


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Jane Lewington, Chief Executive,
United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	22 July 2015
Subject:	United Lincolnshire Hospitals NHS Trust – Clinical Strategy

Summary:

The development of the Clinical Strategy for United Lincolnshire Hospitals NHS Trust (ULHT) has been in progress since August 2014. This work was agreed by the Lincolnshire Health and Care (LHAC) Stakeholder Board as a key part of the wider LHAC programme. A key element of the Clinical Strategy's development is being undertaken by ULHT's Clinical Strategy Implementation Group, which has included reducing the long list of possible LHAC options for Emergency Care and Women and Children's Services to a medium size list of five options, which are set out in this report. All of the work developing a Clinical Strategy is being fully shared with the LHAC programme at each and every stage.

Actions Required:

- (1) To provide an update to the Health Scrutiny Committee on the current status of work in progress to develop United Lincolnshire Hospitals NHS Trust's Clinical Strategy.
- (2) To consider and comment, as necessary on the content of the report.

1. Background

The development of the clinical strategy for United Lincolnshire Hospitals NHS Trust (ULHT) has been in progress now since August 2014, and has focussed to date on developing future service delivery model options for Emergency Care and Women and Children's Services. This work was agreed by the Lincolnshire Health and Care

(LHAC) Stakeholder Board as a key part of the wider LHAC programme. The Clinical Strategy Implementation Group has been established within ULHT since July 2014, and is responsible for making recommendations on the future strategic direction of clinical services, to the Clinical Executive Team and to the Trust Board. As these recommendations are being developed, they are being shared with LHAC.

In February 2015, an agreement was reached to work collaboratively with LHAC and the Commissioning Lead for Planned Care to develop the future strategy for Planned Care Services. The driver for this approach is the need to look at more integrated care and opportunities for delivering aspects of clinical care outside of the acute hospital setting.

An event was held on 16 April 2015 at the Petwood Hotel, and was attended by approximately 70 members of senior clinical and operational ULHT staff. The two key objectives of the event were to:

1. Provide an opportunity for wider clinical engagement in the development of the future Clinical Strategy for ULHT;
2. Explain the case for change in detail; and
3. Share the proposed options that had been developed for Emergency Care and Women and Children's Services.

A healthy debate took place at the event, but no decisions were reached in relation to which strategic options to recommend to the Trust Board for the Women and Children's Services, or in relation to hospital site recommendations for a possible Specialist Emergency Centre. The following principles did emerge at the event and consensus reached:

- Localise services where possible
- Centralise where necessary
- In all settings, care should be integrated across health and social care to provide safe, sustainable and seamless patient care

Current Progress

Recognising the Case for Change

There are a number of challenges facing the NHS as a whole and ULHT as an organisation

Why do we need to change?

- We need to ensure we are giving our patients the best possible patient experience
- We need to ensure that we are consistently delivering our services to the required clinical standards
- We need to consistently meet national waiting time standards
- We need to find new ways to recruit and retain staff in all disciplines
- We need to ensure that our nursing workforce meets the safer staffing requirements

- We need to be able to attract key clinical staff into our services
- Our estate needs to be fit for healthcare in the 21st century
- We need to change how our services are delivered to make them clinically sustainable and affordable

Medium List of Clinical Options for Emergency Care and Women and Children's Services

The Clinical Strategy Implementation Group aided by the individual clinical project teams for Emergency Care and Women and Children's Services have been able to reduce the long list of possible LHAC options for Emergency Care and Women and Children's Services to a medium size list of five options. This was achieved through the application of a set of hurdle criteria agreed at the Clinical Strategy Implementation Group. The five options are: -

- Option 1: Do nothing at all
- Option 2: One Specialist Emergency Centre and one consolidated inpatient Women and Children Service located at Pilgrim Hospital
- Option 3: One Specialist Emergency Centre and one consolidated inpatient Women and Children's Service located at Lincoln Hospital
- Option 4: One Specialist Emergency Centre located at the Pilgrim Hospital site and a two site Women and Children's Service
- Option 5: One Specialist Emergency Centre located at the Lincoln Hospital site and a two site Women and Children's Service

Each of the above options assumes at this point in time a bespoke model of emergency care at the Grantham Hospital site, and an Emergency Care Centre on the site where there is not an Specialist Emergency Centre, e.g. options 2 and 4 would include an Emergency Care Centre at the Lincoln Hospital, and options 3 and 5 would include an Emergency Care Centre at the Pilgrim Hospital site.

Each of the hospital emergency departments would have an Urgent Care Centre at their front door, to stream the patients accordingly in relation to their care needs. The Urgent Care Centre will reduce the pressure on the Emergency Departments, and our modelling has showed that this will reduce inappropriate admissions to the hospital, increase bed capacity, and thus provide an improved performance for the organisation against the A&E four hour waiting time standard.

Activity, Workforce and Financial models for Emergency Care and Women and Children's Services

Each of the above five options have been modelled to understand the impact on the patient pathways, and to understand the movement of activity and loss or gain of market share activity. The workforce models that would be required to deliver each of the options above have been modelled. The financial modelling is currently a work in progress.

Planned Care

Work has started by the Clinical Strategy Implementation group in collaboration with the LHAC programme, to understand the future strategy for planned care services. Each of the planned care services delivered in ULHT hospitals have undergone either a detailed service review or a desktop service review since 16 April, to highlight what is currently working well, to understand the case for change. One of the primary drivers for the future delivery of planned care is to design a future where planned care beds can be protected as much as possible (In 2014/15, 2000 planned surgical procedures were cancelled due to shortage of planned care bed capacity as these beds were being used to look after emergency patients).

The reviews have indicated that a significant amount of clinical care does not have to be delivered in an acute hospital, and would be more efficiently delivered closer to patient homes in the community, one example of this being Diabetes Medicine, Ophthalmology and Dermatology.

Work is already in progress with the Clinical Commissioning Groups in each of the above areas.

Creating Bed Capacity

Work is also underway with the proactive work stream of LHAC to reduce the number of emergency admissions to hospital through keeping people well and supporting people in the community.

Next Steps

We will reform our services. We want to deliver better services in Lincolnshire. We want services to be clinically and financially sustainable for the future. We cannot have one without the other.

Building on the Work Completed to Date and the Direction of Travel for ULHT

An options appraisal is taking place internally within ULHT on Wednesday 8 July to help inform the preferred option for ULHT.

Using the output from the detailed work completed to date for the Emergency Care, and Women and Children's services, and the work completed with the Planned Care Services, the clinical strategy implementation group is currently working on the development of proposed hospital site service configurations for all services.

This will in turn inform the Strategic Outline Case for United Lincolnshire Hospitals NHS Trust currently being written, which will highlight the preferred clinical option for United Lincolnshire Hospitals NHS Trust. All of this work is being fully shared with the LHAC programme at each and every stage.

Once the Strategic Outline Case has been completed (late August), work will commence on the detailed strategic planning for all hospital services, whilst the broader

proposals are subject to public consultation. The public consultation process will be led by the LHAC programme and Clinical Commissioning Groups.

2. Conclusion

The Health Scrutiny Committee is requested to consider and comment on the information presented on the developing options for Lincolnshire Health and Care.

3. Consultation

The public consultation process for the proposed changes to the health care system, which includes the strategy for United Lincolnshire Hospitals NHS Trust, will be led by the Clinical Commissioning Groups under the LHAC programme. It is envisaged the NHS gateway process, the process where LHAC will seek approval from NHS to the proposals before beginning the public consultation, will take place between August and October, and if the proposals are accepted by NHS England, the public consultation will begin around November 2015.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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