

Acute Care Collaboration

Case for change



Key messages

- The population is growing and ageing leading to increases in demand, especially for those with multi-morbidities
- Funding is not keeping pace with demand
- There are significant pressures on workforce recruitment
- To meet future needs acute services need to network to stay resilient and integrate more with care outside of hospital to support complex care

- Urgent care pressures often prevent us from delivering planned operations.
- We have long lengths of hospital stay compared to the England average.



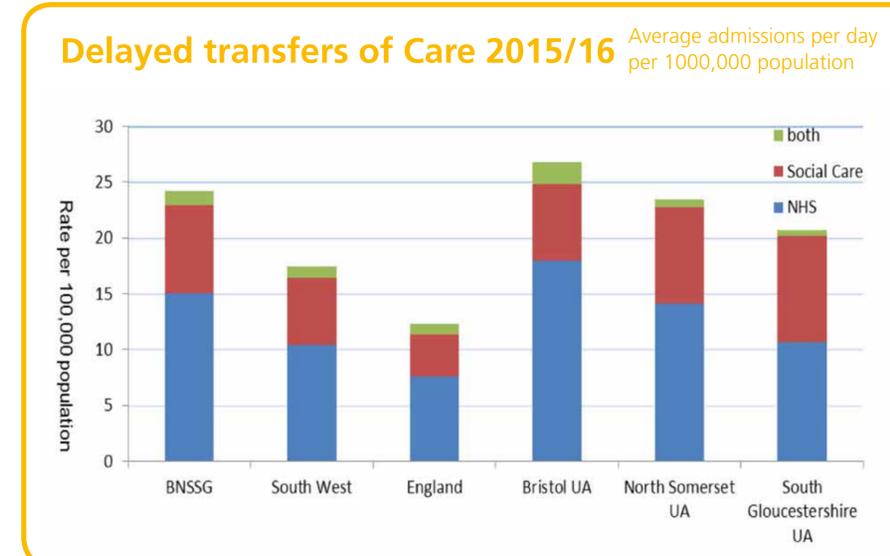
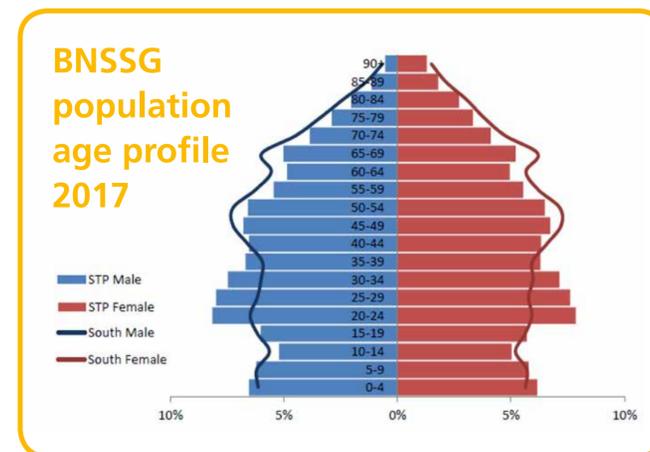
2015/16	Emergency LOS	Elective LOS
UH Bristol	4.38	2.64
NBT	5.21	3.12
Weston	5.34	3.19
National Ave	4.72	2.92

- Demand for care is growing faster than increases in funding, although we are working hard to improve our system finances. The amount we spend on acute services continues to rise, year-on-year. 52% in 2016-17

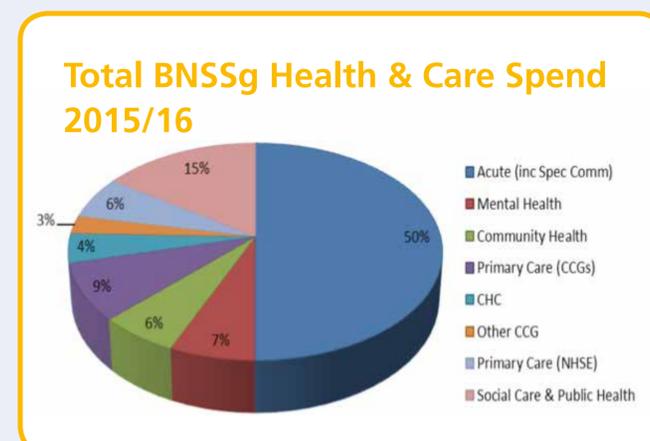
- We need to configure services to meet the changing needs of the population. Ageing brings an increase in people with multi-morbidities. Services need to address the needs of the whole person.

