

Sandwell & West Birmingham Hospitals NHS Trust

**CLINICAL SERVICES RECONFIGURATION PROGRAMME
December 2011****1. Introduction**

In order to ensure future clinical sustainability, we have undertaken a number of clinical service reconfigurations over the last 3 years and identified a number of other clinical services with the potential need for reconfiguration ahead of the opening of the Midland Metropolitan Hospital (the single site new Acute Hospital) in 2016/17. In addition NHS West Midlands is looking at whether there are any clinical services which due to their specialist nature may require an element of consolidation within the SHA to ensure the critical mass necessary to develop and retain specialist skills and deliver the best clinical outcomes.

This purpose of this paper is to provide the Trust Board with an update of progress with each area of clinical service reconfiguration following the meeting of the Clinical Service Reconfiguration Programme Board on 1st December 2011.

2. Service Reconfigurations in the Implementation Phase**2.1 Maternity Reconfiguration**

Phase 1 involving the consolidation of deliveries, inpatient services and consultant led services was implemented in January 2011. Phase 2 involving the opening of a stand alone midwifery led unit, the Halcyon Birth Centre, in Sandwell was implemented on 7th November 2011. At the time of writing this report, there have been 5 babies born in the Halcyon Birth Centre.

2.2 Colorectal Inpatient Surgery Reconfiguration

The final phase of the interim reconfiguration changes relating to General Surgery is the consolidation of Colorectal and Upper Gastrointestinal Inpatient Surgery at Sandwell Hospital. This phase was fully implemented in October 2011.

2.3 Emergency Gynaecology Services

Reconfiguration of the Emergency Gynaecology Service will involve fewer emergency admissions through the use of alternative outpatient based pathways and consolidation of the inpatient service at City Hospital. The service will continue to provide the ability to assess women presenting to Sandwell A&E with emergency Gynaecology conditions and to provide immediate treatment where this is required with subsequent transfer to the service at City Hospital if further assessment or treatment is needed. An Early Pregnancy Assessment Unit (EPAU) will remain at Sandwell Hospital.

The implementation phase of this reconfiguration has commenced and consolidation of the inpatient service took place on 5th December 2011.

3. Potential Service Reconfigurations in the Planning Phase**3.1 Stroke Services**

Following the Clinical Service Reconfiguration Programme Board's agreement to the Clinical Case for Change in relation to Stroke Services (in June 2011) a long list of options and evaluation criteria have been agreed and were discussed with the Joint Health Scrutiny Committee in September. The process for short-listing these options, is under way and includes staff and patient input. In line with national guidance a number of formal reviews of the project have been arranged for January 2012. These are:

- A clinical review of the case for change and options by the National Clinical Advisory Team (NCAT) and
- A Gateway Review of the project management and assessment of readiness for the next stage of the project i.e. formal public consultation.

The next key milestone will be to present the Business Case for Change with the short list of options and the proposal to go to formal consultation to the Joint Health Scrutiny Committee, Trust Board, PCT Boards and SHA in January 2012 with the aim of commencing formal public consultation in February 2012.

The Trust Board is therefore requested to note the plan to present the short listed options and the case for consultation to its meeting in January 2012.

3.2 Vascular Surgery Services

As reported previously, in response to national and NHS West Midlands standards we have been asked to work jointly with University Hospitals of Birmingham NHS Foundation Trust (UHBT) to look at options to develop a single clinical team for Vascular Surgery and as part of this to consolidate major inpatient surgery on one site. These proposals are likely to result in our inpatient Vascular Surgery service and vascular Interventional Radiology service being transferred to the new Queen Elizabeth Hospital with Vascular Surgery day case and outpatient services continuing to be provided at City and Sandwell Hospitals. In addition to a joint project group with UHBT we have established an internal project team with representatives from the clinical teams in Vascular Surgery and Interventional Radiology to undertake the detailed planning work and analysis around the impact on our services.

A proposed service model has been identified and was presented as part of the Clinical Case for Change to our Clinical Service Reconfiguration Programme Board in early December. The following benefits have been identified for this proposed reconfiguration:

- 24/7 access to a specialist Vascular Surgery clinical team,
- A critical mass of patients (i.e. population of 800 000) that will enable the clinical team to develop greater specialisation and undertake more complex procedures which based on national outcome data will improve clinical outcomes.
- Establishment of a centre of excellence which will undertake appropriate clinical trials, research, support specialist training, have access to high quality facilities and technology and attract high calibre specialist staff.
- Implementation of AAA (aortic aneurysm) Screening Programme.
- A 24/7 Interventional Radiology service.

Based upon activity levels for the first 6 months of 2011/12 this reconfiguration would impact on circa 600 patients requiring inpatient admission under Vascular Surgery and circa 260 patients requiring vascular Interventional Radiology. It is not clear at this stage, given the strong national and regional clinical case for change, whether formal consultation and therefore formal Gateway Reviews are likely to be required. This will be clarified at a meeting with our Joint Health Scrutiny Committee in the middle of December 2011.

We are developing a Business Case for Change which will include a detailed analysis of activity, income, expenditure and capacity changes related to the proposed reconfiguration and will be presented to our Trust Board for approval in February 2012. UHBT will also be presenting the Business Case for Change to their Trust Board.

