

**MEETING:** Hunts Scrutiny  
Hunts Health and Wellbeing Group

**DATE:** 12<sup>th</sup> October 2016 and 19<sup>th</sup> October 2016

**TITLE:** BRIEFING NOTE – Clinical Service Provision at  
Hinchingsbrooke Health Care Trust

**FROM:** Cara Charles-Barks, Deputy CEO  
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**FOR:** INFORMATION AND DISCUSSION

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## Introduction

Hinchingsbrooke Health Care Trust (HHCT) has a strong history of commitment to safe and accessible services for the population of Huntingdonshire. We provide good quality services, with low mortality rates, low infection rates and good patient experiences. We have also just been rated as 'good' by the CQC, with a 'good' rating in all 5 domains and in 6 of the 7 specialty lines, a fantastic achievement by all staff members given that we were rated as 'inadequate' just 19 months prior to the most recent CQC inspection. We also have significant and passionate community support from the local population.

As a Board our primary focus, which we are passionate about and committed to, is providing high quality care to our patients, with core acute services being available on the Hinchingsbrooke site. However, HHCT is one of the smallest stand-alone acute Trusts in the country, and we face a number of sustainability issues as a result of its size.

This paper will cover the issues associated with clinical sustainability and provide detail regarding the ongoing commitment to delivery of core acute services for the people of Huntingdonshire in the wider context of the Sustainability and Transformation Programme (STP) and the proposed merger with Peterborough and Stamford Hospitals NHS Foundation Trust.

## Clinical Sustainability

There is evidence that better outcomes are achieved through increased specialisation from clinical staff, focussing on performing fewer activities more frequently. Based on this there is a minimum threshold in the number of patients seen, or a minimum number of specific procedures performed regularly, which the size of the HHCT catchment area precludes in some specialties.

In addition, to develop the relevant skills and ensure the maximum safety of services, clinicians need to increasingly be part of larger teams in addition to working compliant rotas (senior and junior doctors). This is further exacerbated by the requirement to ensure increased provision of services across the whole week (7 days), ensuring consistency of service delivery throughout this period.

We also expect that future National Institute for Clinical Excellence (NICE) guidance will continue to require increased specialisation noting the resulting clinical outcome benefits that this is expected to achieve.

Despite the passion, commitment and hard work of our staff, there are some services that we are currently struggling to provide sustainably for the population of Huntingdonshire. These include clinical haematology (diagnosis and treatment of blood disorders), A&E / Emergency Department (ED), respiratory medicine, cardiology, stroke and imaging, primarily due to difficulties in recruiting to senior medical and nursing roles for these services.

HHCT is too small for the continued future provision of high quality sustainable modern healthcare, as currently provided, to the local population of Huntingdonshire. Alternative solutions are required for us to be able to continue to provide a number of services locally on the Hinchbrook site.

Given this we have been progressing a potential merger with Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) through which we aim to improve the sustainability of our clinical services.

### Future vision for Clinical Service Delivery

In progressing the merger with PSHFT a clinical vision for the combined trust has been developed by the clinical advisory group and the Boards of both trusts. It sets out an overarching five year vision to:

**“Deliver excellent health care in the most efficient way from our hospitals which is great for patients and great for staff.”**

We will safeguard high quality services within our hospitals through developing durable and meaningful relationships with community partners to reduce pressure on the healthcare system.

We will deliver this vision through:

- Consistently delivering high quality services regardless of location or time
- Ensuring equality and ease of access for all of our services with minimal duplication and delay
- Being an organisation that is always learning and teaching
- Having a diverse workforce that is confident, competent, happy and able to meet the needs of our patients
- Delivering care in the right setting for patients and changing the way we provide care through innovations such as the Health Campus in Huntingdon thereby better integrating all elements of health and social care and better integrating all elements of health and social care
- Increasing our research and innovation footprint to enable us constantly to improve our services
- Continuing to compare and benchmark our quality and safety against others to learn how we can improve our services
- Building a shared culture and value base that is founded on doing and being the best we can be for our patients, staff and community

We have been clear in our communication with the public and staff throughout our engagement period there are no plans to reduce any services at any hospital site as a result of this merger. This is not an assurance that things will never change. It is possible that at

some point in the future our commissioners may decide they want to see services delivered differently. However, any significant changes to the provision of clinical services would require commissioners to undertake a full consultation with the public.