2016/17 to 2017/18 acute activity changes for BNSSG

16/17 to 17/18 Year on Year Movement (%)	UH Bristol	NBT	Weston	Acute TOTAL	TOTAL
Total G&A Referrals	1.0%	1.7%	-13.6%	-0.4%	-0.4%
OP Consultant led First	0.2%	-1.1%	-12.8%	-2.2%	-2.2%
OP Consultant led FUP	3.8%	-0.2%	11.2%	2.8%	2.8%
Day Case & Elective spells	1.4%	-1.4%	-0.7%	-0.1%	-0.1%
Emergency / Non Elective spells	5.7%	8.5%	-1.8%	5.9%	5.9%
Total spells	3.3%	3.0%	-1.3%	2.6%	2.6%
A&E / UCC / MIU attendances	3.9%	3.2%	-9.6%	1.3%	-0.4%



- Current acute services configuration at Weston Hospital are especially challenged because staff recruitment in some clinical areas is particularly difficult and services cost more to deliver than in bigger hospitals.



- We need to reduce delays in care at all points on the pathway. Delayed Transfers of care is just one area for improvement we need to address.
- At 96.2% in 16/17 bed occupancy rates are very high but showed some improvement during 2017.
- 150-300 people on any day in a hospital bed who's care could be provided just as well closer to home.



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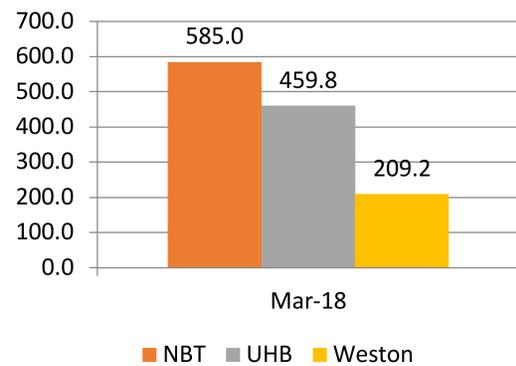
Case for change



Workforce

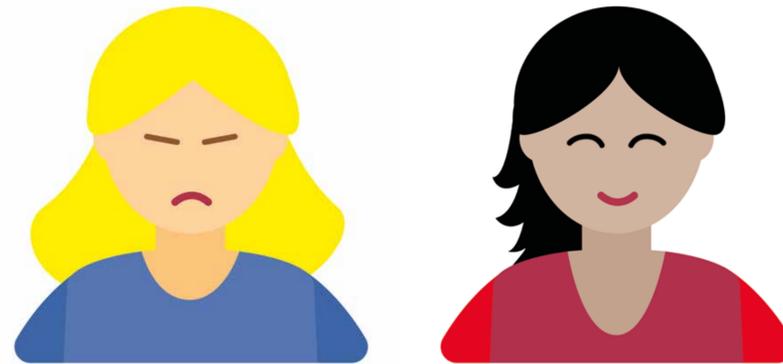
There are large numbers of vacancies across our hospitals and there are national shortages amongst some of the most highly specialist staff groups. Hospitals need to work more collaboratively together, to network services so that clinical teams are more resilient.

Vacancies (FTE for all staff)



Mental Health

We must improve inpatient care for people with mental health problems, including those needing physical treatment in hospital and make better use of our mental health beds.



Variation

We need to do more to understand variation in the way we deliver care across the three hospitals. Care needs to be more consistent and designed to meet the needs of the local community

