Better Services Better Value
Update on the programme and what it means for Croydon

Croydon Health and Well Being Board
Wednesday June 12th 2013
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Longer, healthier lives for all the people in Croydon

Croydon Clinical Commissioning Group

What are we doing today?

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- Updating the HWBB on the BSBV programme and what the changes being proposed mean for :
  - Health services in Croydon
  - Our patients and public

What is the BSBV review?

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The BSBV review is:

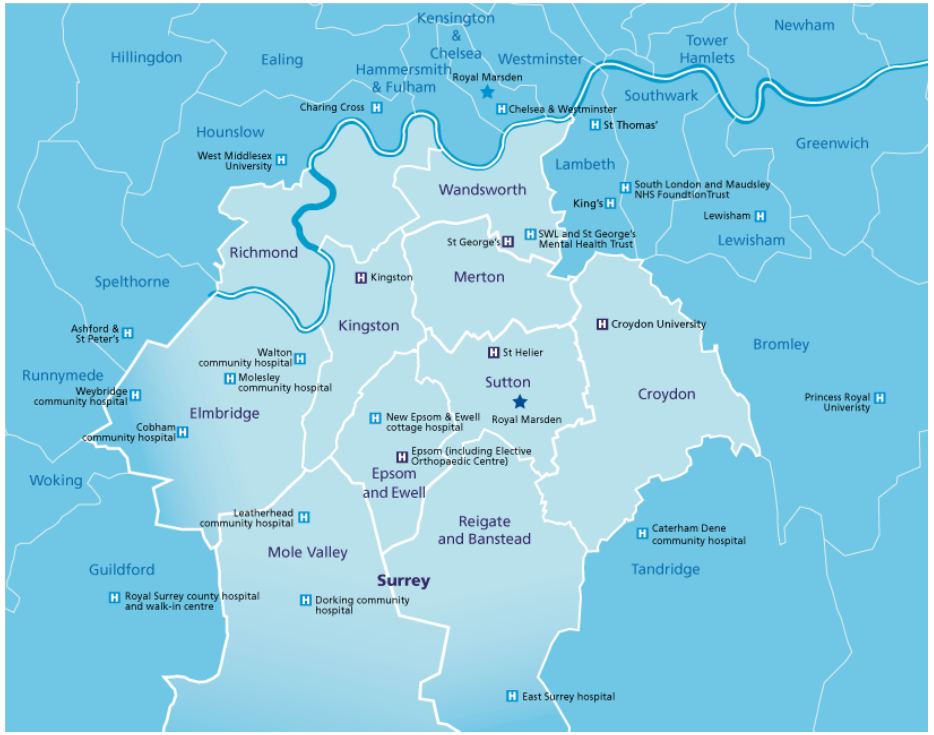
- An appraisal of the challenges facing healthcare in south west London, Epsom and the surrounding areas
- An evidence-based analysis proposing solutions to challenges faced in the local health economy
- The BSBV review covers the boroughs of Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth and Epsom and parts of north Surrey

Further information on the BSBV pre-consultation business case is available on our website: **www.croydonccg.nhs.uk/publications/BSBV**

In addition, the BSBV review has a comprehensive website of information: **http://www.bsbv.swlondon.nhs.uk**

What is the BSBV review?

- NHS provider organisations within the BSBV review are:
  - Central Surrey Health
  - **Croydon Health Services NHS Trust**
  - Epsom and St Helier University Hospitals NHS Trust
  - Hounslow and Richmond Community Healthcare NHS Trust
  - Kingston Hospital NHS Foundation Trust
  - The Royal Marsden NHS Foundation Trust (RMH)
  - St George's Healthcare NHS Trust
  - Sutton and Merton Community Services (delivered by RMH)
  - Your Healthcare Social Enterprise



Why do we need to change?

