Report to Surrey Health Scrutiny Committee on the *Better Services, Better Value* (BSBV) Programme

4th July 2013

1. Introduction and Programme Update

Drivers for Surreys' inclusion in Better Services, Better Value have previously been discussed with the Overview and Scrutiny Committee and related to the halting of the transaction with Ashford and St Peters NHS Foundation Trust and the knowledge that the majority of Surrey Downs patients' hospital activity flowed into services in designated London lead providers including Epsom. Following the widening of the scope of the review to include Epsom Hospital, there has been extensive involvement of Surrey Downs and Epsom Hospital clinicians. There has also been considerable engagement activity in the area to explore the case for change in health service provision with the general public and stakeholders. The programme clinical working groups were reconvened and include membership from Epsom Hospital and GPs from Surrey Downs Clinical Commissioning Group. This report is provided following the full and necessary inclusion of Surrey Downs and Epsom in the BSBV process.

A full list of the engagement events is attached as Appendix A. The aim of these meetings was to set out the clinical and financial drivers for making such large-scale changes to health services, describe the vision of the seven CCG's leading BSBV, explain what the impact on local patients would be if the proposals were to go ahead and listened to views and concerns raised in relation them. More recently a number of meetings have been held to discuss and develop the proposed consultation plan and to seek advice about how this should best be tailored to meet local needs.

This report provides a summary of the case for change and of the clinical recommendations that have been developed in response to the problems identified, an outline of the options appraisal process and a description of the options proposed for consultation. It describes what these proposals mean for local people, including the impact in terms of additional travel times and sets out the next steps for decision making.

2. Why are these changes being proposed?

The NHS cannot stay the way it is – we need to change

- Our communities, the way we live and the type of healthcare we all want are constantly changing, yet the way we provide health services has largely stayed the same for 30-40 years
- The safety and clinical quality of services at your local hospital depends on what day of the week it is, what time of day or night it is, and which hospital you go to
- When we are very sick or need emergency care, it is important that the most senior, experienced and specialist staff are on hand at the hospital. We need access to some essential clinicians and diagnostics 24 hours a day, seven days a week
- To achieve this we need to concentrate teams of highly trained professionals at fewer hospitals to make services safer and better

- We need to provide more services in the community. In particular, provide preventative and supportive care to people with long term conditions so they are healthier and less likely to be admitted to hospital

We want to save more lives and deliver better services

- We are failing to meet London Quality Standards (which apply to Epsom Hospital as it is part of a London trust) and Royal College guidelines. London Quality Standards are clear that the most senior, experienced and specialist doctors and nurses should be available at weekends as well as during the week. This is not the case in all our hospitals at the moment
- Maternity units should have the most senior, experienced and specialist staff available on labour wards 24 hours a day, during the week and at weekends, in case mothers or babies get into difficulties during the birth and need emergency medical help
- We can provide better quality care by carrying out routine inpatient operations in separate dedicated facilities. We want to do this for all, except the most complex, inpatient surgery and plan to establish a state of the art facility in south west London and Surrey for inpatient planned surgery
- We need to change the way we provide health services to respond to this and improve the quality and safety of care. We do not believe we can guarantee the highest quality of care with the way our services are currently organised.

There are opportunities to respond to continuing improvements in healthcare to save people's lives

- Advances in technology and treatments continue to revolutionise healthcare. A knock-on effect of these advances is the increasing need for specialist staff
- It is becoming difficult for every hospital to have every type of specialist staff, and even if they did, there would not be enough patients at each hospital to treat to maintain their expertise
- To ensure specialist staff treat enough patients to maintain their skills, we need to centralise services
- To offer access to essential diagnostic support 24 hours a day
- We have already done this in London for the treatment of heart attacks, stroke, cancer and major trauma with designated centres for each of these. Survival rates are now much higher as a result

Better financial outcomes can be delivered by reorganising healthcare services

- Value for money plays a part in Better Services, Better Value, but firstly it is about saving lives and raising standards of care
- Funding has not been cut, we just need to spend it differently to cope with rising demand. The demand for services is rising because the population is growing and many people are living longer, often with long-term conditions
- 50% of people who use our A&E departments could be treated more appropriately , more quickly and at lower cost to the NHS in an urgent care centre
- People with long-term conditions could be treated in the community and in their own homes.
- This should stop them from becoming sicker and needing to be admitted to hospital. This is good for patients who are more likely to be kept well and at home, and it saves the NHS the cost of emergency hospital admissions and long stays in hospital wards

No change is not an option

- There are not enough qualified, senior people in training, so we would not be able to recruit additional senior staff required across the five sites to meet the recommended clinical standards
- If these trainees did exist, we could not afford the extra staff required
- We would not be able to meet the standards of care and safety that are being introduced in other London hospitals (London Quality Standards), meaning our patients would receive a service that was not as good as those being developed elsewhere in London hospitals

