

# Working together for clinical excellence

Phase Two  
Updated  
Case for Change  
February  
2019

Summary

**WE NEED YOUR VIEWS**  
PLEASE GET INVOLVED

Transforming hospital services in South Tyneside and Sunderland and the bigger picture for health and care



## NHS partners working together:

South Tyneside and Sunderland Clinical Commissioning Groups  
City Hospitals Sunderland NHS Foundation Trust  
South Tyneside NHS Foundation Trust



## Introduction

Local hospital services in South Tyneside and Sunderland provide an abundance of great care delivered by highly committed teams of NHS staff. Phase Two of the Path to Excellence programme aims to build on these strengths and successes but also make sure we plan and prepare for the future.

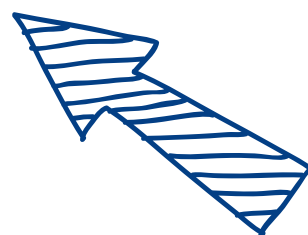
Our ambition is simple: we want to create outstanding future hospital services which offer the very highest quality of safe patient care and clinical excellence for each and every resident of South Tyneside and Sunderland.

Both South Tyneside District Hospital and Sunderland Royal Hospital will continue to exist in whatever future service models evolve, however, we must be realistic that the challenges facing the NHS will not go away and are only set to increase. To achieve our ambitions we must change the way hospital services are delivered so that we can deliver clinical excellence all of the time, every time, for each and every person.

This summary document provides an update to the Draft Case for Change published in July 2018 and shares our 'working ideas' so far on how we might be able to solve some of the very big challenges facing local hospital services.

This is the opportunity for everybody to shape the 'working ideas' which our clinical and nursing teams have come up with so far. This will help us as we continue to refine any future scenarios to be taken forward for formal public consultation which is expected later in 2019. Any future scenarios taken forward for formal public consultation will also depend on the level of capital investment available to the local NHS. (see page 22)

**“Both hospitals are of equal strategic importance and there is absolutely no intention whatsoever for either hospital to close.”**



# Which hospital services are involved in Phase Two?



## Emergency care and acute medicine

This is the care provided when patients arrive at our Emergency Departments, need emergency admission to hospital or have an urgent healthcare need.



## Emergency surgery and planned operations

This is the care provided for patients who are admitted as an emergency and then require urgent surgery, or who have been referred by their GP for a planned operation.



## Planned care and outpatients

This is the care provided in hospital after patients have been referred by their GP for a test, scan, treatment or operation.



## Clinical support services

These are vital support services such as therapy services (physiotherapy, occupational therapy, speech and language therapy) as well as clinical pharmacy and radiology services (scans and x-rays).



## Why do we need to change?

Our Draft Case for Change published in July 2018 sets out the challenges being faced by local hospital services. This included feedback from staff and patients of their current experiences of working in, or using, our hospital services.

By working together across South Tyneside and Sunderland, our aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve our patient

outcomes and deliver clinical excellence in everything we do. We also need to make sure we deliver this within the financial and other resources available to us.

Given the significant challenges facing the NHS, there are many compelling reasons why we need to change:

### Workforce



Our workforce is under significant pressure and on a daily basis we rely on the goodwill of our staff working longer hours or extra shifts – this has a negative impact on their health and wellbeing and is not sustainable. We also rely heavily on temporary staff to keep services running safely. This is not only extremely expensive but it is also not good for the continuity of high quality patient care. The current set up of our services also makes it difficult for us to attract staff who want to work as part of bigger teams.

### Future demand

The pressure on our workforce is directly linked to the significant and growing demand on the NHS as a whole. More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS will grow even further in the years ahead.



## Quality improvement

The way our services are currently set up makes it really difficult for us to meet a number of important clinical quality and safety standards. For example, we are currently unable to consistently ensure that all emergency patients receive a timely consultant review and we do not have consistent availability of senior clinical decision makers seven days a week – something which we know is proven to have a positive impact on patient outcomes. Individually, our populations and teams are small, but together we can create the vital critical mass of patients needed to develop more specialised care and meet more of these important clinical quality and safety standards.



