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Better Services, Better Value

Programme summary and progress to date

Presentation for Merton Health and Wellbeing Board

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4th June 2013

Agenda item 5

This presentation

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- Update on the BSBV Programme
  - Case for change
  - Options for consultation
  - What might this mean for Merton residents
- What BSBV means for the Health and Wellbeing Board
  - Priority areas in the JHWS
  - How BSBV helps you achieve your goals
  - Timeline for initiatives
- Next steps
  - Programme timelines
  - Public consultation

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UPDATE ON THE BSBV PROGRAMME

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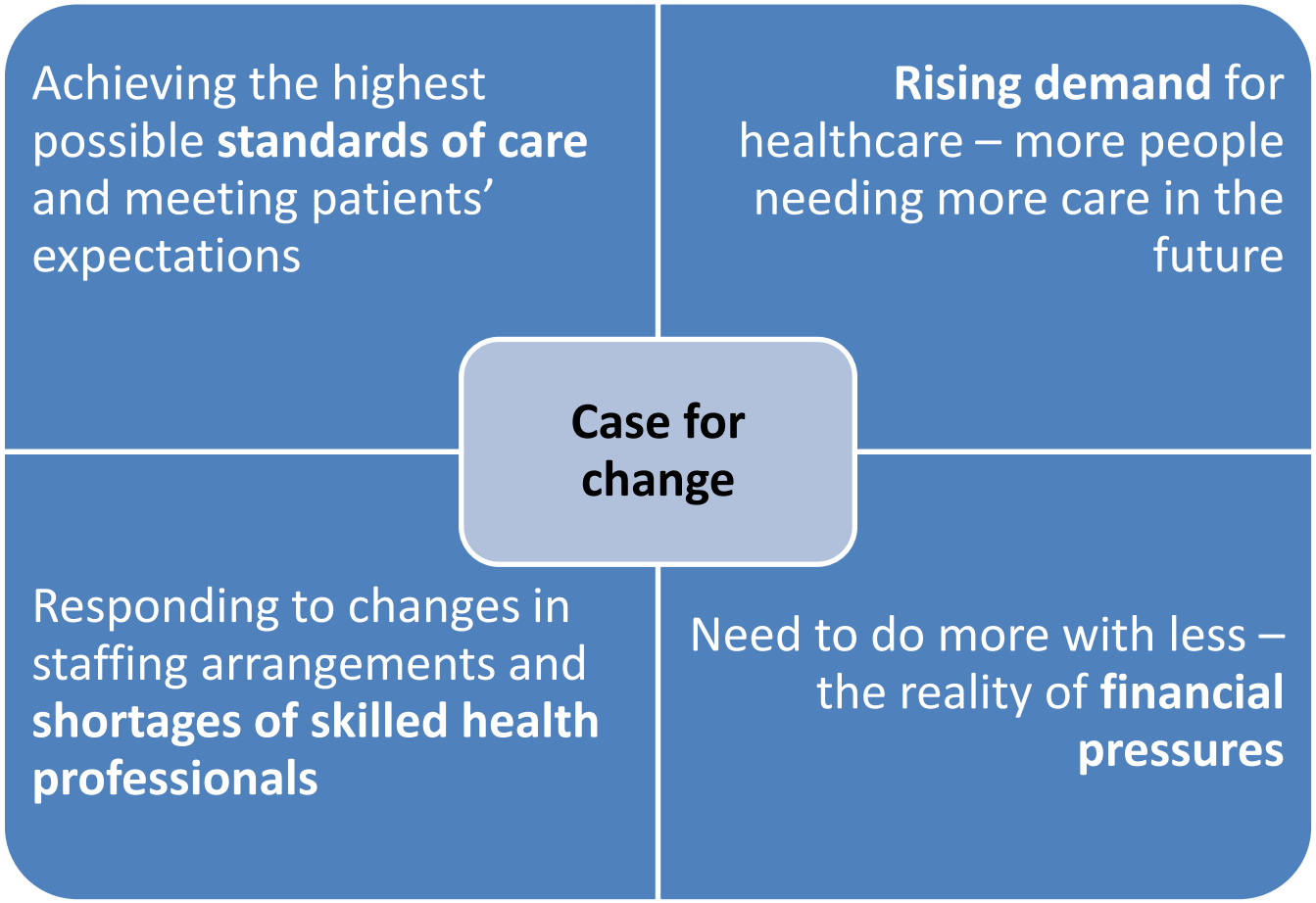
Why do we need to change?

