

Scarborough Acute Services Review

15 October 2018



Humber, Coast and Vale

Today's discussion

- The context
- Why are we having a review?
- What should we consider when thinking about the future of local services?



The national picture

The NHS Five Year Forward View set out three growing challenges that the NHS needs to address

- Health & wellbeing gap
- Care & quality gap
- Funding & efficiency gap

We have particular circumstances that shape what that looks like locally.

- Remote location
- Relatively small and dispersed population
- Non-resident population



Our local context

- The local population is growing, getting older and has **changing health needs...**
- As a result, **it will require a different sort of care to that historically provided**, with more integrated primary, community, mental health, social care and acute services.
- This will involve keeping people healthier for longer and delivering more care closer to home.
- This is good for the local population, but could put **further pressure on hospital services that are already fragile** (due to workforce shortages, low patient numbers etc.).
- This creates an opportunity **to reconsider the way we deliver care** to ensure we continue to best meet the needs of our current and future population.



What is the Scarborough Acute Services Review?

- **The review is clinically-led and we are at the beginning of the process**
- The review involves the hospital trust, the Clinical Commissioning Groups (CCGs) and the Humber, Coast and Vale Health and Care Partnership
- Our ambition to have high quality, safe and sustainable hospital services for the local population
- As part of this we are undertaking a collaborative review of Scarborough acute services
- Through the review we will seek a better understanding of the challenges our local health and care services face now and in the future, and look at how we can do things differently to put in place services that meet the needs of local people
- There will be further opportunities for staff, patients and the public to get involved throughout the process.



We are at a very early stage of this work – if any major changes were proposed, these would require a full public consultation. Today's event is not part of a consultation.

- The NHS requires that **local people are consulted** on any significant changes to how services are delivered.
- A key part of an effective consultation is to explain clearly not only **what** the proposed changes are, but also **why** they are being proposed.
- To do this, we will develop:
 - a **'case for change'**, explaining what the current and emerging challenges are for health and care services (or simply how there is scope for improvement)
 - a clear set of **evaluation criteria**, which allow local NHS leaders to explain how proposed changes impact on a range of factors that they and local people and clinicians agree are important
 - a **clear vision** for how services could be delivered differently in future and what this would mean for local people (as shown by evaluation against the evaluation criteria)



How will we evaluate potential clinical model options?

- Evaluation criteria ensure we are considering what is important to us when evaluating different options
- They also allow us to structure the evaluation and identify the trade-offs between different clinical models
- We want to hear what is important to you when thinking about options for how local services are configured
- It is important that the criteria can be used practically to help distinguish between different options



Evaluation criteria

- Local clinical community (incl. GPs and hospital clinicians) have come together to start developing a draft set of criteria
- We'd like to ask your input on these, in particular:
 - Are these the right areas to consider?
 - Do the questions feel like the right ones to ask?
 - Is there anything missing?



Evaluation criteria: overview

Evaluation criteria

Defined as



① Quality of Care

- 1.1 Clinical effectiveness
 - 1.2 Patient and carer experience
 - 1.3 Safety
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② Access to care

- 2.1 Impact on patient choice
 - 2.2 Distance, cost and time to access services
 - 2.3 Service operating hours
 - 2.4 Ability for clinicians to access specialist input
-



③ Workforce

- 3.1 Scale of impact
 - 3.2 Impact on recruitment, retention, skills
 - 3.3 Sustainability
-



④ Value for money

- 4.1 Forecast income and expenditure at system and organisation level
 - 4.2 Capital cost to the system
 - 4.3 Transition costs required
 - 4.4 Net present value (30 years)
-



⑤ Deliverability

- 5.1 Expected time to deliver
- 5.2 Co-dependencies with other strategies/strategic fit

Proposed sub-criteria: Quality of care

Evaluation criteria

Questions to test

Clinical effectiveness

- Does this option enable the population of Scarborough to receive acute services in line with national standards and other recognised best practices?
- Will this option allow sufficient volumes of cases to sustain quality?
- Will this option result in more effective prevention in order to improve life expectancy in the system and reduce health inequalities?
- Will this option account for future changes in the population size and demographics?
- Will this option lead to more people being treated by teams with the right skills and experience?

