



Devon, Cornwall and Isles of Scilly
Peninsula Acute Sustainability Programme

Peninsula Acute Sustainability Programme: Plymouth Health and Wellbeing Board

12th September 2024



Purpose of this session

- Context and Background of the PASP programme
- The outputs from Phase 1
- Our plans for Phase 2
- A summary of the Case for Change
- How we plan to work with local populations during phase 2 to develop a case for Change

We would like to take the opportunity to ask Members to:

- Endorse the approach we are taking on engaging with local people
- Support raising awareness locally and to encourage local people to take part in the engagement.





Devon, Cornwall and Isles of Scilly
Peninsula Acute Sustainability Programme

PASP: Context



What we want for people in Devon, Cornwall and the Isles of Scilly

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



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.

What people have told us

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People are having to **wait too long for care** which is leading to people becoming more unwell, having less confidence in the NHS, and increased anxiety and other emotional challenges



Patients experience **workforce challenges** by saying they can see staff are busy and don't have the time they need to look after people



People think that **poor processes** are causing delays to care – services should be more efficient



People living in **rural areas** worry about accessing services



In **paediatric services**, people felt frustrated at the time it took to get to the right place and that assessments needed to be better



A **lack of joined up services** means people often must repeat their story



What NHS Staff have told us

What NHS staff have told us

The **inequity of access** to services across the peninsula is unacceptable



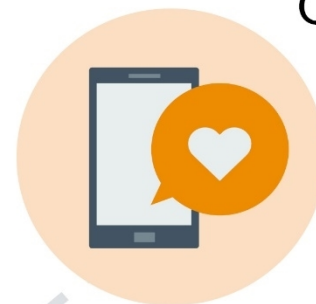
Patients are not always cared for in the **right place, first time**, which impacts capacity and efficiency



Providers are **competing for the same pool** of staff when recruiting



Organisational boundaries, lack of electronic patient records and inefficient systems make **joined up working** difficult



Some staff are **fatigued** from trying to deliver for patients the best they can, leading to low morale



Workforce gaps would not be so challenging if **productivity and efficiency** was improved



Some services are **reliant on locums** and/or clinicians covering more junior shifts





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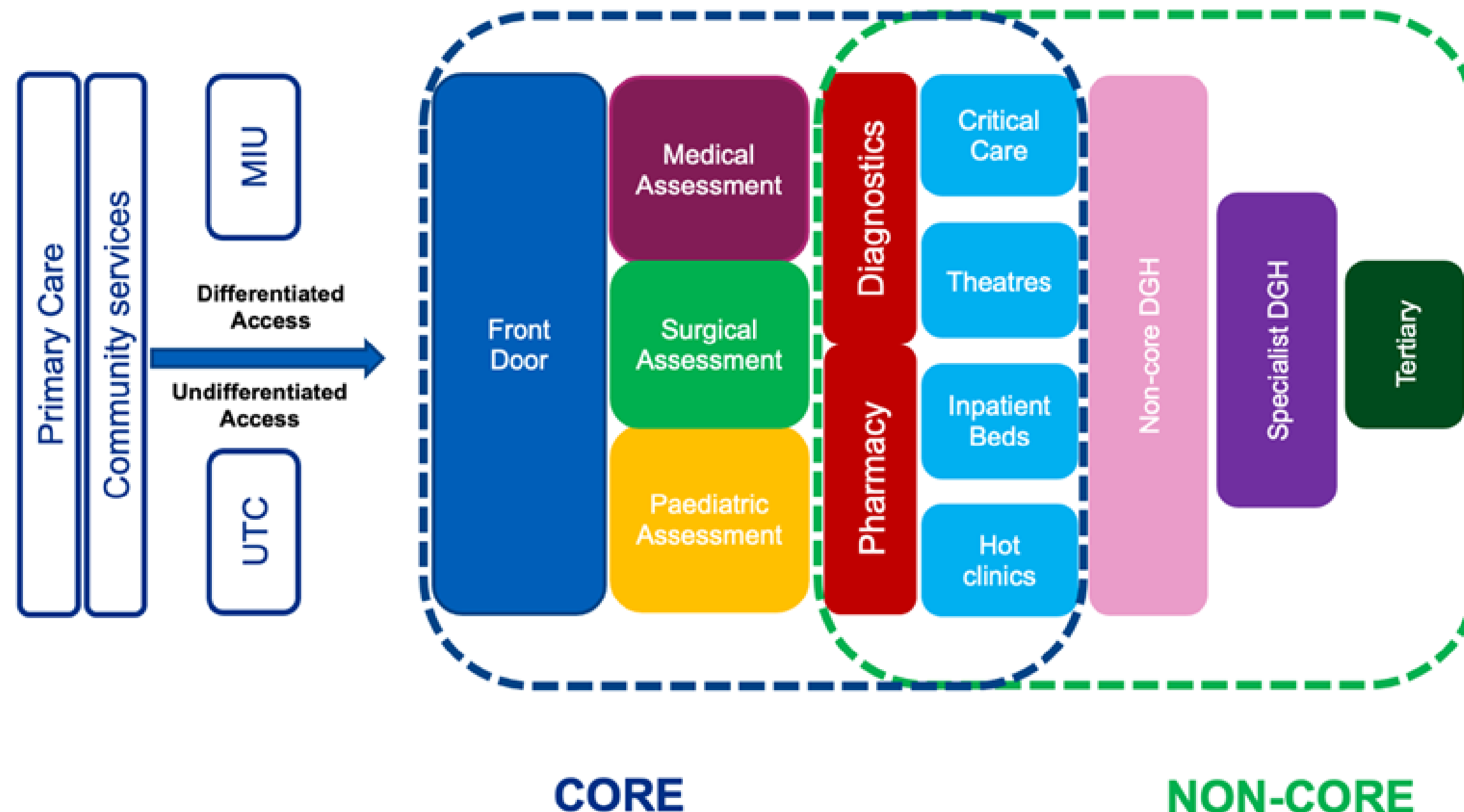
PASP: Recap of Phase 1



Building blocks for an acute services model

Our starting point

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.



