IW Acute (hospital based) Services Redesign

Medicine for Members

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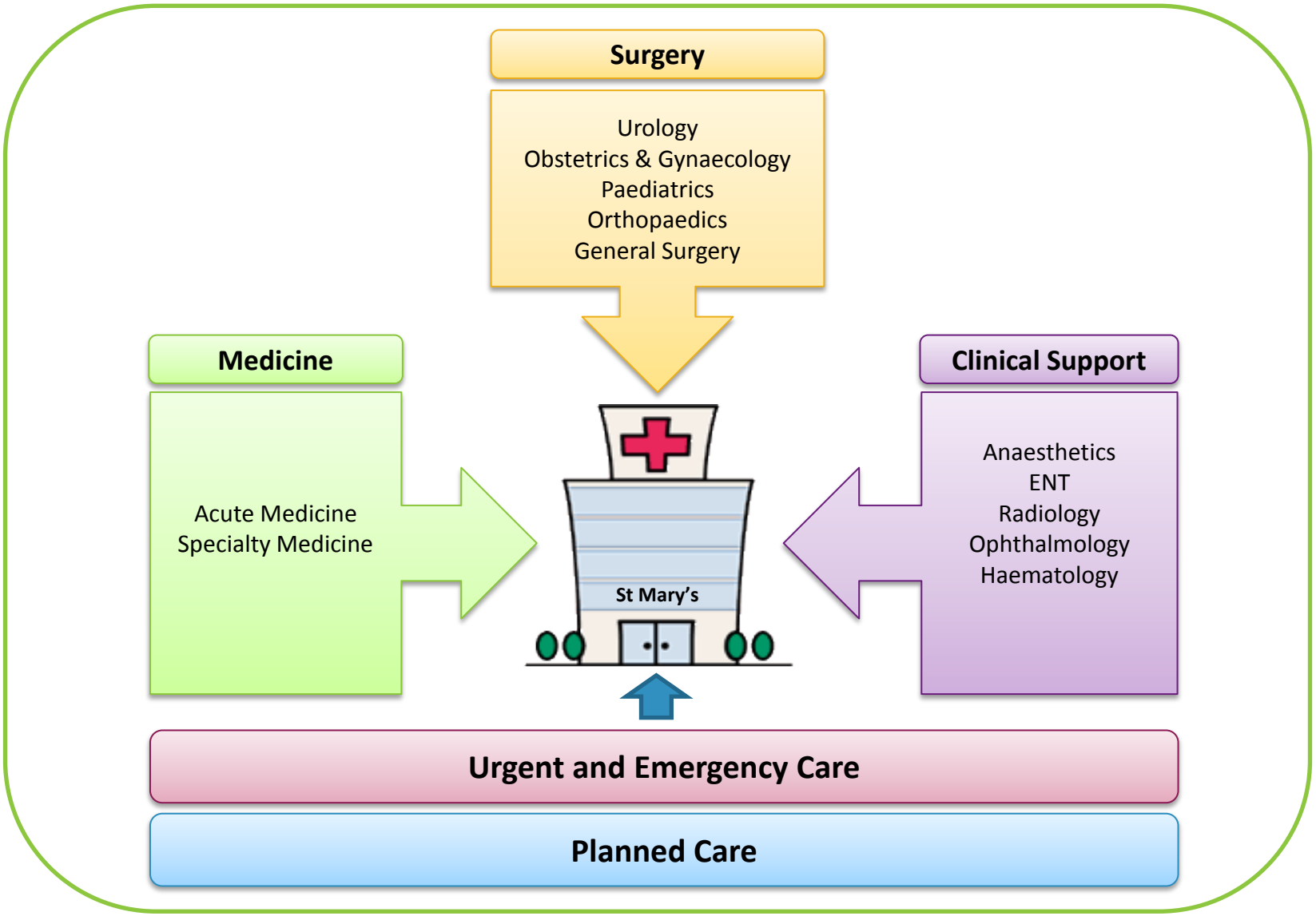
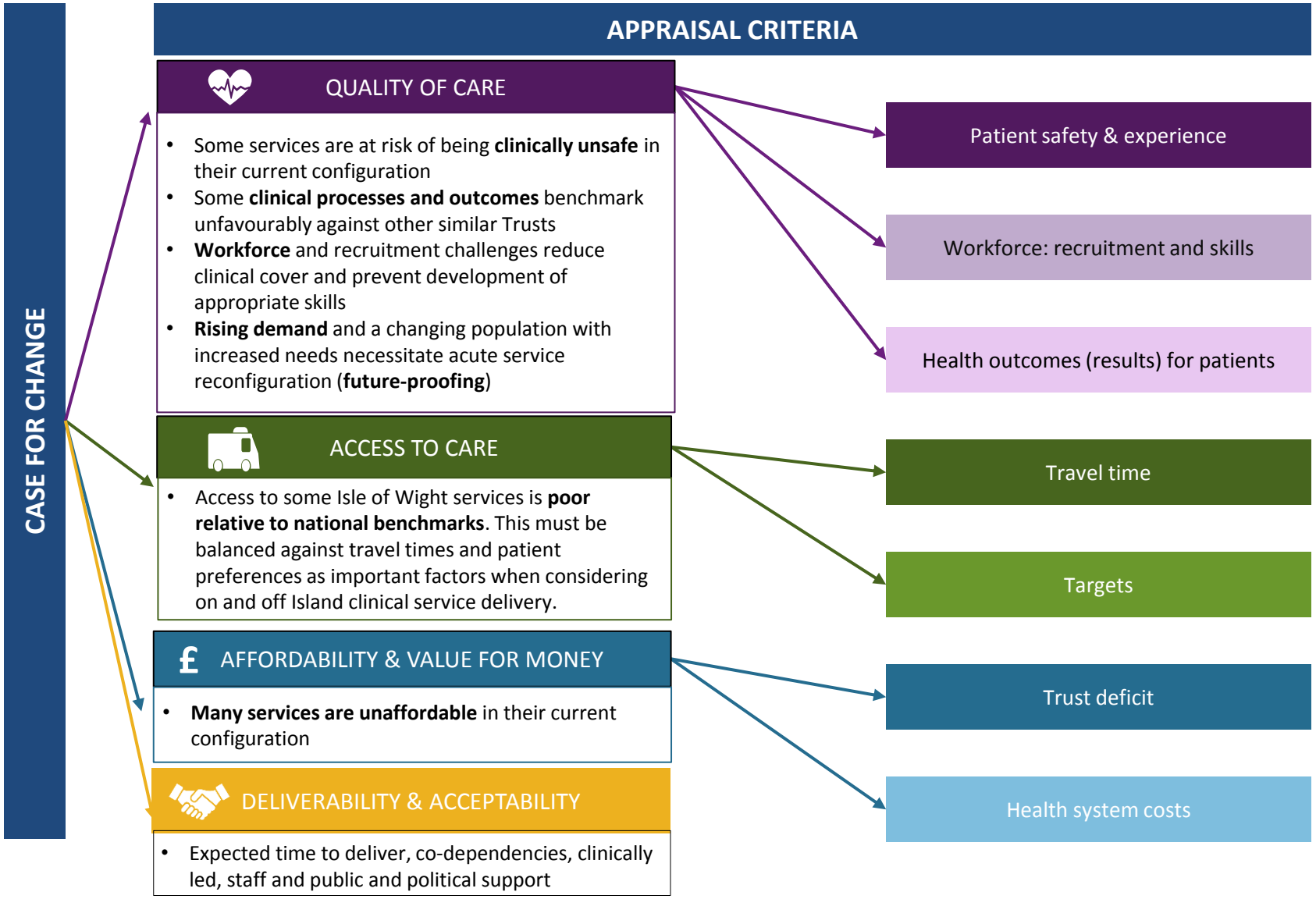
Overview and purpose