The four drivers for system wide change have been identified as:



The proposed options for consultation

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- One major acute teaching hospital: at **St George's**, providing stroke, heart attack and major trauma services. It would also have a A&E, obstetric-led maternity unit, specialist children's inpatient unit and a children's ward
- Two major acute hospitals: at **Kingston** and either **Croydon** or **St Helier**, providing emergency and urgent care and obstetric-led maternity services with an attached midwife-led unit. These hospitals would also have children's inpatient wards
- One local hospital with an elective centre: at either **Epsom** or **St Helier**, with a planned care centre, diagnostics, outpatients and day surgery
- One local hospital: at either **St Helier**, **Epsom** or **Croydon**, with diagnostics, outpatients and day surgery

Rank	Croydon	Epsom	Kingston	St George's	St Helier
Preferred	Major acute hospital	Local hospital with elective centre	Major acute hospital	Major acute teaching hospital	Local hospital
Alternative	Major acute hospital	Local hospital	Major acute hospital	Major acute teaching hospital	Local hospital with elective centre
Least preferred	Local hospital	Local hospital with elective centre	Major acute hospital	Major acute teaching hospital	Major acute hospital

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The preferred option

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Rank	Croydon	Epsom	Kingston	St George's	St Helier
Preferred	Major acute hospital	Local hospital with elective centre	Major acute hospital	Major acute teaching hospital	Local hospital

Configuration

- **St George's** is a major acute teaching hospital
- **Kingston and Croydon** are major acute hospital
- **Epsom** is a local hospital with a planned care centre
- **St Helier** is a local hospital

Rationale

- **This option scored highest** on the overall non-financial and financial appraisal
- This configuration where the local hospital with elective centre would be located on the Epsom site **plays to the strengths of Epsom's existing estate and capability** by locating the elective centre there, and has a relatively **low capital cost** which is reflected in the high financial appraisal score

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The alternative option

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Rank	Croydon	Epsom	Kingston	St George's	St Helier
Alternative	Major acute hospital	Local hospital	Major acute hospital	Major acute teaching hospital	Local hospital with elective centre

Configuration

- **St George's** is a major acute teaching hospital
- **Kingston and Croydon** are major acute hospitals
- **St Helier** is a local hospital with a planned care centre
- **Epsom** is a local hospital

Rationale

- **This option scored lower than the preferred option** in the overall non-financial and financial appraisal and slightly lower than the least preferred option
- Scores lower in the financial appraisal than the preferred option, as it would require a **significant additional in-area capital investment** of approximately £100m. This is broadly a consequence of building a new elective centre at St Helier rather than expanding the existing one at Epsom
- However, this option faces **considerably fewer delivery challenges than the least preferred option** (see pg 19) and, as a consequence, is assessed as the next preferred option

Least preferred option

Rank	Croydon	Epsom	Kingston	St George's	St Helier
Least Preferred	Local hospital	Local hospital with elective centre	Major acute hospital	Major acute teaching hospital	Major acute hospital

Configuration

- **St George's** is a major acute teaching hospital
- **Kingston** and **St Helier** are major acute hospitals
- **Epsom** is a local hospital with a planned care centre
- **Croydon** is a local hospital

Rationale

- **This option scored lower than the preferred option** and slightly higher than the alternative option in the overall non-financial and financial appraisal
- However this option would be least preferable because it would have a **high level of associated delivery risks**
- The delivery risks are primarily due to the loss of emergency and maternity services in Croydon resulting in a **considerable flow of activity to King's College Hospital's** ability to accommodate projected activity in maternity and emergency care
- The least preferred option has the **highest estimated out of area capital costs** which raises the total capital requirement to the highest by far of all options. This was not reflected in the score in the financial evaluation