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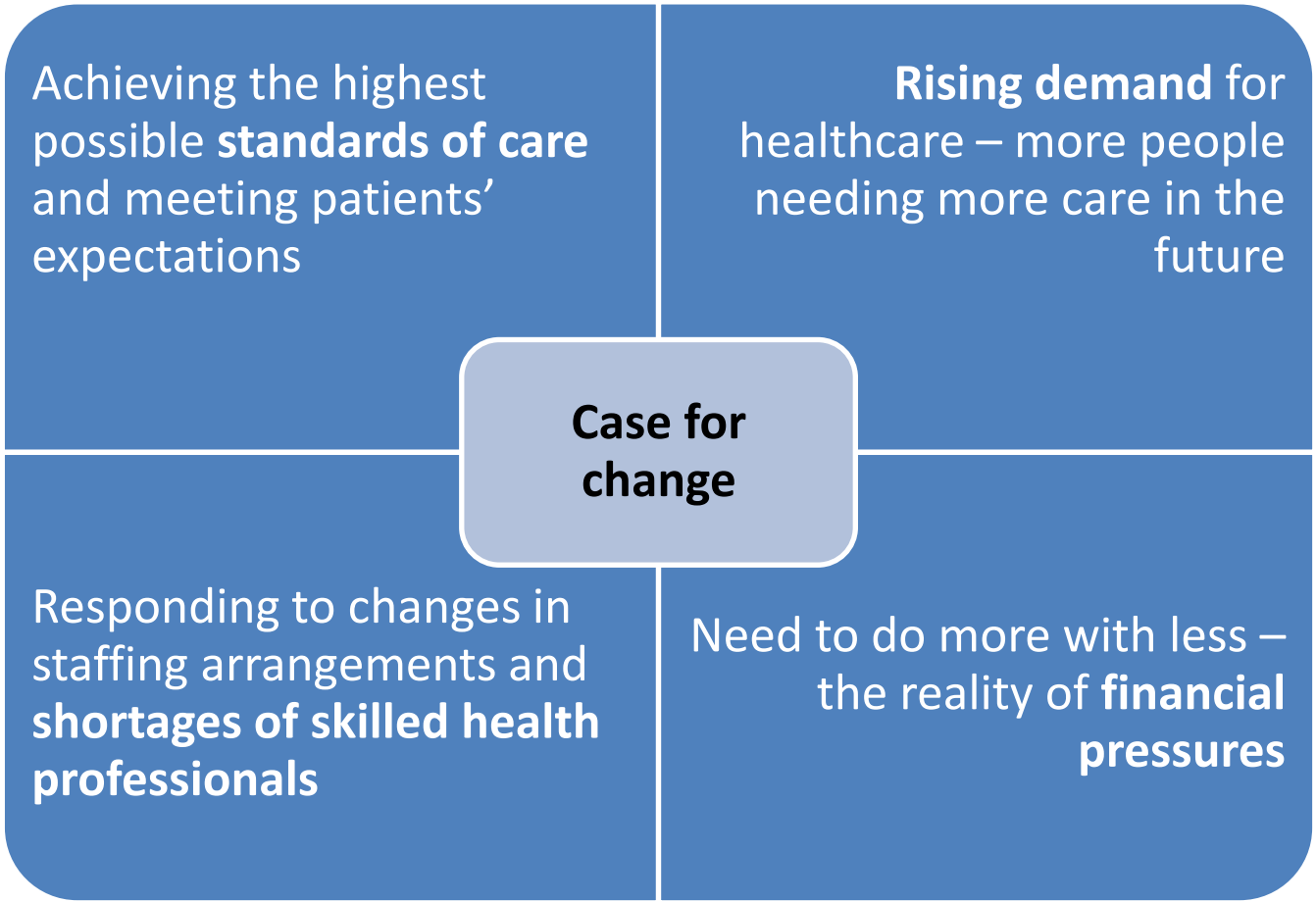
- The four drivers for system wide change have been identified as:



What are the proposed changes?

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Local doctors and nurses support the need for change and recommend the following by 2017/18:

- **Three expanded emergency departments**
  - All five hospitals will have an urgent care centre
  - Two hospitals no longer provide emergency care
- **Planned care centre for inpatient surgery** (except the most complex/specialist)
  - Separate site from emergency care
  - Planned operations will not be disrupted or delayed by emergencies
- **More and better services outside hospital, including GP surgeries, community settings and at home**

What are the proposed changes?

