

15 March 2017

## Briefing on current progress

# Update on options appraisal for hospital reconfiguration

## Issue

We are going through an options appraisal in February and March to narrow down the possible options for hospital reconfiguration. This will provide the basis for completing a detailed business case to propose major service change for public consultation in mid and south Essex.

There is no decision as yet. This briefing note updates you on the options appraisal so far and what happens next.

Please feel free to give your views either by email to [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)




## Quick recap on the options appraisal process

- Work led by local clinicians arrived at five possible future configurations for our three main hospitals in Basildon, Chelmsford and Southend. *See appendix 1 for a reminder of the five possible configurations*
- As part of the process to narrow down these options to form the basis of a detailed business case, four appraisal panels have tested them against four criteria – 1. Clinical quality, outcomes and patient safety; 2. Sustainability of workforce; 3. Access; 4. Efficiency and productivity.
- The four appraisal panels were:
  - **Service user panel**, comprising three representatives from each of the five CCG areas and with a balance of health and care interests.
  - **Clinical experts' panel**, comprising nationally recognised experts who are independent of services in mid and south Essex.
  - **Finance experts' panel**, comprising finance directors from partner organisations in the Success Regime. This panel will concentrate just on efficiency and productivity.
  - **System leaders' panel**, comprising clinical and operational leaders from CCGs, trusts, local authorities and professional bodies.
- All panel members had access to a summary of relevant evidence *See appendix 2 for a headline summary of the main evidence*




## The outcome so far

- Option 2A consistently received the highest score from all of the panels.
- Option 1A was the higher scoring option of model 1
- The result is a strong pointer towards the potential future configuration; however, there are many practical issues and implications to be resolved before this may be considered to be the final proposal.
- This is not a decision and does not rule out other options or variations to the existing models at this stage. Discussions are continuing to highlight further issues for consideration.

### Highest scoring option of model 1 was 1A

Option	Basildon	Broomfield	Southend
<b>1A</b>	 Essex Cardiothoracic Centre Specialist emergency hospital Specialist obstetric centre	 Plastics & Burns Centre Emergency centre Elective surgery Children's centre	 Cancer Centre Emergency centre Elective surgery

### Highest scoring option of model 2 was 2A

Option	Basildon	Broomfield	Southend
<b>2A</b>	 Essex Cardiothoracic Centre Specialist emergency hospital Specialist obstetric centre	 Plastics & Burns Centre Emergency centre Elective surgery Children's centre	 Cancer Centre Local emergency centre Centre for planned care

### What these options would involve:

- All three hospitals would continue to provide a walk-in A&E service, 24 hours a day. This is not simply for minor injuries. All three sites would have assessment units for children, older and frail people and people in need of medical and surgical care, so most of what people need in an emergency would be offered at the local hospital sites.
- Over 90% of hospital visits would remain at each local hospital site. This includes walk-in A&E, day surgery, outpatient appointments and beds for a short stay for observation and recovery.
- In all options under discussion:
  - The Essex Cardiothoracic Centre at Basildon would continue to treat patients suffering a heart attack and those who require complex chest surgery.
  - Broomfield would continue to provide the region's centre for plastic surgery and burns.
  - Southend would continue to be the designated cancer and radiotherapy centre.
- In addition to providing the majority of routine hospital care for its local population, each hospital site would provide some centralised specialist services. The red, orange and yellow symbols above indicate how these specialist options could differ.

- **Under both options 1A and 2A**, Basildon would provide a specialist emergency hospital. This would consolidate top specialist expertise for very serious, life-threatening cases and emergency surgery.
- **Under option 1A**, both Broomfield and Southend Hospitals would provide a combination of specialist emergency and planned care.
- **Under option 2A**, Southend would provide a centre of excellence for the more complex and specialist planned operations.
- Either option could also, in time, include a specialist centre at Basildon for high risk births, which would support the maternity and neonatal units at each hospital site. Broomfield could develop a specialist inpatient centre for children, alongside the centre for burns and other children's services that are already established at Broomfield Hospital.

## What this means and what happens next

While the options appraisal process is an important part of evidence-based planning, there are also a great many operational and practical concerns to address, most of which will benefit from insights from front line staff and local people. This will include details of how a change could be implemented over the next three to four years through a carefully managed and staged approach so that patient safety and care quality is assured at every stage and alongside changes in community care.

Working groups will continue to develop the pre-consultation business case, and we will continue to listen to local views and hold local discussions to inform this work.

The business case will be considered by the CCG and Trust boards before a national review to assure the plans. Subject to national approval, we would then publish proposals for public consultation later in 2017.