Which hospitals Merton patients use at present

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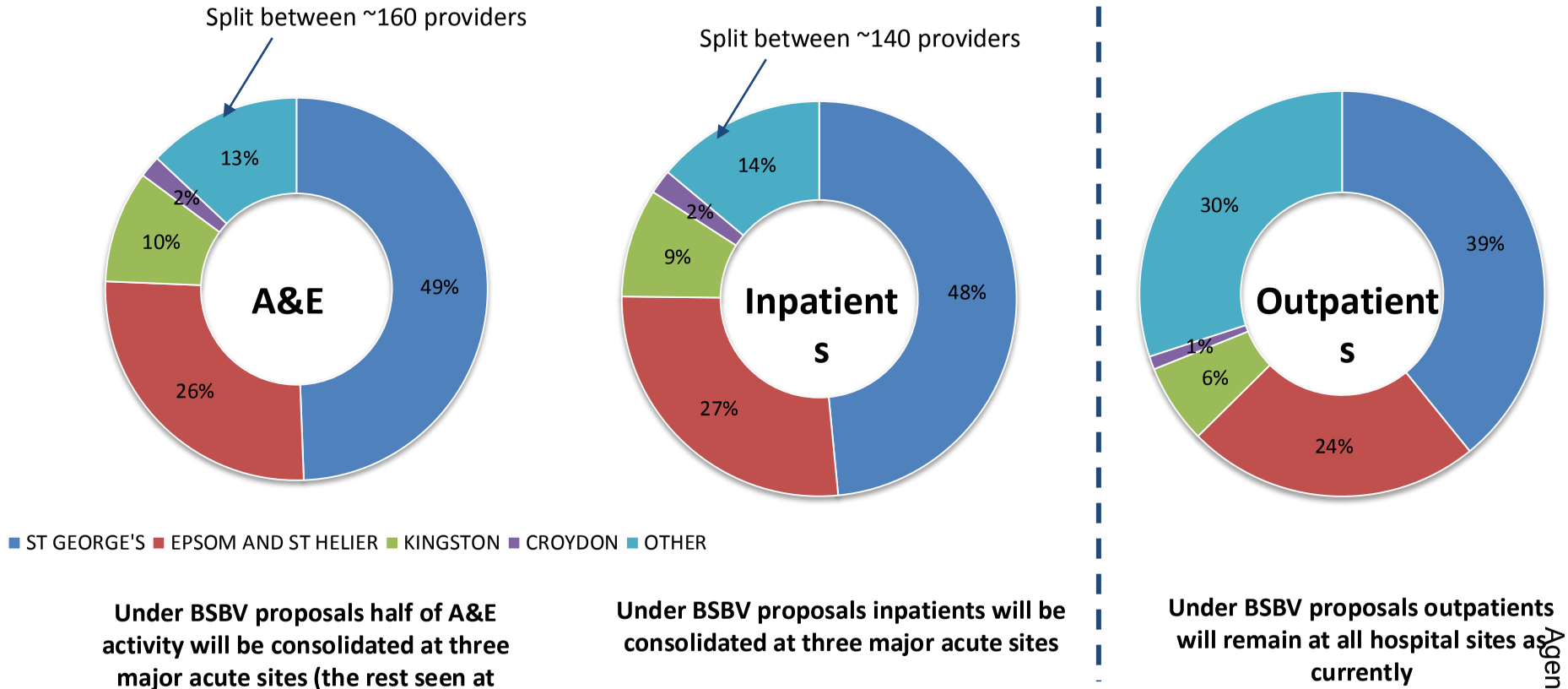

Under BSBV proposals half of A&E activity will be consolidated at three major acute sites (the rest seen at UCCs)

Under BSBV proposals inpatients will be consolidated at three major acute sites

Under BSBV proposals outpatients will remain at all hospital sites as currently

Under the preferred option around a quarter of Merton borough's inpatient hospital activity would take place at a different hospital to currently

Source: SWL Cube data; based on 2012/13 data up to end of Feb 2013

* The vast majority of this is at St Helier. This Merton-specific data source does not split out Epsom and St Helier hospitals.

Of the 25% of Merton's activity which is displaced, it is projected that the vast majority of these patients would in future travel to St George's or Croydon

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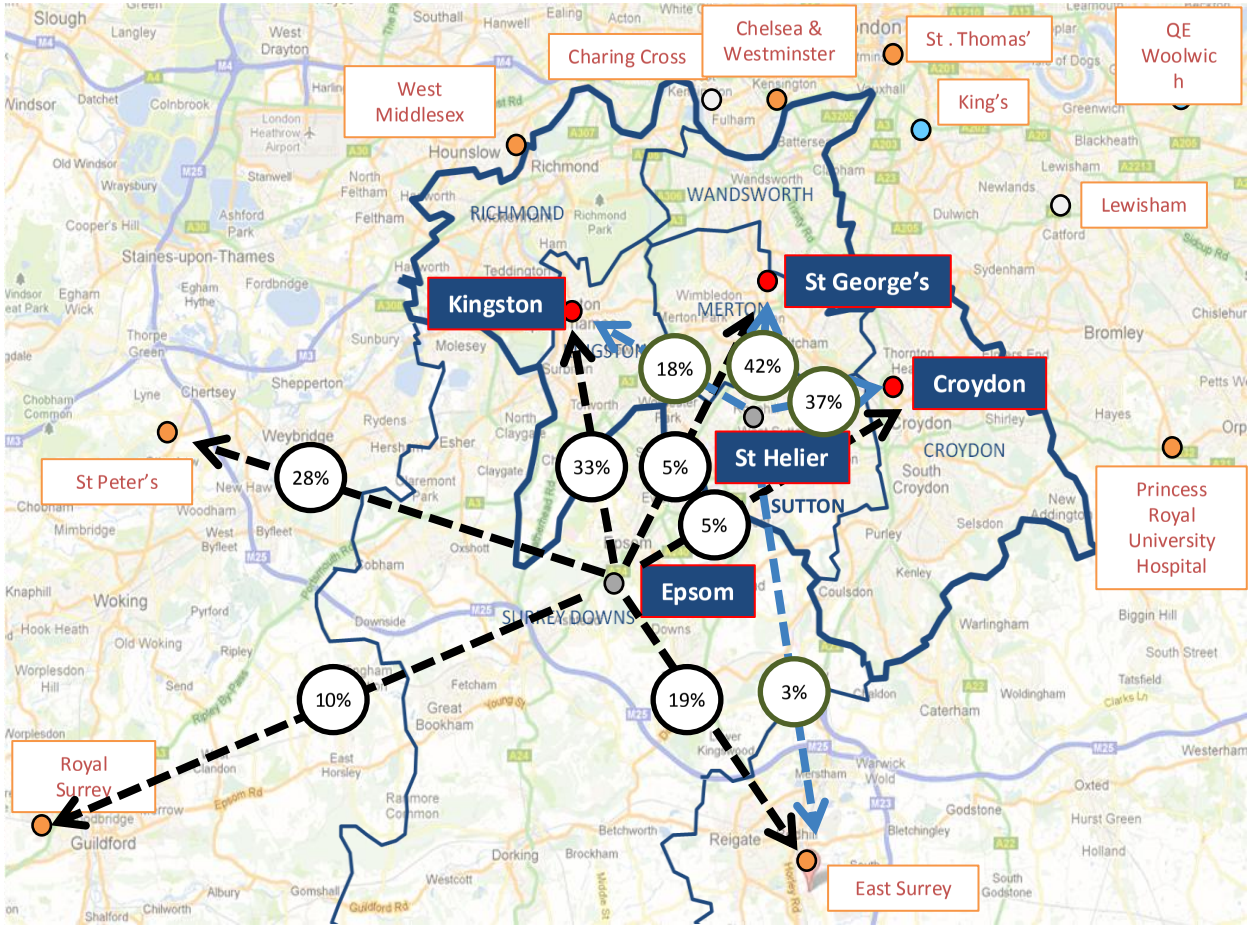
This map shows where the proportion of reconfigured activity will shift to under the preferred option:
- Epsom activity will in future go to Kingston (33%), St Peter's (28%), East Surrey (19%), Royal Surrey (10%), Croydon (5%), St George's (5%)
- St Helier activity will in future go to St George's (42%), Croydon (37%), Kingston (18%), East Surrey (3%)