In line with the SHA timeframe the proposal is to implement this change during summer 2012.

The Trust Board is therefore requested to note:

- The proposed reconfiguration will be discussed with the Joint Health Scrutiny Committee in mid December and this will clarify whether public consultation and therefore formal Gateway Reviews are required.
- The plan to present the Business Case for Change to its meeting in February 2012.

3.3 Major Trauma Centres

As previously reported NHS West Midlands has developed proposals to consolidate major trauma services in fewer Trauma Centres including one at UHBT. Each Trauma Centre would form part of a Trauma Network which would include a number of Trauma Units (next level of trauma care). NHS

West Midlands by establishing Major Trauma Centres (MTCs) and Trauma Units within a trauma system, are aiming to reduce mortality from major trauma.

The Board will be aware that we were formally notified in September 2011 that the Trauma Unit Selection Panel had considered the Trust eligible for Trauma Unit status with designation being formally awarded following demonstration of full compliance with Trauma Unit standards which we indicated would be by June 2012. Following the Board's approval at its meeting last month we have now submitted our action plan for the standards where we were assessed as partially compliant or not yet compliant, along with confirmation that we can deliver the Trauma Unit standards within current tariff reimbursement, will participate in the West Midlands Quality Review Service Trauma Peer Review in 2013 and attend and be an active member of the Trauma Network.

Our Trauma Steering Group is being re-established and will oversee progress against the action plan.

Our understanding is that NHS West Midlands will undertake a check on progress against the action plan in March 2012 and there will be a formal peer review by site visit, undertaken by West Midlands Quality Review Service (WMQRS) in 2013.

3.4 Breast Surgery

Currently our Breast Surgery service is provided by one clinical team but across two Breast Units (one at City and one at Sandwell Hospitals) but with the Breast Screening Programme, reconstructive surgery and the majority of interventions (surgery, Imaging supported interventions etc) being delivered at City Hospital, mainly in the BTC. Currently only 14% of operations and 35% of outpatient appointments take place at Sandwell Hospital. Nearly all non-reconstructive Breast Surgery operations are undertaken on a day case or 23 hour stay basis.

The diagnosis and management of breast disease is heavily dependent on access to high quality imaging equipment and specialist staff. The facilities and imaging equipment in the BTC are newer and vastly superior to the equipment in the Breast Unit at Sandwell and as a result a number of invasive imaging procedures are only possible in the BTC. This means that the BTC routinely offers these procedures as part of a one-stop visit whilst women attending the Sandwell Breast Unit who require such a procedure have to book a further appointment in the BTC.

The Breast Surgery Clinical Directorate has proposed a reconfiguration to consolidate all Breast Surgery services at City Hospital, primarily in the BTC. The anticipated benefits from this change are:

- Equality of service provision with all our patients having the same access to all aspects of the service based on clinical need (rather than as currently based also on the site they are initially seen at).
- Greater opportunities to introduce new technology and related procedures benefiting patient treatments and outcomes.
- Build on the current reputation of the service based in the BTC to further develop a centre of excellence which will undertake appropriate clinical trials, research, support specialist training, have access to high quality facilities and technology and attract high calibre specialist staff.
- Eliminate the need to treat patients in cramped space at Sandwell which cannot easily be upgraded
- Concentration of the clinical team on one site will improve cover arrangements so reducing the chance of unnecessary delays in treatment due to absence.

The Clinical Case for Change has been presented to and agreed by our Clinical Service Reconfiguration Programme Board and is being discussed with GP commissioners. The Business Case for Change is being prepared and will be considered by our Strategic Investment Review Group in December or January.

Current activity levels indicate that this proposed reconfiguration would effect circa 1 200 patients requiring a new outpatient appointment and 114 patients requiring an operation each year. Given that most patients referred to our Breast Surgery service receive at least some of their diagnostic

investigations or treatments in the BTC, it is not clear at this stage whether formal consultation and therefore formal Gateway Reviews are likely to be required. This will be clarified at a meeting with our Joint Health Scrutiny Committee in December 2011.

4. Conclusion

We are undertaking or involved in a number of clinical service reviews which are generating options involving the consolidation of services onto one hospital site and away from others, i.e. clinical service reconfiguration. This report has provided the Board with an update of progress with these clinical service reviews and reconfiguration projects.

The Trust Board is recommended to:

1. NOTE that the Halcyon Birth Centre became operational on the 7th November.
2. NOTE the implementation phases for the reconfiguration of Colorectal Inpatients and Emergency Gynaecology have now taken place.
3. NOTE progress with the Stroke Services review and the plan to present the short listed options and the case for consultation to its meeting in January 2012.
4. NOTE progress with the proposals for service reconfiguration in Vascular Surgery and Breast Surgery.
5. NOTE we are meeting the Joint Health Scrutiny Committee in the middle of December to present the clinical cases for change in relation to Vascular Surgery and Breast Surgery and to seek clarification as to whether formal public consultation is required for these proposed changes.

Jayne Dunn
Redesign Director Right Care Right Here
6th December 2011