## Finance constraints

Our services currently cost more to deliver than the funding we have available and we need to make changes to help improve our long-term financial sustainability. Our emergency care and acute medicine services make an annual loss of millions of pounds and we currently have to spend millions on agency staff in this clinical service area alone. This overreliance on temporary staff is not only financially unsustainable, it also limits our ability to make quality improvements to patient care.

“We cannot ignore the challenges facing the NHS which is why we are working together across the whole health and care system to plan for the future.”



## Our three pillars of transformation

Changing hospital care alone will not solve the pressures facing local services. This is why the NHS Long Term Plan published in January 2019 focusses so heavily on creating an entirely new NHS service model which is built around patient needs to provide properly joined-up care, at the right time, in the optimal care setting and by the right healthcare professional. It places, quite rightly, significant priority on boosting 'out of hospital' care and practical steps to help people improve their health and increase life expectancy.

Across South Tyneside and Sunderland we are already actively working on how we provide

more care to people outside of hospital in their local communities and how we support people to stay fit and well and live healthy lifestyles – these are what we call our three pillars of transformation (shown at the bottom of the diagram on the next page).

Working with our local communities to prevent ill-health in the first place is equally as important to us as treating people when they do become unwell. Our aim is to reduce the unacceptable gap in life expectancy which exists for people living in different parts of South Tyneside and Sunderland.



# What influences our health?

Healthcare services are the smallest contributor to our overall health



How the NHS works with local partners to influence positive change in society

### Prevention

This is how we work together to encourage everyone living in South Tyneside and Sunderland to take more responsibility for their own health and wellbeing so that they do not become unwell with wholly avoidable illnesses.

### Out of hospital

This is how NHS, social care and community and voluntary organisations work together to provide more responsive care to prevent avoidable hospital admissions and to get people out of hospital as soon as they are able with more care at home and closer to home.

### In hospital

**Hospital services make up a small part of overall NHS care. Phase Two of the Path to Excellence programme is looking at how we improve hospital services which is the subject of this Updated Draft Case for Change document.**

## Our three pillars of transformation

Diagram components adapted from Kings Fund

# Phase Two THE STORY SO FAR...



December 2017

- Our clinical service review design teams, made up of over 100 staff from both South Tyneside and Sunderland, begin to meet and discuss current challenges

February 2018

- Over 700 staff from both South Tyneside and Sunderland give their views on the current challenges being faced by completing a survey
- Face-to-face interviews with over 120 patients to understand current experiences of using services in each hospital

March 2018

- Almost 200 staff from both South Tyneside and Sunderland join a series of engagement sessions to discuss current challenges and agree ambitions for the future

PANEL EVENTS

ENGAGEMENT SESSIONS

October 2018

- Launch of widespread 'Join our Journey' public engagement activity over ten weeks and attendance at key stakeholder meetings to help people understand why hospital services need to change and to encourage ideas for helping us solve the challenges we face
- A further 1,000 patients give their views on what is most important when receiving hospital care

July 2018

- First clinical due diligence event bringing together staff from each of the clinical service review design teams for the first time, to discuss progress in each work stream and ideas so far
- Launch of the 'Draft Case for Change' document and briefings with key stakeholders

June 2018

- Further staff engagement sessions attended by over 200 staff from both South Tyneside and Sunderland to discuss case for change and early ideas for addressing challenges
- Over 1,000 patients share their views as part of further engagement work to understand what is most important to people when receiving hospital care

ROADSHOWS



## November 2018

- **Second clinical due diligence event** bringing together staff from each of the clinical service review design teams, for the second time, to discuss progress in each work stream and ideas so far
- **Stakeholder workshops** take place to help set 'desirable evaluation criteria' which will be used later in the process to assess any emerging ideas and help determine the most credible scenarios to take forward for formal public consultation

