Lincolnshire Health and Care Options appraisal & emerging options

Health Scrutiny Committee for Lincolnshire

July 2015

A reminder who LHAC partners are

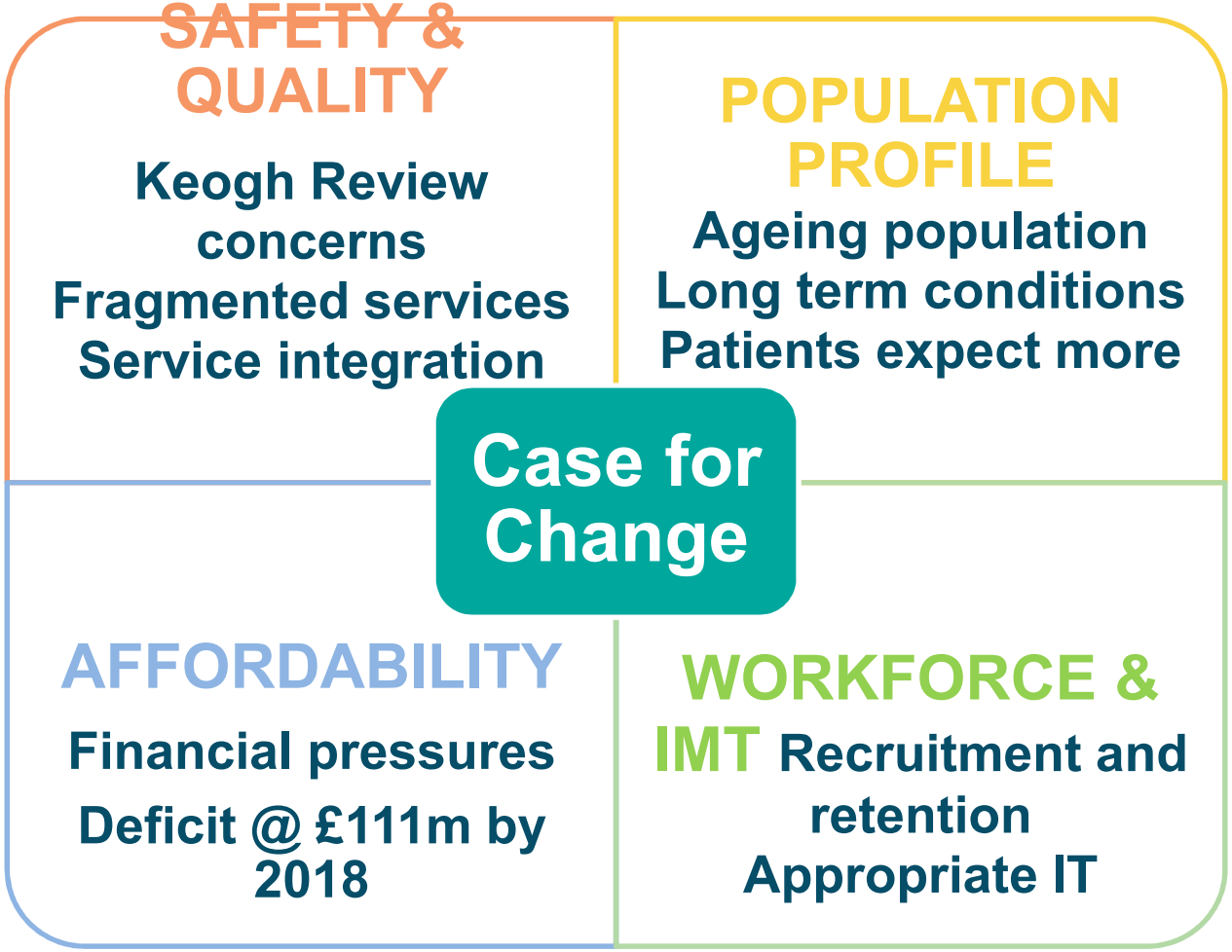
Lincolnshire Health and Care
Shaping services to meet your needs into the future

- NHS Arden and Greater East Midlands Commissioning Support Unit
- Lincolnshire County Council
- United Lincolnshire Hospitals NHS Trust
- NHS Lincolnshire West Clinical Commissioning Group
- Local Medical Committee LMC Lincolnshire "Representing and supporting GPs"
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire Community Health Services NHS Trust
- NHS South Lincolnshire Clinical Commissioning Group
- East Midlands Ambulance Service NHS Trust
- NHS South West Lincolnshire Clinical Commissioning Group
- Lincolnshire Care Association
- healthwatch Lincolnshire
- NHS Lincolnshire East Clinical Commissioning Group

NB: Process observers

The Case for Change

Change needs to occur now to ensure delivery of health and social care meet the expert standards of **safety** and **quality** and that services are **sustainable** and **affordable**



Lincolnshire Health and Care

Shaping services to meet your needs into the future

The story so far … 2013 - 2014

July 2013

LSSR Board set-up

to consider future of health and social care in Lincolnshire around four Care Design Groups

December 2013

BLUEPRINT SIGNED OFF

May - August 2014

Expert Reference Groups

set up to focus on detailed clinical design work >>> Gateway reviews

ACTION: Design clinical blueprint

Sep/Oct 2013

Care Summit

200+ attendees challenge and confirm a final Blueprint with CDG ideas, option outputs and proposals

Feb/March 2014

Phase 2

Lincolnshire Health and Care set-up (LHAC)

Looking at:

- Models of care
- Pre consultation engagement ensuring staff, patients & public are informed

September 2014

Early implementer sites

- Multi-disciplinary teams meet to discuss patients
- Board outlines potential next steps

Lincolnshire Health and Care

Shaping services to meet your needs into the future

Key milestones and timelines 2015

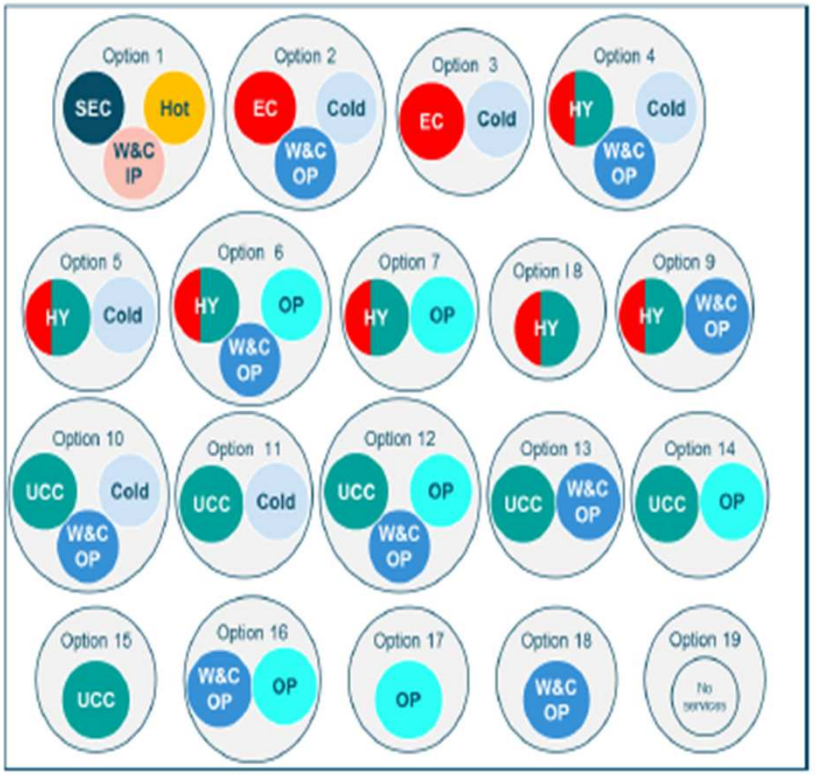
Deliverables for assurance – and consultation	Timeline 2015
Options Appraisals and Commissioner Requested Services completed	June
Completion of service model development for the Strategic Outline Case	July
Development of services that do not need consultation, e.g. NT, CAS	July
Development of final options for consultation	August
Agreement of final Strategic Outline Case (SOC)	9 Sept
Lincolnshire Health Scrutiny Committee	16 September
Stakeholders and Partner Governing Bodies sign offs	Commences September
Overview & Scrutiny & Health & Well Being Board	24th & 29th September
Lincolnshire County Council Executive	6 October
Public consultation starts (min 12 weeks) post NHS Assurance	November

The approach to establish a set of options for consultation

The long list had 19 options

- This is too many to propose for consultation

- In order to develop a process to evaluate each option we have established a two stage evaluation process



