United Lincolnshire Hospitals NHS Trust

Caring for You
Our Vision for Success

A Five Year Strategy for Clinical Services at United Lincolnshire Hospitals NHS Trust

2014-2019

Caring for You

Contents

1. Executive Summary

This document sets out the vision for clinical services over the next five years at United Lincolnshire Hospitals; it provides the broad strategic direction and reflects the Lincolnshire Sustainable Services Review from the Acute Hospital perspective. It identifies the case for change as compelling and the only option for ULHT; Do-nothing is not an option. The strategy goes on to describe the nature of the services we will be providing and the type of organisation we aspire to be, to ensure we realise the vision we have set for the organisation and the populations we serve.

United Lincolnshire Hospitals Trust (ULHT) needs a clinical strategy to outline the direction of travel of its services. It has been developed now to ensure that the organisation is clear about its role in providing secondary healthcare in the future.
After some challenging times ULHT is on a journey of improvement with patient safety and improving the patient experience being our highest priority and is reflected in everything we do. However ULHT is part of a broader healthcare system and our changing external environment and expectations need to be addressed in this strategy.

The wider NHS is experiencing unprecedented change. It is becoming a system that is highly regulated by external bodies such as the Care Quality Commission (CQC) and Monitor (for Foundation Trusts). National standards are set and some of these will be mandatory with the development of NICE Quality Standards. Specialised care is becoming more complex against an environment where increasing demand and public expectations mean that care will be delivered closer to the individuals' own home. All these changes are required within a constrained financial resource.

Developing this strategy has identified the following key points:

- Services are not clinically sustainable in current configuration
- Services are not affordable in current configuration
- Do nothing is not an option
- Services need to be better integrated and co-ordinated closer to home to deliver an improved patient experience and outcome
- Patient care needs to be delivered 7/7
- Improved clinical outcomes through centralised specialist resources has to be weighed against the benefits of local access
- In-hospital services need to be fully utilised to achieve maximum economies of scale
- Telemedicine technologies need to be used to its maximum in Lincolnshire.