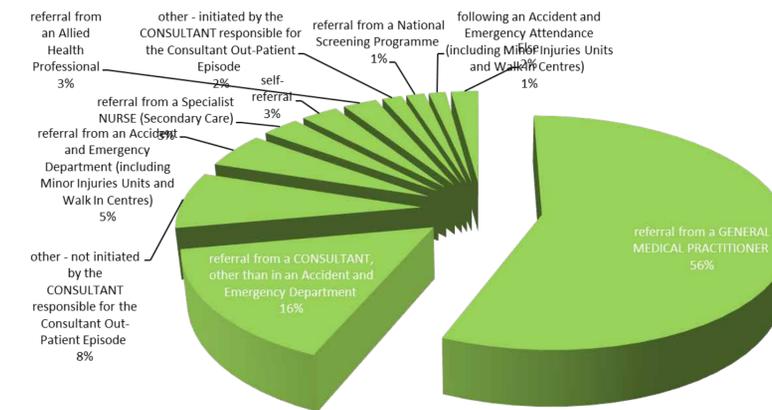
Potential spend opportunity by disease area. The four highest value areas of potential opportunity are:

- MSK
- Neurological Problems
- Problems of circulation
- Cancer and Tumours

Disease Area	CCG			Grand Total
	Bristol	N Som	S Glos	
Cancers & Tumours	1,227	2,348	2,591	6,166
Endocrine, Nutritional and Metabolic Disorders	473	393	304	1,170
Maternity & Reproductive Health	362		155	517
Mental Health Problems			22	22
Neurological problems	2,241	1,192	1,452	4,885
Problems due to Trauma and Injuries	1,251	890	915	3,056
Problems of circulation	2,864	1,660	2,660	7,184
Problems of the gastro intestinal system	615	615	1,042	2,272
Problems of the genito urinary system	867	883	429	2,179
Problems of the Musculo skeletal system	2,607	3,078	2,068	7,753
Problems of the respiratory system	935	441	1,411	2,787
Grand Total	13,442	11,500	13,049	37,991

1st OP attendances by referral

Source BNSSG



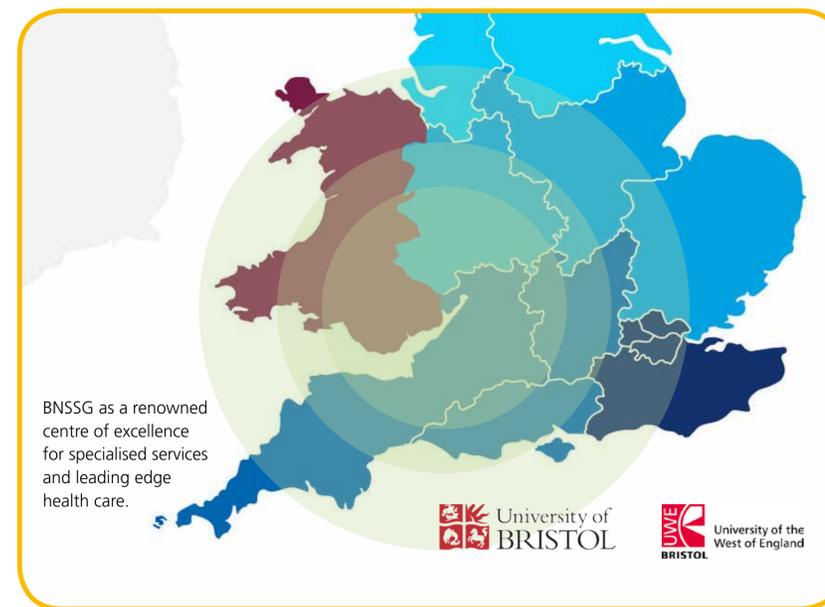
Outpatients

44% of all new outpatient attendances are not GP referred. We are seeing a significant increase in consultant referred patients within hospitals and we need to understand what is driving this.

Specialised services

Our specialised services serve a population across the south West of England, South Wales and beyond.

We need to improve networking of specialised services so that the service offer is coherent across the region, we maximise the opportunities to share staff, learning and skills to stay at the leading edge