Key

- BSBV Acute Hospital
- Neighbouring Acute Hospital

Note: Area boundaries are approximate. Acute Hospitals as at March 2013. Source: Google Maps

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What are the benefits of reconfiguration for Merton patients?

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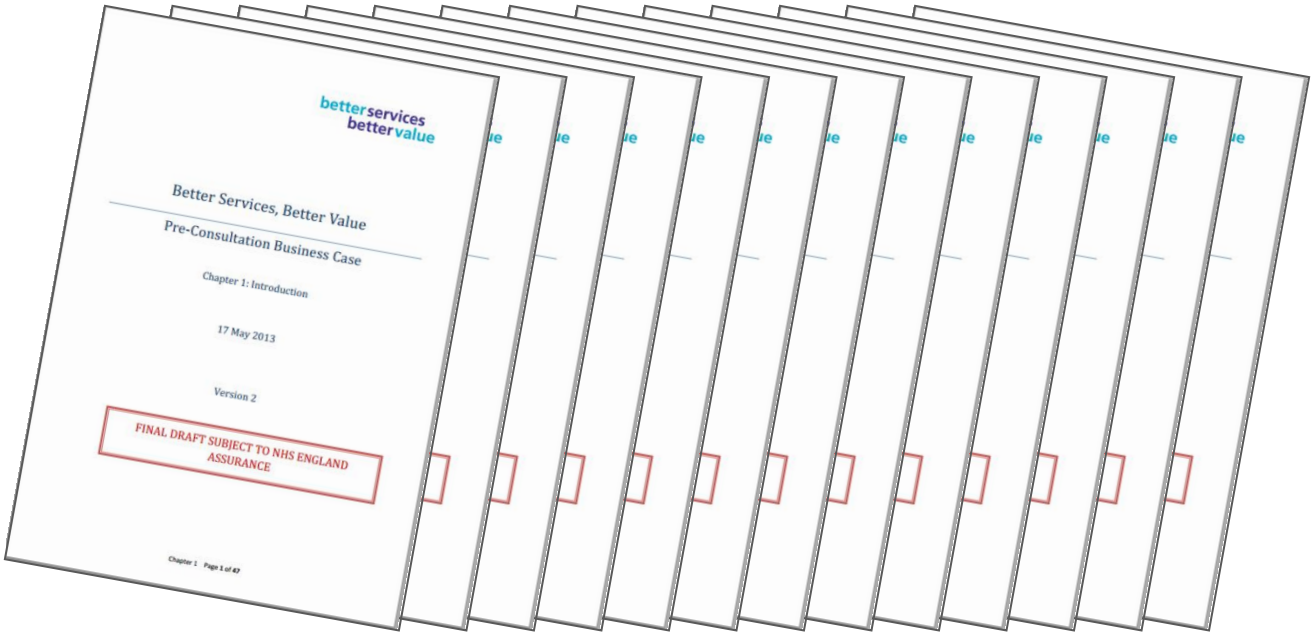
- More patients would receive improved quality of care and get the best health outcomes first time around, reducing the need for further treatment or readmission
- Investment in GP and community services to deliver out of hospital care
- Recommended number of experienced and specialist staff on hand at the hospitals and provide the necessary training to ensure skills are maintained – financial savings from reconfiguration would help us to meet the London Quality Standards for best practice clinical care
- The reconfiguration would improve the finances of local hospitals, making them financially viable for the future.
- Together the four hospital trusts as a whole and NHS community service providers, would be able to afford to provide the necessary health services for the population within the available NHS budget
- Reconfiguration would improve hospital infrastructure, with between £200-£300 million being invested in existing hospital facilities