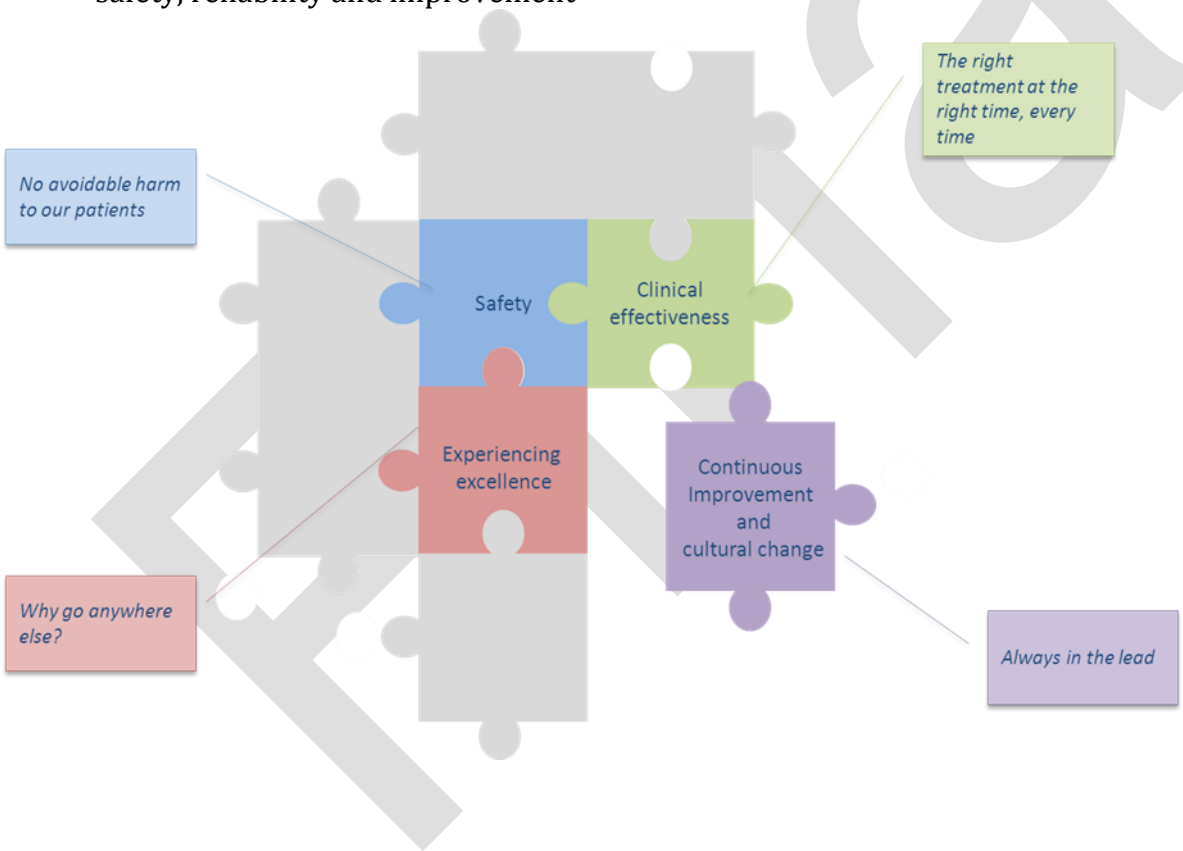
2. Background

2.1 Our Trust Vision for Patients

The Trust is committed to providing high quality services to our population and this is set out in our quality strategy.

Our ambitions are to:

- Ambition 1 - Ensure that our patients are safe - through acting on safety and effectiveness and by a continuous reduction of harmful adverse events and mortality rates;
- Ambition 2 - Ensure that our patients have the best possible experience - through our structured approach to the patient experience, we aim to ensure excellence at each discrete point of contact throughout the patient's journey with us;
- Ambition 3 - Ensure that our treatment is effective and compliant - by building strong systems of compliance, monitoring of standards and supporting clinical change, we aim to care for our patients according to the highest clinical standards;
- Ambition 4 - Become a high reliability organisation - through our focus on building capacity for improvement, flagship interventions and education for change, we aim to create a culture of safety, reliability and improvement



2.2 National Context

The new NHS structure came into place on 1st April 2013 and this will significantly impact and influence the nature of healthcare delivery across the system in the future. The new Health and Social Care Act 2012 defines a clinically led NHS which now needs to deliver services in the context of:

- Increased demand for services and raised public expectations ,

- greater oversight by regulatory authorities and inspection regimes,
- increasing specialisation and centralisation for complex care
- the development of nationally defined clinical standards and guidance, and delivery targets

2.2.1 Drivers for Change

The NHS is entering the most significant period of change across all its constituent parts since its inception; structurally, organisationally and in delivery. A number of factors are driving these changes

2.2.2 National Standards and expectations

A number of publications, reviews and reports have set out expectations and standards to be delivered which focus on improving quality of care, outcomes, safety and patient experience. These include:

- The report of Robert Francis into the failings at Mid Staffordshire Hospital, which put a spotlight on safe staffing levels within Hospitals
- The NHS Medical Director's recommendations about restructuring and tiered Urgent and Emergency care Services in England
- The Academy of Royal Colleges expectations about 7 day working
- The Royal College of Surgeons recommendations about minimum population sizes needed to sustain viable Hospital services
- NICE clinical and Quality standards

2.2.3 Workforce

The profile of the NHS workforce is changing in response to a number of factors, e.g.

- There are workforce shortages in some specialties nationally, for example A+E Consultants and Interventional Radiologists. ULHT competes with other Trusts in the NHS and struggles to attract these 'rare breed' practitioners into Lincolnshire. We can no longer build or sustain service models which are dependent on mass recruitment to these posts
- With the advance of medicine, clinical roles are becoming increasingly specialised around smaller cohorts of patients. Therefore the Trusts ability to spread this level of specialisation across all of its hospitals is rapidly reducing.
- There is greater focus on the optimal staffing levels to provide high quality care for all.

2.2.4 Finance

- Within the broader health economic context, the £20bn Nicholson challenge remains with the Trust no longer shielded from the effect of financial reality. At the local level this manifests itself in on-going and challenging cost improvement Programmes (CIP) and a continued reduction in tariff payments for hospitals in the future. Hospitals therefore have to do more with less resource.
- ULHT currently has a projected deficit of £26 million in 2013/14, a significant part of which is due to our inability to drive out efficiencies from within our small to medium sized District General Hospitals. Relatively small scale savings can still be achieved as we stand but with further CIP expectations of 5% to 6% (circa £22 million) in each of the next three years a cumulative recurrent

saving in excess of £90 million will not be achieved by doing more of the same. The current configuration of our Hospitals is not financially sustainable.