The summary of the draft Sustainability and Transformation Plan (STP) published by the Cambridgeshire and Peterborough health and care system in July 2016, gave assurances that 24/7 A&E, obstetric-led maternity and paediatric services will remain at Hinchingsbrooke.

Both trusts are passionate about providing services which are better, safer and local. They are committed to providing high quality care that is easily accessible to the local population. There may be future changes, particularly as a result of the STP, and other national recommendations to improve pathways of care.

We are also committed to the ongoing continuation of our partnerships and networks with specialist and tertiary (specialist) services to ensure that our patients have access to world class services, such as those available at Cambridge University Hospitals and Papworth Hospital. We see these relationships as crucial in ensuring delivery of best practice, promoting innovation and continuing to improve patient outcomes. They will also assist in the recruitment and retention of high calibre staff.

The following table provides in detail the service delivery at HHCT. There are no planned reductions in services associated with either the merger with PSHFT

Service	HHCT	PSHFT	Service	HHCT	PSHFT
Accident & Emergency	✓	✓	Obstetrics	✓	✓
Acute Medicine	✓	✓	Oncology	✓**	✓
Ambulatory Care	✓	✓	Ophthalmology	✓	✓
Audiology	✓	✓	Oral and maxillofacial		✓
Breast Surgery	✓	✓	Pain		✓
Cardiology	✓	✓	Paediatrics	✓***	✓
Clinical haematology	✓	✓	Palliative care	✓	✓
Dermatology		✓	Pathology	✓	✓
Diabetes and Endocrinology	✓	✓	Plastics and dermatology	✓	✓
Diagnostic imaging	✓	✓	Radiotherapy		✓
Ear, Nose and Throat	✓	✓	Renal	✓**	✓
Endoscopy	✓	✓	Respiratory	✓	✓
Gastroenterology	✓	✓	Rheumatology	✓	✓
General Medicine	✓	✓	Stroke	✓****	✓
General Surgery	✓	✓	Therapy services	✓	✓
Geriatric Medicine	✓	✓	Thoracic Medicine		✓
Gynaecology	✓	✓	Trauma and Orthopaedics	✓	✓

Lower GI	✓	✓	Upper GI	✓	✓
Lymphoedema		✓	Urology	✓	✓
MacMillan centre	✓	✓	Vascular	✓*	✓*
Neonatal	✓***	✓			

\*Networked service provided by CUHFT

\*\*Outpatient service only

\*\*\*Provided on the HHCT site by Cambridgeshire Community Services

\*\*\*\*Stroke provide acute but not hyper acute service

### Maintaining current services at HHCT site

The Cambridgeshire and Peterborough health and care statutory partners have been working together closely to consider how to deliver improvements in the services provided to the public and patients whilst reducing, and then eliminating, the collective health deficit which was over £150m at the 2015/16 financial year. This approach is happening across the country which resulted in 44 Sustainability and Transformation Plans (STP).

This process has been overseen by a Health and Care Executive (HCE), made up of local health organisations chief executives, local authority directors and senior clinical leaders. There has been a wider ranging review of clinical services. Each clinical service review has been led by a clinician, working with colleagues across Cambridgeshire and Peterborough. Their work has been overseen and reviewed by a Clinical Advisory Group. The clinical group then reports to the HCE for ratification.

In relation to acute services: three key and linked services have been reviewed by the clinically-led groups as set out above. These are:

- 24/7 urgent care services
- Consultant-led obstetric services
- Consultant-led paediatric services

After careful consideration of national guidance, and the local need and population changes, **it was agreed that all three services should remain at all three sites**; Cambridge University Hospitals, **Hinchingbrooke Hospital** and Peterborough City Hospital. Ultimately any decision to change services rests with the clinical commissioner, locally the Cambridgeshire and Peterborough Clinical Commissioning Group and would follow formal public consultation.

Hinchingbrooke Health Care Trust and Peterborough and Stamford Hospitals NHS Foundation Trust boards, through their Chief Executive Officers and lead directors, have been involved in the Sustainability and Transformation Plan process; and both organisations have supported the STP and continue to do so. Therefore both boards reiterate their joint commitment to ensuring the ongoing provision of safe, sustainable core acute services at both Hinchingbrooke and Peterborough City hospitals.