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Local doctors and nurses support the need for change and recommend the following by 2017/18:

- **Three expanded maternity units led by consultant obstetricians with co-located midwifery led units**
  - Two hospitals would no longer provide consultant-led maternity units
- **Separate, stand-alone, midwife-led birthing unit for women with low risk pregnancies**
  - Situated at a hospital that no longer provides consultant-led maternity services
  - If there is public support and it is affordable for the local NHS
- **Network of children's services with St George's Hospital at its centre**
  - This would include children's A&E, children's short stay units and inpatient beds, at the three hospitals with emergency services
  - Two hospitals would no longer have a children's A&E or children's inpatient beds
  - All sites would be able to treat children at urgent care centres

The impact on people living in Croydon Preferred and alternative options (Options 1 and 2)

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- **Croydon University Hospital would remain a major acute hospital**
  - Providing all current services, including emergency, maternity and children's services
  - Emergency and maternity units would be expanded
  - Total capital expenditure on the site would be an estimated £75m

- **No material impact on travel times for people in the Croydon area**

The impact on St Helier Hospital
Preferred and alternative options (Options 1 and 2)

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Preferred option

- **St Helier Hospital will become a local hospital with an urgent care centre**
  - St Helier Hospital will not have an A&E and consultant-led maternity unit
  - St Helier Hospital would provide urgent care, diagnostics, outpatients, day surgery and a range of other services
  - Around 80% of patients would continue to attend St Helier Hospital
- **No material impact on travel times for people in the Croydon area**

Alternative option

- **St Helier Hospital will become a local hospital with a planned care centre and an urgent care centre**
  - St Helier Hospital will not have an A&E and consultant-led maternity unit
  - St Helier Hospital would provide urgent care, diagnostics, outpatients, day surgery and a range of other services
  - Around 80% of patients would continue to attend St Helier Hospital
- **No material impact on travel times for people in the Croydon area**

A more detailed Travel and Transport Document has been generated for consultation

The impact on people living in Croydon Least preferred option (Option 3)

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- **Croydon University Hospital (CHS) would become a local hospital with an urgent care centre**
  - CUH would provide urgent care, diagnostics, outpatients, day surgery and a range of other services
  - CUH would not have an A&E and consultant-led maternity unit
  - Around 80% of patients would continue to attend Croydon University Hospital
- **People living in Croydon may need to travel further for emergency and maternity services. Average travel time will increase slightly**
- **Under reconfiguration, the 95th percentile (most affected population) would be able to reach emergency services in**
  - under 14 minutes by blue-light ambulance
  - 21 minutes when travelling by car
  - 49 minutes when travelling using public transport
- **No change in travel times for specialist care or primary care**
- **Travelling to urgent care centres would be the same as for A&Es currently**

The impact on St Helier Hospital
Least preferred option (Option 3)

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- **St Helier Hospital will remain a major acute hospital**
  - Continue to provide all its current services
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- **Travelling to urgent care centres would be the same as for A&Es currently**

Note: all travel times figures are for patients within the Croydon borough
A more detailed Travel and Transport Document has been generated for consultation

What are the expected hospital services and activity at Croydon University Hospital under the three options?

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Services offered – Least preferred option

DIAGNOSTICS & THERAPEUTICS
- Urgent Care Centre
- X-ray
- Ultrasound
- Therapies
- Pharmacy
- Dietetics

OTHER
- General Outpatients
- Antenatal Clinic
- Day surgery
- Pain Clinic
- Sexual Health
- Mental Health

Services offered – Preferred and alternative options

As least preferred option plus:

ACUTE SERVICES
- A&E
- Children's A&E
- Obstetric-led Maternity
- Midwife-led Maternity
- Acute Inpatient Medicine
- Emergency Surgery
- Intensive Therapy Unit
- High Dependency Unit
- Children's Short Stay Unit
- Inpatient Paediatrics*
- Level 2 NICU