- Providing services on more than one Hospital site carries with it a cost premium in some services. Where other Trusts might enjoy the benefits of economies of scale by meeting the needs of large populations on a single site, these benefits are not enjoyed in Lincolnshire. For example having sufficient doctors on an on call rota becomes prohibitively expensive in smaller specialties; Furthermore, rotas with fewer doctors to cover out of hours become increasing unattractive compared to less onerous rotas in larger scale services.
- Quality improvement and patient experience expectations will mean that, increasingly these will be linked to payments to fund our services.
- Provision of healthcare is becoming increasingly competitive with the use of Any Qualified Provider and patient choice.

2.2.5 Performance

- The expectation is that all NHS Providers work towards Foundation Trust status, and to achieve this, Trusts need to ensure that they can confidently deliver consistently high quality, safe and effective services whilst meeting patients' expectations for access, within the national tariff system. Put another way, individual services need to be sustainable clinically and financially for FT status to be achieved

2.3 Local Context

Lincolnshire is the second largest county in England and covers 2700 square miles. It has a low population density that is less than half the overall UK rate. It is largely an agricultural economy in a rural setting with two major town centres.

2.3.1 Demographics

- The population of Lincolnshire in 2011 was approximately 713000 and projected to rise to over 830,000 by 2033.
- The GP registered population is over 732,000.
- Lincoln and Boston are the major centres with smaller towns across the county.
- Travelling times across the county are long due to the poor transport infrastructure between these population centres and across the county.
- Locally the 2010 population estimates show 21% of Lincolnshire's population is over retirement age, which is higher than the national average and the size of this age group is set to double by 2033.
- An ageing population leads to a complexity of medical problems with increasing co-morbidity

2.3.2 Current Service provision

ULHTt is one of the largest secondary care organisations in England. It operates in a complex external environment and is influenced by the geography, population distribution and the existing spread of acute hospital services across Lincolnshire, all within one hour of travel time between sites.

Its principle provider sites are in Lincoln, Boston, Grantham and Louth.

The majority of ULHT contracted activity is commissioned, by four newly formed Clinical Commissioning Groups, in Lincolnshire. It currently has an income in excess of £420 million and has 1,225 beds.

We provide a comprehensive range of hospital-based medical, surgical, emergency, oncological, paediatric, obstetric and gynaecological services to the people of Lincolnshire.

We treat more than 170,000 accident and emergency patients, nearly half a million outpatients and almost 100,000 inpatients per annum.
There are four main sites:

- Pilgrim Hospital in Boston
- Grantham & District Hospital
- Lincoln County Hospital
- County Hospital Louth (part of Lincolnshire Community Health Services)

There are three additional hospitals where we provide some OPD and diagnostic services:

- John Coupland Hospital, Gainsborough
- Skegness & District Hospital
- New Johnson Community Hospital (Spalding)

3. Lincolnshire Sustainable Services Review (LSSR)

Within Lincolnshire there are a number of complex challenges, particularly an expanding ageing population; increasing expectations from patients, users, carers, the wider community; greater pressure to meet growing clinical standards and better outcomes for patients. Financial imbalances across the Lincolnshire economy already make it difficult to deliver services as desired and budgetary pressures will make this increasingly difficult now and in the future. There is already a significant financial deficit across Lincolnshire and this is projected to exceed £105 million by 2017/18 if no action is taken to reconfigure the delivery of healthcare.
Within the LSSR, in order to deliver high quality sustainable care, ULHT will be aligned to be part of an integrated network of providers delivering care across Lincolnshire, networking with tertiary providers as required to ensure quality and sustainability.

The Lincolnshire Sustainable Service Review has produced a high level blueprint for developing services across Lincolnshire covering four principles and themes. These are described in more detail below.