Approach

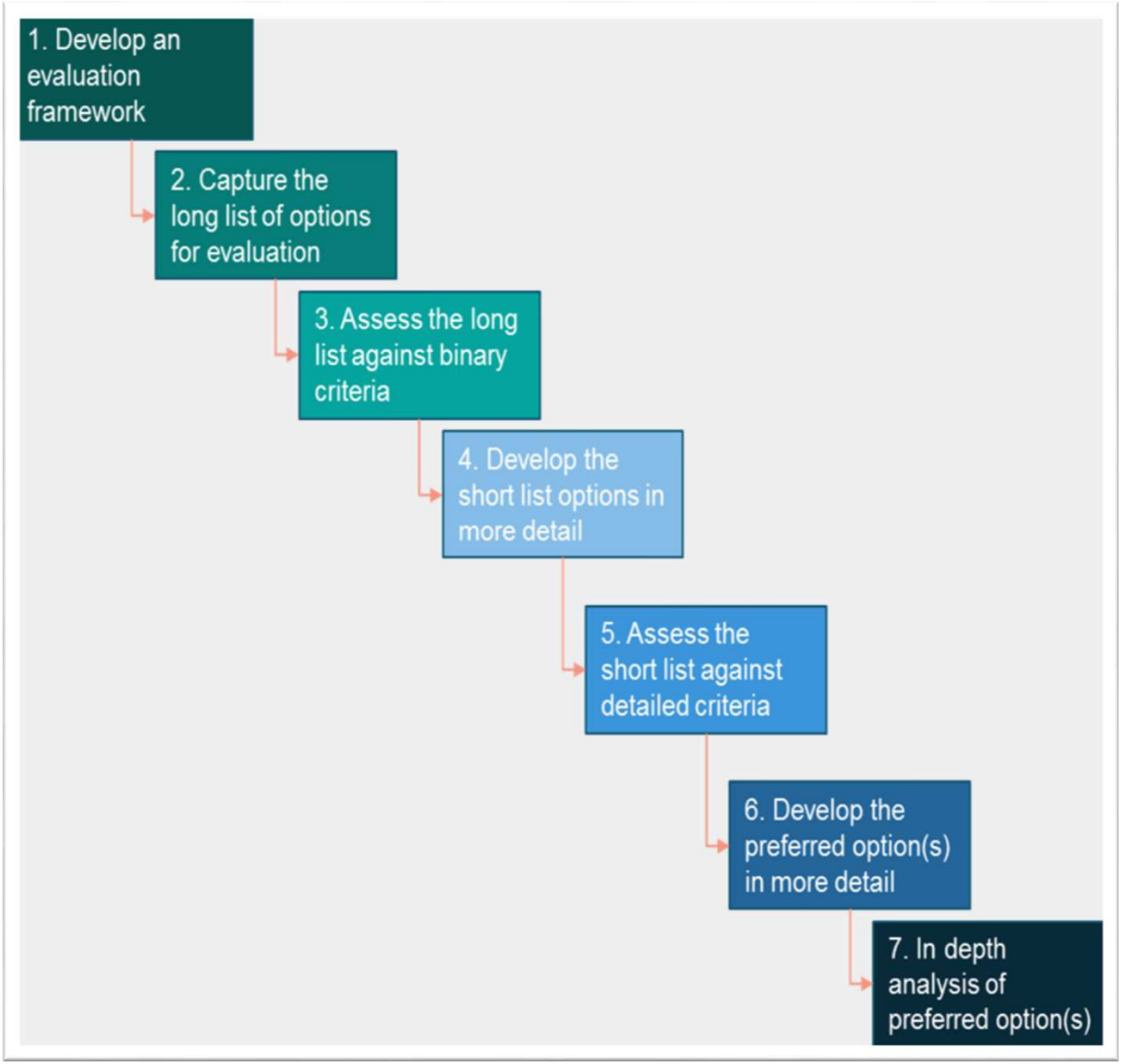
A seven-step process (consistent with guidance from HM Treasury) has been developed and used to appraise service delivery options for Lincolnshire.

The evaluation framework was developed with input from the JCB and consists of two sets of criteria:

- **Binary ('hurdle') criteria**
- **Detailed evaluation criteria**

The binary criteria were applied to the long list of service delivery options to arrive at a medium list.

The following slides offer a summary on this aspect of the evaluation.

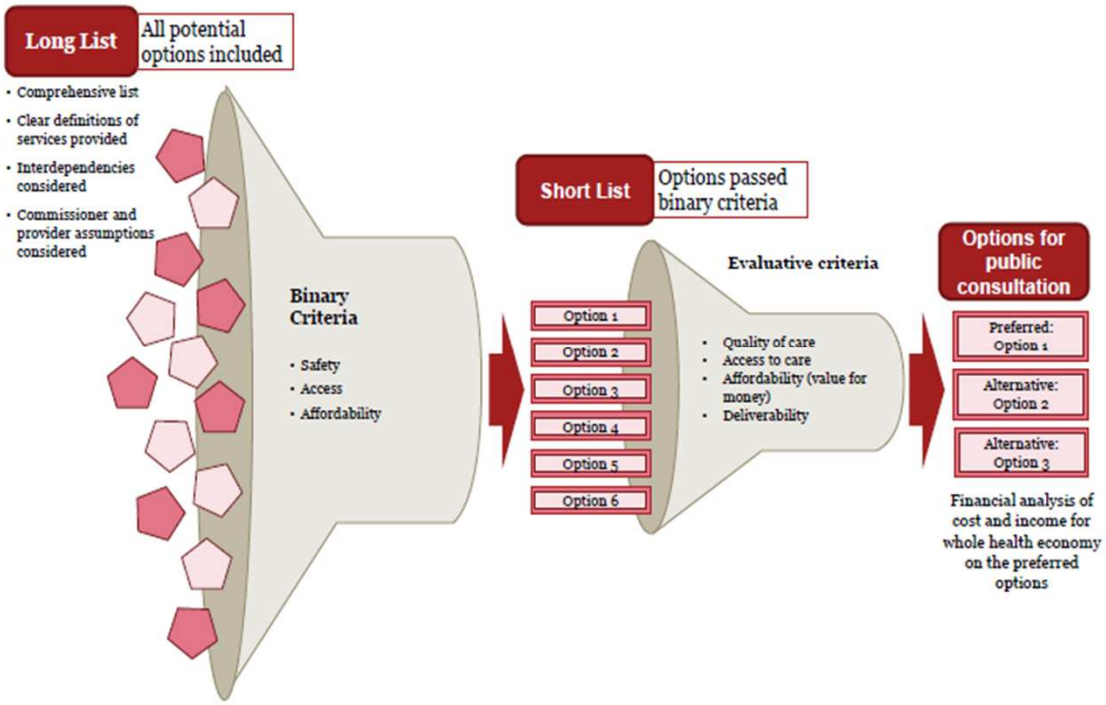


Lincolnshire Health and Care

Shaping services to meet your needs into the future

How we decide on the options – the criteria

- Initial draft criteria is based on LHAC Blueprint vision and similar programmes
- Consultation with LHAC Stakeholders, May 2015
- Long list of proposals measure against a binary criteria, leading to a evaluative criteria for a short list for agreement at JCB, Sep 2015, and governance and assurance
- Outcome is the list of proposals for public consultation, Dec 2015