Patient and carer experience

- Will this option improve continuity of care for patients? (e.g., reduce number of hand offs across teams / organisations, increase frequency of single clinician / team being responsibility for a patient)?
- Will this option enable greater opportunity to link with voluntary / community sector health and wellbeing services?
- Will this option improve quality of environment in which care is provided?

Patient safety

- Will this option allow for patient transfers/emergency intervention within a clinically safe time-frame? Will travel time impact on patient outcomes?
- Will this option offer reduced levels of risk (e.g., staffed 24/7 rotas, provide networked care, implement standardisation)?



Proposed sub-criteria: Access to care

Evaluation criteria

Questions to test

Impact on patient choice

- Will this option increase or decrease choice for patients?
- Will this option make it easier for people to understand which services they can access when and where?

Distance, cost and time to access services

- Will this option increase/reduce travel time and/or cost for patients to access specific services?
- Will this option involve patients travelling more/less frequently, change the number of journeys to access urgent medical intervention?
- Will this option reduce/increase patients' waiting time to access services?
- Will this option increase/reduce travel time and/or cost for carers and family?
- Will this option support the use of new technology to improve access?

Service operating hours

- Will this option improve operating hours in line with demands of the population?
- Will this option reduce the risk of unplanned changes and improve service resilience?

Ability for clinicians to access specialist input

- Will this option increase or decrease the time to access specialist input?



Proposed sub-criteria: Workforce

Evaluation criteria

Questions to test

Scale of impact

- What proportion of current staff will be impacted by the changes across the system?

Impact on recruitment, retention, skills

- Will this option improve the recruitment and retention of permanent staff with the right skills, values and competencies?
- Is the staff travel, relocation or retraining required for this option acceptable?
- Is it possible to develop the skills base required in an acceptable time frame?
- Will this option enable accountability and governance structures to support staff?
- Will this option increase multi-disciplinary / cross-organisational working?
- Is this option likely to improve or maintain job satisfaction?

Sustainability

- Will this option enable staff to maintain or enhance competencies? (e.g., impact on volumes of activity / specialism; increased training / opportunity for accreditation and career progression)
- Will this option optimise the use of clinical staff and enable them to work at the “top of their license” versus being spread thinly?



Proposed sub-criteria: Finance/value for money

Evaluation criteria

Questions to test

Costs & income

- What are the implications on income and expenditure for each acute Trust within the system?
- Will this option reduce the requirement for additional provider subsidy?
- What are the implications for total acute spend across the health and care system?
- What are the opportunities for investing in more appropriate / alternative settings of care?

Capital cost to the system

- What would the capital costs be to the system of each option, including refurbishing or rebuilding capacity in other locations?
- Can the required capital be accessed and will the system be able to afford the necessary financing costs?

Transition costs

- What are the transition costs (e.g., relocating staff, training and education costs)?

Net present value

- What is the 30 year NPV (net present value) of each option, taking into account capital costs, transition costs and operating costs?



Proposed sub-criteria: Deliverability

Evaluation criteria

Questions to test

Expected time to deliver

- Is this option deliverable within 5 years?
- How quickly could this option deliver benefits?

Co-dependencies

- Is this option compatible with the Humber, Coast and Vale Health and Care Partnership vision?
- Will this option enable the system to maximise the role of and adapt to new technologies?
- Will this option rely on other models of care / provision being put in place and if so, are these deliverable within the necessary timeframe?
- Will this option lead to shifts of activity out of hospital that can be delivered by primary care?
- Will the wider system be able to deliver on this change including ambulance services and the community and voluntary sector? Can the additional capacity and activity requirements be delivered? Will it destabilise any other providers in a way that can not be managed (e.g. cost, safety)?
- Will this option impact the Scarborough economy in a way that cannot be managed?
- Does the system have access to the infrastructure, capacity and capabilities to successfully implement this option?



What's Next?

- This stage of the review is about helping us to better understand the different challenges and potential ways we might address them.
- Once we have completed this phase, we will communicate the information we have brought together and will want to have wider conversations with local people, patients, staff and others about the future shape of services for the Scarborough area.
- Future involvement opportunities will be published on our website and via local media:
- www.humbercoastandvale.org.uk/scarboroughreview