‘Version 2’ of the pre-consultation business case was published on the BSBV website on 17th May

Overview

- For v2 all chapters were refined and updated with the latest information
- Accompanying appendices were published
- The entire document is subject to the NHS England assurance process



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The seven local CCGs that own the programme have agreed to form a decision-making body for BSBV

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- All of the CCGs have met in public to discuss BSBV and agreed to the formation of committees that will meet in common to decide upon whether the programme goes out to public consultation
- NHS England will also be represented on this committee in their role as commissioner of specialised services and will have provided assurance on the programme ahead of this
- This committee will meet in public- probably later in June – only then will a decision be made on whether to go out to consultation

7 MAY	Kingston CCG Public Governing Body
8 MAY	Wandsworth CCG Public Governing Body
9 MAY	Sutton CCG Public Governing Body
16 MAY	Merton CCG Public Governing Body
17 MAY	Surrey Downs CCG Public Governing Body
21 MAY	Richmond CCG Public Governing Body
28 MAY	Croydon CCG Public Governing Body

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HOW YOUR JHWS OBJECTIVES AND BSBV PROPOSALS ALIGN

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There are ways in which BSBV can support your local Joint Health and Wellbeing Strategy

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- BSBV is a **clinically led** programme, that seeks to improve the quality of services locally through:
  - The **reconfiguration of acute services**
  - Supported by the implementation of an **out of hospital strategy** (this seeks to reduce the reliance on acute hospital care and provide more services closer to people's homes)

- The next pages will consider how the BSBV proposals fit with Merton local priorities, whilst recognising that your strategy has a focus on wellbeing, which is wider than BSBV's remit around the re-organisation of health services

An overview of Merton's priority areas

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Giving every child a healthy start
Lead: Children's Trust

Supporting people to improve their health and wellbeing
Lead: Healthy Living Delivery Group

Improving wellbeing, resilience and connectedness
Lead: Sustainable Communities Partnership

Enabling people to manage their own health and wellbeing as independently as possible
Lead: One Merton Group

Merton's priority areas: **Enabling people to manage their own health and wellbeing as independently as possible**

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Merton priority area outcome	BSBV proposal	CCG plan alignment
Improve health related quality of life for people with long term conditions	The Long Term Conditions CWG has made a number of recommendations including: the implementation of area-wide care programmes for COPD, diabetes and heart failure based on prevention, early diagnosis, patient education and management; taking an integrated approach to long term conditions care pathways; improved access to psychological therapies and Liaison Psychiatry services; development and commissioning of self-care models; and implementation of Telehealth where appropriate.	• 16 Merton GP practices are using Sollis ACG risk profiling tool • LTC programme (based on reviewing the pathways for heart failure, COPD, asthma, diabetes, angina and epilepsy/convulsions) has achieved a reduction of 162 admissions, saving £683,000 • Telehealth (100 telecare boxes) delivered
Enable people with dementia and their carers to have access to good quality early diagnosis and support	Planning is being undertaken to establish how dementia services can be improved – in particular through sharing of 'best practice' between the local CCGs	
Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support	It is proposed that there will be improved psychiatric liaison located in all of the A&Es – meaning that those who do attend hospital have access to appropriate services with discharge planning, reducing the potential need for future attendances	• Integrated primary care teams (primary, acute and community services) and neighbourhood care teams identifying high risk groups that would benefit from early intervention

Merton's priority areas: **Enabling people to manage their own health and wellbeing as independently as possible**

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Merton priority area outcome	BSBV proposal	CCG plan alignment
Delivery timely access to good quality diagnosis, treatment and care in the most appropriate location	St Helier will maintain diagnosis facilities close to peoples homes and people will return from hospital sooner through reducing length of stay and reducing the numbers of cancelled procedures –also many hospital attendances will be avoided all together.	• We already have a domiciliary phlebotomy service in place
Enable people to stay in their home as long as possible	The recommendations focus on moving care from acute settings into the community, both closer to and in peoples homes through initiatives such as the roll out of Telehealth where appropriate	• Telehealth (100 telecare boxes) delivered
Increase the preferred place of care and death for those who need end of life care services	The End of Life Care CWG has made a number of recommendations including: 75% of patients identified as being in their last year of life with a stated preference for place of death should die in that setting; implementation of a single electronic end of life care register; better integration and coordination of services; resources used to support patient preferences; and increasing education for carers, patients and institutions.	• Merton CCG is leading the field in this area. Use of 'Co-odinate my Care' supports a minimum of 75% of those who express a preference of place of death to receive care and die in their preferred place