Binary criteria

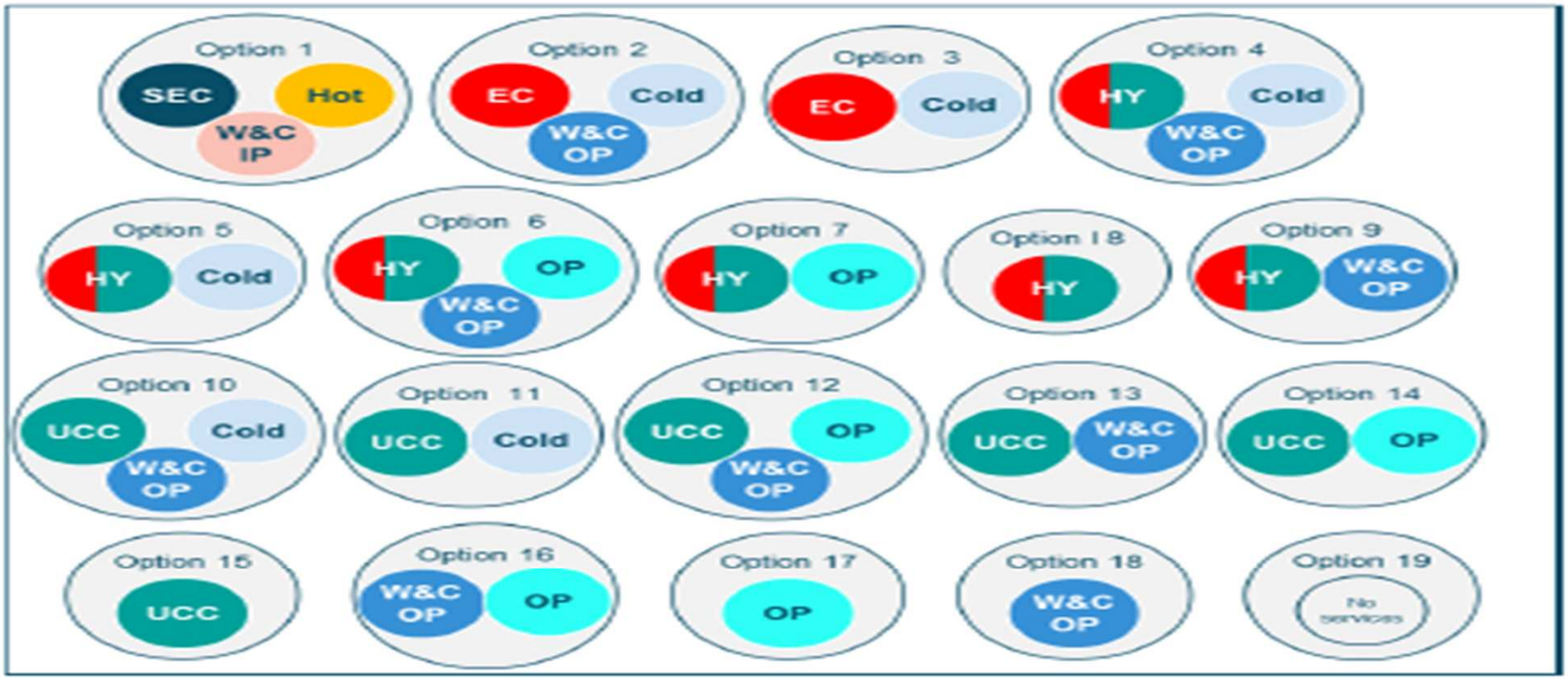
The binary criteria consider three aspects which are also reflected in LHAC principles: Safety, Access and Affordability. The criteria do not consider deliverability, which is considered in the detailed evaluation criteria.

Criterion	Tests	Symbol
Safety *Does the option support safe and sustainable services?*	• Does the option have critical mass to deliver safe services under national guidance? • Does the option meet minimum national safety standards? • Does the option consider clinical interdependencies? • Does the option meet Royal College guidelines and national/international best practice standards?	*X*
Access *Does the option provide appropriate access to essential services for the local population?*	• Does the CRS analysis show appropriate access levels?	*Δ*
Affordability *Does the option reduce costs of providing care relative to maintaining the status quo?*	• Does the option being considered cost no more than the current health provision?	+

Evaluation criteria

Criteria	Proposed tests	Proposed weighting
Quality of care • Clinical quality and outcomes should be maintained and where possible improved. • Patient experience should be maintained and where possible improved. • Care should be integrated and focus on prevention and early intervention.	• Assess attainment and compliance of clinical outcomes against standards referenced in Phase 2 • Assess combined friends and family test for preferred service • Assess options against national guidance on safety requirements such as nurse to patient ratio	30
Access to care • Care should be provided into closer-to-home / better value care settings wherever possible • Ease and availability of care should be taken into consideration • There should be at least as much patient choice as current provision	• Undertake analysis of incremental increase in travel time • Choice criteria built into the CRS analysis • Inequality tests from CRS analysis	20
Affordability (Value for money) • Long-term costs to the system (costs across the system in different domains must be considered) • Better value settings should be provided where possible • Ease of release costs needs to be taken into consideration	• Assess costs of provision • Assess income and expenditure benefit • Assess impact on other organisations	25
Deliverability • Ease of achieving transition towards new model of care • Feasibility of obtaining required transition funding • Ease of achieving workforce requirement (recruitment, retention, upskilling) • Alignment with national and local political agenda	• Assess the level of public and staff support with key stakeholders • Review of the expected estates and recruitment risks • Estimate expected time to deliver and transition costs • Assess long term and financial sustainability • Assess alignment of options to other strategies	25

What are we evaluating Urgent Care, Elective & Woman & Children's



MTC – Major Trauma Centre
SEC – Special Emergency Centre
EC – Emergency Centre
UCC – Urgent Care Centre
W&C OP – women's and children's outpatient
HY – Hybrid (small EC, with primary care urgent care at front door)
Hot – highly acute elective care
Cold – low acuity elective care
OP – outpatient diagnostic centre
W&C IP – women's and children's inpatient

Emerging options

Enablers support these proposals and include:

- IMT
- Estates
- Transport
- Commissioning
- Contracting
- Workforce
- Estates

Proactive Care

- NT x 12 roll-out in 2015
- Possibly commissioned by January 2016

Urgent Care

- Single Point of Contact
- Major Emergency Care Centre
- Urgent Care Centre
- Integration into NT of acute setting activity

Elective Care

- More elective care in community and primary settings
- Redesign pathway for clearer patient journeys

Women & Children

- Consolidation
- Care through NT outreach
- Local consultation
- Day cases/in-patient only at main sites

Lincolnshire Health and Care

Shaping services to meet your needs into the future

Route to consultation

June-July

Tender process underway for consultation partner

July - August

Stage 2 pre-engagement

Intensive public focus groups and information sessions to test workstream options

Formal Consultation with Lincolnshire Public

September

JCB to make recommendations of options for consultation

October

Options to be reviewed at partner boards and go to NHS Assurance gateway

November

Formal consultation

- 12 week engagement
- Reporting by April '16

Questions

Clinical Strategy

Overview and Process

Health Overview and Scrutiny Committee

22nd July 2015

Dr. Suneil Kapadia

Caring for You

United Lincolnshire Hospitals NHS Trust

LHAC and ULHT
A commissioner led process and clinical strategy – our internal process

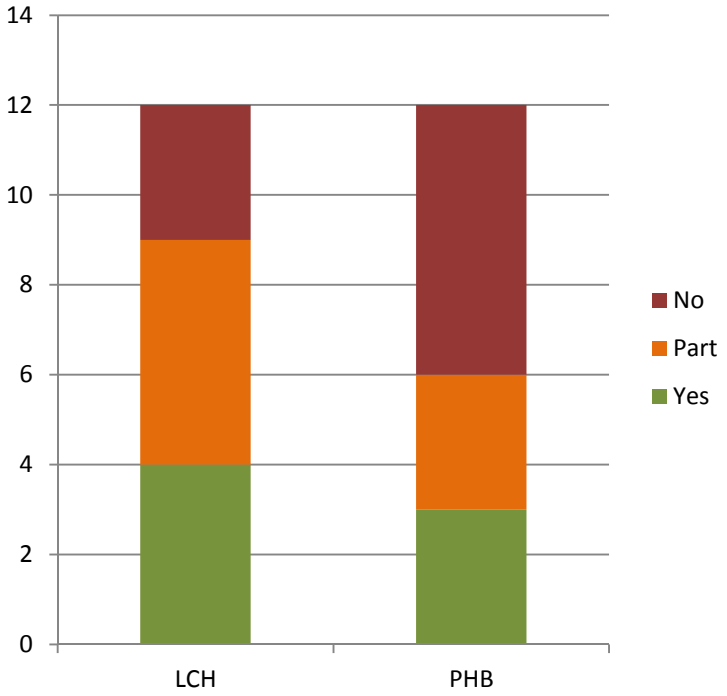
- LHAC sets out the health and social care vision for Lincolnshire
- ULHT Clinical Strategy sets out the vision for acute services within ULHT
- **Linked work … but we need to shape our own destiny**

