



Health Scrutiny Panel

17 July 2014

Report title	Provision of elective services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital – commencement of the public consultation	
Cabinet member with lead responsibility	Councillor Sandra Samuels Health and Well Being	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	The Royal Wolverhampton NHS Trust and Wolverhampton Clinical Commissioning Group	
Accountable employee(s)	Maxine Espley Noreen Dowd	Director of Planning & Contracting, RWT Interim Director, WCCG
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Report to be/has been considered by		

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Support the proposals set out in the consultation document;
2. Support the consultation and engagement plan.

1.0 Purpose.

- 1.1 To provide the Health Scrutiny Panel with an overview of the consultation information, a copy of the proposed public consultation document and the background to the decision to change the location for the delivery of some clinical services. The consultation document and covering paper will be presented to the Health and Well Being Board for approval to follow the Health Scrutiny Panel meeting
- 1.2 The current constraints on capacity at New Cross Hospital driven by a number of factors including increasing demand on unscheduled (emergency and unplanned) care have resulted in the need to implement a clinical model that separates elective (planned surgery and medical treatment) and unscheduled/ complex care. The Trust is unable to make suitable changes on the New Cross site therefore delivering this model on the New Cross site is not an option.
- 1.3 This report outlines the process for public consultation in relation to the provision of elective services at Cannock Chase Hospital under a revised model of clinical care described in 1.2 above.

2.0 Background and Context

- 2.1 Following the announcement by the Secretary of State for Health regarding the dissolution of Mid Staffordshire Foundation Trust (MSFT) The Royal Wolverhampton NHS Trust (RWT) will acquire some services from MSFT in addition to Cannock Chase Hospital. This transfer will be a legally binding Transaction which will result in a new Statutory Instrument for RWT.
- 2.2 This acquisition critically important for clinical pathways and driving up patient experience. There is a growing national evidence base that supports the separation of routine elective and unscheduled activity onto separate sites. Around the country Trusts who operate in this way either independently or through arrangements with other providers deliver an enhanced patient experience with greater certainty, the potential for better clinical outcomes and improved efficiency both of the patient pathway and the use of resources.
- 2.3 Ensuring our clinical models support staff, particularly clinical staff in delivering high quality services and getting the range of experience through the level of activity they undertake to remain highly skilled means that the Trust is able to recruit and retain the best staff. This has a direct impact on the range and quality of care we can deliver to our patients and helps to secure a comprehensive range of services locally.
- 2.4 It is also strategically important for RWT and the patients it treats. Economic evidence shows that for long term service viability acute trusts need to serve a catchment population for secondary care services of around 500,000 and to have an operating budget of around £500 million – this acquisition takes RWT to those thresholds.

3.0 Delivering services for patients

- 3.1 The Trust's priority is to deliver safe and effective services for our patients and to increase the certainty for delivery of routine elective surgery. Over the last couple of years we have faced increasing pressure on all our services due to the rise in unscheduled care including admissions from A&E and other emergency portals. This has resulted in an increase in cancellations of patients about to undergo elective surgery. As part of its bid for the services from MSFT RWT proposed a clinical model which will enable the Trust to more effectively schedule elective care and prevent cancellations resulting from unscheduled admissions. The Trust presented its clinical model to the National Clinical Advisory Group (comprising the chairs of all the Royal Colleges and Associations). The proposals which are outlined below were approved by this Group as being clinically safe.

The Trust has presented to the Health Scrutiny Panel and other forum on a number of occasions regarding the pressures on its services. Most recently the Panel has heard about the City wide Urgent & Unscheduled Care Strategy. WCCG has discussed the Trust's plans and agree that the proposed model will address the current pressures on elective care and give patients a better experience.

3.2 Service Provision at Cannock Chase Hospital

The Trust has delivered a range of services at Cannock Chase Hospital under Service Level Agreements with MSFT.

Current service provision includes:

- Day Case Ophthalmic Surgery for the population of South Staffordshire and Wolverhampton
- Outpatient Haemodialysis Service in an 18 stationed satellite Haemodialysis facility, linked to the Renal Service at New Cross Hospital, Wolverhampton, for the population of South Staffordshire and Wolverhampton

Previous service provision included a range of orthopaedic inpatient and daycase surgery now proposed in the new model

In establishing our plans for Cannock Chase Hospital it is proposed that new services will be provided from this location to patients, including Wolverhampton residents, including:

Day Case Surgery:

- General Surgery
- Orthopaedics
- Gynaecology
- Breast Surgery
- Dermatology/plastic surgery
- Urology

Day Case Medicine:

- Endoscopy (consistent with current service provision on this site)
- Rheumatology (consistent with current service provision on this site)
- Dermatology

Elective Inpatient General Surgery:

This will be limited to patients who meet international clinical criteria for measuring overall fitness and will include the following services:

- 23 hour stay surgery
- Breast Surgery
- General surgery
- Urology
- Gynaecology
- Orthopaedics

4.0 The Clinical Model at Cannock Chase Hospital

4.1 Surgical Services

Pre and Post-Operative Management

All patients will have a pre-operative anaesthetic assessment of risk of surgery/anaesthesia prior to listing for surgery at Cannock, and all will have a named consultant for their surgery and in-patient stay.

