NHS
Devon, Cornwall and Isles of Scilly
Peninsula Acute Sustainability Programme

Peninsula acute sustainability programme: Developing the case for change

Plymouth Health Overview and Scrutiny
16 July 2024

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1. Introduction

This paper covers the following:

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- An outline of the challenges facing acute hospital services in the Peninsula
- How we would like to work with local populations during phase 2

We would also like to take the opportunity to ask for feedback from Members on two things, that are described in this paper:

- Your feedback on the challenges we are facing
    - Do you recognise the challenges?
    - Is there anything we have missed
    - What would your constituents say if they were here?

- To ask for your views on our proposed approach to involving people in developing our case for change
    - Is there anything else we should be asking local people about our case for change and challenges?
    - What is important to consider when making the information we use as accessible as possible for everyone to understand?
    - Are there other methods we could use to ensure as many people as possible are able to have their say?
    - Are there any groups who we might have inadvertently excluded using the approach outlined?

Context

NHS organisations in Devon, Cornwall and Isles of Scilly are working together on an ambitious plan to improve acute services for local people and staff. The Peninsula Acute Sustainability Programme (PASP) involves the four NHS acute trusts and the two NHS commissioning organisations in Devon, Cornwall and Isles of Scilly:

- Royal Cornwall Hospitals NHS Trust
- Royal Devon University Healthcare NHS Foundation Trust
- Torbay and South Devon NHS Foundation Trust
- University Hospitals Plymouth NHS Trust
- NHS Cornwall and Isles of Scilly
- NHS Devon

Across Devon, Cornwall and the Isles of Scilly, we want everyone to be able to:

- live happy and healthy lives
- have equal chances (ie the same opportunities as everyone else regardless of where they live or who they are)
- live well for as long as possible

- have independence
- have choice
- live free from harm.

We are focused on caring where it matters using the latest technology, the best clinical evidence and the latest research to provide the best outcomes and experiences for our people.

What we believe should be true:

- the care that can be provided at home, is provided there
- the care that can be provided in local communities, is provided there
- the care that can only be provided in an acute hospital setting, is provided there
- the care that is best provided in a specialist hospital setting or centre of excellence, is provided there

What we already know, from what people have told us

Our fundamental challenges

The NHS in Devon, Cornwall and Isles of Scilly face significant challenges which have been exacerbated by the pandemic.

Acute services must be transformed to address:

- services that are struggling to meet the increasing demand and needs of patients
- a growing older population
- existing (and worsening) inequalities in access and experience of services
- challenges in recruiting and retaining staff

In addition we need to:

- support staff to deliver safe and high quality care
- ensure services conform to national and professional standards
- provide safe and high quality services across the whole geography
- meet demand now and in the future
- make the best use of our limited resources

In this YouTube video-link below the Devon, Cornwall and Isle of Scilly Chief Medical Officers/Medical Directors make the *case for change* for PASP:
https://www.youtube.com/watch?v=gW-AU0cXlgw

We've already made some progress

Across the Peninsula hospitals already work together supporting delivery of services. There are also organisations and teams working innovatively and collaboratively to successfully improving our performance as the examples below demonstrate:

One Devon Elective Pilot

Using the Nightingale Hospital as a specialist centre for orthopaedic, ophthalmology and spinal surgical services to achieve four aims:

- Maximise day case and High-Volume Low Complexity activity
- Standardise patient pathways
- Increase efficiencies in theatre utilisation
- Develop ability to support cross site working

Staff and Clinical Networks

Hospitals across the Peninsula are working together in a networked way to provide care

- Interventional Radiology rota
- Urology
- Cardiology
- Trauma networks
- Neonatal networks
- ICU network

Networks between RDUH North and East

- Oncology
- ENT
- Acute medicine
- Midwifery/obstetrics
- Upper GI

Use of technology

Shared Picture Archive System (PACS) that enables radiologists to share images across all peninsula Trusts

- Faster reporting, including overnight, without costly outsourcing.
- Faster diagnostics
- Faster time to treatment with results back to clinicians more quickly

Peninsula Acute Sustainability Programme (PASP) – purpose

The Peninsula Acute Sustainability Programme aims to ensure **clinical, workforce and financial** sustainability of services at the five acute hospitals in Devon, Cornwall and Isles of Scilly.