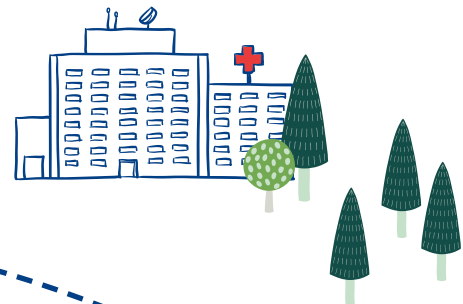
## December 2018

- **Public listening panel event** held to invite members of the public, stakeholders and other interested parties to present evidence to the Path to Excellence programme team on the Draft Case for Change and any areas for consideration that might have been missed

## February 2019

- **'Working list' of ideas shared** with all staff, stakeholders and members of the public and a period of engagement takes place to gather views and feedback

## WORKSHOPS



## Spring and early summer 2019

- **Clinical senate review** and further testing and evaluation of 'working ideas'
- **Further work with key stakeholders** to apply the draft 'desirable evaluation criteria' to 'working ideas' and help determine the most credible scenarios to take forward for formal public consultation
- **Further information to be included in the pre-consultation business case** for service change is identified
- **Pre-consultation case for service change is reviewed** by Trust Boards and Clinical Commissioning Groups' Governing Bodies
- **NHS assurance processes** with regulators NHS England and NHS Improvement takes place

## March 2019

- **Series of staff engagement workshops** take place to allow staff from both South Tyneside and Sunderland to input their views on the working list of ideas and share feedback for the clinical service review design teams to consider
- **Patient and public engagement 'Join our Journey'** roadshow activity to take place throughout March working with Healthwatch to gather feedback and views on the 'working list' of ideas and draft 'desirable evaluation criteria'

## Late summer 2019

- **Formal public consultation** on future scenarios for change

**EXCELLENCE**

**THIS WAY**



## What design process have we followed to reach our 'working ideas'?

In order to support a logical process of developing ideas for change, we have taken a staged approach, with each stage feeding into and influencing the next. This gives the opportunity for stakeholders to be involved throughout the process including staff, wider NHS professionals, community and voluntary groups, elected members and other interested parties.

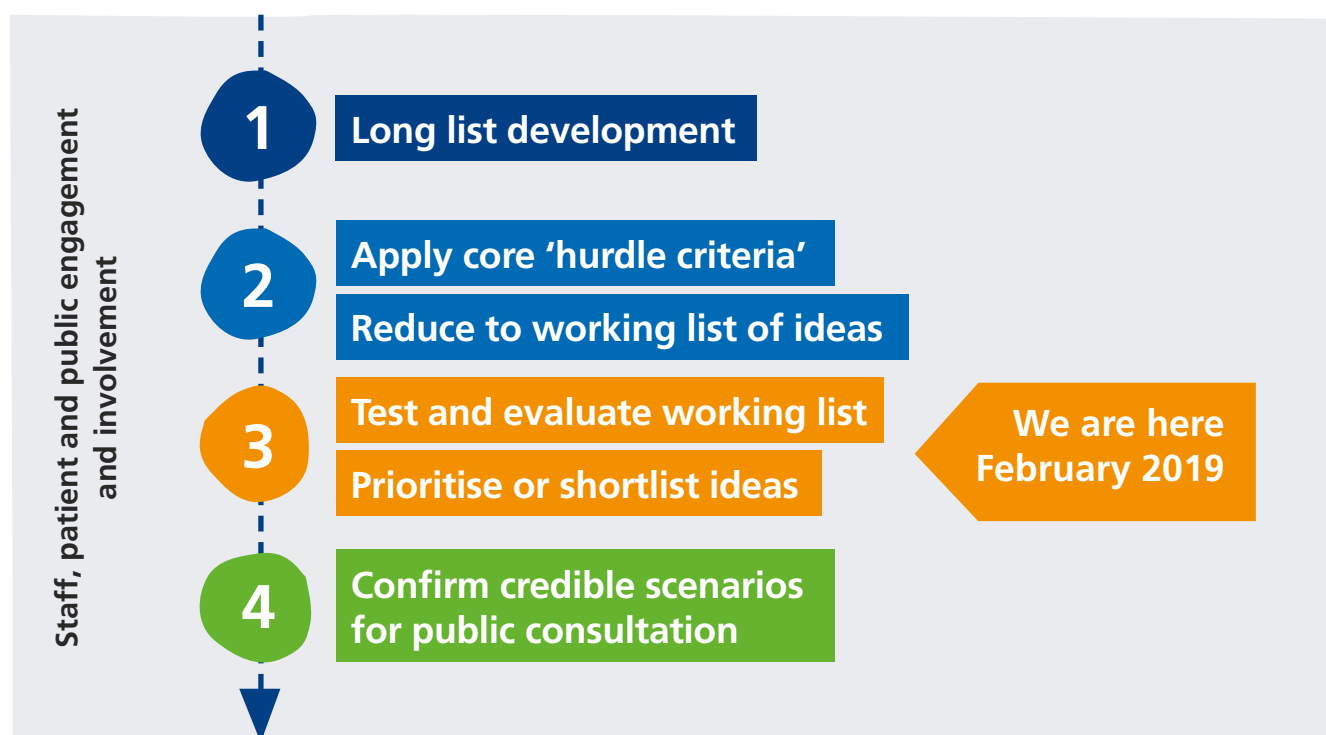
Using feedback gathered over the past year through our work with staff, patients and the public, our clinical service review design teams were tasked to come up with a long list of all possible scenarios for the future.

