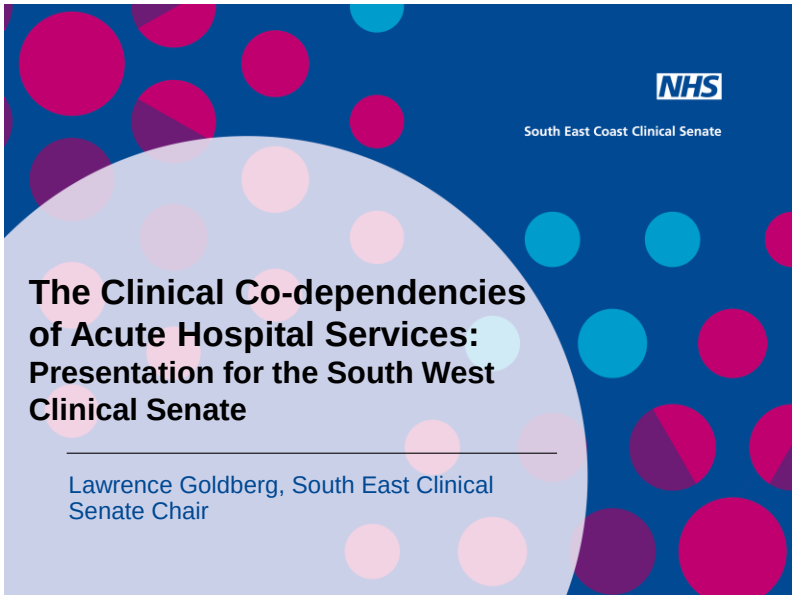


Approach to the Clinical Senate

- Sussex CCG Collaborative (7 CCGs):
  - 'What are the clinically necessary co-locations (i.e. same site) and co-dependencies (which could be provided on a networked basis) for acute hospital-based services?'
- Generic, not county- or organisation-specific report
- A summary of the available evidence, and where none, what is the clinical consensus

Context

- Care ‘centralised where necessary, local where possible’
- 5YFV/Dalton/RCP’s Future Hospitals Commission
- Financial pressures
- Need to consider the clinical constraints, enablers and range of factors relevant to hospital and service reconfigurations

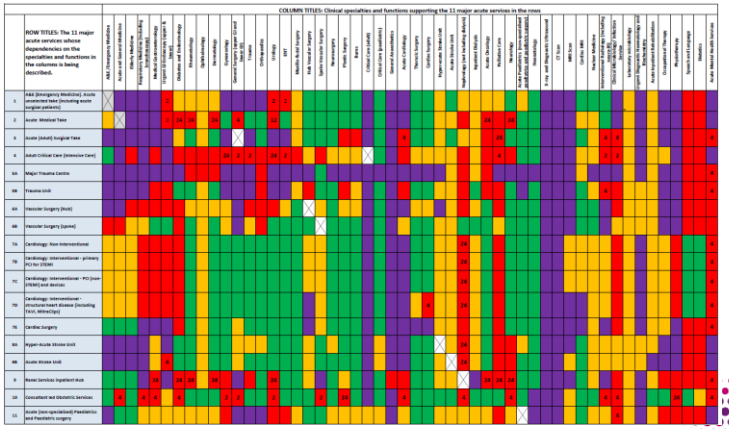
Methodology of the review

- Evidence review
  - Literature search
  - Kings Fund report: The Reconfiguration of Clinical Services: What is the Evidence (Nov 2014)
- National specifications (for specialised services)
- Royal Colleges'/specialist societies’ guidelines and recommendations
- Other published co-dependency work
- Collaboration with South East’s strategic clinical networks (esp. cardiovascular, and maternity and paeds)
- Clinical reference group
- Regional summit

Rating the closeness of clinical co-dependencies in acute hospitals

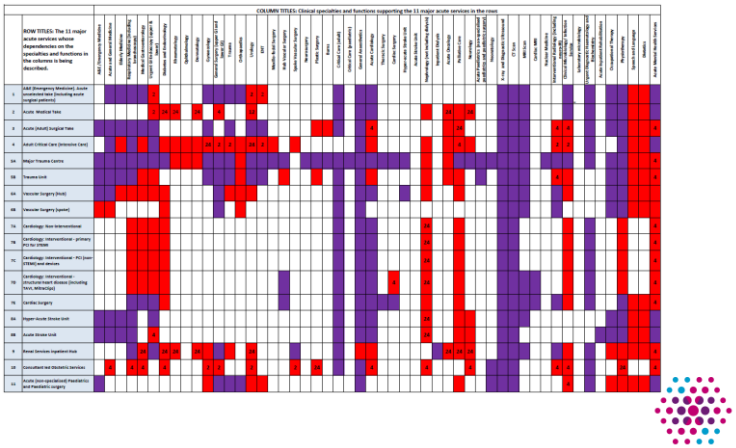
PURPLE	
Service should be co-located (based) in same hospital	
RED	
Service should come to patient (patient transfer not appropriate), but could be provided by visiting/inreach from another site (either physically, or via telemedicine links) if not based in the same hospital	
2	Within 2 hours
4	Within 4 hours
24	Within 24 hours
	Not specified
AMBER	
Ideally on same site but could alternatively be networked via robust emergency and elective referral and transfer protocols	
GREEN	
Does not need to be on same site. Appropriate arrangements are in place to obtain specialist opinion or care	