The **primary objectives** of the programme are to:

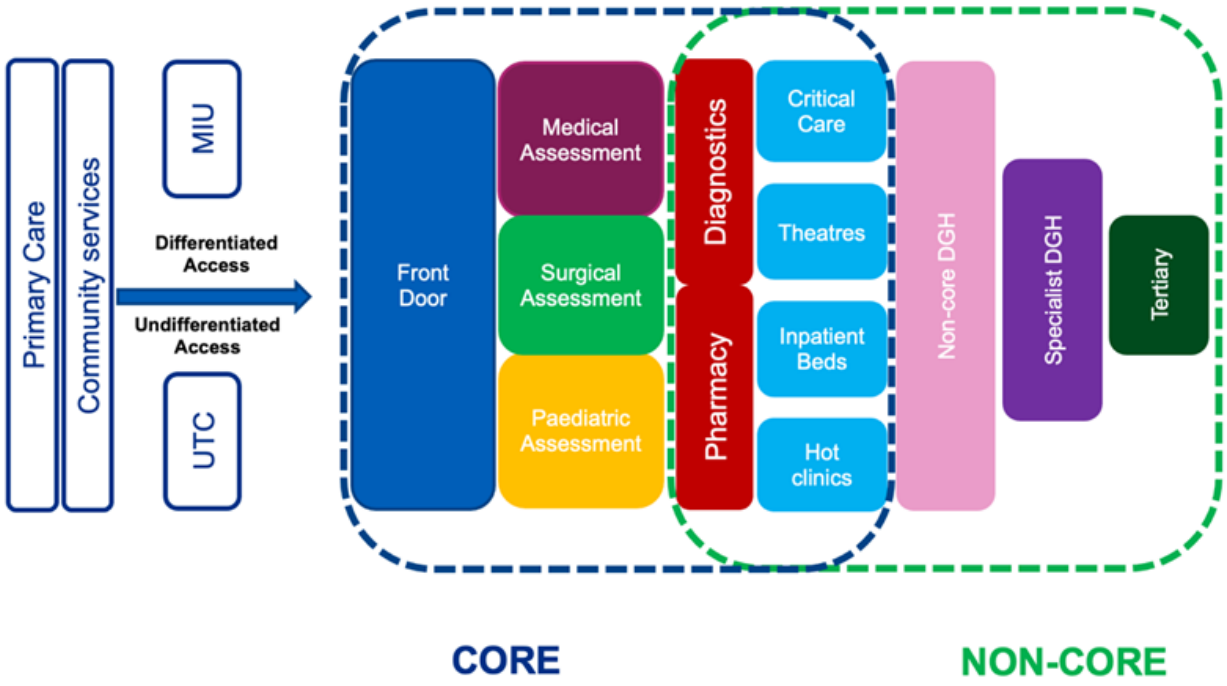
- Improve how we support our population's health needs and target health inequalities
- Ensure there are consistent and safe acute services across the Peninsula
- Address problems with fragile acute services
- Ensure that we have a sustainable workforce
- Make best use of our limited resources
- Learn from previous programmes of work and feedback from the public

The primary role of the PASP is to **support service sustainability in the long-term** creating a sustainable platform for strategic service improvement, and the **recovery of fragile services in the medium term** but it also needs to be **aligned with any short-term tactical improvements** to ensure support for recovery of elective, UEC, cancer and diagnostic services and Devon's exit from NOF4.

2. Outputs of Phase 1 - November 2022 – December 2023

Starting hypothesis

The simplistic outline hypothesis that this programme started with was that through strengthening the assessment and diagnostic functions aligned to the hospital front door, there could be **different approaches to delivering the non-core services** that would start to address some of the significant workforce challenges facing the Peninsula.



What we did in phase 1

We held a series of focused workshops within paediatric, medical and surgical specialties which involved a wide range of clinicians across the interdependent specialties, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.

We adopted a consistent approach for the paediatric, medical and surgical assessment workshops with 3 phases: Prepare the ground; Agree the position; Develop proposals.

A series of core questions, co-produced with Chief Medical Officers were used to stimulate workshop discussions. There was a clear requirement to think innovatively about what could be different.