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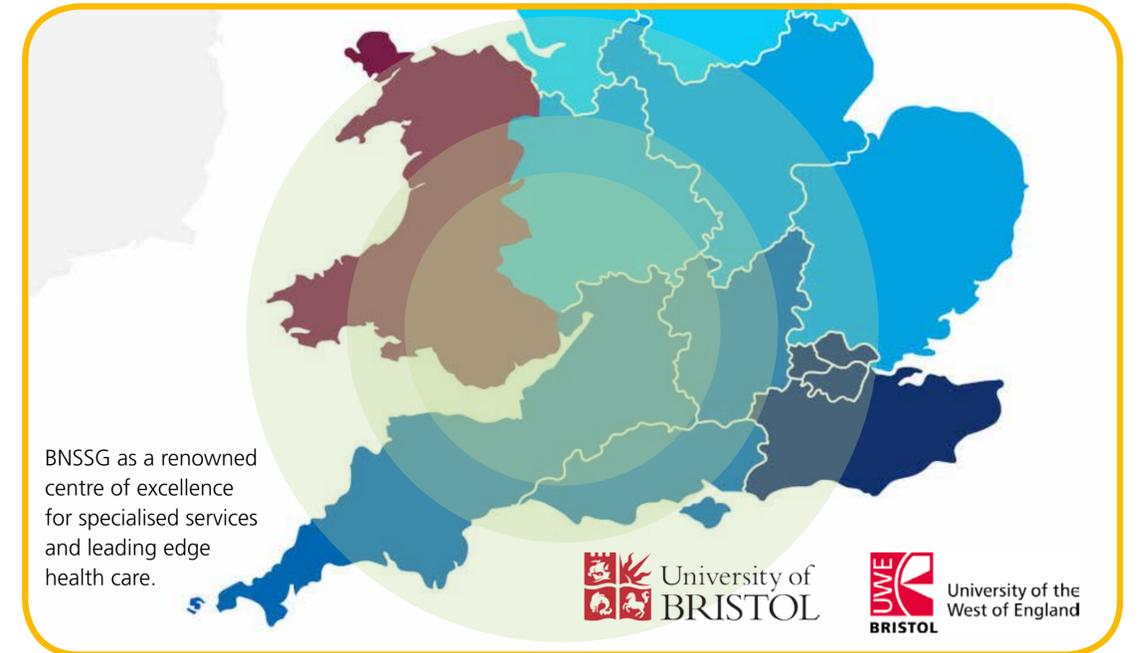
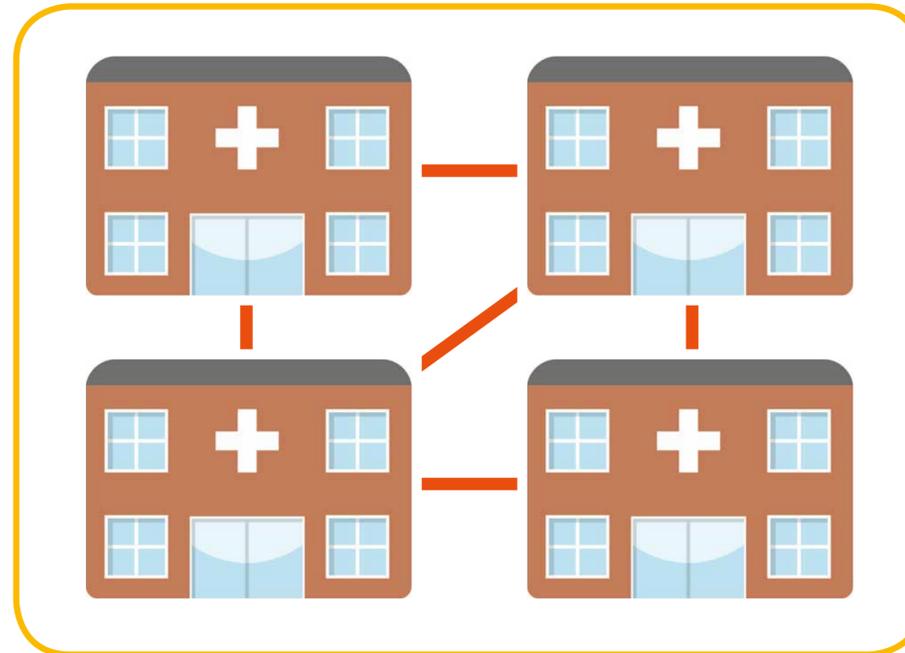


Acute Care Collaboration – vision and ambition

High quality, accessible network of general hospital based care for diagnosis and treatment.

