

Clinical Strategy Review

28th January 2014

- Background, Timeframes and Process
- Review of work completed
- Initial conclusions


Background:

Some aspects of NHS services in Herefordshire are not currently delivered in a financially or clinically sustainable way

In particular Wye Valley NHS Trust operates with a significant recurrent financial deficit.


No alternative organisational models have yet been identified for WVT NHST which can meet national quality and safety standards within the available financial resources

Objectives:




- Identify the clinical services which are essential for delivery within the borders of Herefordshire
- Identify the clinical services which are essential for service users but which may could be delivered outside the borders of Herefordshire
- Identify for those clinical services which are deemed essential, what resources are required for them to meet safe standards of care
- Identify clinical services that are not currently clinically and / or financially sustainable
- Identify and map all interdependencies between services, and identify interdependent services which are essential for service users

Objectives:




- Identify any services which are not essential for the service users of Herefordshire
- Identify any clinical services which are best delivered in alliance with other providers
- Ensure that engagement with the public, service users, and clinicians inform the outputs of the project
- Provide a basis for a commissioning strategy leading to reconfiguration and identify which proposed changes should be subject to formal public consultation

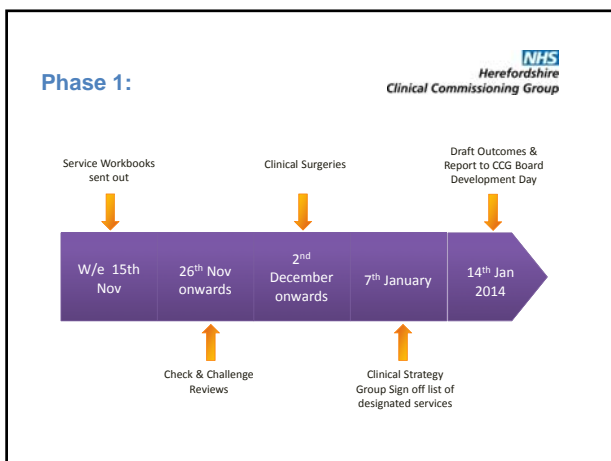
Clinical Leadership:




- The Senior Clinical Leader for the project is Dr Andy Watts, the CCG's Clinical Leader.
- The Project's steering group is the Clinical Strategy Group, whose membership comprises senior clinicians from the CCG, WVT, 2Gether, and NHSE Area Team.
- The role of WVT Service Unit Directors and CCG Board GPs has also been crucial to the clinical engagement



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Phase 1 Objectives:




To submit a proposed list of Service classification:

- Clinical services that are essential for delivery within the borders of Herefordshire: **Designated**
- Clinical services that can be delivered as free-standing services, i.e., are not interdependent on other services: **Non-Designated**
- Clinical services best delivered in alliance with other providers, either as part of a Network or wholly integrated

Service classification:

Definition




Designated Service:

A Service that must be **delivered** - in part, or whole, within the boundaries of Herefordshire in order to prevent any degradation to the quality of service provided.

Non-Designated Service:

A service that could potentially be delivered outside Herefordshire without any degradation to the quality of service provided


Monitor Framework Criteria:



Recommendations must be supported with sufficient clinical evidence, and meet the criteria set out in the Monitor framework, as follows:

- Do suitable alternative providers exist (for which we will need to establish how far it is reasonable for a patient to travel)
- Are there any health inequality impacts (would non-designation have a significant adverse impact on the health of persons in need of the service, or significantly increase health inequalities)?
- Are there any interdependent services that need to be considered in relation to the service (and if so, what are they)?


Phase 1 Process:



39 x Data Workbooks were sent to local Primary and Secondary Care clinicians across 13th / 14th November

They were encouraged to work together as 'clinical buddies' to complete the Workbooks, and return them to the Clinical Strategy Group by 25th November

The Workbooks were then reviewed by members of the CSG in preparation for the face to face Clinical Surgeries

Phase 1 Process: 

Clinical Surgeries were attended by one or both of the clinical buddies, plus at least one member of the Clinical Strategy Group

The purpose was to seek clarification, and to challenge comments made by the clinicians in order that a clinically evidenced recommendation could be made regarding classification

Workbooks were then updated in order to provide a comprehensive record of the dialogue throughout the process

Indicative Designated Services: 31 


- Gynaecology
- Obstetrics
- Paediatrics
- Neonatology
- Diabetic Medicine
- General Surgery
- Upper GI Surgery
- Colorectal Surgery
- Gastroenterology
- Cardiology
- Respiratory Medicine
- General / Acute Medicine
- Geriatric Medicine
- Neurology
- Palliative care
- Ophthalmology
- Therapy Services: OT, Dietetics, SALT, Physiotherapy
- Trauma & Orthopaedics
- Emergency Medicine
- Clinical Haematology
- Critical Care & Anaesthetics
- Rheumatology
- Urology
- Diagnostics
- Pathology
- Neuro-Physiology
- Stroke
- Oncology