Robust demand, activity and workforce data was essential input to considering the impact of changes in the demographic and health profile and needs of the population of Devon, Cornwall and Isles of Scilly and the complementary impact on staff.

We commissioned Healthwatch in Devon, Plymouth and Torbay, in collaboration with Healthwatch Cornwall, to support us in developing an understanding of patients

experiences of acute services in the Peninsula. This involvement happened in July 2023 and the report can be found here: https://healthwatchdevon.co.uk/pas-report/

Key outputs from Phase 1

- A shared understand of the challenges faced delivering health services in acute settings across the peninsula
- A set of key messages from the clinical workshops for paediatrics, medical and surgical assessment (appendix 1).
- Feedback from patients and their families on their experience of using medical, paediatric and surgical acute services (appendix 2).
- An outline a possible direction of travel to transform acute service to ensure sustainability in the future.

3. Phase 2 January 2024 – December 2025

To meet the needs of the population of the Peninsula we need to consider transforming some services. Phase 2 will include:

1. Developing a detailed formal case for change in partnership with staff and local people
2. Undertaking some detailed modelling in conjunction with staff and patients to further explore possible ways to tackle our challenges.

Ensuring we have robust arrangements to continue involve staff, patients and the public will be vital to meeting our objectives and our statutory responsibilities

Developing a detailed formal case for change in partnership with staff and local people

What is a case for change?

A case for change describes, in detail, the challenges facing services. It is a **technical document** that uses data to evidence the need to change. It is required as part of the regulated transformation process outlined by NHS England.

Our case for change is being developed using *Major service change: An interactive handbook JUNE 2023, NHSE*

The technical case for change is provided for:

- Regulators (NHSE)
- Peninsula Acute Provider Collaborative
- PASP Board
- Peninsula Acute Trust Boards
- Health Overview and Scrutiny Committee Members
- The public

A **summary will also be produced** to support our local populations and stakeholders to understand our challenges.

Summary of our challenges

The five acute hospitals across the Peninsula are facing unprecedented challenges in delivering high quality and timely care to patients. Many of our challenges existed before Covid, the global pandemic has exacerbated an already challenging position.

The NHS workforce are our biggest asset, but they are exhausted and burnt out from going above and beyond to deliver care for patients in processes that are not working for them.

An older age profile and more rapid population growth coupled with the impacts of the Covid-19 pandemic and 'cost of living' crisis, are contributing to increased demand for health and care services.

The greatest increased demand is for unplanned care and mental health services, with those living in disadvantaged communities and clinical vulnerability likely to be most severely impacted.

More detail of our challenges is provided in more information on the diagram overleaf. A detailed data pack will also be shared in due course.

Challenges: Multiple challenges face the Peninsula's hospital services and they are summarised as follows

Increasing demand and inequity	• Population growth expected to be highest in older people and those who use health services the most • Inequity in life expectancy, healthy life expectancy, outcomes and access to health services exist linked to deprivation, rurality and other inclusion health factors in the Peninsula.
Services not meeting demand or expectations – people are waiting too long for care	• Services unable to keep up with demand is causing unacceptable waiting times in A&E, diagnostic and elective surgery. • Patients are frustrated, becoming more unwell and losing more confidence in the NHS. • Lack of productivity is resulting in escalation of care needs to the highest point
Estates and infrastructure are not in place to deliver modernised care and effective system working	• There is a risk that our buildings could fail, impacting on the safety and quality of services that we are able to provide. Over £400m backlog of maintenance work needed to make our buildings fit for purpose • Lack of a system EPR (electronic patient record), combined with organisational boundaries makes joint working difficult and causes patients to repeat their story multiple times.
Unsustainable workforce model	• Vacancy and sickness rates are high, morale is low, and staff are exhausted. Services are reliant on Locally Employed Doctors, clinicians acting down and locums, which is not sustainable • Jobs are not attractive due to the rotas and providers are all competing for the same pool of staff when recruiting. Networking across acutes might make careers more attractive, with more opportunities.
Devon is a financially challenged system	• For 2024/25 the Devon system financial plan has a forecast deficit of £85.4m. For the 24/5 Plan.