Surgery will be performed by the consultant led team (including their trainees/junior doctors). This team will undertake the immediate post-operative assessment prior to handing over care to the on-site out of hours team which will include:

- surgical cover will be provided by an SHO equivalent, who will cover general and orthopaedic surgery patients
- separate middle grade surgery cover for orthopaedic and general surgical patients
- anaesthetic cover will be provided by a middle grade doctor (ST3+ equivalent) with consultant anaesthetist support off site but with availability to attend, if required.

There will be on-call consultants for general/urology surgery and orthopaedic surgery off site, but with the availability to attend Cannock Hospital for patient assessment and management if required.

In the case of a patient deteriorating and requiring urgent/emergency care, then the patient will be stabilised (and, if necessary under exceptional circumstances intubated and ventilated) and transferred as an emergency to New Cross Hospital, Wolverhampton. Time for transfer from Cannock to Wolverhampton using blue light paramedic ambulance is 15 minutes.

Pre-operative and post-operative ward rounds will be undertaken by the surgical and anaesthetic team, on a daily basis. In addition there will be ortho-geriatric availability to advise on the medical management of the preoperative and post-operative care of relevant orthopaedic and surgical patients when requested/required (see below)

4.2 Medical Services

A 28 bedded Rehabilitation Unit (Care of elderly) will be located on the Cannock site which will be supported by a consultant COE physician and a middle grade doctor, in hours.

Out of hours cover will be provided by a middle grade doctor off site with on-call Consultant support and attendance, when required. Patients deteriorating and requiring emergency treatment would be seen by the on-site anaesthetist, stabilised and transferred back to New Cross Hospital.

This service will provide routine care of the elderly medical support and input into pre- and post-operative surgical patients.

Endoscopy, Dermatology and Rheumatology Services will be provided on the Cannock site. These will mainly be outpatient and day case services.

4.3 The Patient Pathway

All patients will follow a pathway that supports care close to home as far as is safe and efficient. Service provision will be as follows:

Outpatients: new, follow up and pre assessment will be offered at both sites for patient convenience

Day case surgery: some services will be offered at both sites for patient convenience

In patient: all routine elective surgery will be undertaken at Cannock except for those patients assessed as high risk

Trauma: all trauma will be undertaken at New Cross

Physiotherapy: will be offered at both sites for patient convenience

4.4 What this means for Patients

As outlined in the section above the majority of pre and postoperative services will be delivered on both sites which means that in many instances patients will be able to

choose which site they go to. For a number of patients undergoing day case and inpatient care travel to Cannock Chase Hospital will be the same distance or possibly closer than travel to New Cross. For some patients the distance will be longer but we believe the benefits of greater certainty and choice within their clinical pathway will offset this to a great extent. The actual number of patients will fluctuate dependent on types of referral and patient suitability however we anticipate in the region of 10,000 inpatient and daycases (c.21.5%) and 23,000 outpatients (new/follow up/procedures) (c.4.3%) a year will be treated at Cannock for all specialties (this number includes non Wolverhampton residents currently treated at New Cross. The detail by specialty will be provided in the consultation document.

4.5 Communication Plan

The Trust has developed a detailed communication and engagement plan which is shown in full in the consultation document. The plan includes:

- information on both the Trust and WCCG websites including an online comments form
- a public meeting in each locality
- hard copy and electronic consultation document available (available in other formats and languages as required)
- information posted in key areas across the Trust including the Patient Information Centre, in GP practices across the city and signposting through links on other agencies websites
- information provided to patient groups electronically and hard copy as required and through social media
- meetings with forum such as Healthwatch,

5.0 Financial implications

- 5.1 RWT will continue to deliver services within the financial envelope available through the commissioning of activity by Clinical Commissioning Groups, Local Authorities for Public Health and NHS England for specialist/tertiary services. WCCG will ensure through contract monitoring processes that RWT delivers services in accordance with local and national requirements

6.0 Legal implications

- 6.1 The Trust has taken guidance from its legal advisors as part of the overall transaction for MSFT.

7.0 Equalities implications

- 7.1 RWT and WCCG are fully committed to promoting equality of opportunity, eliminating unlawful and unfair discrimination and valuing diversity, so that we can remove or minimise disadvantages between people who share a protected characteristic and those who do not. The clinical model the Trust will implement mirrors that in place in a number of places across the country and will ensure that services are appropriate and do not discriminate on

the basis of the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or beliefs, sex and sexual orientation. The TSA commissioned an extremely comprehensive independent Health Equalities Impact Assessment report as part of its work. Whilst this assessment was for the Staffordshire population many of the findings and recommendations will apply to the population of Wolverhampton in the context of the move of services to Cannock. RWT took account of these recommendations when planning its clinical model. Both RWT and WCCG will further review the recommendations in the context of people in Wolverhampton as part of this consultation. The rights and pledges contained in the NHS Constitution will be upheld at all stages of the patient journey

8.0 Environmental implications

8.1 The Trust's plans take account of the redevelopment programmes for New Cross and Cannock Chase Hospital

9.0 Human resources implications

9.1 Workforce planning will be part of the individual service changes

10.0 Schedule of background papers

Trust Special Administrator's Final Report and recommendations
TSA Health Equality Impact Assessment