

# **The Royal Wolverhampton NHS Trust & Wolverhampton CCG consultation on proposals to deliver planned care at Cannock Chase Hospital**

## **Supplementary Briefing Paper**

### **Introduction**

This paper provides more detailed context to supplement the consultation document and presentation material being used to inform the consultation on proposals to deliver planned care at Cannock Chase Hospital

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.

### **Background and Context**

Following the announcement by the Secretary of State for Health that Mid Staffordshire Foundation Trust (MSFT) will be dissolved (date confirmed as 1<sup>st</sup> November) The Royal Wolverhampton NHS Trust (RWT) will acquire some services from MSFT and take over the running of Cannock Chase Hospital. This transfer will be a legally binding Transaction which will result in a new Statutory Instrument for RWT.

This acquisition is critically important for clinical pathways and improving patient experience for the whole population we treat. 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.

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.

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.

People in Wolverhampton and surrounds have benefitted from RWT's ability to secure a range of tertiary and specialist services. Securing the catchment population and income levels described above will enable the Trust to maintain these services in the longer term and positions it well to bid for regional and networked services such as hyper acute stroke and major Emergency Department as commissioners redefine service locations in response to clinical evidence on outcomes.

### **Delivering services for patients**

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 we have discussed the City wide Urgent & Unscheduled Care Strategy which we are enacting with Wolverhampton CCG. Wolverhampton CCG has discussed the Trust's plans for Cannock and agrees that the proposed model will address the current pressures on elective care and give patients a better experience.

### **Service Provision at Cannock Chase Hospital**

The Trust has delivered a range of services at Cannock Chase Hospital under contractual arrangements 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 day case 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.

***Day Case Surgery:***

We will provide services for adults in the following specialties:-

- General Surgery, including Breast Surgery
- Orthopaedics
- Dermatology/Plastic Surgery
- Urology

***Day Case Medicine:***

We will provide services for adults in the following specialties:-

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

***Elective Inpatient General Surgery:***

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

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

**The Clinical Model at Cannock Chase Hospital**

**Surgical Services**

***Pre and Post-Operative Management***

All patients will have a pre-operative anaesthetic assessment to assess the level of risk for them of surgery/anaesthesia prior to listing for surgery at Cannock.

All patients will remain under the care of their 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. These consultants will be available to attend Cannock Hospital for patient assessment and management if required in the same way as they do now for New Cross.

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 - 18 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 pre-operative and post-operative care of relevant orthopaedic and surgical patients when requested/required (see below)

### ***Medical Services***

A 28 bedded Rehabilitation Unit (Care of elderly) will be located on the Cannock site which will be supported by a consultant Care of the Elderly physician and a middle grade doctor, in hours. This service is already provided on Fair Oak Ward.

Out of hours cover will be provided by a middle grade doctor off site with on-call Consultant support and attendance, when required. This is the same as the model in use for West Park Hospital. 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.

## 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 for those services listed 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

## What this means for Patients

As outlined in the section above the majority of pre and post-operative 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 day cases (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.

## The benefits

As previously stated, RWT's priority is to deliver safe and effective services for our patients. Wolverhampton CCG through their commissioning expect RWT to deliver high quality services and achieve national and local targets and standards – these provide a level of assurance about the quality and effectiveness of services. The changes to the way RWT delivers services will bring the following:-

- More certainty over the date of your procedure – too many patients have their operation cancelled on the day. This causes stress and inconvenience for the patient and their family and should not happen. In the first 3 months of this year RWT cancelled 156 operations. In 2013/14 RWT cancelled 671 patients - appendix 1 shows the breakdown by specialty and 2012/13 figures

- A better experience for all patients - we know that the current situation results in some or all of the following happening every day:-
  - Delays in admission from the Emergency Department and Assessment Units
  - Moves between wards
  - Delays in seeing the right consultants
  - Delays in discharge
  - Delays in having your operation, once you're admitted
  - And, sometimes we don't get it right leading to poor care and experience
  
- Improved quality of clinical services and health outcomes – this model will ensure that staff are able to maintain and further develop their skills. It will help us to build our research and development work which brings significant benefit for patients who can access a wider range of treatment options at their local hospital
  
- Keeping local services safe - a clinically and operationally sustainable service model – we know that not all hospitals will be able to deliver a wide range of services in the future. Our plans will mean we can be viable in the longer term
  
- Treatment in an improved environment – RWT will get some money from the Department of Health to carry out significant work at Cannock Chase Hospital. This will create facilities that are fit for purpose in 21<sup>st</sup> century healthcare. By relieving the pressure on facilities at New Cross patients being treated there will also have an improved environment in terms of minimised disruption both personal and around them
  
- More effective use of public resources – using the income the Trust receives to deliver better quality and efficiency thereby reducing avoidable cost

## **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

## **Equalities implications**

RWT and Wolverhampton CCG 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 Wolverhampton CCG 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

## **Creating the right environment**

It is important to both RWT and Wolverhampton CCG that the clinical environment meets the same standards as that in the rest of RWT. As part of the transfer of services from MSFT RWT has been able to get some funding from the Department of Health to refurbish and remodel the facilities at Cannock Chase Hospital including:-

- Building a new Endoscopy Unit
- Creating a Musculoskeletal Unit for rheumatology patients
- Refurbishing the inpatient and day case Wards
- Refurbishing the outpatient areas
- Building some new theatres