Our vision for acute services

The Board of all five acute hospitals in the Peninsula have developed this shared vision for acute services in the Peninsula:

To work together to deliver high quality, safe, sustainable and affordable hospital services as locally as possible.

What will out vision mean for everyone

For patients and families

- More timely access to the right specialist teams
- Reduced waiting lists, with fewer procedures and operations cancelled, including at short notice
- Faster ambulance response times because they will spend less time waiting outside hospitals
- People spending less time in hospital, because of closer working with community teams
- Improved equity of access, so that where people live or who they are is never a barrier to them accessing the services they need
- Services that are more joined up, so people don't have to tell their story multiple time.
- Closer working between acute and community teams so people spend less time in hospital and receive care as close to home as possible

For staff

- Improved systems and processes to help teams to provide consistently high-quality care
- A range of different staffing models across our hospital sites, tailored to the service and its needs
- Investment in digital technology to support the delivery of modern healthcare
- Colleagues will be supported to have a healthy work life balance

For acute hospital services

- 24/7 urgent and/or emergency care will remain at the five acute hospitals
- Services able to adapt to meet changing population needs
- Organisations working together more effectively to provide a joined-up health and care service,
- New and innovative ways of organising care in line with best practice standards
- Better use technology to provide better experiences and more convenient and efficient care
- Development of rapid assessment, diagnosis and treatment for patients (who would otherwise require a hospital stay) so they can go home the same day if clinically safe to do so – this is better for patients and also helps to free up inpatient beds for those who are more acutely unwell

4. Our early thinking on further involving people in developing our case for change

We plan to launch a period of involvement with the people across Devon, Cornwall and the Isles of Scilly, in the autumn, so that we can further develop our case for change.

Through the involvement, we hope to learn:

- Whether there are any other challenges people experience that we have not covered?
- How challenges impact local people
- What 'good access to care' feels like for patients
- Whether people have any ideas or thoughts on how we could tackle some of our challenges?

We plan to use a variety of involvement methods to ensure we hear from everyone, and so that everyone who wants to, has the opportunity to tell us what they think. The list below are some of our approaches, but is not exhaustive

- Survey (under pinning the involvement)
- Focus groups
- Attendance at meetings
- Market stall type events
- Targeted outreach with people who experience health inequalities

5. Our from Members

As elected representatives of local people, the views and the committee and its Members are invaluable to helping us shape the second phase of this programme. We would therefore welcome your feedback on the below elements of this paper:

The Challenges

- Do you recognise the challenges?
- Is there anything we have missed?
- What would your constituents be saying their challenges are?

The Approach

- Is there anything else we should be asking local people about our case for change and challenges?
- What is important to consider when making the information we use as accessible as possible for everyone to understand?
- Are there other methods we could use to ensure as many people as possible are able to have their say?
- Are there any groups who we might have inadvertently excluded using the approach outlined?

Appendices

Appendix 1: Key messages from paediatric, medical and surgical assessment workshops

Paediatric assessment

- Many services are fragile, patient experience is worsening, and staff are at risk of burnout
- We need to be brave, realistic, and honest and about the need for changes, recognising that these conversations won't always be easy
- Solutions must be clinically-driven, data-driven, affordable, and deliverable
- We need to break down organisational silos and create an environment that makes it easier to work together.
- We agreed that the level of demand for acute paediatric services is increasing. We need to explore how we can manage the demand differently, recognising the impact the increased demand is having on clinicians in terms of extra workload.
- We discussed how we can support parents and families to be confident to self care and be able to make the right choices when accessing care with the support of effective navigation.
- We recognised that parents want rapid access to expertise.
- We felt that we needed to support clinicians working with children and young people in the community to increase their confidence, skills and knowledge.
- We acknowledged that there was a role for digital in providing support to both clinicians and families whilst remembering that some people do not have access to technology
- We agreed that any emerging models of care needed to make the distinction between meeting urgent need and providing routine care.
- We noted that lots of families do not have access to their own transportation and public transport is poor, so we need to consider this in the planning for services. Otherwise, there will be an adverse impact on deprived communities.
- We recognised that they were opportunities for individuals to develop and increase their scope of practice and to improve the working lives of staff, recruitment and retention
- Do have opportunity to consolidate resource and rotas - consolidation gives more resilience.
- We outlined the risks of any potential scenarios particularly in relation to travel (staff and patients), managing demand, lack of alternative provision and capacity.