DIAGNOSTICS
- CT
- MRI
- Interventional Radiology

ELECTIVE
- Complex Surgery
- Medical Specialties
- Gynaecology

	10/11	17/18		
		Preferred Option	Alternative Option	Least preferred Option
A&E Attendances	116,995	96,198	96,198	-
UCC Attendances	-	76,552	76,552	76,552
Births	4,323	5,726	5,726	-
Adult Beds	337	366	366	-
Main Theatres	13	13	13	*Retains existing day case theatres*
Emergency Medicine Attendances	17,157	24,006	24,006	-
Emergency Surgery Admissions	6,254	8,809	8,809	-
Elective Medicine Admissions	3,535	4,545	4,595	-
Elective Surgery Admissions	24,196	26,218	25,488	23,017
Outpatients**	372,254	345,734	345,734	345,734

*** Outpatients: There is an underlying growth in outpatient attendances but a net shift into community providers – this represents a reduction in activity of 7.1% compared to 2010/11*

What are the benefits?

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- Three major acute hospitals will offer the same service at weekends and at night as on weekdays
- Up to 60% of all patients needing urgent care will be treated in an urgent care centre, rather than A&E (if this is appropriate to their needs)
- Planned operations requiring an overnight stay will be centralised at one hospital
- Obstetric-led maternity and children's units would be centralised in the three major acute hospitals
- Local hospitals will be financially sustainable
- More investment in community services will mean people are treated as close to home as possible

What do we need to do locally to support this programme?

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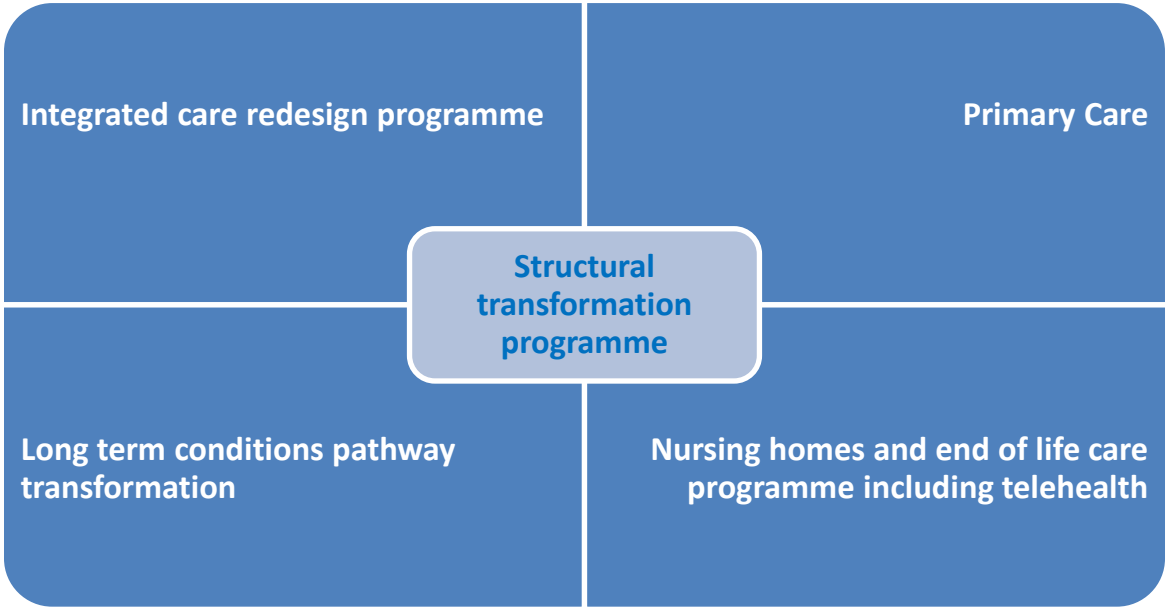
- **Implement our transformation strategy to ensure**
  - Right care is delivered in the right place at the right time
  - More care delivered in community settings to support people managing their health

Our delivery plan – work programmes



Whole system – change programme

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Integrated care redesign programme

Pump prime investment in rapid/appropriate response community services

Single point of access/assessment service 24/7 for intermediate care services

Expansion of step-up and step down beds

Night and home sitting services

Investment in social and mental health practitioners aligned to primary care and localities