Our approach – clinical and patient engagement

- A series of **focused workshops** were held paediatric, medical and surgical specialties and involved a wide range of clinicians across the interdependent specialty, subspecialty and clinical support services from across Devon, Cornwall and Isles of Scilly.
- We aimed to adopt 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 discussion. 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 across the Peninsula. During the involvement period which took place in **July 2023**
- All data that was collected during this engagement period was anonymised and shared with Healthwatch to be analysed independently and collated into **a single report** - <https://healthwatchdevon.co.uk/pas-report/>

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.
- **Feedback from patients and their families** on their experience of using medical, paediatric and surgical acute services.
- An outline a **possible direction of travel** to transform acute service to ensure sustainability in the future.





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PASP: Phase 2



PASP: Phase 2

To meet the needs of the population of the Peninsula we need to consider transforming some services.

Phase 2 includes:

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





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PASP: Case for Change and Vision



What is a Case for Change

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

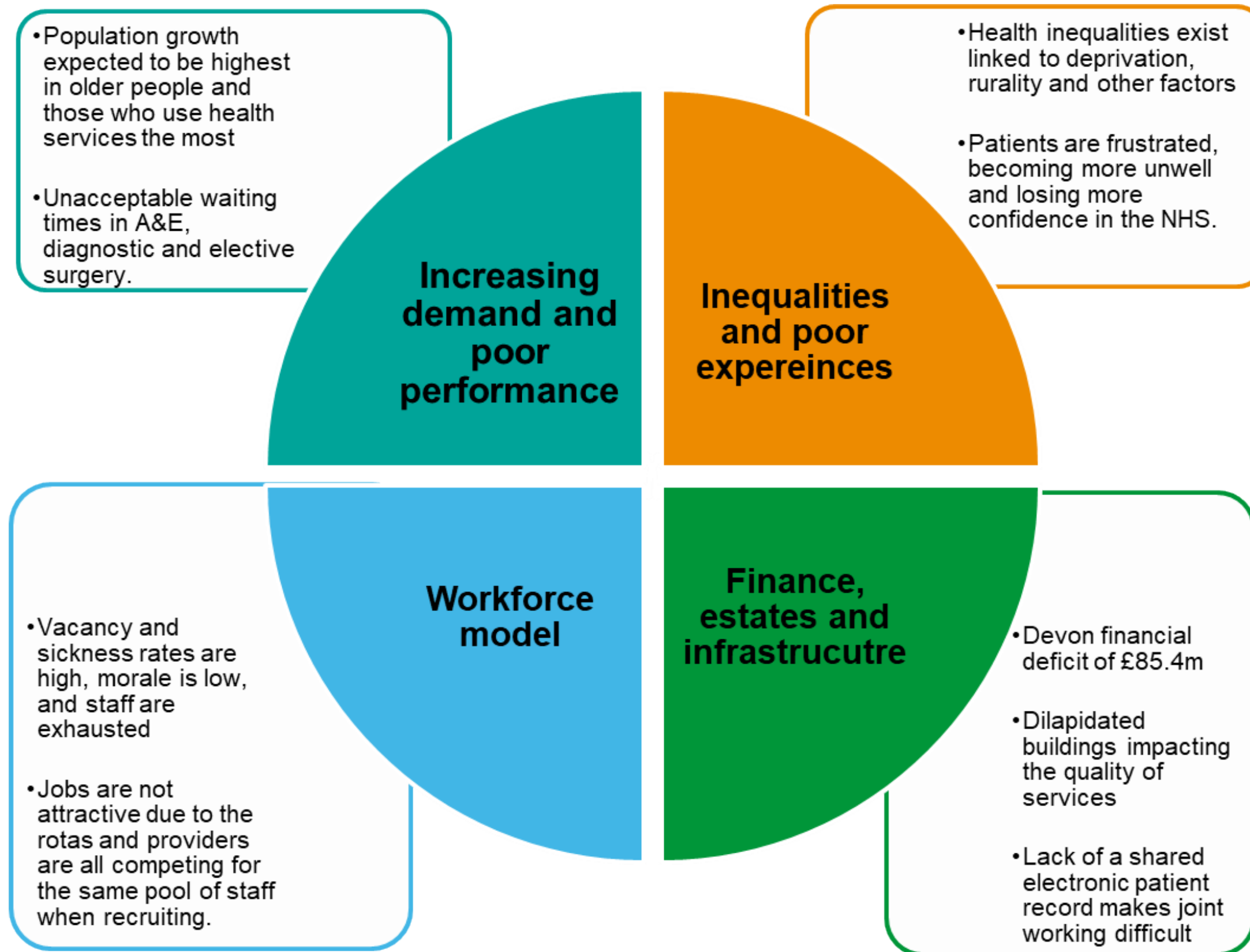
A **summary will also be produced** to support our local populations and stakeholders to understand our challenges.

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.

Our challenges

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



Our vision for acute services

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

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

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

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 September for 6 weeks, so that we can further develop our Case for Change.

Through the involvement we hope to learn:

- How challenges impact local people when using hospital services
- Whether there are any other challenges people experience that we have not covered?
- What is important to people when they need to access hospital services
- Whether people have any ideas or thoughts on how we could tackle some of our challenges?

Involvement approach:

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



Your thoughts

- Endorse the approach we are taking on involving local people
- Support raising awareness locally and to encourage local people to take part in the engagement.