Initiatives being undertaken by Merton CCG to reduce dependence on hospitals and provide care closer to home

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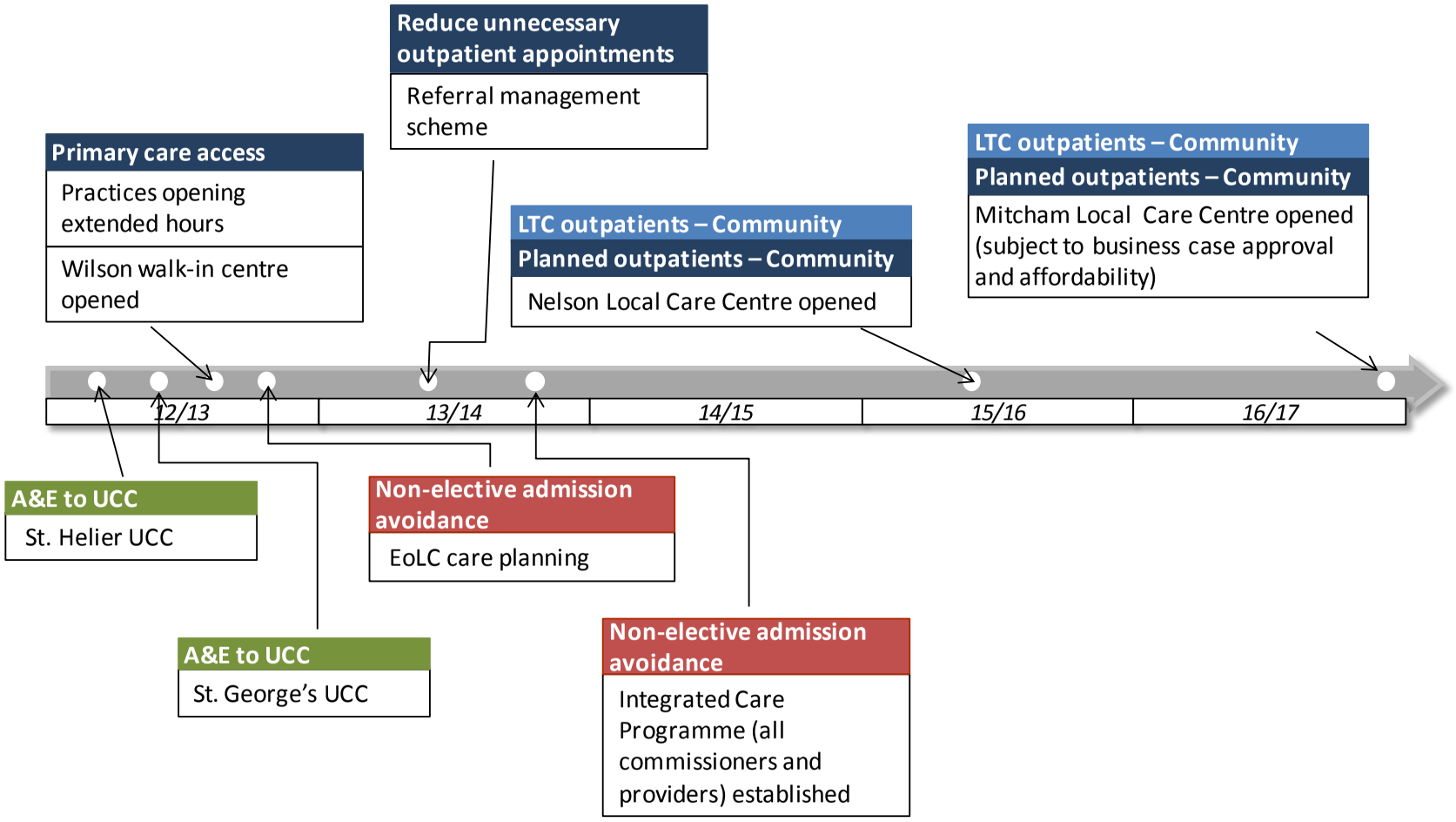

