

Report title:	Norfolk & Waveney Sustainability & Transformation Partnership (STP) – Update on Acute Care Workstream
Date of meeting:	2 May 2018
Sponsor:	Christine Allen, CEO James Paget University Hospitals Foundation Trust

Reason for the Report

The purpose of this paper is to update members of the Health and Wellbeing Board (HWB) on the work of the STP Acute Care workstream, with a focus on the recent Acute Speciality Sustainability Review involving Cardiology, Radiology and Urology. This report also makes sets out the work between health providers to seek efficiencies, and greater service sustainability, for some back office functions.

Report summary

The Norfolk Acute Hospitals Group (NAHG) commissioned specialist advisors to complete the Acute Speciality Sustainability Review of Cardiology, Radiology & Urology services.

This report provides an update on the Acute Sustainability Review and the actions undertaken by the NAHG to date.

Reference is made to the programme of work looking to secure efficiency and greater resilience of some common back office functions such as the procurement function.

Recommendations:

The HWB is asked to:

1. Support the strategic direction of joint working focused around Cardiology, Radiology and Urology.
2. Note that the service redesign seeks to ensure sustainable and resilient services across the Norfolk and Waveney system

1. Background

1.1 NHS England’s Five Year Forward View sets out a clear direction for a long-term sustainable NHS and articulates why change is needed, and what it will look like. Long-term health conditions - rather than illnesses susceptible to a one-off cure - now take 70% of the health service budget.

1.2 To respond to this challenge, and as part of the Norfolk and Waveney Sustainability and Transformation Plan (STP), the three acute trusts within Norfolk - James Paget University Hospitals Foundation Trust (JPUH), Queen Elizabeth Foundation Trust Hospitals of King’s Lynn (QEH), and Norfolk and Norwich University Hospitals Foundation Trust (NNUH) have formed the Norfolk Acute Hospitals Group (NAHG).

Its aim is to accelerate the scale and pace of collaboration and to bring together the clinical and operational teams to explore clinical networks, common guidelines, balance demand and capacity, and consider shared recruitment opportunities.

- 1.3 This will help shape the way services are provided to over 893,000 in Norfolk and Waveney (approx. 230,000 in Great Yarmouth and Waveney). The overall population is rising at a similar pace to the England average, however, the rate at which people over 65 years of age is increasing is disproportionately at a much higher rate than the wider population. In addition, life expectancy in Norfolk is 6.3 years lower for men and 4.2 years lower for women. The population is getting older and people are living longer with long-term conditions such as heart disease. This translates into increasing demand for local services. Older people typically require more support from health and care services and are more likely to suffer from complex co-morbidities, and conditions such as cancer, which can impact on outcomes and make treatment more difficult and costly.
- 1.4 During 2016 an initial review of seven specialties, carried out by KPMG, was commissioned by the NAHG looking at capacity and demand issues and where greatest impact could be made for the benefit of patients. It defined which services were under greatest pressure and faced the most pressing challenges as health needs and medical practices change.
- 1.5 The second phase, the Acute Speciality Sustainability Review focused on the three specialties of Cardiology, Radiology and Urology. These were considered priorities to ensure they are sustainable in long-term, and equitable for patients across the whole of Norfolk and Waveney. The Norfolk Acute Hospitals Group (NAHG) commissioned Specialist advisors, who undertook this work during the period of October 2017 – February 2018.
- 1.6 A number of proposed options were developed for each service. These options have been considered by the clinical and leadership teams of each Trust with the NAHG discussing the preferred option for each speciality on 30th April 2018.
- 1.7 As part of the review there were engagement events with service users held towards the end of 2017; Norwich 22th November 2017, Kings Lynn 27th November 2017 & Great Yarmouth 1st December 2017 and in Beccles 7th March 2018. These were facilitated by HealthWatch Norfolk and Suffolk respectively.

2. Acute Speciality Sustainability Review Update

- 2.1 The NAHG commissioned external support on behalf of the three Trusts to address issues of clinical, operational and financial sustainability for Cardiology, Radiology and Urology services across the Trusts.
- 2.2 For clarity the key facts for each of these specialities is set out in the table below.