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- Rheumatology
- Urology
- Diagnostics
- Pathology
- Neuro-Physiology
- ENT – Paediatric Only
- Dermatology – 2 Week Wait Only
- Vascular Surgery – Emergency Cover
- Breast Surgery – 2 Week Wait Only

Indicative Non Designated Services: 8 

- Breast Surgery - 2 Week Wait Referrals Only
- Vascular Surgery - Provision of emergency cover to on-site operative procedures only
- ENT - Paediatric ENT Only
- Dermatology - 2 Week Wait Referrals
- Endocrinology
- Nephrology
- Maxillo-Facial & Orthodontics
- Plastic Surgery

Indicative Designated Services in part only: 4 

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- Vascular Surgery - Provision of emergency cover to on-site operative procedures only
- ENT - Paediatric ENT only
- Dermatology - 2 Week Wait Referrals only



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Initial conclusions:



The current list of Designated and Non-Designated services is by no means definitive, and requires further clinical evidence before approval can be sought

Initial conclusions:




From a clinical perspective the majority of acute services may need to continue to be provided in Herefordshire:

- Our location means that for many services, it would not be safe to travel the distance required to reach alternative providers
- Vulnerable groups may also have their health outcomes negatively affected by travelling to alternative providers
- For some services there are key interdependencies so moving them elsewhere could undermine the delivery of other services

Initial conclusions:



If we can't, from a clinical safety or health outcomes perspective, change where the services are delivered; then our only option to achieve financially and clinically sustainable services is to pursue service reconfiguration project in partnership with WVT.








NHS Planning timetable

Local and National Planning Timeline

19th December Planning Guidance issued	Governing Body Session 14 Jan
31st January 1 st Cut CCG and Area Team Direct Commissioning Operational Plans submitted to Area Team via email to Steven.Jarman-Davies@nhs.uk and to Regional Team via email to england.nmc.ops@nhs.uk	Joint Commissioning Workshop 15 Jan
1st February 1 st Cut CCG and Area Team Direct Commissioning Operational Plans and outline of Unit of Planning Strategic Plan process submitted to National Team via Unity	CSG/HWBB 28 Jan
14th February Health and Wellbeing Boards should provide the first cut of their completed Better Care Plan template, as an integral part of the constituent CCGs' Strategic and Operational Plans	HCCG Governing Body 5 Feb
28th February CCGs and AT Director Commissioners sign all Standard Contracts with Providers	NHSE Feedback Mid/late Feb
5th March Post-contract refresh of CCG and Area Team Direct Commissioning Operational Plan via Unity	HWBB Feb
31st March Final submission of CCG and Area Team Direct Commissioning Operational Plans and first full submission of Unit of Planning Strategic Plans via Unity	HCCG Governing Body 4 March
4th April The revised version of the Better Care Plan should be submitted to NHS England, as an integral part of the constituent CCGs' Strategic and Operational Plans	HWBB March
Late May / Early June (date to be confirmed) Final Submission of Unit of Planning Strategic Plans	HCCG Governing Body 1 April
	HWBB May
	HCCG Governing Body 3 June

Requirements (1)

There are several strands to the strategic and operational planning arrangements that need to be co-ordinated. The following areas are identified as the planning strands, with specific outputs required, all following the same submission timelines as outlined on slide 4:

Plan	Produced by	Timeframe	Description	
	Strategic	Unit of Planning	5 year	Strategic plan owned and signed up to by whole health economy. Includes: <ul style="list-style-type: none"> • Plan on a page • Signposted key lines of enquiry return • Improvement against the 7 outcomes
	Operational	CCG	2 year	Operational metrics supporting the strategic plan
	Financial	CCG	2 and 5 year	Financial metrics supporting the strategic plan
	BCF	HWB	2 year	Plan outlining the approach to integrating health and social care for the purposes of the Better Care Fund within a local area
	Direct Commissioning	NHS England Area Teams	2 and 5 year	Area Teams plans for delivery of Directly Commissioned services, including supporting financial metrics

7 outcomes/ambitions

- Securing additional years of life for the people of England with treatable mental and physical health conditions.
- Improving the health related quality of life of the 15 million+ people with one or more long-term condition, including mental health conditions.
- Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital.
- Increasing the proportion of older people living independently at home following discharge from hospital.
- Increasing the number of people with mental and physical health conditions having a positive experience of hospital care.
- Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community.
- Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care.