- We would overspend our budget to the point where our services would reach crisis point in the next few years as we would not be able to deliver services cost-effectively
- We would not be able to invest as much money in services outside hospital to support people with long term conditions and deliver better care in GP surgeries, community settings and in people's homes

The benefits of reconfiguration

- For patients travelling to London providers more patients would receive improved quality of care and get the best health outcomes first time around, therefore reducing the need for further treatment or hospital readmission.
- Discussions with Surrey hospital providers will work to drive up quality standards. Surrey patients will either receive equivalent or higher standards than they currently achieve from Epsom Hospital.
- There would be more investment in GP and community services to deliver out of hospital care
- We would have the required number of experienced and specialist staff on hand at the hospitals and provide the necessary training to ensure skills are maintained – the financial savings from reconfiguration would help us to meet quality Standards for best practice clinical care
- The reconfiguration would improve the finances of local hospitals, making them financially viable for the future, this would include additional funding for activity expected to transfer to Surrey hospitals alongside local agreements on raising quality standards.
- The four London hospital trusts as a whole, and the all 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 plus up to a further £51m investment in Surrey Hospitals
- These proposals would be better value primarily because they would ensure the best possible NHS services for all local people.

Patients and clinicians have developed and shaped these proposals

- The review has been clinically led by over 100 doctors, nurses, midwives and other clinicians from south west London and Epsom and surrounding areas, organised into six clinical working groups
- A Patient and Public Advisory Group was set up with members from all geographical areas impacted by BSBV. Patient representatives and the group have met throughout the review, helping us to steer the programme in the right direction and ensuring we engaged properly with local people
- We have talked to local people, communities, staff and others with an interest, including local authorities and the voluntary sector. We have attended over 100 meetings with local people
- Patients and clinicians have been involved in influencing and developing the proposals through clinical working groups, the Patient and Public Advisory Group and meetings with local people and online surveys

3. The clinical recommendations

These cover the services in the BSBV area, Surrey impacts are further explored in section 6

- Services remain at all five hospital sites in the BSBV review namely St George's, Kingston, Croydon, Epsom and St HelierMore and better services outside hospital, including in GP surgeries, community health settings and at home Three expanded emergency departments. Two hospitals would no longer provide emergency care. All five hospitals to continue to provide urgent care
- Three expanded maternity units led by consultant obstetricians with co-located midwifery led units. Two hospitals would no longer provide obstetric-led maternity units

- A separate, stand-alone, midwife-led birthing unit for women with low risk pregnancies, at a hospital that no longer provides obstetric-led maternity services, if public support and affordable for the local NHS
- A network of children's services with St George's Hospital at its centre. This would include inpatient beds, children's A&E and children's short stay units at the three hospitals with emergency services. Two hospitals would no longer have an A&E or inpatient beds for children
- A planned care centre for all inpatient surgery, except the most complex, on a separate site from emergency care, meaning that planned operations are not disrupted or delayed by emergencies

4. Process for agreeing options for consultation

By March of this year, the list of all potential options for configuring services had been generated using recommendations from our Clinical Strategy Group. We had a carefully structured, five-stage process for undertaking the option appraisal

- **Development of non-financial criteria and options**

Online survey and three large events held in January 2012 to get public input. Clinicians and patient representatives were brought together to decide how each factor should be weighted. When Epsom Hospital was included, a large-scale event was organised at Epsom racecourse.

- **Financial 'hurdle' to rule out options that would not work financially**

Financial assessment of all available options was carried out by a specialist team of financial experts and agreed by the directors of finance from each trust

- **Non-financial assessment**

Remaining options were assessed by an expert NHS panel, who worked with a data pack containing information relevant to the assessment of each of the options against the non-financial criteria

- **Financial assessment**

Remaining options were assessed financially by our specialist team of financial experts and accountants and agreed by the hospital directors of finance

- **Recommendation by the Better Services, Better Value Programme Board**

Our Clinical Strategy Group and Programme Board looked at the outcomes and held further discussions about the best way to shape services in the future

5. Options for Consultation

These five steps resulted in three options proposed for public consultation. These are as follows:

The preferred option

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

This option is preferred as it scored the highest on the financial and non-financial criteria. It also plays to the strengths of Epsom's existing estate and capability by locating an expanded elective centre there, and has a relatively low capital cost which is reflected in the high financial appraisal score.