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NEXT STEPS

Proposed timeline for changes

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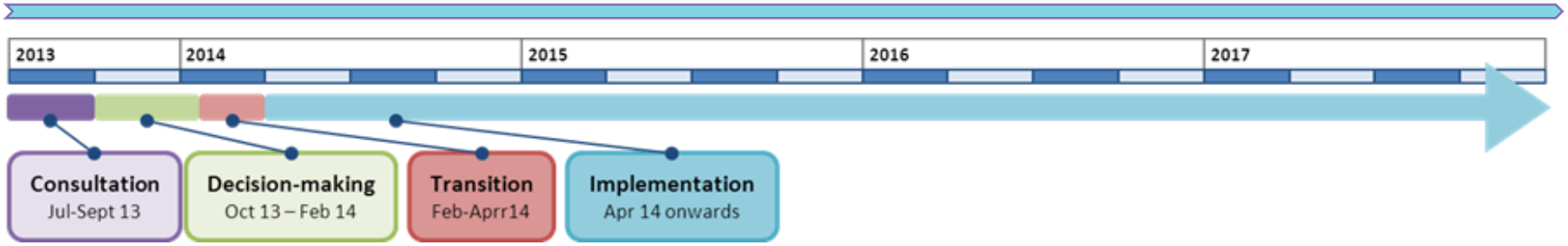

Consultation

- Local patients and residents are able to express their views on the proposals

Decision making

- Local CCGs will decide on what changes to take forward to implementation informed by the results of the consultation

Transition

- Improvements in out of hospital and community services need to be in place and working well before any hospital-based services are closed – this work is underway and we have developed a monitoring tool which will check that the new elements of the system are working effectively before we begin to dismantle the old ones

Timetable

- Changes would not be implemented immediately – it would take four to five years to develop out of hospital services and create the capacity in the three major acute hospitals to accommodate projected activity

Capacity

- A&E and maternity units would not close until the other three hospitals have expanded to cope with more patients

Sustainability

- In implementing any reconfiguration option the risks for delivery need to be managed carefully especially the complexity of managing hospital sites which are most impacted by the proposed changes and may begin to lose staff as a result

The consultation document and summary version will be made widely available at:

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- Hospitals (A&E departments and Urgent Care Centres)
- GP surgeries
- Pharmacies
- Opticians
- Community based primary care services (walk-in centres, primary care centres)
- Sports centres/football and rugby clubs
- Voluntary organisations
- Local Authority customer service areas
- Libraries
- Citizens Advice Bureau
- Job Centres
- Schools via Local Authorities
- Colleges/Universities
- Faith organisations and centres
- Local businesses
- Housing associations
- Housebound Library services
- Resident Associations
- Merton i

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Consultation
Jul-Sept 13

We want to hear the views of Merton residents and all NHS staff who work in our local services

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Overall Approach	Targeted stakeholders	Local approach in Merton
9 x Hospital and Community Provider Events	Hospital and community provider staff	1 x Sutton and Merton Community Services
7 x Primary Care Events	GPs, practice managers practice nurses, primary care staff	1 x Merton Clinical Commissioning Group
7 x Council Events	Council staff, councillors and stakeholders	Council reception – stall
Health and Wellbeing Boards	HWBB members (council, health and vol sector)	Meeting with Board/Chair –on-going
GP Educational Events	GPs (less involved in Clinical Commissioning Groups)	Attendance at GP forums - during consultation
Overview and scrutiny committees	Councillors and officers	Attendance at Merton OSC – ongoing
Healthwatch	Healthwatch members (individuals and organisations)	Healthwatch Merton to host documents and circulate to contacts. Possible joint event.

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Consultation
July-Sept 13

So will be running lots of events and giving them lots of different ways to feedback their views

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Overall Approach	Targeted members of the public	Local approach in Merton
Large scale public events	General public	2 x public meetings (1 Vestry Hall and 1 in a location in Wimbledon)
Health Guides (40 trained local residents)	Local community	50 plus sessions with local community groups - including work on local estates
Teledepth interviews	Residents living in areas of high deprivation	
Focus Groups (OPM) 48 in total.	Protected groups/characteristics	Croydon/Merton/Sutton – (15) located in areas of high deprivation
Road shows (BSBV) 4 in each borough	Residents, commuters, general public	Merton Civic Centre, Centre Court Shopping Centre, Pollards Hill Library, Sainsburys Colliers Wood (4)
Health and Equality Forums - Integrated Impact Assessment (Mott MacDonald)	Stakeholders (protected characteristics)	1 x Health and Equality Forum in Merton

Consultation
Jun-Sept 13

Next steps

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- No decisions yet
- So far we have the clinical recommendations and the draft pre-consultation business case which all seven CCGs have reviewed
- Once final proposals have been developed for how to reorganise local health services, a full 14-week public consultation will be held
- After consultation a decision making committee formed predominantly by the CCGs and NHS England will decide the changes that should take place
- In the meantime we are continuing engaging with local residents about the case for change and proposed models of care
- An Integrated Impact Assessment is being undertaken, and there will be an interim report published during consultation and a post-consultation report published afterwards

