BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS

RECONFIGURATION OF CLINICAL SERVICES TO SUPPORT DEVELOPMENT OF NEURO-TRAUMA SERVICE AT THE MAJOR TRAUMA CENTRE

1. Executive Summary

The purpose of this paper is to set out for local authorities, commissioners, partner providers and other key stakeholders (including patient groups and members of the public) further detail on the trust's plans for the reconfiguration of clinical services at Brighton and Sussex University Hospitals (BSUH).

This builds on the already consulted and agreed development of a neuro-trauma service as part of the Major Trauma Centre which in turn will ensure compliance with the national service specification for major trauma. It is planned to start the implementation of the reconfiguration of services in 2014 for completion in October 2014.

A programme of work has started to move elective and emergency cranial neurosurgery from Hurstwood Park Neurosurgery Centre (HPNC) to Royal Sussex County Hospital (RSCH) and to establish an integrated spinal service based at the Princess Royal Hospital (PRH) site. To create the necessary capacity on the RSCH campus and to realise other benefits it is proposed to move the fractured neck of femur pathway and the inpatient urology service from the Royal Sussex County Hospital site to the Princess Royal Hospital campus.

The purpose of this document is to outline the proposed changes to the fractured neck of femur and urology services, the potential impact upon patients, and the proposed timeframes for the changes.

2. Background

On 1 April 2012 RSCH was designated as the regional Major Trauma Centre for Sussex subject to establishing a neuro-trauma service on the RSCH site. Following publication of the new national service specification for major trauma by NHS England in February 2013 the hospital applied for derogation for neurosurgery (derogation is a time limited agreement that one or more contractual standards or requirements in the national service specification will not be in place during the contractual period and will only be agreed when assurance has been provided that alternative service arrangements are in place).

In August 2013 at the request of the Trust Development Authority (TDA), the national organisation supporting NHS Trusts, and with the support of the Area Team the Clinical Director (Specialised Services) for NHS England visited the hospital. His report (the Palmer report) made a single recommendation on the most appropriate configuration of neurosurgery, specifically the transfer of elective and emergency cranial neurosurgery activity to RSCH and the creation of an integrated spinal service at PRH. This first move is ahead of the full service change when all of neurosciences will transfer into the new 3Ts development and is consistent with the earlier consultation which supported the overall moves.

In December 2013 the Board of Directors approved the investment in clinical infrastructure and workforce to undertake the enabling moves and move the neurosurgery service from HPNC to RSCH by October 2014. Consultation about the plans has started with affected staff and the design processes for the various capital works including bi planer angiography are underway.

3. How the proposals were developed

In 2012 a Site Reconfiguration Programme Board was established to oversee the development of proposals to reconfigure clinical services which would enable sufficient capacity to be created at RSCH for neurosurgery and deliver other clinical benefits associated with moves to single site services, such as an improved pathways, enhanced clinical input and co-location of key care services.

Considerable work was undertaken with clinicians to develop proposals and a number of options were considered including the transfer of trauma and orthopaedics and the urology service to PRH. The options were developed using a number of criteria including:-

- Deliverability - is there sufficient bed, theatre and critical care capacity in the right place to enable the moves to take place?
- Deliverability - are the developments possible within the same timescale required to move neurosurgery to RSCH?
- Deliverability – will key clinical adjacencies and other co-located services be achieved without compromising other clinical services?
- Quality - are the moves and developments supported by clinicians?
- Quality – will the service models comply with any relevant national service specifications published by NHS England?
- Quality – what will be the impact on staff and patients?
- Value for money - what level of capital and revenue investment is required to enable the developments to proceed?

Development of the following service models has therefore been undertaken with the relevant clinical leads. Extensive demand and capacity modelling has been undertaken, using new referral demand for elective activity and current emergency demand, alongside service specific conversion rates and operating times, to ensure that each service has a sustainable model going forward.

4. Proposals

Urology service

The urology service is currently split across two sites, with outpatient and inpatient activity provided at the Royal Sussex County Hospital and the Princess Royal Hospital sites. Outpatient clinics and day case surgery are also provided at Lewes Victoria Hospital. Outpatient one stop diagnostic clinics for haematuria and lower urinary tract symptoms are provided at both PRH and RSCH sites.