Full co-dependency grid



Services that should be available on site either

Either based in same hospital (purple) or inreach service (red)



Clinical service needs of hospitals with A&Es and an unselective medical and surgical take

Service should be based on same site	Service could provided inreach if not based on same site
• Acute and General Medicine • Elderly Medicine • Respiratory Medicine (with bronchoscopy) • Medical Gastroenterology • Urgent GI Endoscopy (upper and lower) • Cardiology (non-invasive) • General (Adult) Surgery • Gynaecology • Trauma • Orthopaedics • Critical Care (adult): Level 2 and 3 • General Anaesthetics • X-ray, Ultrasound, CT, MRI • Urgent Diagnostic Haematology and Biochemistry • Clinical Microbiology/Infection Service • Occupational Therapy • Physiotherapy • Liaison Psychiatry	• Diabetes and Endocrinology • Rheumatology • Dermatology • Acute Oncology • Palliative Care • Neurology • Nephrology • Urology • ENT • Burns • Maxillo-Facial Surgery • Interventional Radiology • Speech and Language • Dietetics

Other major acute specialties' dependencies

(underlined services have national specialised commissioning service specifications)

- Major Trauma Centres and Trauma Units
- Vascular surgery hubs and spokes
- Cardiology and cardiac surgery
- Hyper-acute and acute stroke units
- Renal services
- Consultant-led obstetrics
- Acute paediatrics and paediatric surgery

Cross-cutting issues when considering service re-configurations

- Public and patient view
- Ambulance and transport issues
- Workforce
- Teaching, training and research
- Imaging

Public and patient view

- Be up front, from the start, about the clinical case for change, and how patient outcomes and experience will be improved
- Local networking arrangements should be maximised, with repatriation to more local facilities once specialist work completed
- Not all patients want to travel for a ‘gold standard’ service, and would prefer a more local ‘bronze standard’.
- Service reconfiguration is not a panacea: underlying issues may need to be addressed regardless.
- Transfers of care should be seamless

Ambulance and transport services

- They are key enablers of greater networking
  - Inter-hospital transfers
  - Extended competencies and responsibilities of paramedic workforce
- But they are a finite resource
  - Capacity must be considered in new networking plans

Workforce

- 7/7 and 24/7 services in hospitals and the community
  - A key driver for change
- Need increased flexibility of workforce
- Align workforce planning with the NHS of the future

Teaching, Training and Research

- Need to ensure coordinated, comprehensive delivery of undergraduate and postgraduate curriculum
  - Multiple providers/networking risks fragmenting without careful planning
- Delivering high quality clinical research is essential (and pays!), and needs:
  - strong leadership from the region's specialist centres
  - coordination between all provider organisations
  - coordination between AHSNs, LCRNs, HEE

Enablers for developing more networking arrangements for acute services

- Networking
  - Cooperation between acute providers
  - Joint appointments
  - New ways of working
- Use of health-related technologies
  - Electronically shared patient information
    - History, meds, health and care needs etc.
    - Diagnostics information
    - Seamless transfers of care
  - Video-assisted technologies
  - Remote monitoring

Circulation of the report

- South East
  - All CEOs/MDs/DoN in provider trusts
  - All CCG chairs and Aos
  - NHS England
- 12 regional clinical senates
- NHS England South HQ
- Keith Willett, Jonathan Benger
- Kings Fund, Nuffield Trust

Usage

- Kent and Surrey service reviews
  - Stroke
  - Vascular
  - Acute hospital trust reconfiguration
- CCGs reviewing urgent care being referred to it by national CD
  - E.g. Yorkshire CCG collaborative
- ……

Concluding slide

- Generic report
- Based on ‘evidence’ where available
- Local/regional geography may allow different co-dependencies from our conclusions
- Grid makes relationships explicit, and a starting point for local discussions
- Important general messages on the public perspective, ambulance and transport services, manpower, liaison psychiatry, and teaching, training and research
- Room for creative and innovative approaches to networking of specialist services