The case for change

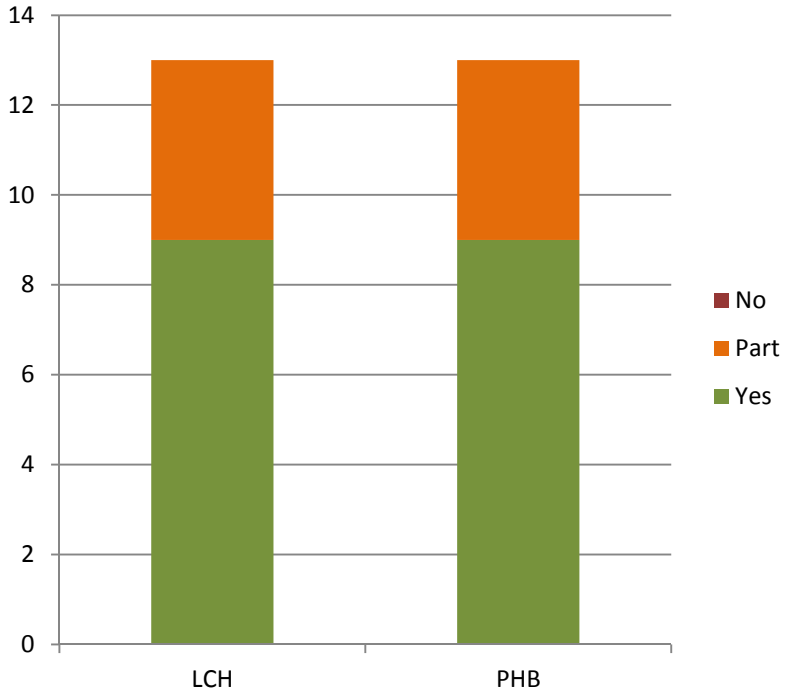
- The driving factors for change include;
  - Safety
  - Quality
  - Constitutional standards
  - Staffing
  - Unplanned loss of core business
  - Finance

Safety and quality

- 12 Acute Paediatric standards



- 13 Obstetric (& Obstetric Anaesthesia) standards



Beyond good

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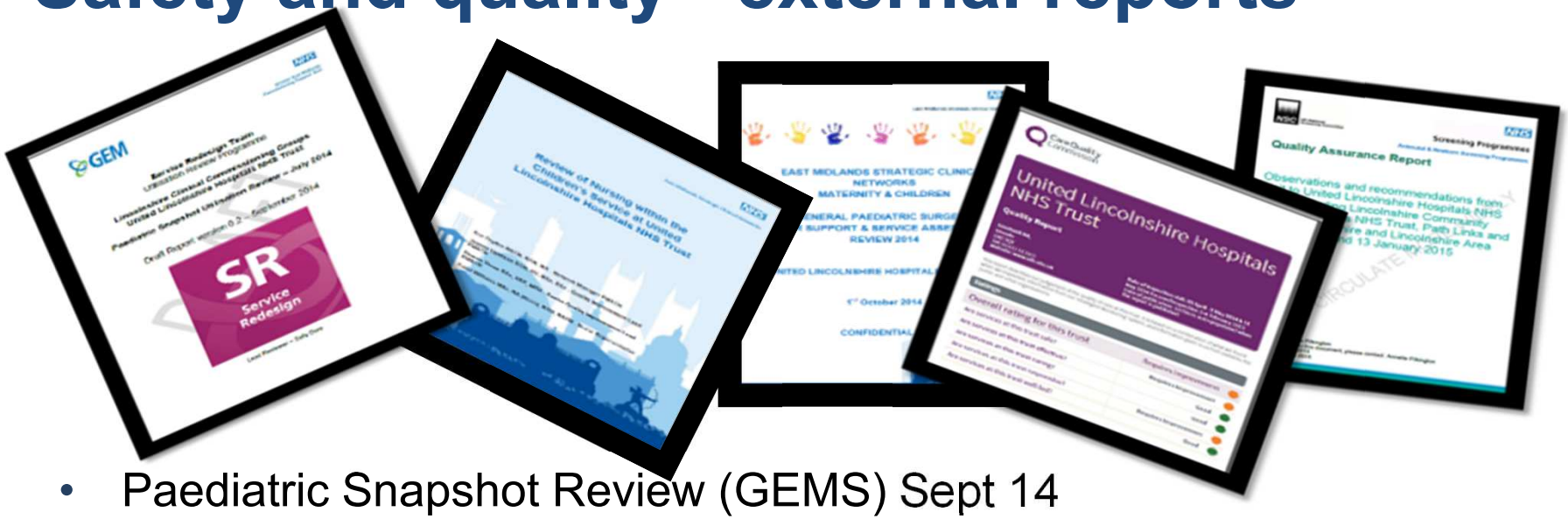
Safety and quality - external reports



- Paediatric Snapshot Review (GEMS) Sept 14
- Childrens Services Ward Nursing Review (East Midlands Clinical Senate) Dec 14
- General Paediatric Surgery Peer Review (GEMS) Oct 14
- Neonatal SI Review Feb 15 [coroners case]
- CQC Report; Apr 14 and Feb 15
- Antenatal Screening Programme report (UK National Screening Committee) Jan 15

Safety and quality - external reports

The CQC report stated:

- “General nurse staffing recruitment was still an issue, with some wards not attaining the required number of nurses to meet best practice guidelines, due to vacancies”
- The children’s services ward nursing review (Dec 2014) identified the need for 25 additional paediatric nurses to meet the safer staffing guidelines
- Clinical Senate Report published 2014 stated their recognition that a consultant led maternity service is dependent on the availability of paediatricians to resuscitate and look after new born babies and supported the consolidation of consultant led maternity services at Lincoln Hospital.

Quality and standards

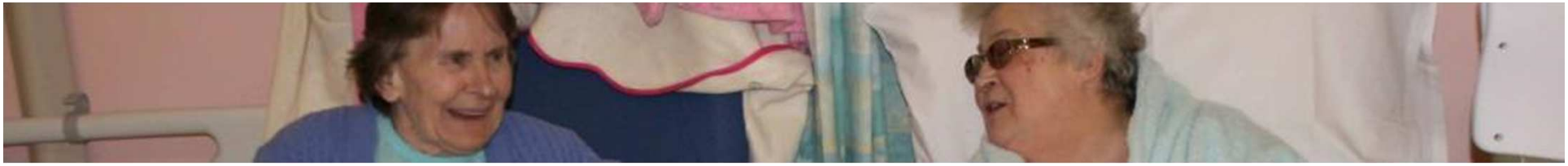
Cancelled operations

Jan-March 2015

- 930 cancelled Ops (on and before the day)

Jan-March 2014

- 421 cancelled Ops (on and before the day)



Quality and standards

United Lincolnshire Hospitals NHS Trust: Monitor Compliance Framework Targets - Month 11 February 2014/15

nitor Compliance Framework 2014/15 - Governance Indicators

Indicator	Threshold	Weighting	Monitoring Period	Apr-14	May-14	Jun-14	Quarter 1 Actual	Jul-14	Aug-14	Sep-14	Quarter 2 Actual	Oct-14	Nov-14	Dec-14	Quarter 3 Actual	Jan-15
e of 18 weeks from point of referral to ggregate - admitted	90%	1.0	Quarterly	82.36%	88.12%	85.37%		85.10%	84.48%	80.10%		81.72%	76.18%	81.60%		81.29%
e of 18 weeks from point of referral to ggregate - non-admitted	95%	1.0	Quarterly	92.28%	92.66%	93.03%		94.42%	92.76%	92.29%		90.93%	89.92%	91.19%		88.92%
e of 18 weeks frm point of referral to ggregate - patients on an incomplete	92%	1.0	Quarterly	92.62%	91.78%	84.33%		87.03%	83.96%	81.14%		77.50%	81.10%	84.70%		84.58%
n waiting time of four hours from ssion/transfer/discharge	95%	1.0	Quarterly	94.67%	94.24%	91.32%		92.80%	94.80%	95.23%		92.86%	92.14%	84.27%		84.51%
day wait for first treatment from: erral for suspected cancer *	85%	1.0	Quarterly	84.70%	78.20%	80.20%		82.40%	73.40%	74.60%		74.70%	72.40%	76.60%		75.10%
eening Service referral *	90%			92.30%	96.9%	100.00%		93.80%	88.20%	90.00%		95.50%	80.80%	86.40%		79.20%
day wait for second or subsequent nprising: Surgery *	94%	1.0	Quarterly	96.00%	96.00%	95.20%		97.10%	89.50%	100%		88.90%	92.10%	83.30%		92.70%
ug treatments *	98%			100%	100%	98.40%		99.10%	98.20%	98.00%		98.10%	97.50%	99.00%		100%
*	94%			90.50%	92.70%	88.80%		72.70%	94.20%	87.00%		94.30%	86.40%	82.40%		91.50%
day wait from diagnosis to first	96%	0.5	Quarterly	96.50%	97.90%	97.90%		98.10%	96.00%	94.90%		95.30%	95.20%	96.30%		94.70%
eek wait from referral to date first ing: all urgent referrals (cancer	93%	0.5	Quarterly	92.20%	84.00%	83.40%		89.90%	84.10%	88.00%		91.80%	90.30%	84.60%		91.30%
tic breast patients (cancer not initially	93%			80.50%	50.00%	53.70%		95.00%	80.60%	75.80%		88.20%	81.60%	25.10%		71.90%
difficile objective (cumulative)	62	1.0	Quarterly	7	15	22		28	33	43		48	53	55		58
MRSA objective (cumulative)	0	1.0	Quarterly	0	0	0		0	0	0		0	0	1		1
gainst compliance with requirements ss to health care for people with a ility	n/a	0.5	Quarterly	Compliant	Compliant	Compliant		Compliant	Compliant	Compliant		Compliant	Compliant	Compliant		Compliant
behind																
			Risk Rating	6.5	7.5	7.5	7.5	7.5	7.5	7.0	8.0	8.0	8.0	9.0		9.0