3.1 The key principles

- People are engaged and informed
- Prevention is better than cure
- Fragmentation to integration
- Shared decision-making

3.2 Strategic themes

Elective Care - Elective Care is the provision of elective medical services (surgical or non-surgical and including diagnostics) Elective care includes the assessment, diagnosis and treatment of problems requiring clinical intervention, which are not considered to need urgent or emergency care. Elective care can be offered by a variety of practitioners, in a variety of settings, including GP practices, community hospitals, district general hospitals or specialist tertiary services

Urgent Care (Reactive Care) – Urgent Care is when people experience a crisis or a significant unplanned event that requires an urgent response and appropriate intervention., However most urgent care problems are not life-threatening and care needs to be delivered as close to home as possible.

Proactive Care - Long Term/Complex Conditions represent 69% of health care spend, care transcends organisational boundaries and many older people have more than one long-term condition. Many Long Term Conditions can be effectively managed by multi-disciplinary teams delivering care to support patients in their own environment.

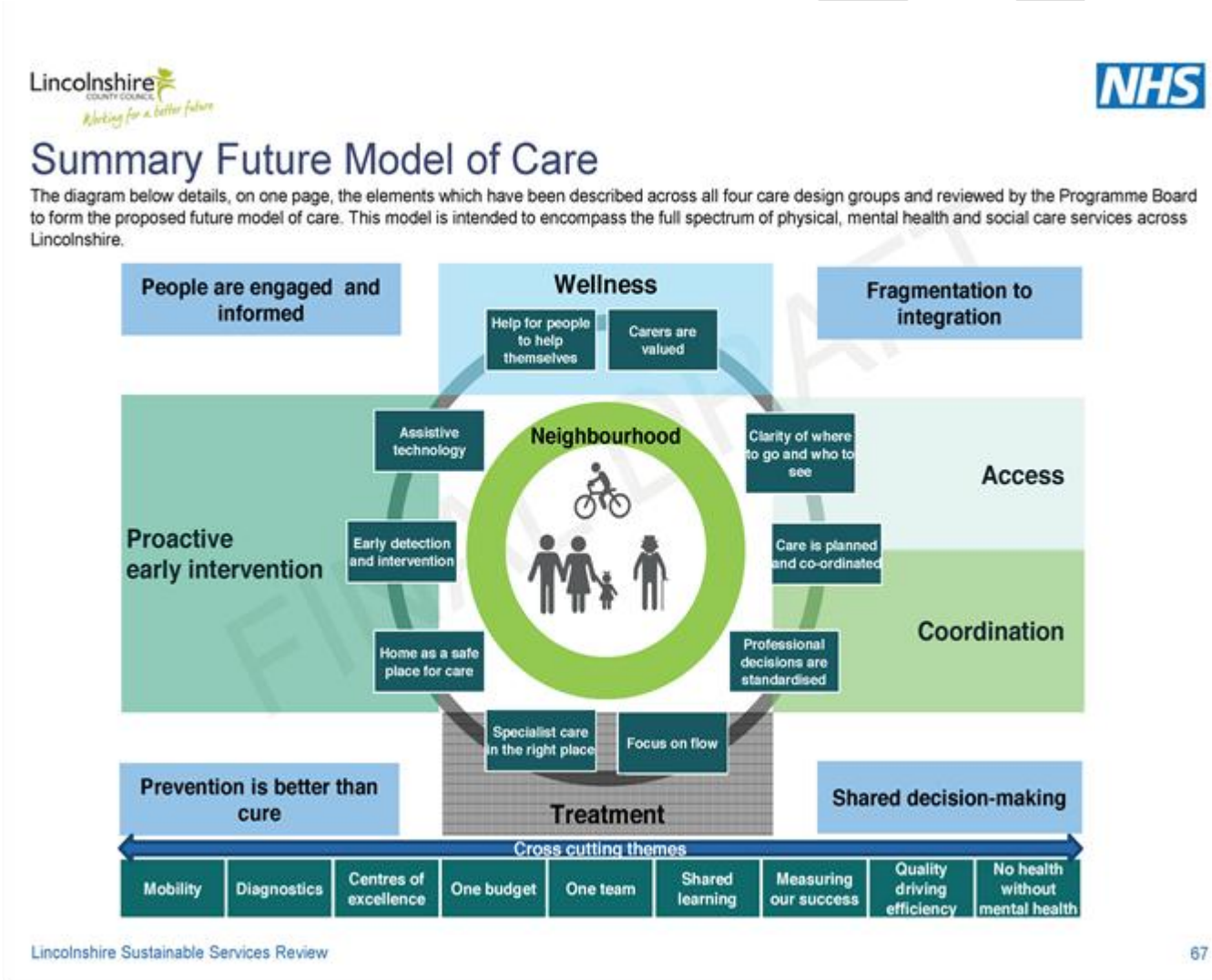
Women & Children's Care – Women and Children's care is the provision of services to women and children and these services cover a variety of areas and these are as follows:

- Acute Paediatric and Emergency Children's Services

- Midwifery and Obstetric Services – Provide a comprehensive service to all pregnant women, including antenatal, birth and post natal care.
- Gynaecology – Provide an urgent and elective care service to women with gynaecological conditions. For the purpose of the ULHT clinical strategy a 5th grouping has been added:

Cancer –Provide the treatment and care of patients with cancer.

Fundamentally the review has reinforced a view that there is still too much dependence upon Acute Hospital services for many patients who can be effectively cared for outside of the hospital environment, closer to or in their own home. This shift in focus will, over time, reduce the number of hospital beds required for Lincolnshire residents. This is absolutely the right thing to do for patients, but we need to plan for the effect this will have on the clinical and financial viability of each of our clinical services.



4. Case for Change

4.1 National and Local Pressures

The NHS is experiencing unprecedented change and ULHT needs to respond to these changes as part of the clinical strategy development. This chapter explores the reasons for change and supports the vision for clinical services in chapter 5.

Increasingly, there is a drive to deliver care closer to home with an emphasis on community support rather than hospital care. However, for some conditions and specialties centralisation of care will be necessary to ensure the very best outcomes for patients.

Traditional professional boundaries, both within ULHT, and between other healthcare providers currently leads to potential deficiencies and/or duplication of services, which are neither streamlined nor seamless. Additional financial resources can no longer address these issues and therefore, "do nothing" is not an option for the future. The delivery of healthcare needs to be both clinically viable and financially sustainable.

ULHT cannot continue to provide services under the existing models of care if it is to continue delivering safe, effective, efficient and high quality care for all. As a consequence, some clinical services on multiple sites are no longer viable and will need to be reconfigured in order for ULHT to meet its obligations for the people of Lincolnshire.

Lincolnshire Sustainable Service Review has recognised the issues and has concluded the current configuration of all services across the county is not sustainable in the future to deliver high quality safe services to the population.

Within ULHT there are some broad themes that highlight the clinical difficulties faced these are outlined below.

4.1.1 Service Pressures

- 18 week standard – ULHT does not consistently meet the 18 week standard in all specialties we offer.
- A&E 4 hour target - ULHT does not consistently meet the 4 hour target
- National Cancer Waiting times – ULHT does not meet a number of the standards on a regular basis

4.1.2 Diagnostics delays – and assessment

- The diagnostic processes and pathways are not streamlined
- There is duplication in diagnostic tests (i.e. community vs. hospital)

4.1.3 Elective Care

Access to timely elective care across the county is not always consistent. Consideration needs to be given to the greater use of day surgery and elective surgery protected from the effects of meeting urgent care demands.

4.1.4 Urgent Care

Sir Bruce Keogh's publication on the review of urgent and emergency care services has implications for the current configuration of accident and emergency services in Lincolnshire. There is a need to develop a coordinated response within Lincolnshire with our partner's e.g. acute cardiology, acute stroke medicine and acute vascular surgery. This work has already begun and is supported within the Lincolnshire Sustainable Services Review.

4.1.5 Proactive Care

In order to deliver a comprehensive proactive care model, ULHT must work in partnership with other organisations in the community. This will ensure that integrated care is delivered in the most appropriate setting for elderly patients and for patients with complex social care needs, long-term conditions and rehabilitation needs.

4.1.6 Women and Children

4.1.6.1 Maternity and Obstetrics;

- National recommendations state that a midwife led birthing unit should be co-located with a Consultant led delivery suite. Boston and Lincoln units are currently under the nationally recommended numbers for a small unit size with only limited growth expected.
- National guidance recommends that all obstetric units should have 24/7 cover with Consultants. This would apply to both obstetric units in ULHT in the current configuration.
- If ULHT is to provide an Obstetric service, then a level 2 neonatal unit is necessary to support each Obstetric Unit established.