In order to get to a shorter and genuinely viable list of 'working ideas' for change, our long-list was tested against agreed core 'hurdle criteria' which have been developed with clinical experts and informed by service change best practice in line with national NHS policy.

Our 'working ideas' range from:

- **'minimal'** change by improving our current models
- **'some'** degree of change by creating new models of care
- **'greater'** change by thinking radically about we improve services for the future

### Steps in the design process





## The core 'hurdle criteria'

Our core 'hurdle criteria' are outlined below and mean that any future proposed services changes must do the following:

### Be sustainable and resilient

Support sustainability and resilience of services by ensuring that the medical and nursing staff and volume of patient numbers are there to make the service succeed. Where possible, more services should be provided in local community settings rather than in hospital.

### Deliver high quality, safe care

Deliver high quality, safe care which aims to improve quality and meets all clinical quality, patient safety and experience standards, as well as regulatory requirements for example from the Care Quality Commission, NHS Improvement and Royal Colleges / Professional Bodies.

### Be affordable

Be affordable by improving long-term financial sustainability across the local health system and be deliverable within the available capital resource to facilitate any service change.

### Be achievable

Be achievable within three years of any decisions made by local Clinical Commissioning Groups (CCGs).



### Independent Quality Assurance

As we want to ensure we get this design process right and we are open to ideas and influence, we are working with The Consultation Institute, who are carrying out an independent quality assurance of our pre-consultation engagement processes.



## Our ambitions for the future

### Emergency care and acute medicine:

- provide better access to 24/7 consultant-led emergency care seven days a week
- consistently ensure patients with serious emergencies who need hospital admission are seen by the right specialist in a timely way, when they arrive, during their stay and when being discharged home
- consistently ensure patients with less serious problems which require an urgent response have local access
- provide better access to multi-disciplinary assessments and support services for urgent and emergency patients seven days a week
- improve the differences which currently exist in the length of hospital stay and reduce unnecessary emergency hospital admissions
- reduce the cost of temporary locum and agency staff by creating a service which is fit for future, offers the best clinical outcomes for patients and attracts new recruits
- enhance our 'front door' frailty services for vulnerable older people to provide prompt assessment and ensure, where possible, people are not admitted to hospital unnecessarily.

**Our current thinking for emergency care and acute medicine is fully aligned to the recently published NHS Long Term Plan**





### Emergency surgery and planned operations:

- provide better access to 24/7 consultant-led care for emergency surgery patients seven days a week
- move from a general surgical opinion to specialist surgical advice and ensure emergency surgery patients have quick access to theatre and a specialist consultant-led team at any time of day or night
- consistently ensure all emergency surgical admissions are seen by the right specialist consultant in a timely way, both when they arrive at hospital, during their stay and when being discharged home
- consistently provide timely assessments for emergency surgery patients with support services available seven days a week to aid recovery
- improve our ability to consistently deliver high quality training for surgical trainees
- improve patient and staff experience and satisfaction by separating planned operations from emergency surgery.