Monitor Governance sk Rating Calculation	
0	Green
0	Amber/Green
0	
0	Amber/Red
0	
0	Red

GOVERNANCE RISK RATING

Monitor assign a Governance Risk Rating to reflect quality of services at a Trust. Higher levels of governance risk may serve to trigger greater regulatory action.
The Risk Rating is calculated from performance against service indicators.
Each of these indicators is given a weighting and compliance with all indicators would achieve a Risk Rating of 0.
For each non-compliant indicator the weighted score is applied and the total of these formulate the Risk Rating.
The numerical score is RAG rated using the table to the left.
Monitor may apply a red Governance Risk Rating where any indicator with a rating of 1.0 is breached for three successive quarters.
For each of the non-compliant indicators a failure in one month is considered to be a quarterly failure.

Why do we need to change?

Financial sustainability

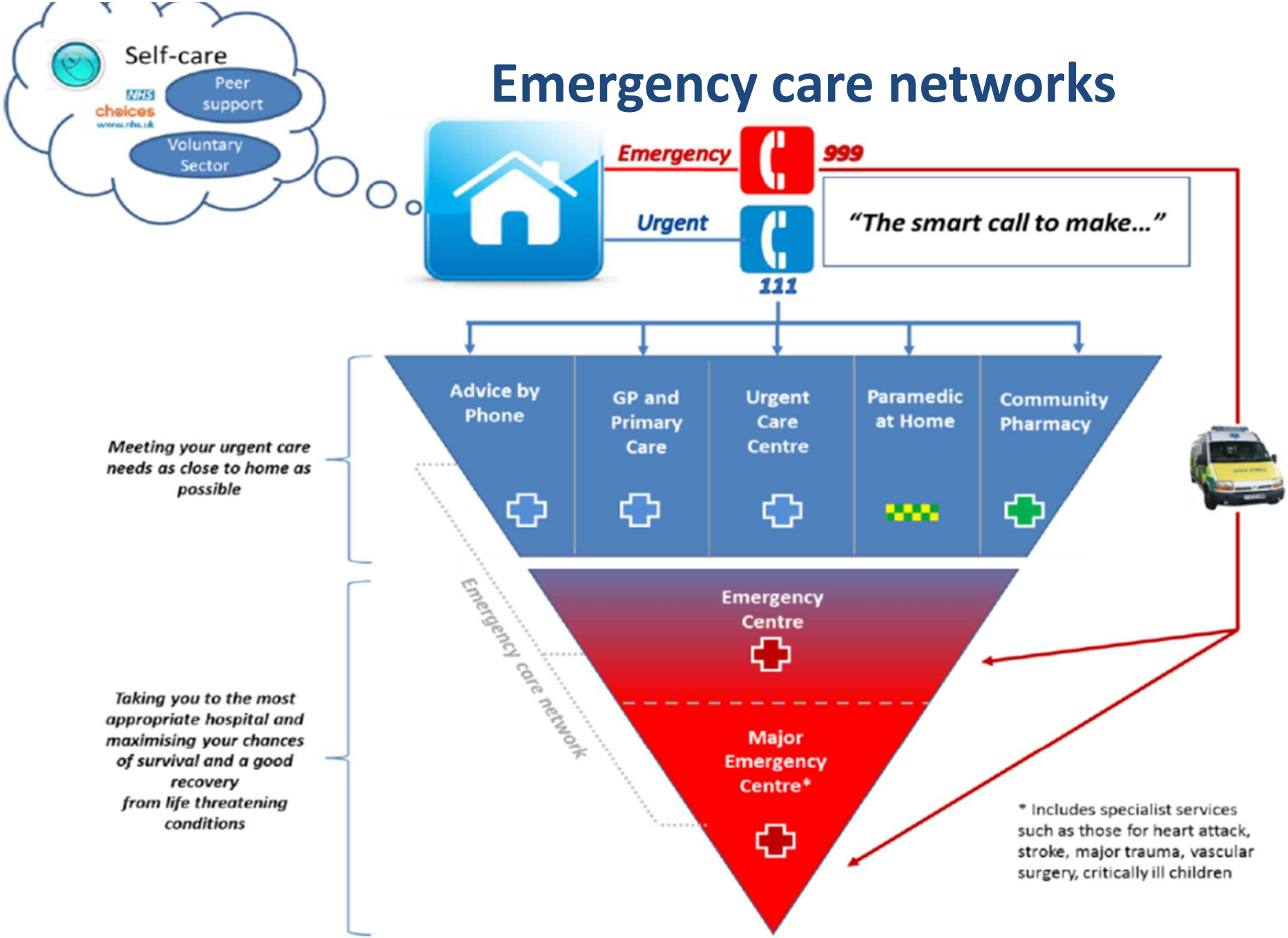
- National
  - £8 billion gap by 2020
- Lincolnshire
  - £350m gap by 2018
- ULHT
  - £15m for 2014/15
  - £40m+ for 2015/16

- W&C
  - Obstetric premiums £1,000 per birth (tariff £1,500 for a normal birth)
- Overspend in staffing:
  - Medical
    - £2.2m April, May & June 2015
  - Nursing
    - £2.6m April, May & June 2015

