last for the future
5. Co-dependencies with other strategies- how we work with others

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Proposed Joint Criteria v2

	Criterion	Description
1	***Quality of Care***	Deliver improvements to our clinical quality and safety whilst giving best chance of achieving our hospital standards
		Provides a better experience for patients
		Provides a better experience for staff
		Enables supportive self management
2	***Access to Care***	Quality and equality impact assessment for both adults and children. This covers 4 areas: 1. Improved patient ability to access the right treatment in the most appropriate setting. 2. Minimising the average and/or total time it takes people to get to hospital by ambulance, public transport and car (off-peak and peak) 3. Car parking facilities 4. Minimise delays in care pathways, once in receipt of care.
3	***Value for Money***	Most likely to return the Trust to sustainable financial position within the context of a balanced Health and Social Care System
		Provides the most positive net present value (NPV) over 30 years, return on capital and other financial requirements
		Delivers improvement of headline profitability ratios (e.g. Carter)
		Improves income / cost balance of individual service lines
		Minimises the need for capital through a diversity of funding sources

Proposed Joint Criteria v2

	Criterion	Description
4	***Deliverability & Sustainability***	Minimises avoidable harm during transition
		Provides the most cost effective reconfiguration of services
		Minimises the time taken to deliver the proposed changes
		Delivers robustness over a 20 year time horizon
		Supports attraction and retention of staff
5	***Co-dependencies with other strategies***	Demonstrates sufficient flexibility to integrate/improve partnership working with, for example, the Local Authority/ Social Care/ GPs and Third Sector.
		Alignment with Joint Strategic Needs Assessments (JSNA's)
		Maximise resilience to wider system/organisational failure

Application of Appraisal criteria

- For each of the proposals the Trust and the CCG will be doing an assessment in relation to each of the criteria, against some critical success factors
- This includes both quantitative and qualitative measures
- NHS England will also review our assessment

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Activity 2- part 1

Q. What do you think about what you just heard?

Q. What aspects of this appraisal criteria do you agree or disagree with?

Q. What would you change?

Q. Have we missed anything important?

- Place your comments on the opinion board

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Activity 2- part 2

Q. How would you rank the attributes that we will use for evaluation in order of priority?

Q. Produce one statement to explain why this decision was made

- Place your comments on the opinion board

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Next steps

Dr Steve Ollerton

Clinical Chair

NHS Greater Huddersfield Clinical Commissioning Group

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Next steps

- 20th Jan 2016- CCG Governing Bodies meet in parallel to discuss readiness for formal consultation

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Feedback and Close

Penny Woodhead

Head of Quality and Safety

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

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Thank you!

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