The alternative option

- 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

This option scored lower than the preferred option in the overall financial and non-financial appraisal and slightly lower than the least preferred option. The main reason for this is the that it would require a significant additional capital investment of approximately £100m, as a consequence of building a new elective care centre at St Helier as opposed to expanding the existing one at Epsom. Despite this, it faces considerably fewer delivery challenges than the least preferred option and as a consequence, is assessed as the next preferred option.

The least-preferred option

- 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

This option scored lower than the preferred option but slightly higher than the alternative option in the overall financial and non-financial appraisal. However, this option would be the least preferred as it would have a high level of associated delivery risks. These risks are primarily associated with the loss of emergency and maternity services from Croydon resulting in a considerable flow of patients to Kings College Hospital, who have expressed concerns about their ability to accommodate the increase in activity. This option would also incur the highest estimated capital costs.

6. What does this mean for local people ?

For all options:

- It is expected that around 80% of the patient attendances would still be at Epsom Hospital
- Epsom Hospital would become a local hospital that ensured the majority of people could continue to access urgent care services, diagnostics, outpatients and day surgery. It would have an urgent care centre instead of its current A&E and it would no longer have a full maternity unitThe urgent care centre which would continue to treat patients (including children 0-19 years) with minor injuries or illnesses, such as broken bones, bites, infections, sprains and wounds
- Through our out of hospital strategy we will be proposing an expanded set of community services and considering more flexible access to beds in the community to prevent admission to hospital and enable earlier discharge.
- Under the preferred option, Epsom Hospital would have a planned care centre
- Investment in community services, and providing more healthcare closer to people's homes, has already started and this will continue
- We know from the extensive travel study work undertaken that a significant number of Surrey patients will transfer to Surrey Hospitals should these proposals be supported. Surrey Downs CCG will work with other Surrey commissioners and Surrey Hospitals to ensure that the quality standards are driven to give continuous improvement. The CCG plans to only commission services from hospitals evidencing the most essential standards and we will seek to agree a phased introduction of a shared quality approach across Surrey. The CCG will need to ensure that services to which patients transfer are either of equivalent or higher quality before any changes are implemented.

Investing in Surrey hospitals

- We are committed to raising standards of care for all our patients and our other Surrey hospitals are working to utilise the funding transferred with activity to achieve this
- The CCG is considering the appropriate approach to take in regard to Royal College and other standards with Surrey providers and commissioning colleagues

Expected impact on travel times

Although travel times to the nearest major acute hospital will increase for those affected, all residents in these areas should be able to reach a major acute hospital within:

- 25 minutes by car
- 100 minutes by public transport (99% of the population within 60 minutes)
- 20 minutes by blue-light ambulance

There will be no change in travel times for outpatients, primary care or day surgery and access to Urgent Care Centres will be the same as for A&Es currently.

The table below estimates the likely catchment populations affected by the travel time changes under the preferred option. The main affected areas are around Carshalton, Epsom, Ewell, Banstead and Leatherhead. Services are however only used by a proportion this population at any time.

Private transport – population catchments affected

Increase in travel time	Minutes				
	0-5	5-10	10-15	15-20	20-25
Private car peak times for the preferred option	176k	130k	145k	24k	6k
Private car at inter peak times for the preferred option	208k	198k	72k	11k	0

Public transport - population catchments affected

Increase in travel time	Minutes			
	n/a	0-20	20-40	40 - 60
Public transport for peak times for the preferred option	n/a	378k	131k	0
Public transport for inter peak times for the preferred option	n/a	384k	124k	4k

Using activity we can get closer to the actual number of patients affected. This will happen in the next iteration of the impact assessment.

There is extensive further information available on travel times and the full business available at http://www.bsbv.swlondon.nhs.uk/document-library/

We are undertaking further work on the equality impact assessment to understand these impacts on the nine protected groups and on any residents in the more deprived areas.

The Clinical Working Groups have reviewed the maximum travel times and deemed these reasonable for urgent care to be accessed and not compromising patient outcomes. The South East Ambulance NHS Trust has been involved in discussions on BSBV and we continue to work with them to use their extensive data sources to test our proposals and quantify impacts. It is understood that consideration would need to be given to any additional resources reconfiguration required of the Ambulance Trust and this would be covered in any final decision making Business case.