Clinical strategy for ULHT

To reconfigure services the focus has to be:
Emergency care

Emergency care networks

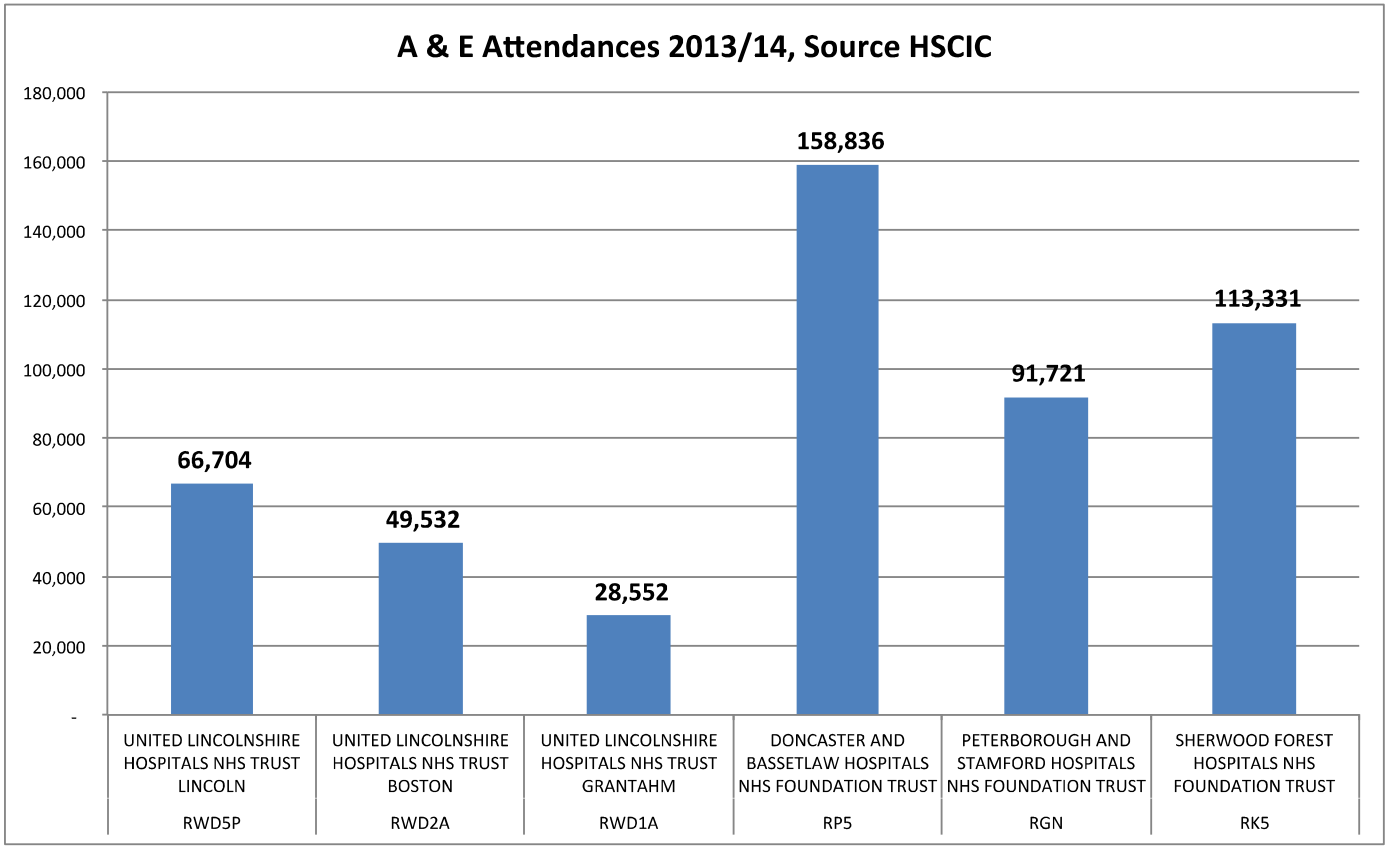


Different types of centre

- In addition, a Specialist Emergency Centre (SEC) will have many of the following facilities
  - Heart Centre
  - Hyper-acute Stroke Unit
  - Renal
  - Vascular Surgery
  - W & C
- An Emergency Centre (EC) will be able to manage the vast majority of patients that are brought to hospital by ambulance

- An Urgent Care Centre (UCC) would receive a more restricted range of ambulance patients

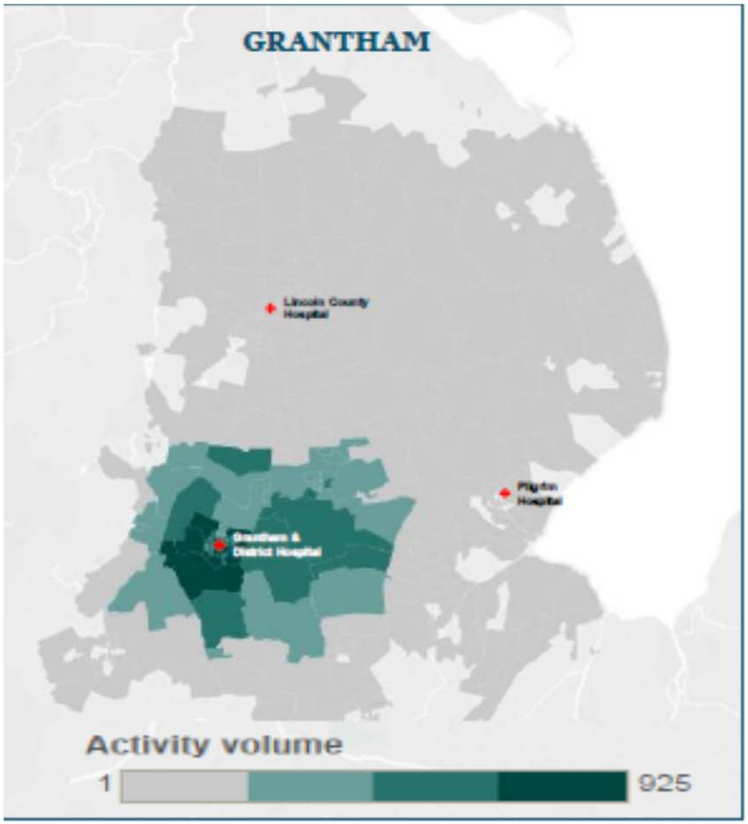
However ULHT provides small levels of A&E activity compared to providers with a single A&E



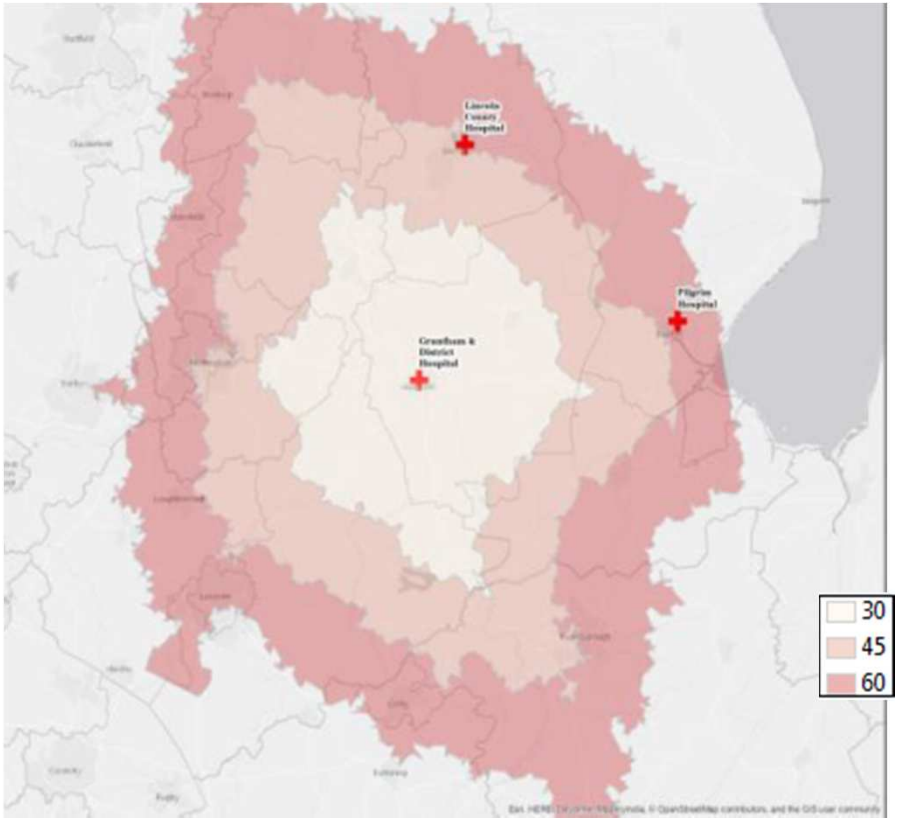
Emergency Care – we are not planning in isolation

Travel times – Grantham Hospital

Distance patients currently travel to access Grantham Site



Geographical spread of where patients could travel from to remain within the agreed travel times to access Grantham Site