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APPENDIX

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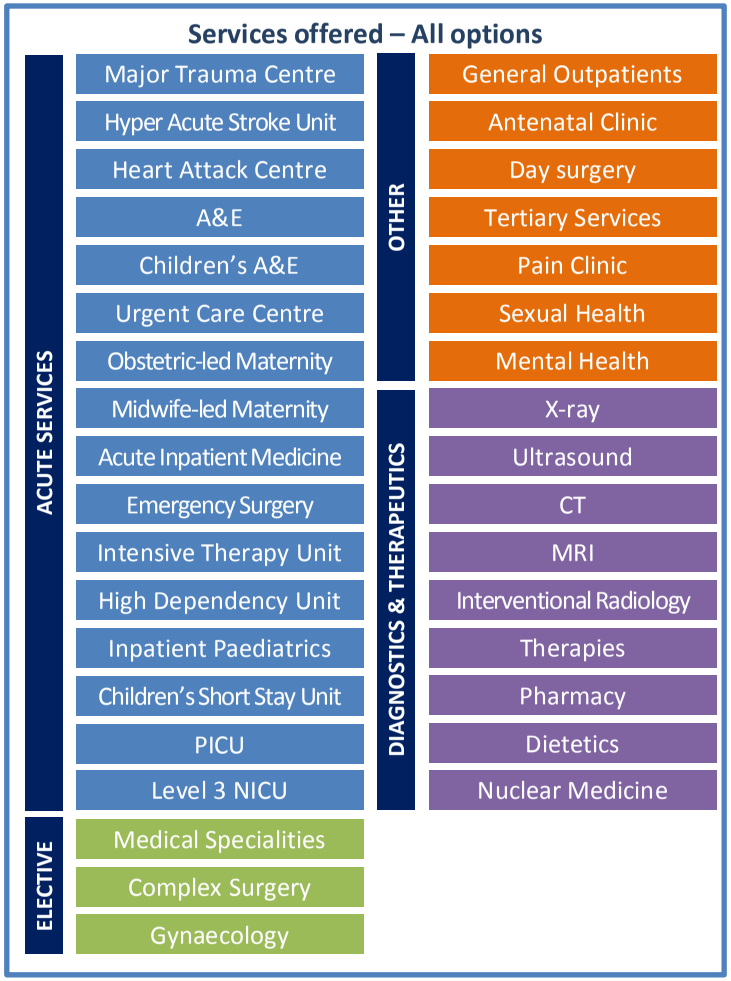
What are the expected services and activity at St George's?



	10/11	Preferred option	Alternative option	Least preferred option
A&E Attendances	117,262	95,420	95,420	87,932
UCC attendances	-	73,314	73,314	73,314
Births	5,160	6,748	6,748	6,748
Adult Beds	771	810	810	751
Main Theatres	28	27	27	27
Emergency Medicine Attendances	21,900	30,261	30,261	26,901
Emergency Surgery Attendances	12,987	16,453	16,453	15,884
Elective Medicine Attendances	8,210	10,431	10,478	11,299
Elective Surgery Attendances	29,315	31,569	30,725	31,147
Outpatients*	545,258	486,560	486,560	486,560

** Outpatients: A significant proportion of activity to be provided in the community, leading to a decrease in activity, however, underlying activity increases – this represents a reduction in activity of 10.8% compared to 2010/11*

What are the expected services and activity at St Helier?

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Services offered – Preferred option

- Urgent Care Centre
- DIAGNOSTICS & THERAPEUTICS: X-ray, Ultrasound, Therapies, Pharmacy, Dietetics
- OTHER: General Outpatients, Antenatal Clinic, Day surgery, Pain Clinic, Sexual Health, Mental Health

Services offered – Alternative option

As preferred option plus:

- ELECTIVE: Surgical Specialities, Medical Specialties, Gynaecology

Services offered – Least preferred option

As preferred option plus:

- ACUTE SERVICES: A&E, Children's A&E, Obstetric-led Maternity, Midwife-led Maternity, Acute Inpatient Medicine, Emergency Surgery, Intensive Therapy Unit, High Dependency Unit, Children's Short Stay Unit, Inpatient Paediatrics*, Level 2 NICU
- DIAGNOSTICS: CT, MRI, Interventional Radiology
- ELECTIVE: Complex Surgery, Medical Specialties, Gynaecology

	10/11	Preferred option	Alternative option	Least preferred option
A&E Attendances	77,299	-	-	93,198
UCC attendances	-	48,204	48,204	48,204
Births	3,106	-	-	5,846
Adult Beds	403	-	142	523
Main Theatres	8	*Retains existing day theatres****	13	10***
Emergency Medicine Attendances	13,980	-	-	25,786
Emergency Surgery Attendances	5,986	-	-	8,269
Elective Medicine Attendances	2,982	-	3,826	5,794
Elective Surgery Attendances	20,546	19,811	34,284	22,950
Outpatients**	345,359	267,385	267,385	267,385

** The Children's model is subject to consultation; ** Outpatients: A significant proportion of activity to be provided in the community, leading to a decrease in activity, however, underlying activity increases – this represents a reduction in activity of 22.6% compared to 2010/11; *** This number includes theatres relocated from Sutton, and in the case of day theatres enough to support activity from St Helier and Sutton*