Acute sector has three interfaces

- Local acute hospitals collaborate and network to effectively manage demand pressures, provide consistent quality services, support sustainable clinical teams and optimise asset use and efficiency of provision.
- Specialist/tertiary services operate on a network model – beyond BNSSG and across the South West and beyond.
- Acute hospitals integrate services with primary and community care to build capacity to ensure patients receive the best care in the right setting



Agreed principles of collaboration

- Elimination of waste, duplication, sub-optimal scale, variation.
- Acute care is episodic, focused on emergency care, routine surgery and specialist procedures and diagnostics.
- Non-emergency care is provided outside hospital, in integrated localities with support from acute care, wherever appropriate.
- Patients with mental health and learning disabilities are managed well in acute care when this is needed.

Our high level objectives

- **Specialist services and networks** Which consolidate and network Bristol Hospitals offer for specialist services to meet wider population needs and avoid unnecessary travel for patients to more costly out of region providers.
- **Effective clinical pathways** across our providers to improve quality, reduce cost and variation with an initial evidence based focus on high volume and high cost services.
- **Best use of hospital capacity** To maximise bed productivity, achieve a sustainable level of acute occupancy and release capacity to reduce unit costs of treatment, support more appropriate care outside of hospital and secure sustainable delivery of core standards.
- **Sustainable acute services, especially at Weston General** Through collaboration and clinical service networking.

Our specialised services

- Work more closely together to provide a single network of leading edge services for people across the South.
- Our focus on research and training will enable us to attract and retain the best workforce.
- Clinical teams will work across boundaries, training and learning together, striving to continuously improve care.
- Our academic and research capability will enable us to continue to develop ground-breaking new treatments.
- Secure additional resources to deliver world-class care for all our communities.
- We will always seek to provide specialist mental health services as close to home as possible.



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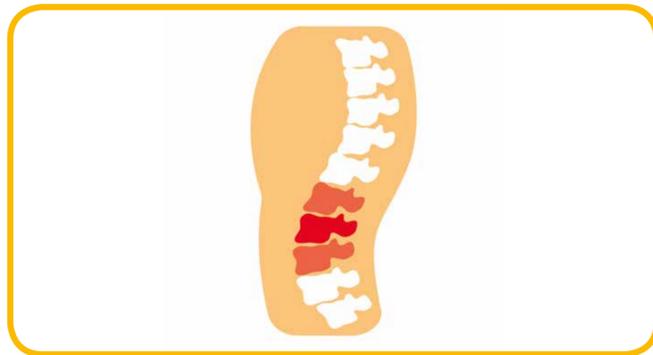


Acute Care Configuration – achievements

- Reconfigured services across BNSSG acute hospitals to remove duplication and improve clinical sustainability.



- Centralised children's services Bristol Royal hospital for Children (BRHC).
- Centralised breast services, vascular and urology service at Southmead hospital.



- Centralised head and neck services at the UH Bristol campus.
- Designation of NBT as adult trauma centre and BRHC as paediatric major trauma centre.
- Pathology services have already been reconfigured to a large extent to make best use of the service capacity we have.

- Respiratory and gynaecology services at Weston are starting to work in close partnership with UHB, and plans are progressing with NBT to support breast and urology services.



- We are rationalising and sharing some of our support services like payroll and core HR to improve their efficiency.

- Procurement and occupational health services are already shared across our system.
- We have made significant improvements in cancer treatment and survival rates over the last 10 years, in line with the national targets and the national cancer strategy.



Acute Care Collaboration



Our priorities

Develop a plan for specialist services that will best meet the needs of the wider regional population.



Continued work to improve outcomes and survival rates for cancer patients.



Redesign pathways that consistently and efficiently deliver best value care and reduce unwarranted variation (for example, diabetes and respiratory).



Single model of maternity care across BNSSG that will support choice and sharing of patient information.



Develop a collaborative approach to workforce recruitment, retention and networking to increase the resilience of clinical services and ensure BNSSG is a great place for staff to work.



Specialists to work more closely with the new integrated community teams and GPs across all care pathways to keep people safe and well at home.



2018

2020



Reinvent outpatient services with modern technology to reduce hospital visits and increase dialogue between clinicians



Work with partners to ensure they have the specialist support they need to meet the increasing needs of frail elderly and others with multi-morbidities.



Establish a configuration of secondary care services that optimises cost and delivery to meet population need (for example, stroke and pathology).



Reduce our hospital running costs.



Strong partnership between the wider system and Weston to maintain sustainable local acute services.