It is proposed to move the inpatient urology service off the RSCH site and establish a single site service at PRH. This will include establishing a urology ward of 18 inpatient beds on Ansty ward with 12.5 operating lists in main PRH theatres. Additional critical care capacity (an extra four HDU beds) is being created by expansion into Cuckfield at PRH in part for the additional urology patient activity.

A daily outpatient session will also be held Monday to Friday at RSCH and outpatients will continue to be seen at RSCH. In 2012/13 a total of 361 patients out of 3678 from the Brighton & Hove catchment area had an in-patient procedure at RSCH which in future will be undertaken at PRH; this cohort represents 10% of all urology patients. Therefore, as it is only the inpatient aspect of the pathway that is changing and outpatients and follow-ups will continue to be undertaken at RSCH, the number of patients affected will be relatively small.

Additional bed, theatre and critical care capacity will be also required (and has been quantified) for new urology cancer work if BSUH is successful in bidding for this activity; this is part of a Sussex wide discussion led by the Area Team.

A new centralised service model for urology on the PRH campus will:

- release capacity on the RSCH site
- co-locate RSCH urology services with existing services at PRH, i.e. the lithotripter and stone service
- enable greater efficiency of workforce and increased consultant presence. This has been shown to improve quality of care and patient safety at a time of increasing activity and complexity of work
- provide a consultant led department with 2 ward rounds per day, which should result in bed savings and increased safety
- provide capacity for service expansion and strengthen our bid for the Sussex Urology Cancer and Stone centre, providing a centre of excellence.

Fractured neck of femur service

Currently patients with a suspected neck of femur are admitted through the emergency department at RSCH where they have their surgery prior to a transfer to PRH for their rehabilitation; Brighton and Hove patients remain at RSCH for their rehabilitation stay.

The trauma service has been working to deliver a more stream lined pathway, to improve patient outcomes and prevent unneccesary delays for patients. This proposed pathway involves, in partnership with SECAMB, diagnosis in the ambulance, fast tracking through the Emergency Department with transfer straight to x-ray, where the fracture neck of femur is confirmed and then admitted directly to the orthopaedic ward. Patients will receive prompt investigation and rapid treatment of co-morbidities, optimising them for surgery. Anaesthetic protocols and pre-operative analgesia are optimised including the use of regional anaesthesia in the emergency department and operating theatre. The patient would then remain on the orthopaedic ward for the rehabilitation stage of their pathway, managed by the multi disciplinary team; this programme is referred to as the enhanced recovery project for hip fractures. This pathway would remove the need for patients to be transferred from RSCH to PRH for their rehabilition stay.

The hospital receives approximately 570 fractured neck of femur patients per annum of which 228 patients (40%, mostly from the Brighton & Hove catchment area) do not currently go to PRH and would therefore be affected by this pathway change.

One marker of the quality of care that patients receive is the total length of NHS care following fractured neck of femur. This varies considerably from trust to trust, with the average length of superspell ranging from 17 to 40 days. In the past year, one third of trusts have seen a rise in the superspell of patients with fractured neck of femur of between one and nine days. Treating fracture neck of femur patients in a dedicated unit such as Princess Royal Hospital improves the overall level of care they receive and nationally has been shown to reduce length of stay by up to eight days. BSUH has made recent improvements in length of stay and will continue to work on further improvements.

Fractured neck of femur patients will be cared for on Twineham ward with one theatre staffed Monday to Friday running until 7pm to manage the fluctuations in demand with half-day lists running on the week-end; this is with the move to seven day a week hospital services and consistent medical cover.

5. Timetable

It is planned to move the neurosurgery service to the RSCH by October 2014 when the necessary capital works to create the necessary clinical infrastructure, including neurosurgery theatres and bi planer angiography at RSCH and the expansion of critical care facilities at PRH,

have been completed. Detailed plans, including business continuity plans, are currently being developed for the move of the fractured neck of femur pathway and urology service which will move to PRH at the same time as the neurosurgery service moves to RSCH.