4.1.6.2 Gynaecology services;

Commissioners have expressed a desire for an ambulatory care model to be developed

4.1.6.3 Paediatrics;

- For paediatric inpatient activity at site-level, ULHT's hospitals have low volumes compared to the national site-level average.
- Currently there are 2 Neonatal Units in ULHT, a level 1 Unit in Boston that has an occupancy rate of 42%. The level 2 Unit is at Lincoln and has an occupancy rate of 48%
- The LSSR suggests that there should be a community focus for paediatrics on self-management and encouraging individual responsibility through mechanisms such as telemedicine and promoting a 'wellness' rather than 'illness' focus.
- Elective paediatric in-patient surgery is reducing.

4.1.7 Cancer care

- The Trust performance against the national cancer waiting times standards is sub-optimal
- Due to the population living longer, the prevalence of cancer is set to increase
- Early awareness campaigns and screening will increase pressure on diagnostic services.

5.0 Our Clinical Vision

5.1 Future service model

The case and need for change is compelling. The precise configuration of hospital services will now evolve alongside the evolution of the LSSR. However, at this stage our broad vision for services, which are both clinically and financially sustainable, is as follows

- Local access is maintained for all outpatient and diagnostic and therapy services,
- Consolidation of some services based on clinical sustainability, safety and affordability but available to all
- Maximum use of Grantham and Louth for elective work, thereby ensuring their future viability
- Fewer hospital beds with sufficient protected elective beds to consistently meet patients' expectations for waiting times and timely access.
- Increased focus on Pilgrim and Lincoln for a broad range of emergency services where it is safe and viable to do so, but with a concentration of very specialised urgent care on fewer sites
- Consolidate specific care pathways and specialties in line with LSSR e.g. acute cardiology and vascular surgery
- Rapid access to urgent care in the right place when needed with a tiered Emergency service that is staffed on a sustainable basis, with the appropriate supporting clinical infrastructure.
- Develop and expand workforce skills to enable specialist care to be delivered in the community
- Development of enhanced clinical roles, by the use of improved skill mix and training

5.1.2 Elective care service vision

Our blueprint for elective services is that ULHT will continue to provide comprehensive planned services, but these will be consolidated to avoid the pressures from emergency and unplanned care.

5.1.2.1 What does this mean for a Patient needing surgery?

As a patient requiring planned surgery this will mean that you will be managed in the community by your usual healthcare professionals i.e. GP. They will work with the specialists using protocols to prepare you for surgery and once you have jointly decided that you need an operation (i.e. hip replacement), you will be referred for your pre-operative assessment. At the same time the plan will be made for discharge so that you can be discharged in an appropriate and timely manner with support for your on-going care from services such as physiotherapy, occupational therapy and district nursing.

5.2.1 Urgent Care service vision

Our Blueprint for urgent care will ensure that ULHT will provide A&E access for all across Lincolnshire in keeping with Keogh's recommendations. Services that are time critical will be reconfigured to support the delivery of better outcomes e.g. acute myocardial care. Our broad vision for the urgent care services, which are both clinically and financially sustainable, is as follows:

- Provide a Consultant led 24/7 Emergency Department to improve medical care and facilitate timely treatment

5.2.2 What does this mean for a Patient requiring time critical care i.e. Stroke?

As a patient with a suspected stroke that dials 999 you will be transported by ambulance to the designated centre for stroke in Lincolnshire. On arrival at hospital you will be admitted to the Acute Stroke Unit for a scan and treatment within an hour of your admission. On the stroke unit a multi-disciplinary team that have special training in the care of acute strokes will care for you. Your discharge will be planned with the multi-disciplinary team and other relevant agencies in the community from the day of your admission to hospital. Once discharged back into the community you will either be supported in your own home or appropriate care setting to achieve your maximum independence following your stroke.

5.3.1 Proactive Care Service vision

Our Blueprint for proactive care will mean that ULHT will support primary and community services to deliver appropriate care in an integrated and coordinated way in the community with the aim of promoting and maintaining independence.

5.3.1.1 What does this mean for a patient with a Long-term condition?

As a patient already diagnosed with a long- term condition a multi-disciplinary team in the community will manage you. You may have assisted technology support to enable you to remain in your place of residence for longer. You will have an integrated care record that will enable the team to manage you appropriately in the community.

If you do require hospital admission you will continue to be supported by your community team to plan your discharge from the time you are admitted. You will be discharged back to your community team with support from your specialist if required.