**Our current thinking for surgical services is fully aligned to the recently published NHS Long Term Plan**





# Our thinking so far and 'working ideas' for change



## Minimal change

**For surgical services**, our minimal change idea would mean the majority of planned operations taking place in a new 'Centre of Surgical Excellence' in South Tyneside, with emergency, high-risk or complex operations taking place in Sunderland. There would also be a small number of planned operations taking place in Sunderland to maximise theatre capacity.

**In clinical support services** we would like to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital to serve both local populations.

**For emergency care and acute medicine, there would be continued 24/7 access** on both hospital sites as per the current service model, with enhanced 'same day emergency care' to help people get treated quickly without hospital admission. Clinical and nursing teams would work as one, across both hospital sites to improve staffing sustainability and we would aim to develop new innovative staffing models to help us cope with the expected rise in demand to ensure patients receive the highest quality of safe care.

This working idea would rely on continued recruitment efforts and ongoing investment to address significant workforce gaps in emergency care and acute medicine services. By separating emergency surgery from planned operations, this would potentially allow us to meet a number of important quality and safety standards in line with recommendations in the NHS Long Term Plan.

# Minimal change

## South Tyneside

Create a new 'Centre of Surgical Excellence' to carry out the majority of planned day case and inpatient operations from both local populations.



## Sunderland

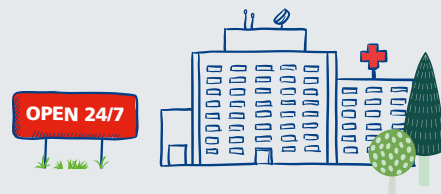
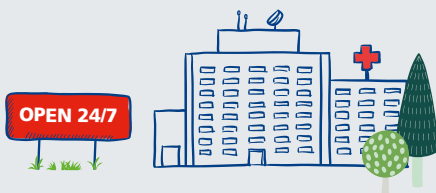
All emergency, high-risk or complex operations from both local populations plus a small number of planned operations.



Develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.



Continued 24/7 access to urgent and emergency care services on both hospital sites as per current service model but with enhanced 'same day emergency care'. \*



### \*Same day emergency care

Also known as 'ambulatory emergency care', same day emergency care is a transformational change in care delivery. It is a way of managing a significant proportion of emergency patients on the same day without the need for admission to a hospital bed.



## Some change

**For surgical services,** our some change idea would mean the majority of planned operations taking place in a new 'Centre of Surgical Excellence' in South Tyneside, with emergency, high-risk or complex operations taking place in Sunderland. There would also be a small number of planned operations taking place in Sunderland to maximise theatre capacity.

**In clinical support services** we would like to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital to serve both local populations.

**For emergency care and acute medicine, there would be continued 24/7 access** on both hospital sites but this would be different from the current model. In South Tyneside there would continue to be round the clock urgent access for patients with less serious emergencies, as well as acute medical admissions via managed pathways of care working closely with paramedics and GPs. In Sunderland, concentrated teams of clinicians would be better able to provide 24/7 access to specialist expertise for patients suffering from serious or life-threatening emergencies. Both hospitals would continue to offer 'same day emergency care' to prevent unnecessary hospital admissions.

This working idea would potentially give us greater consultant cover in emergency care, however pressures would remain on being able to safely staff acute medical services. By separating emergency surgery from planned operations, this would potentially allow us to meet a number of important quality and safety standards in line with recommendations in the NHS Long Term Plan.



# Some change

## South Tyneside

Create a new 'Centre of Surgical Excellence' to carry out the majority of planned day case and inpatient operations from both local populations.



## Sunderland

All emergency, high-risk or complex operations from both local populations plus a small number of planned operations.



Develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.