6. Public Consultation on Neurosciences

Extensive consultation has already been undertaken on the move of neurosurgery to RSCH as part of the 3Ts consultation exercise. This has been undertaken with patients/patient representatives, partner organisations and members of the public across the Trust's local and regional catchments, and with local residents, statutory consultees and other community and special interest groups. Between 1996 and 2003 three independent reviews were undertaken into the configuration of neurosciences in Sussex; the *Review of Neurosciences Services in Sussex* (1996), commissioned by the then Sussex Health Authorities; a peer review (2001); and a further *Review Of Neurosciences Services in Sussex* (2003) commissioned by Kent, Surrey and Sussex Commissioning Group. The recommendations of the review were encompassed in the *Best Care, Best Place* consultation (2004/5) undertaken by Mid Sussex PCT.

The recommendation that the Regional Centre transfer to the Royal Sussex County Hospital (RSCH) campus was reflected in the *Fit For The Future* consultation (2007/8) undertaken by West Sussex and Brighton & Hove PCTs, which identified RSCH as the 'Critical Care Hospital' (to include neurosciences). It was also reflected in the *Sussex Tertiary Services Commissioning Strategy* (2008) which was prepared by an independent consultancy, 2020 Delivery, for the Sussex PCTs.

The case was further strengthened by the establishment in 2012 of RSCH as the Major Trauma Centre for Sussex which requires a co-located neurosurgery service. A review commissioned by the Trust in 2010 from Society of British Neurological Surgeons (SBNS) into the interim configuration of neurosurgery noted that the planned transfer was " a golden opportunity to expand and secure the neurosciences in modern facilities alongside other specialised services and the Major Trauma Centre.

In addition as part of the planning for 3Ts, extensive consultation and engagement has been undertaken with patients/patient representatives, partner organisations and members of the public across the Trust's local and regional catchments, and with local residents, statutory consultees and other community and special interest groups. This is detailed in the *Consultation Statement** (September 2011) submitted as part of the Trust's application for Full Planning Consent. Full Planning Consent was unanimously awarded by Brighton & Hove City Council in January 2012. No objections were received relating to the plan to transfer the Regional Centre for Neurosciences from Haywards Heath onto the Royal Sussex County Hospital campus.

7. Public Consultation on urology and fractured neck of femur services

A local assessment has been undertaken on whether the proposed moves of urology and trauma and orthopaedics from RSCH to PRH constitute "substantial and significant change" for patients in terms of access.

An analysis shows that:

- 361 patients from the Brighton and Hove catchment area will be affected by the proposed urology move; the total number of elective and day case urology patients in 2012/13 was 3678

- 228 patients from the Brighton and Hove catchment area will be affected by the proposed fractured neck of femur pathway change; the total number of fractured neck of femur patients treated in 2012/13 was approximately 570

- Legal advice has also been taken on whether public consultation is required on the proposed service moves; due to the low number of inpatients affected we do not believe there is a need to undertake a full public consultation exercise. However we want to ensure we are being clear about plans with commissioners and local authorities as well as having a meaningful engagement with service users and patient experience groups. Plans for this are well developed and will be shared in April 2014.

The proposed changes to the fractured neck of femur pathway and urology moves have recently been introduced to Brighton & Hove HOSC, West Sussex HASC and to Brighton and Hove CCG.

8. Public Sector Equality Duty

A public sector equality duty analysis on the impact of the changes has been undertaken on the proposed urology service move and will be undertaken on the fractured neck of femur pathway change. This analyses the effect or potential effect of the site reconfiguration programme on different groups, including patients and staff, who are covered by the protected characteristics described in the Equality Act 2010.

The impact of the service change may be perceived as negative as it is associated with further travel for new patients. In order to mitigate this impact patients and carers need to be advised of the availability of the 40X bus service which is available free of charge for people needing to access either site. Carers and family may require additional support to work out the best transport methods to PRH.

9. Next Steps

Detailed plans are being developed to enable the proposed service moves to take place by October 2014 and the trust will continue to have discussions with all stakeholders including local authorities, local commissioners and patients and their representative groups to confirm the position.

Simon Maurice
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