Medical Assessment

- Many services are fragile and face challenges with recruitment and retention
- We need to be brave, realistic, and honest and about the need for radical changes, recognising that these conversations won't always be easy and that maintaining trust and confidence is key

- We should focus on sharing resources, streamlining processes and working virtual wherever possible, we need to establish the right infrastructure around medical assessment with the same core offer.
- Improve patient care and access by treating people in the right place for their needs, which might not necessarily be their nearest hospital and could be provided by other services in the community
- We have a substantial cohort of frail patients with multiple needs who need a rounded assessment and plan in order to avoid the ED "revolving door". We have an opportunity to develop a Peninsula approach.
- Create a service that people want to work in by rethinking roles, skills, and careers to entice new people and retain existing staff
- We need to develop a consistent and compassionate approach to addressing end-of-life care and give our workforce the skills & tools to manage this.
- Technology (including electronic patient records) has the potential to improve care, avoid duplication, and support people closer to home
- We agreed that we need to have a collective approach to managing risk with patients and their families.
- Break down organisational silos to make it easier to work together e.g. with standardised approaches, models and core competences, working as a system gives the opportunity to standardise pathways and break down silos
- Virtual Wards can result in a reduction in readmission. They need to be consistent across the Peninsula and supported by a single EPR.
- We need a more integrated approach towards psychological support for people with functional illness.
- We need to design a multidisciplinary workforce with the right skills and competencies with a focus on recruitment, retention and training to attractive roles with clear career paths
- The time spent managing the 'back door'/discharge and supporting patients who are fit to go home is impacting on our ability to manage patients coming into ED and assessment units.
- Travel is significant for patients, families and staff, we will need to make sure that we mitigate the risk of increasing health inequalities if people have to travel further for care
- Diagnostics and Triage are fundamental for all sites

Surgical Assessment

- A number of services are fragile, and several are in need of mutual aid – we need to address this
- Waiting lists are increasing for elective surgery and we have not addressed the backlog from pandemic
- Also need to consider the amount of activity we are purchasing from the independent sector
- Patient and staff experience is in decline.
- Too much surgical resource is allocated to out of hospital hours care where there are low volumes requiring surgery, compared to in-hours need with high volumes
- Referral to treatment times (RTT) are variable across different Trusts with some Trusts having pressures in areas where other do not. We need to look at the surgical capacity of the Peninsula as a whole to match demand against supply of surgical capacity
- Full implementation of GIRFT will not be enough to meet increasing demand: it's more than population growth but about meeting the needs of a larger aging population with multiple co-morbities

- Recruitment and retention are a challenge in some areas but on the whole acute general surgery workforce is not an issue
- Barriers need to be broken down to work more collaboratively as a system. Each organisation uses its skill mix differently – we need to understand what drives variation in our staffing models
- We should consider having a consistent approach to training across the region and more flexible training for some roles
- We need to improve flow: from diagnostics, through to discharge and social care
- We need to review how services can be organised – centralisation, networking, hub and spoke and the implications for other services of each model
- Reducing waste and inefficiencies is where some real gains could be made – for example improving our ability to see and treat (reducing revolving door patients), managing the worried well in the right place, having diagnostics at the front door (in ED)
- We need a single electronic system to support joined-up working
- Access to beds is the primary issue for general surgery – because we cannot discharge people and because medical patients are in surgical beds.
- We also need to ensure equitable access for all patients across the Peninsula
- There are good models for ambulatory general surgery

Appendix 2: Feedback from patient and carer involvement about paediatric, medical and surgical services

Paediatric services

Feedback was received from 37 patients and their families in paediatric settings. The focus was placed on their experiences of accessing urgent care for their child.