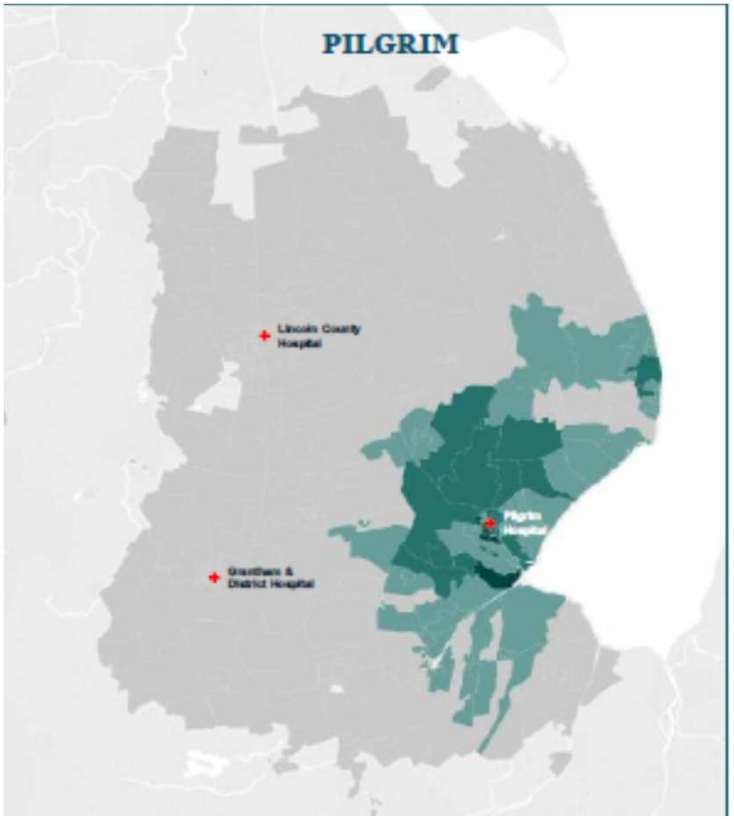


Beyond good
Quality improvement journey

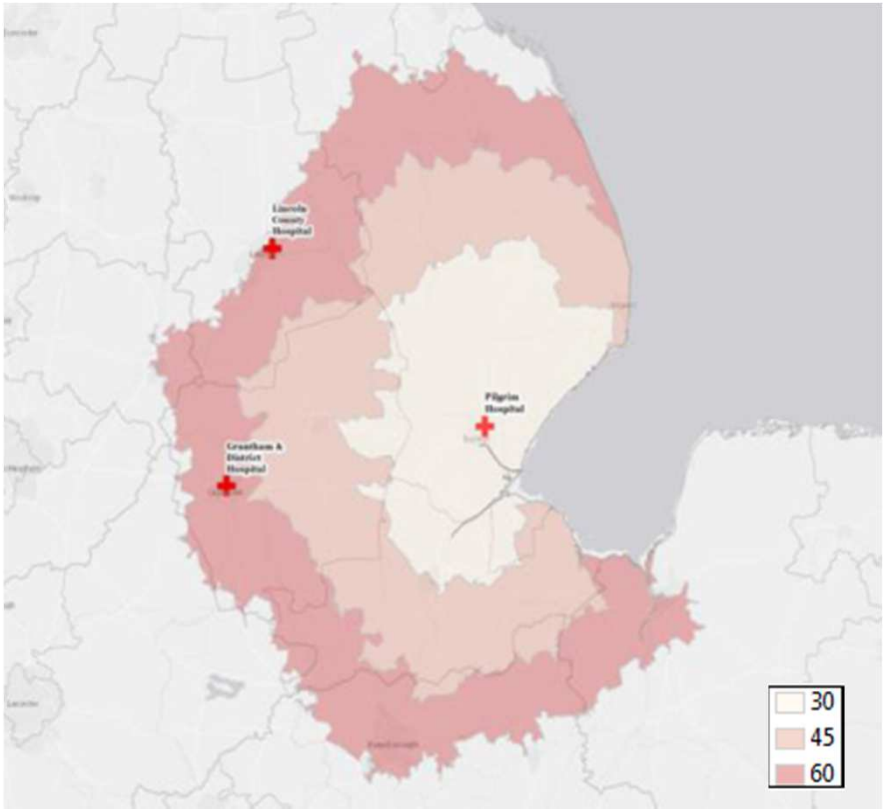
United Lincolnshire Hospitals NHS
NHS Trust

Travel times – Pilgrim Hospital

Distance patients currently travel to access Pilgrim Site



Geographical spread of where patients could travel from to remain within the agreed travel times to access Pilgrim Site

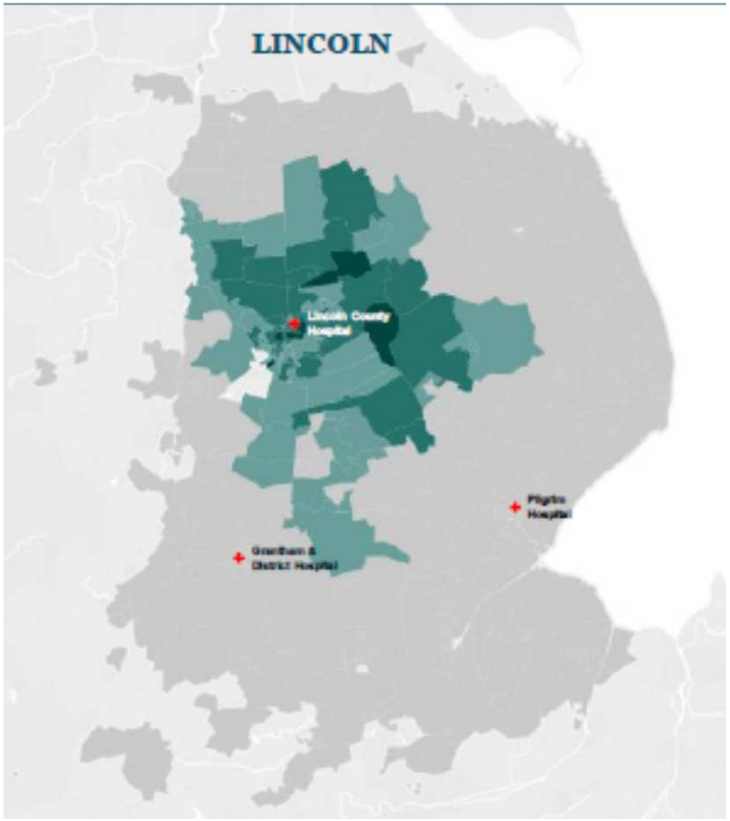


Beyond good
Quality improvement journey

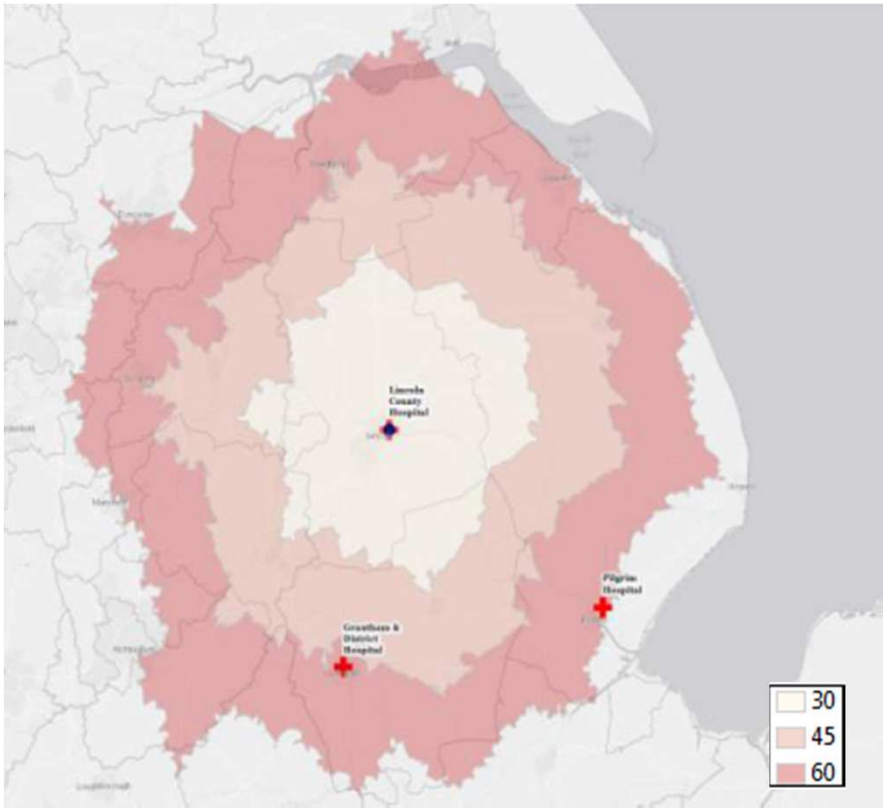
United Lincolnshire Hospitals NHS
NHS Trust

Travel times – Lincoln Hospital

Distance patients currently travel to access Lincoln Site



Geographical spread of where patients could travel from to remain within the agreed travel times to access Lincoln Site