Teams reflecting Network needs assessment profiles

Primary care

Risk stratification for long term conditions

Case finding

Case management

Transformational LES / DES

Multi disciplinary team support for complex needs

Coordination across health, social and mental health services

Remote monitoring

Palliative care and three tiered approach to long-term conditions

Long term conditions pathway transformation

Aligned to primary care

Long term condition Focus

Redesign across whole system:

- Diabetes
- Respiratory/COPD
- Cardiology/heart failure
- Falls

Nursing homes / end of life care / telehealth

Prevention of admission by rapid proactive response

- Up skilling staff
- Standardise offer
- Rapid/appropriate response
- Multi disciplinary teams
- End of life care coordination
- "Co-ordinate my care"

CROYDON CCG – MAKING CHANGE HAPPEN

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What are the risks?

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- **Change does not happen**
  - ➢ We cannot improve quality, safety and financial viability
- **Secretary of State intervenes and decision taken out of our hands**
  - ➢ For example: Trust Special Administrator's decision on South London Healthcare NHS Trust
- **Least preferred option is promoted** (Croydon Hospital is not a major acute - Option 3)
- **Our Out of Hospital Strategies do not deliver the reductions in emergency admissions planned** (and our reliance on acute beds is not reduced)

What are our concerns – least preferred option
Impact on services, patients and public

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- **Loss of tertiary referrals to south east London (circa 250,000 patients)**
  - £10m+ outflow
  - Impact on pathways for subsequent treatment
- **Increased cost of capital to deliver south east London solution to health economy**
  - King's – possible land purchase and capital
- **Loss of approximately 20% of emergency flows outside of south west London**
  - Affecting 250,000 patients
- **Ability of SE London hospitals to deliver care given their configuration**
  - King's currently says *"It would be highly challenging to provide capacity"* and *"this would come at a very high cost"*
- **Has the greater impact on patients and families**
  - increased travel time for over 500,000 of the SWL population
- **Disproportionate adverse impact on most populous and deprived population in south west London**

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What are our concerns – least preferred option? Impact on commissioner strategy

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- **Impact on Croydon CCG Strategy and financial improvement plan which requires**
  - Transformation of care through implementation of integrated care
  - Potential for delayed discharge and loss of synergies of integrated pathway

Proposed timeline for changes

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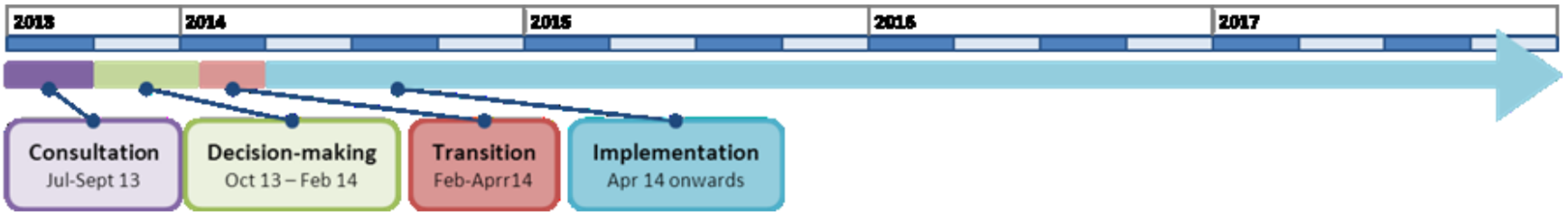

Transition

- Improvements in out of hospital and community services need to be in place and working well before any hospital-based services are closed – this work is underway and we have developed a monitoring tool which will check that the new elements of the system are working effectively before we begin to dismantle the old ones

Timetable

- Changes would not be implemented immediately – it would take four to five years to develop out of hospital services and create the capacity in the three major acute hospitals to accommodate projected activity

Capacity

- A&E and maternity units would not close until the other three hospitals have expanded to cope with more patients

Sustainability

- In implementing any reconfiguration option the risks for delivery need to be managed carefully, especially the complexity of managing hospital sites which are most impacted by the proposed changes and may begin to lose staff as a result

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Any questions?