- What's in scope?
- Why is the redesign work taking place?
- What is the current progress of the work & what needs to happen next?
- What range of scenarios are emerging?
- How will the potential options be evaluated?
- How are we involving others (staff, community, other key stakeholders)?
- What are the timelines and next steps?
- What are your views?

What has the redesign considered?



The Case for Change for acute services



Key principles for the future acute services model

Deliver on Island first

Deliver on Island if clinically appropriate and financially viable in consideration of the impact of travel on patients and staff

Increased community focus and involvement

Specialist outreach, education and training around pathways for community staff, access to diagnostics, improved and earlier discharge planning

Quality first and affordability second

Clinicians have been reluctant to increase clinical risk. Commissioners have relayed the importance of focussing on clinical quality first and affordability second

Rationalise outpatient clinic use

There are significant opportunities to rationalise outpatient clinic use and follow up appointments across multiple specialities. This should be considered in more detail with operational leads and commissioners to ensure ambitions can be realised

Maintain core emergency services

Few specialties deliver only elective services with no on-call commitment; therefore whilst in-reach solutions can support redesign of elective activity, certain emergency services still need to be delivered on the island

Support stand-alone services

Stand-alone services should be supported to operate independently where appropriate, such as Ophthalmology, however, there is a need to align estates configuration to support service delivery

Collaborative workforce

Single consultant services cannot be sustained in their current model; collaborative workforce solutions must be considered

Transport arrangements

Appropriate transport arrangements are vital in supporting any 'treat and transfer' model - a lack confidence in current arrangements risks blocking more radical change options

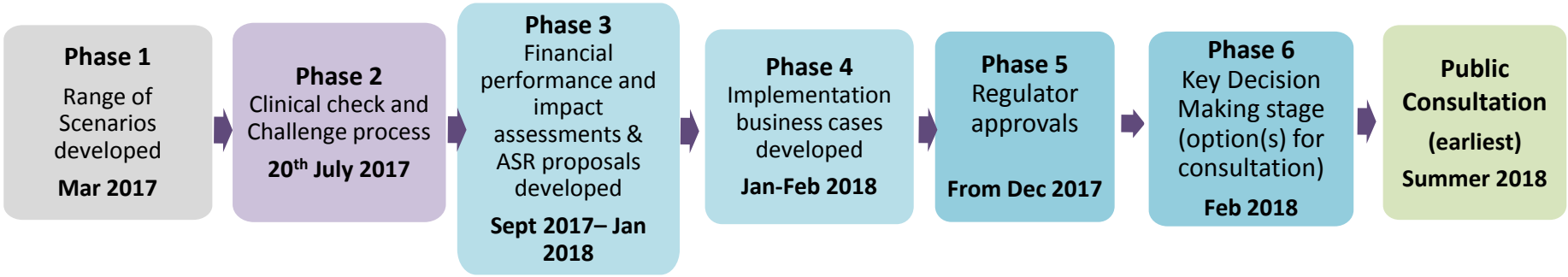
'Top-of-licence' approach

Better use of workforce skills and capabilities is a key theme throughout this work which presents a huge opportunity to manage historical issues with likely benefits to workforce recruitment and retention

7-day service

Need to factor in requirement for 7-day service delivery

Our approach and process so far



- Clinically led process looking at the best way to address the case for change across a number of different specialties
- Starting with best practice, peer benchmarking and a full review of services
- Developing different scenarios on a spectrum from e.g. no change (i.e. services stay as they are) to complete change (i.e. comprehensive transfer of services to another provider), with a number of alternative scenarios in between
- Ensuring robust clinical and patient voice/experience check and challenge
- Now in phase of further development and testing against national and international best practice as well as stakeholder views
- Leading to a the development of full business case and formal set of options that can be appraised through governance and assurance process
- Before formal public consultation around a preferred option(s) and their estimated impact

Emerging range of scenarios

- Retaining the existing way services are currently arranged (effectively no change)

- Considering the ways services can continue to be delivered safely on the Island, with increased support from mainland hospitals

- Looking at scenarios where increasing levels of services are transferred off Island to only retain a small service on the Island, strongly reliant on a larger volume of acute care being provided off-Island

Option Evaluation Criteria

PRELIMINARY

Evaluation criteria	Defined as
Quality of Care	▪ Clinical effectiveness ▪ Patient and carer experience ▪ Safety
Access to care	▪ Distance and time to access services ▪ Service operating hours ▪ Waiting times
Affordability and value for money	▪ Net present value ▪ Transition costs ▪ Capital cost to the system
Workforce	▪ Scale of impact ▪ Deliverability ▪ Sustainability
Deliverability	▪ Expected time to deliver ▪ Co-dependencies with other strategies
Acceptability	▪ Clinically led ▪ Staff & public support ▪ Political support