7. Development of out of hospital services in Surrey downs

Surrey Downs CCG is developing a wide range of initiatives to reduce dependence on hospital care and provide services closer to home. The priorities for Surrey Downs CCG's out of hospital programme which are currently under consideration include:

- Development of a Clinical Assessment Service (CAS) to reduce outpatient appointments
- Use of Virtual Wards, supported by risk stratification, to reduce non-elective admissions by targeting medium risk patients. These will be run by Central Surrey Health who will also provide rapid response, a clinical assessment unit (CAU) based at Leatherhead Hospital, and step-up beds at Leatherhead Hospital.
- Use of a Virtual Ward Plus model which will look after high-risk patients which will, in addition to the virtual ward, include End Of Life home care.
- Surrey Downs' Community Hospitals (Dorking, Leatherhead, New Epsom & Ewell, Molesey) will provide step-down beds for patients on the discharge pathway, reducing the need for excess bed days at acute hospitals and improving care for patients requiring rehab. This service will also be supported by an integrated rehab service (IRS).
- Surrey Downs will open an Urgent Care Centre at Epsom Hospital which should be able to provide care for more than half of the current A&E activity
- Continue to work with 'out-of-hospital' private providers such as EDICS, Epsomedical and Dorking Healthcare to provide outpatient appointments and procedures in settings closer to home.
- Primary care will support many of these initiatives and will also offer same day access appointments and out-of-hours services for patients to reduce the need for A&E attendances

8. What happens next?

The governing bodies of the seven CCG's leading BSBV have all met to review and discuss the proposals put forward by the programme Surrey Downs Governing Body met on the 17th May to consider the pre-consultation business case and agreed to nominate three members of the Governing Body to represent the CCG at a meeting, held in common with other CCG committees, to make a final decision on whether or not to progress to public consultation.

It was originally planned that this meeting would take place at the end of June. NHS England has asked us to look once more at the finances to give absolute assurance before the programme progresses to the next stage. We have also listened to the concerns of stakeholders and MPs that we should not consult with the public over the summer, when people are often away. We want to make sure that local people are able to take part in the consultation. Given the further work to be done, the Local Committee of CCGs is now expected to meet after the summer to plan the next steps.

9. Plans for Consultation

The BSBV communications team has developed the consultation plan with local Overview and Scrutiny Panels, Ipsos Mori, the Consultation Institute and the Patient and Public Advisory Group.

In Surrey Downs, in addition to continued engagement with programme stakeholders, there will be a series of public events to include:

- 5 x large-scale, deliberative public events
- 50+ local sessions with local community groups, including work on local estates
- Telephone interviews with residents living in areas of high deprivation
- 15 focus groups, with populations with protected characteristics
- 14 x road shows in Surrey (details may vary):
    - Epsom and Ewell: Ashley Shopping Centre; Epsom Hospital, Stoneleigh High St; Sainsbury's Kiln lane;
    - Reigate and Banstead: Burgh Heath ASDA; Horse Shoe Day Centre; Civic Centre
    - Mole Valley: Dorking Halls; Dorking Station; Leatherhead Town Centre
    - Elmbridge: Oxshott Station; Civic Centre; Sainbury's Cobham.
- 1 x health and equality forum

These plans have been already been discussed and supported by a number of Surrey Councillors. However, we would welcome any further comments and advice from members about how we can best ensure that we get feedback on the BSBV proposals from as many Sutton residents as possible.

Miles Freeman

Chief Operating Officer – Surrey Downs CCG

Appendix A – BSBV engagement meetings in Surrey

Name of meeting	Date	BSBV Attendees
Voluntary Action Mid-Surrey	19/03/2013	Jill Mulelly
Surrey Coalition of Disabled People	26/03/2013	Jill Mulelly Miles Freeman
Surrey Minority Ethnic Forum	08/04/2013	Jill Mulelly
Reigate and Banstead Council members	11/04/2013	Miles Freeman and Steve Loveless
Meeting with David McNutley (Surrey County Council)	22/04/2013	Miles Freeman & Charlotte Joll
Action for Carers (Surrey)	24/04/2013	Jill Mulelly
Epsom & Ewell Borough Council with Reigate & Banstead Borough Council (Joint)	08/05/2013	Rachel Tyndall
Mid Surrey Empowerment Board meeting	13/05/2013	Jill Mulelly Miles Freeman
Meeting with Surrey Councillors • Bill Chapman - Surrey Heath (member of HSC) • Nick Skellet - Tandridge (Chairman of HSC) • Bob Gardner - Regiate & Banstead	14/05/2013	Antonio Weiss/Toby Hyde/Stephen Hickey To discuss travel times
Ashtead Residents Association	14/05/2013	Dr Agatha Nortley-Meshe/ Dr Simon Williams
Meeting with Mole Valley County Council	29/05/2013	Miles Freeman/Rachel Tyndall

Meeting with Mole Valley County Council (Chris Townsend)	11/06/2013	Miles Freeman/Rachel Tyndall
Meeting with Surrey JHOSC Counsellors - Cllr Bill Chapman and Cllr Bob Gardner To discuss Surrey consultation plans	12/06/13	Alicia O'Donnell-Smith Jill Mulelly
Surrey Health & Wellbeing Board	13/06/2013	Sarah Tunkel and Dr Clare Fuller