Radiology	<ul style="list-style-type: none"> • Radiology - medical imaging to diagnose and sometimes treat diseases and injuries inside the body. A number of different methods are used to view what's going on within the body such as: x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), nuclear medicine. • Interventional radiology uses procedures with the guidance
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	<p>of imaging techniques.</p> <ul style="list-style-type: none"> • Usually radiology is a support service, and the Radiologists work closely with other clinicians to help manage illnesses and injuries, including cancer and trauma patients. • In the last 10 years CT scans have increased by over 10% per year and MRI scans by 12% each year • Equipment such as MRI scanners need replacing • Demand for radiology services are increasing and will continue to do so. Will an older population the prevalence of cancer is increasing for which radiology services are called upon. Variation in treatment needs to be tackled alongside the need to diagnose faster. • There is a shortage of radiologists with District hospitals in particular relying on expensive bank, agency and locum support.
Cardiology	<ul style="list-style-type: none"> • Cardiology – medical specialty that involves the diagnosis and treatment of people with diseases and disorders of the heart. Cardiologists are specialists in diseases of the heart and care for patients with a range of disorders including heart attacks, palpitations and angina. Cardiologists may treat heart diseases with drugs or undertake procedures such as fitting pacemakers. • Some cardiology services require special equipment and skill, so not all hospitals are able to provide these. NNUH provide these for JPUH, and Papworth Hospital provides them for QEH. • Demand for cardiology services continues to increase. Nationally echo cardiology saw a 43% increase between 2010-2016. Patients with congenital heart disease are living longer and require life-long follow-ups. Cardiovascular disease accounts for 30% of acute medical admissions nationally. • There is a shortage of cardiologists.
Urology	<ul style="list-style-type: none"> • Urology focusses on the health of the urinary system for men and women, and reproductive tract for men. Some of the work relates to cancer treatment, e.g. prostate cancer. • There are elements of urology care that require specialist skill, so not all hospitals are able to provide these. NNUH provide these for both QEH and JPUH where necessary. • Between 10-12% of people referred to the urology departments require surgery. • There is a shortage of urologists (JPUH operates a 1 in 4 consultant on call rota which significantly impacts recruitment and retention).

2.3 The external support worked on a full review and business case development for the three specialties on behalf of the NAHG. This involved working with clinical and operational teams to identify the current difficulties and challenges faced by these services. The review was underpinned by the following principles:

- Solutions to be clinically led and owned by clinicians, evidence based and driven by informed wider health community.

- Services to be of high quality, sustainable, offering care closest to home in appropriate settings, which are viable and affordable.
- The review ensured community and stakeholder engagement in the widest sense, to allow the development of business cases in a transparent and open way outlining sustainable service proposals.

2.4 This detailed review led to the development of business cases for each of the specialities, outlining proposed options for their future organisation. These were presented to the three acute trusts in February 2018. The business cases have been considered by the respective clinical and leadership teams in advance of further consideration by the NAHG on 30th April 2018.

2.5 Since commencing the review, the three acute hospitals in Norfolk have been accepted as one of four early adaptor sites in the country for radiology. With the support of NHS Improvement an approach to build upon the above work is being developed for radiology. This work is ongoing.

3. Acute Speciality Sustainability – The Proposed Future State Models

3.1. Appendix 1 sets out the future state models as proposed for cardiology, radiology and urology.

3.2. In all three specialities, the proposed future state model from this work is to establish a networked model supported by a single clinical team across Norfolk. The NNUH will, in all three specialities, act as the 'centre' and the JPUH and QE as 'units'. Specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. The clinical team would work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk.

3.3. Such a model could involve either a 'service level agreement' between the NNUH and district hospitals or a joint single leadership team and overarching board similar to the effective Eastern Pathology Alliance arrangement already in place.

3.4. Such a model brings greater resilience and sustainability to service provision whilst having little impact on the patient experience. Indeed such a model could result in fewer referrals from the unit to hub for routine work providing a positive patient impact.

4. Seeking efficiency through joined up back office functions

4.1. In partnership with other providers in the Norfolk and Waveney STP, there is a programme of work looking at efficiency opportunities through joining up back office functions. This work extends beyond the need to secure efficiency savings as some functions are in the lowest cost quartile nationally, and the focus is also on service and function sustainability. Such work includes opportunities through the joint procurement of clinical and non-clinical supplies; opportunities for joining up some back office services etc. This work is currently underway and is reported back to the Norfolk & Waveney STP.