Community involvement

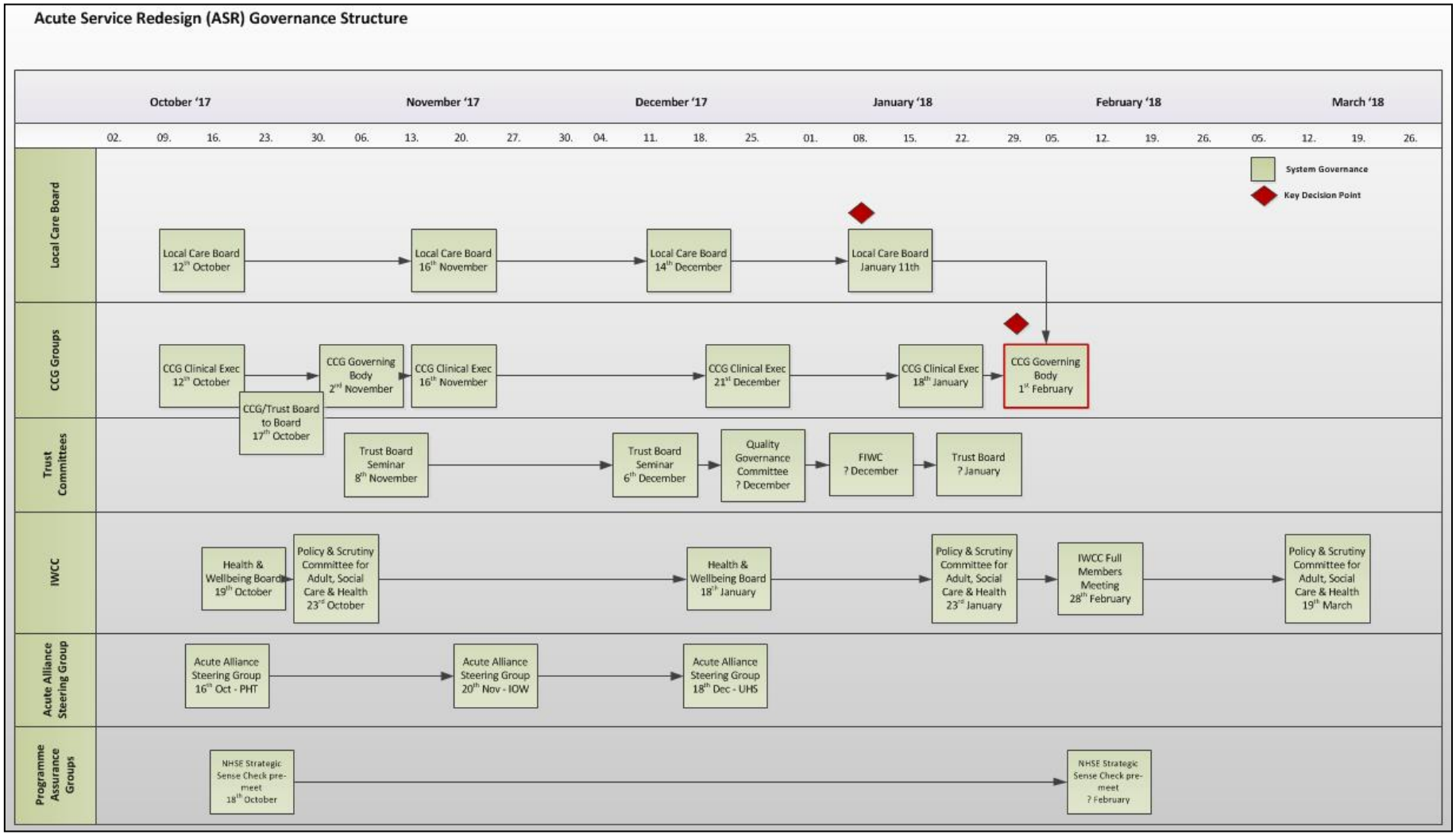
To date:

- Clinically led process – key to securing buy-in of clinical staff
- Range of other staff briefings including Adult Social Care and Children's Social Care
- Patient representation from the outset (Patients' Council and Healthwatch IW)
- Check and Challenge session with wider stakeholder representation e.g. Wessex Clinical Senate
- Involvement of Solent Acute Alliance partners
- Community discussions with range of groups (focusing on process and principles)

Planned:

- Continuing community discussions including bespoke events e.g. Carers IW, Age Friendly Island Forum
- Focussing on the case for change and testing initial reactions/views about a range of illustrative scenarios and the impact envisaged
- Continuing staff and other key stakeholder engagement along similar lines
- Ensuring we record initial views to feed into the decision making and assurance process
- Leadership panel – more formal assessment of evidence by a range of stakeholders
- Preparing for public consultation – developing the tools and materials required
- Formal consultation – earliest summer 2018 (depending on outcome of NHSE/NHSI Assurance process)

Timetable and next steps



From a stakeholder/user/patient/carer perspective…

- What is that matters to you?
- Are we missing anything?
- What are the important questions you think we need to ask to make sure we find the right solution?