24/7 urgent care for less serious emergencies, plus 'same day emergency care' for medical conditions and some medical admissions. There would be continued local urgent care access across South Tyneside.

24/7 specialist emergency care for all serious or life threatening emergencies, 'same day emergency care', plus continued local urgent care access across Sunderland.



### Less serious emergencies could include:

- Minor fractures or broken bones
- Minor head, ear, or eye problems
- Broken nose or nose bleed
- Sprains, strains, cuts and bites
- Abscesses or wound infections

### Serious or life threatening emergencies could include:

- Suspected stroke
- Loss of consciousness
- Persistent and severe chest pain
- Sudden shortness of breath
- Severe blood loss
- Severe abdominal pain



## Greater change

**For surgical services,** our greater change idea would mean the majority of planned operations taking place in a new 'Centre of Surgical Excellence' in South Tyneside, with emergency, high-risk or complex operations taking place in Sunderland. There would also be a small number of planned operations taking place in Sunderland to maximise theatre capacity.

**In clinical support services** we would like to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital to serve both local populations.

**For emergency care and acute medicine, there would be continued 24/7 access** on both hospital sites but this would be different from the current model. In South Tyneside there would continue to be round the clock access for patients with urgent but less serious emergencies. All serious or life-threatening emergencies and acute medical admissions would take place in Sunderland by concentrated teams of emergency care and acute medicine specialists providing expert and senior clinical opinions seven days a week. Acute inpatient medical rehabilitation would continue in South Tyneside and we would also develop new 'rapid access review clinics' in a range of specialities to enable next day access in South Tyneside for GPs to refer patients directly to hospital for quick assessment.

This working idea would potentially give us the greatest opportunity to strengthen staffing in emergency care and acute medicine and increase our ability to meet more important clinical quality and safety standards to improve patient care. By separating emergency surgery from planned operations, this would potentially allow us to meet a number of important quality and safety standards in line with recommendations in the NHS Long Term Plan.

# Greater change

## South Tyneside

Create a new 'Centre of Surgical Excellence' to carry out the majority of planned day case and inpatient operations from both local populations.



## Sunderland

All emergency, high-risk or complex operations from both local populations plus a small number of planned operations.



Develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.



24/7 urgent care for less serious emergencies, plus some 'same day emergency care' for medical conditions. There would be continued local urgent care access across South Tyneside.

24/7 specialist emergency care for all serious or life threatening emergencies and all medical admissions, 'same day emergency care', plus continued local urgent care access across Sunderland.



### Less serious emergencies could include:

- Minor fractures or broken bones
- Minor head, ear, or eye problems
- Broken nose or nose bleed
- Sprains, strains, cuts and bites
- Abscesses or wound infections

### Serious or life threatening emergencies could include:

- Suspected stroke
- Loss of consciousness
- Persistent and severe chest pain
- Sudden shortness of breath
- Severe blood loss
- Severe abdominal pain



## Our work on planned care and outpatients

Our ambition is to continue to deliver much more care closer to home when it is safe, sustainable and appropriate to do so. We have already delivered hundreds of outpatient appointments which now are now taking place locally for South Tyneside residents and continue to explore opportunities in a number of other specialist areas:

### Already being delivered locally:

- Ophthalmology
- Rheumatology
- Renal medicine

### Exploring opportunities for:

- Cardiology
- Oncology
- Oral and maxillofacial surgery
- Urology

## Our work on clinical support services

Our clinical support service teams have also been fully involved in discussions so far for Phase Two and have helped to develop our 'working list' of ideas for change. Discussions have been focussed on how we can achieve:

- **Pharmacy** - a ward-based clinical pharmacy service operating seven days a week across both sites to ensure patients get the same level of service no matter what day of the week they are in hospital and their discharge home is not delayed
- **Therapies** - multi-disciplinary assessment and rehabilitation services seven days a week for all inpatients undergoing a complex or high risk operation as well as patients being admitted as medical emergencies
- **Diagnostic imaging** - timely access to radiology services for both planned and emergency patients who need x-rays and scans.