Officer Contact

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Norfolk Acute Hospitals Group
Acute Speciality Sustainability Review – Phase 2

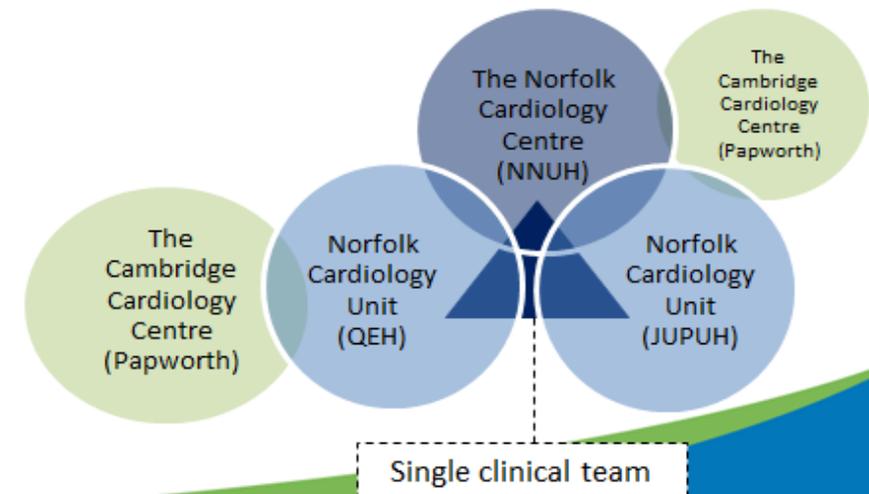
Cardiology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. The NNUH site will act as the “centre” and the JPUH and QEH act as the “units.” Complex and specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. The clinical team will work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk. A joint strategy for equipment will be developed to optimise assets to deliver high quality and safe clinical care, minimise capital expenditure.

Key principles:

- The range of services provided at the cardiology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- The range of services provided at the cardiology centre and units will be scoped and reviewed. The QEH/NNUH scope of care and arrangements may differ from JPUH/NNUH due to the current joint working between QEH and Papworth Hospital
- Where clinically safe, care will be close to home and patients in the centre will be repatriated as soon as clinically appropriate.
- There is some overlap in working to enable some dynamic load balance in the system.
- There is an additional option to run a central clinical team which would work to ensure that care for cardiology patients across Norfolk is equitable and makes best use of skills and capacity available across the county.



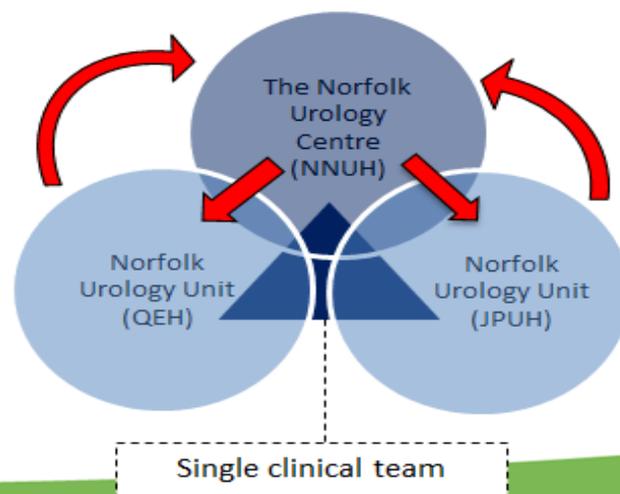
Urology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. The NNUH site will act as the “centre” and the JPUH and QEH act as the “units.” Complex and specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. In a phased implementation, out of hours care will be provided by the centre, where staffing levels and on-call support can be optimised, making appropriate use of technology to support the units. The clinical team will work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk.

Key principles:

- The range of services provided at the urology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- Where clinically safe, care will be close to home and patients in the centre will be repatriated as soon as clinically appropriate.
- Out of hours work will be arranged as all emergency work managed by the centre, enabled by technology where clinically appropriate.
- There is some overlap in working to enable some dynamic load balance in the system.
- There is an additional option to run a central clinical team which would work to ensure that care for urology patients across Norfolk is equitable and makes best use of skills and capacity available across the county.



Out of hours

- Urology centre provides advice, support and cover for any urology inpatients and clinical interdependencies
- Urology emergencies sent to urology centre

Radiology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. All sites will have functioning radiology departments, however the NNUH site will act as the “centre” for complex image acquisition and complex interventional radiology procedures. JPUH and QEH will act as the “units”, where the in hours and out of hours image acquisition and image reporting provision will be scoped and reviewed to ensure optimised use of staff and equipment. The clinical team will be managed centrally and work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk, in particular balancing of reporting workload. A joint strategy for equipment will be developed to ensure economies of scale and “purchasing power” is maximised across the three organisations.

Key principles:

- The range of services provided at the radiology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney.
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- There is significant overlap in working to maximise opportunity to load balance across the three trusts to manage activity effectively especially where image reporting is site agnostic and does not affect the patient accessibility.
- The clinical team will be managed centrally to ensure that care for radiology patients across Norfolk is equitable and makes best use of skills and available capacity across the county. Recruitment and training of staff will be managed by the single clinical team to maximise the desirability and opportunities, and accelerate growth in training schemes especially reporting for non-radiologists.