### Sustainability and Transformation Plan Finances

Cambridgeshire and Peterborough is one of the most challenged health systems in England.

We have a total budget of more than £1.7billion for NHS services, but we spend about £150million each year more than that. By 2021, this overspend is set to grow to about £250million if nothing changes.

We have explored all opportunities for savings across the system. We believe we can make the savings set out in the Sustainability and Transformation Plan - but also recognise the scale of change required is significant and delivery will be challenging.

The merger with PSHFT will save at least £9m recurrently, with transition costs of circa £13m (non-recurrent). The merger will:

- Bring a positive contribution delivered from Year 3 and opportunities for further future savings
- Reduce the recurrent deficit support
- Be part of journey to financial sustainability.

### Clinical Case Study

The following example pertaining to emergency services demonstrates the opportunities arising from the merger with Peterborough to improve service delivery of a number of clinical specialities and strengthen the services delivered locally for the people of Huntingdonshire.

#### Current patient experience

##### At Hinchingsbrooke Hospital

The Emergency Department at Hinchingsbrooke is one of the smallest in England. It sees an average of 132 patients per day, of which 29 patients require admission. During the first quarter of 2016, the department saw 11% more patients than last year. The increase in A&E attendances is now a national trend.

Due to its size, some specialist services are not provided (such as trauma, heart problems and stroke). Patients presenting with these types of illnesses are treated at Papworth Hospital, Peterborough City Hospital or Addenbrooke's Hospital.

Hinchingsbrooke is struggling to retain emergency consultants due to its size, as well as the national shortage of emergency consultants and nurses. It currently has two full time consultants and one part time consultant out of the six it requires. These consultants are supported by locum doctors. These challenges are expected to continue which requires HHCT to explore options regarding strengthening service delivery, such as a merger with Peterborough and Stamford Hospitals.

##### At Peterborough City Hospital

Peterborough City Hospital has made good progress in recruiting consultants, with 11 out of 12 permanent posts in place. However several vacancies are still covered by locums, and there is an over-reliance on agency nursing.

#### Patient experience under a merged trust

**Both Hinchingsbrooke and Peterborough City hospitals will continue to provide urgent care services to their local populations, 24 hours a day.** The minor injuries unit at Stamford Hospital will continue to operate five days a week between 9.00am and 5.00pm.

Patients who require treatment for severe trauma or complex illnesses will be referred to specialist centres, such as Addenbrooke's Hospital.

Hinchingbrooke patients will experience the greatest benefit from a merged emergency department. They will see an enhanced quality of service as they are treated by a larger number of experienced consultants, nurse practitioners and junior doctors, who will rotate shifts between the two hospitals. This will provide a safer service and ensure staffing levels meet patient demand.

One exciting development for Hinchingbrooke patients will be the ongoing growth of support for frail and elderly patients and emergency and advanced nurse practitioner roles. These nurse practitioners have already proved to be very popular with patients and free up senior medical staff so they can spend more time with patients who have the most serious conditions.

**Additional benefits:** The merger provides greater opportunity to improve the recruitment, development and retention of skilled doctors, nurses and other health care professionals. This will mean patients at Hinchingbrooke Hospital will have better access to permanent staff, which brings with it greater continuity and quality of care from a settled team.

By rotating emergency staff between the two hospitals, consultants will fulfil training and teaching sessions to ensure staff can develop their skills. There will be attractive prospects for all grades of emergency staff.

## Conclusion

This paper has provided an overview of the planned future delivery of services at Hinchingbrooke Health Care Trust (HHCT).

This has been presented in the context of the ongoing commitment for core services such as A&E and obstetric-led maternity services as stipulated in the STP plans, as well as in the context of the proposed merger with Peterborough and Stamford Hospitals.

The Trust Board at HHCT has been clear in its communication with the public and staff that there are no plans to reduce any services at any hospital site as a result of the merger or a reduction in core services such as A&E and maternity as part of the STP. This is not an assurance that things will never change. It is possible that at some point in the future our commissioners may decide they want to see services delivered differently. However, any significant changes to the provision of clinical services would require commissioners to undertake a full consultation with the public.

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