Feedback and requests for further information is via [www.successregimeessex.co.uk](http://www.successregimeessex.co.uk) or by email to [england.essexsuccessregime@nhs.net](mailto:england.essexsuccessregime@nhs.net)

## Appendix 1 - Reminder of the current potential reconfiguration models under discussion

It is proposed that there should be no change for the existing highly specialised centres at the three sites.

The first model has three variations and the second has two, which are summarised in the diagram below.

Only Southend Hospital could provide an elective surgery and cancer centre. This is because of the need for emergency care capability to sustain the existing cardiothoracic centre at Basildon and the plastic surgery and burns centre at Broomfield. On the other hand, Southend's specialist cancer and radiotherapy services could work well within a specialist planned care centre.

There is also an opportunity in each of these models to develop a specialist obstetric centre for high risk births at the specialist emergency hospital (supporting local maternity units at all three sites); and a specialist centre for acute paediatrics, a children's hospital (supporting children's assessment units at all three sites). In line with national clinical guidance, a specialist centre for acute paediatrics would need to be co-located with the plastic surgery and burns centre in Broomfield.

### Narrowing down the options

Option	Basildon	Broomfield	Southend
1A	Essex Cardiothoracic Centre H Specialist emergency hospital Specialist obstetric centre	H Plastics & Burns Centre Emergency centre Elective surgery Children's centre	H Cancer Centre Emergency centre Elective surgery
1B	H Essex Cardiothoracic Centre Emergency centre Elective surgery	H Plastics & Burns Centre Specialist emergency hospital Specialist obstetric centre Children's centre	H Cancer Centre Emergency centre Elective surgery
1C	H Essex Cardiothoracic Centre Emergency centre Elective surgery	H Plastics & Burns Centre Emergency centre Elective surgery Children's centre	H Cancer Centre Specialist emergency hospital Specialist obstetric centre
2A	H Essex Cardiothoracic Centre Specialist emergency hospital Specialist obstetric centre	H Plastics & Burns Centre Emergency centre Elective surgery Children's centre	H Cancer Centre Local emergency centre Centre for planned care
2B	H Essex Cardiothoracic Centre Emergency centre Elective surgery	H Plastics & Burns Centre Specialist emergency hospital Specialist obstetric centre Children's centre	H Cancer Centre Local emergency centre Centre for planned care

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## Appendix 2 – List of the main evidence used in the options appraisal process

- Feedback from service users from three phases of discussion and engagement that took place between April and October 2016
- The outcome of working groups of clinicians between April 2016 and February 2017
- A review by the independent East of England Clinical Senate
- An external review of clinical evidence and national guidance undertaken by the Eastern Academic Health Science Network
- The outcome of a Financial Oversight Group looking at efficiency, productivity and capital costs

Criteria	Key evidence and information
Quality, Safety and Outcomes	<ul style="list-style-type: none"> <li>• Clinical Senate reports</li> <li>• Independent review of the clinical evidence base (conducted by Eastern Academic Health Science Network)</li> <li>• Information on correlation between volumes and outcomes</li> <li>• Information on balance between volume and travel time for emergency care</li> <li>• Information on potential for separation of emergency and elective work to reduce cancellation rates</li> <li>• Evidence from Friends and Family test of comparison of specialist trust v general acute</li> </ul>
Sustainability of clinical workforce	<ul style="list-style-type: none"> <li>• Information on the likely implications of the five options for workforce (and the ability to meet recognised standards) in the four main sub-group areas*: <ul style="list-style-type: none"> <li>○ Emergency</li> <li>○ Paediatrics</li> <li>○ Maternity</li> <li>○ Surgery</li> </ul> </li> <li>• Evidence on staff satisfaction at specialist v general acute trusts</li> </ul>
Access	<ul style="list-style-type: none"> <li>• Information on likely impact of each option on ambulance travel times and quantification of additional or altered journeys</li> <li>• Information on likely impact of each option on travel times by car</li> <li>• Information on likely impact of each option on travel times by public transport, the number of people likely to be affected and possible mitigations</li> </ul>
Efficiency and productivity (considered by FOG only)	<ul style="list-style-type: none"> <li>• Information on the likely level of efficiency savings that each of the five options should enable. Key factors included <ul style="list-style-type: none"> <li>○ Productivity (e.g. reducing length of stay)</li> <li>○ Economy of scale (e.g. higher volume increasing distribution of fixed costs)</li> <li>○ Likely reduction in agency</li> <li>○ Repatriation opportunity (e.g. elective activity from private sector)</li> </ul> </li> <li>• Estimates of the capital likely to be required to implement each option</li> </ul>