5.4.1 Women and Children service vision

Nationally the Royal College of Obstetricians and Gynaecologists have published their recommendations about deliveries in an Obstetric led unit. The expectation is for larger obstetric units with 24/7 consultant presence for the more complex births. A co-located midwifery led unit should support this arrangement, for normal deliveries and to allow women choice.

- Paediatrics will need to be aligned with the plans for Obstetrics. The obstetric unit should be supported by a level 2 NICU supported by the development of clinical networks to raise standards

5.4.1.1 What does this mean for a pregnant woman with an uncomplicated pregnancy?

You will access your local community midwife linked to your GP surgery. You will be offered at least 3 options such as home delivery, midwifery led unit or an obstetric unit. The midwife you register your pregnancy with will be the one that will support you through your pregnancy to ensure continuity of care. Your midwife will also work with you to develop your birthing plan. During your labour you will receive personalised, supportive midwifery care in your place of choice subject to your needs. If any additional interventions are required that will be decided in collaboration between you and your maternity team. Once delivered you will be supported either in hospital or at home by the maternity team and/or your GP for the first few days and your midwife will support the development of your post natal plan of care and support. Your baby will continue to be followed up in the community through your GP surgery.

5.4.1.2 What does this mean if you are child requiring urgent hospital care?

A community and primary care team will assess you, with specialist support for the paediatric assessment, when appropriate. If you require admission for further treatment then you will be admitted to a paediatric ward, where your carer will be able to stay with you during your admission. Your discharge will be planned with the community team from the day of admission.

5.5 Cancer care service vision

Services for Cancer patients have been subject to national review to improve patient outcomes and ULHT services in the future will be aligned to reflect these national requirements.

- Recommendations about specialisation mean that it is unlikely that ULHT will be able to offer treatment for some cancers unless part of a wider network.
- Delivery of national cancer waiting times standards and in turn, driving service reconfiguration and sustainability of performance against the national waiting times standards
- To deliver a Lincolnshire wide cancer service which is responsive to the changing needs of both patients and treatment modalities, working with the commissioning leads to ensure services are delivered in accordance with the population needs
- To ensure MDT working is integral to the delivery of cancer services across the patient pathway
- To improve the care and experience for patients with terminal illness and those that present with advanced stage cancer wherever they present in the Trust
- 100% completion of national cancer audit programmes and extra coverage through local datasets
- Delivery of a wide reaching acute oncology service
- Delivery of chemotherapy closer to home

5.5.1 What does this mean for a patient whose GP suspects they have cancer?

You will have gone to see your GP because you have been feeling unwell or have experienced some worrying symptoms. Your GP will refer you on the "2 week-wait" pathway, which in practice means you will see a Consultant within 2 weeks. At the appointment with the Consultant you will have a discussion, examination, and a diagnostic test and will be told your diagnosis. If you have a cancer, you will have a CT and/or an MRI scan while you are at the hospital. One week later, you will discuss your treatment options and 1 week after discussing these you will have your treatment. After you have completed your treatment you will be discharged back to your GP and any future follow up required will be provided in the community wherever possible, with an integrated care plan between your GP and the hospital.

6. Next Steps

The clinical strategy sets out the ambition and challenging vision for the future for ULHT. Services will have to be delivered differently and yet remain aligned with the outcome of the Lincolnshire Sustainable Services Review. We will continue to work closely with the Clinical Commissioning Groups to ensure local access for services, where appropriate, and to ensure better clinical outcomes. Some of these services may be concentrated on fewer sites.

In order to deliver our clinical strategy over the next five years much needs to be done. Over the next few months:

- We will engage widely with our partners, stakeholders, membership and the public to agree how services can be configured to achieve our vision.
- We will develop our 2014-15 Annual Plan aligned with our Clinical Strategy
- In line with the Lincolnshire Sustainable Services Review we will work with our partners to agree the timescales for change for each service over the next 5 years
- We will revise our supporting strategies i.e. Workforce, Estates and Finance to ensure they support the delivery of the Clinical Strategy and ensure sustainability

7. Supporting strategies

We will conduct a more detailed analysis of our workforce and estate requirements along with a detailed financial model to support the clinical strategy.

7.1 Quality

7.2 Workforce

7.3 Estates

7.4 IT

8. Activity and performance

9. Finance

10. Appendices

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