Across the NHS, we have seen the demand for diagnostic imaging grow consistently at approximately 10% per year nationally in the last decade and this is also true in South Tyneside and Sunderland. We are already thinking long-term about how we can meet this continued expected growth in demand for diagnostics in line with our ambition to achieve clinical excellence for our patients.

Early discussions are currently taking place on plans to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics, serving both populations in South Tyneside and Sunderland. Although these discussions are still subject to a formal business planning and approval process which would require capital investment, we feel this would futureproof our services and allow for the anticipated growth in activity over the next ten years across South Tyneside and Sunderland. This emerging idea for a world-class diagnostics centre would feature across all of our 'working list' ideas subject to the internal business planning process of the Trusts:

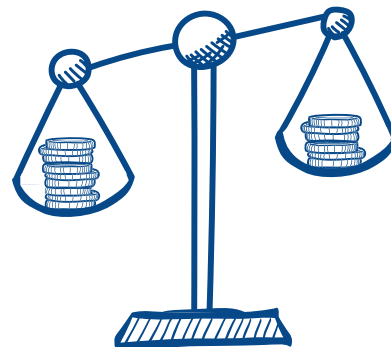
“Plans for a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital would future-proof our services for many years to come.”

### South Tyneside

### Sunderland

**Early discussions are currently taking place on plans to develop a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.**





## What else do we need to consider?

As well as the clinical drivers for changing hospital services, we know there are a whole variety of other factors which are important to local people and we will need to carefully consider these in all of our 'working list' ideas.

### Travel and transport

We know that ambulance service capacity for transferring emergency patients is something that we need to very carefully think about. The North East Ambulance Service NHS Foundation Trust continues to be fully and actively engaged in discussion during Phase Two.

We also know that we need to think about the travel and transport implications for friends family visiting loved ones in hospital. Our travel and transport 'stakeholder working group' is progressing work following feedback from Phase One. One initiative is looking at new publicity and information summarising bus and metro links that serve each hospital site including walking routes into sites and increasing the visibility of public transport stops.



### Financial impact

We are currently working through the detailed financial modelling to understand the long term financial sustainability for each of our 'working list' ideas. At this point in time we are clear, however, that capital investment will be required in order for significant transformational change to take place. This is particularly the case for our 'some' and 'greater' change working list ideas.

**Following the recent capital announcement made in December 2018, the NHS Long Term Plan confirms that further capital investment will be considered in the 2019 Spending Review which is expected in summer.**

**Our 'working ideas' contained within this document are therefore made on the assumption that further capital resource will be made available to the local NHS to facilitate transformational service change. Until we are clear on the likely capital investment to be allocated to the NHS in South Tyneside and Sunderland, this may impact on the level of change which is possible and therefore which 'working ideas' are likely to be developed as scenarios to take forward for full public consultation.**



## What are the next steps?

We have already captured over 9,000 views as part of our engagement work so far on Phase Two. This has helped us develop some draft 'desirable evaluation criteria' covering the following key themes:

- **Quality, safety and clinical sustainability**
- **Financial sustainability**
- **Impact on equality, health and health inequalities**
- **Access and choice**
- **Deliverability**

Widespread engagement activity will now take place with staff, patients, the public, as well as with all key stakeholders to gain feedback on our 'working list' of ideas. We would also like to understand what matters most to you when accessing hospital services. All feedback will be considered as part of the pre-consultation business case to help determine the scenarios to take forward for formal public consultation later in 2019.

## Expected key milestones over the coming months



## We would like to know:

What do you think of our 'working ideas' so far?

How can we shape and improve them?

What other ideas do you think we should be considering?

## How to get involved with Phase Two

We have lots of ways for you to get involved and give your views on Phase Two. The best way to find out what is going on is to look at our dedicated website at: [www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk) which includes up-to-date documents, links to surveys and details of up and coming events. We also widely promote activities through the media, online and via key partners and stakeholder groups. You can also reach us at any time via:



**Website:** [www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)



**Email us:** [nhs.excellence@nhs.net](mailto:nhs.excellence@nhs.net)



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