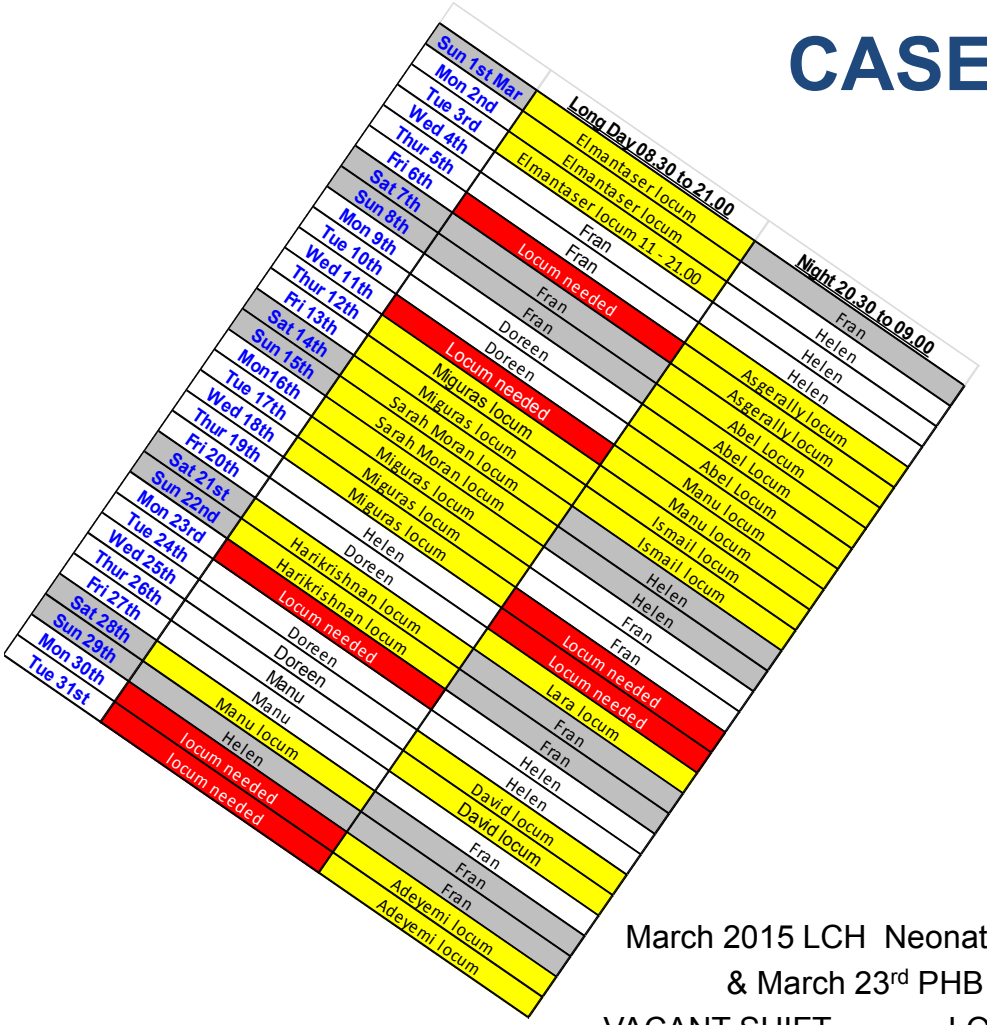


Beyond good
Quality improvement journey

United Lincolnshire Hospitals NHS
NHS Trust

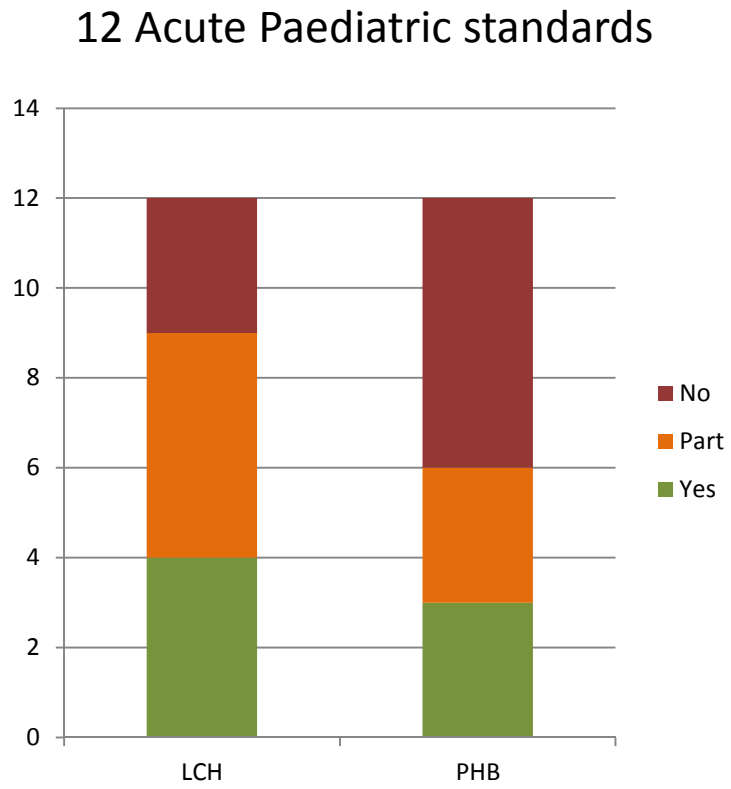
Women's and children's

CASE FOR CHANGE



March 2015 LCH Neonatology
& March 23rd PHB O&G

VACANT SHIFT LOCUM



Quality and standards

Staffing: as at 31/3/2015:

Consultant posts filled by Locum staff by hospital site=	
Grantham	6
Lincoln	15
Pilgrim	16
Total =	37

Consultant post filled by Locum staff for W&C & A&E	
Grantham	3
Lincoln	5
Pilgrim	3
Total =	11
% of overall total of Locum Cons.	30%

Nursing Vacancies	WTE
Grantham	8.14
Lincoln	109.72
Pilgrim	108.25

Women & Children's rota

- "HOT Week" Clinical sessions required:
  - 214.7 for 2 sites
  - 139 for 1 site
  - Reduction of 75.7 pa's
  - Staffing made achievable

The Case for change

W&C Staffing Issues – Medical & Nursing

Multi-professional Recruitment and Retention challenges across all specialities

- Inability to maintain medical rotas on two acute sites across specialities
- Unable to meet RCN paediatric & neonatal nurse to patient ratio
- Unable to facilitate mandatory training for mandated roles

Estates

Obstetrics & Neonatology

– Not Meeting National Standards / Maintenance Backlog (CQC 2015 Report)

Identified in external reports

The Case for change

- Difficult to maintain quality and safety
- Both sites have estates which do not comply with current standards
- Difficult to recruit to current vacancies
- Continuing to provide comprehensive, clinically effective and safe services on two sites is problematic
- **NHS England and Clinical Senate advocating co-location of services**

CASE FOR CHANGE

Controls to mitigate risks

- Risk assessments on risk register- Managed as per governance process
- Chief Nurse Safe Staffing Review identified Investment required for both Neonatology & Paediatric Nurses and escalated to trust board
- Risk summit for Neonatal provision of care – Action closure of 10 cots
- 10 Paediatric beds closed (5 LCH 5 PHB)
- Investment received of 10 WTE paediatric nurses
- Active rota management by consultants and management team on a daily basis

These controls are not sustainable

A short list of options drawn from earlier LHAC work

- Option 1:
  - One site maternity & neonatal unit + Midwifery Led Unit(s), paediatric inpatient and gynaecology care
- Option 2:
  - Two-site maternity & neonatal unit + Midwifery Led Unit(s), paediatric inpatient and gynaecology care

Do single specialty sites work?

- **Cardiology**
  - Patients arriving via A&E department in 2014/15:
    - 486 st-elevation primary's (all confirmed STEMI)
    - And:
    - 500 non-st elevation acs
  - Mortality 2014/15
    - 30 day Mortality Rate is 5.7%, national average 8.1% and 7.9% for cardiac centres
    - Before 2013 mortality rate was 10% (East coast ~13%)

Quantifying urgent maternity issues

April 2014 to February 2015 (11 months)

Total number of births = 5212

- Post Partum haemorrhage > 500 mls = 1,150 (22.1%)
- Post Partum haemorrhage > 1000 mls = 322 (6.1%)
- Post Partum haemorrhage > 2500 mls = 23 (0.4%

- Cord Prolapse = 7 in total (4 at Pilgrim and 3 at Lincoln) between April 2013 and March 31 2015 (2 years)
  - Baby needs to be delivered within 30 minutes (aim for 15 mins)
  - Immediate diagnosis and treatment required, and alleviation of cord pressure by providing support to the baby until delivery can be completed

Lincolnshire Health and Care
Shaping services to meet your needs into the future

Most sites in Lincolnshire that could host an MMU are within 60 minutes drive of an obstetric unit

Car travel times (minutes) from acute and community hospitals in Lincolnshire to Lincoln and Pilgrim hospitals, and to nearby obstetric units

	Lincoln County Hospital	Pilgrim Hospital	Peterborough City Hospital	Scunthorpe General Hospital	Diana Princess of Wales Hospital	Queen Elizabeth Hospital	NUH – Queen's Medical Centre
Lincoln	-	64					
Pilgrim	61	-	50			58	
Grantham	51	49	41				43
Louth	41	45			26		
John Coupland	38	86		39			
Johnson	68	27	30				
Skegness	63	32					

Source: Google maps, taken at around 5pm on a Wednesday

ULHT preferred option

1 SEC, 1 EC and 1 Bespoke urgent care centre

All three sites will have

- Urgent Care Centre and Ambulatory Emergency Care at the front door of each hospital

The EC will be expected to receive & treat all emergencies

except

- Vascular and acute Cardiology which will go to the specialist emergency centre

Issues to consider

- Transport infrastructure
- Public opinion
- Pre-hospital care in the future
- De-stabilisation of hospital services
- Market share
- Future standards and expectations
- One hospital in centre of Lincolnshire

The direction for Lincolnshire Health Economy

- The direction that is emerging from the work in progress is pointing towards:

Next Steps

- July /August 2015
  - Hospital site service configuration options drafted
  - Staff engagement forum 17th August
- September 2015
  - Strategic Outline Case signed off by Trust Board
- September/October 2015
  - LHAC go through the NHS gateway process for the Community Strategic Outline case
- November / December 2015
  - LHAC begin public consultation

Thank you!

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