- 65% of experiences were reported as positive with the most common reasons being because of the staff treating their child, the quality and consistency of care and attention provided and timeliness in terms of moving through the hospital system.
- Experiences could have been improved by better communication to support continuity of care, more personalised care, reduced waiting times for assessment and medication, and better staffing levels.
- The responses revealed that the most important factor for families is good communication - (1) between the staff and the family, (2) between staff delivering the care and (3) between two or more services, (where care is being managed by more than one).
- Communication factors that parents felt were most important were:
    - Being involved in the treatment and care
    - Being kept informed
    - Being listened to
- Communication, quality of care and timely access to services were most important to parents when accessing children's hospital services with parents wanting to feel informed, heard and involved.

Medical assessment

10 members of the public took part in three focus groups which allowed for direct discussions focused on what went well, what could have been better and what mattered most to them when accessing services.

- Experiences were overall positive, participants had high praise for NHS staff in the main and there was much recognition that some go above and beyond in their delivery of care.
- There was recognition across the groups for the caring staff working in the NHS. However, there was also a sense from what people had observed that some staff did not feel confident or that tasks were not within their remit, and that staff need to feel empowered to make choices to ensure patients are well cared for.
- It was also evident from the discussions that there is a level of variability in staff and the quality of care provided across the NHS, but there were several comments from participants pertaining to the whole service being underfunded and staff being overworked and the impact this had on waiting times
- People felt that their experiences could have been improved by better access for people with physical disabilities, better communication and easier navigation of a complex system (including 111 and 999 call handling)
- Being treated with dignity and respect was most important to people – to be listened to and heard.
- Personalised care, recognising and meeting the individual needs of patients, was also important along with the need for this information to be communicated between staff.
- People wanted services to be more joined up and services to share information to improve continuity for the patient.
- People also said that waiting times and being seen quickly and having easy access to services were important.

Surgical services

- People on waiting lists were invited to focus groups to find out how elective care waiting lists have impacted patients and how people would like these waiting lists to be addressed.
- Eight virtual focus groups were held between March 2022 and April 2022 with a total of 39 patients attending.
- Focus groups were facilitated and the report produced by Healthwatch Devon, Plymouth and Torbay
- Key Findings – a snapshot:
    - Waiting for elective treatment has a significant impact on participants' physical and mental health. Worsening pain and discomfort has a knock-on effect on sleep, ability to work or provide care, and quality of life. The uncertainty caused by cancelled appointments causes stress and anxiety. Participants felt that better communication about waiting times was needed and would reduce anxiety and uncertainty.
    - Participants were overwhelmingly in favour of addressing waiting times as quickly as possible wherever possible, rather than waiting for a Devon-wide solution.
    - Participants saw the benefits of moving elective care to a dedicated facility shared between Trusts, however, there were concerns about patients being required to travel longer distances, and the length of time it may take this solution to be enacted. Participants agreed that a combined approach would be beneficial to suit the needs of different areas, e.g. urban vs rural, and the needs of patients who may require more complex treatment.
    - When deciding where to have treatment, the three most important considerations for participants were the speed at which they could be seen, who would be providing their treatment, and distance from home.

Survey and Social Media feedback

Feedback from 240 NHS survey responses and 39 comments on social media

- The survey consisted of three questions. The questions asked were open-ended and the findings are summarised themes and trends identified from the responses.
- More than half of the responses to the survey mention waiting times – largely in a negative way. There were lots of comments about being in ambulance queues outside hospitals or in the ED waiting room for hours with many of these mentioning a lack of effective communication.
- There were however many positive comments about staff attitude and capability, particularly ambulance staff.
- There were comments from people who felt the environment was cramped and unhygienic in ED waiting rooms and a few comments about food
- The consensus from respondents seems to be that once people were seen the care was good – but the waiting times are not good at all, with a few respondents suggesting they thought this led to them getting more unwell.
- Many respondents see the primary challenge for the NHS as a systems failure, mentioning issues such as bed blocking, underfunding by Government, and problematic social care structures resulting in discharge delays. People also highlight the lack of GP appointments and the impact of people misusing the system.
- The majority of respondents, when asked about the impact of the challenges faced by the NHS, highlighted the emotional impact of using urgent NHS hospital services and a lack of faith/trust in the system after their visit. Lots of respondents cited issues with waiting times both before and during their visit.
- The general feeling of social media comments was much more positive than negative with many people reporting good urgent care experiences – particularly with staff and treatment – however, some did cite having issues with waiting times.