Confidential Notes

WESSEX CLINICAL SENATE COUNCIL STUDY DAY

Notes of the Wessex Clinical Senate Council Study Day held on 13th March 2013 in the RNLI headquarters, Poole

Present: Professor William Roche (WR) Clinical Senate Chair, Wessex Area Team, Stuart Ward (SW) Medical Director, NHS England Wessex, Nigel Watson (NW) GP, Frank Rust (FR) Patient & Public, Lesley Ayling, (LA) Clinical Director for Children and Families, West Hampshire CCG, , David Phillips (DP) Director of Public Health Dorset, Andrew Mortimore (AM) Director of Public Health, Southampton City Council, Simon Plint (SP) Dean, Health Education Wessex, Richard Jones (RJ) SCN Clinical Director, Cardiovascular Strategic Clinical Network, Matthew Hayes (MH) SCN Clinical Director, Cancer Strategic Clinical Network, Gary Connett (GC) Wessex Academic Health Science Network, Ranjit Mahanta (RM), Consultant Psychiatrist, Frimley Park Hospital, Suzanne Cunningham, (SC) Consultant Midwife, University Hospital, Southampton, Alyson O'Donnell, (AO) SCN Clinical Director, Maternity, Children and Young people

Invitees:

Dr David Phillips,(DP) Director of Public Health, Dorset, Margaret Allen, (MA) Deputy Director Review, Design & Delivery, NHS Dorset Clinical Commissioning Group, Jean O'Callaghan (JO) Jean O'Callaghan Chief Executive, Dorset County Hospital NHS Foundation Trust, Patricia Miller (PM) Director of Operations, Dorset County Hospital, Dr Angus Wood (AW) Deputy Medical Director, Poole Hospital NHS Foundation Trust, Dr Steve Wadams (SW) Consultant in Paediatrics, Poole Hospital NHS Foundation Trust, Mr Tony Spotswood, (TS) Chief Executive, Royal Bournemouth & Christchurch Hospitals, Mr B Fozard, (BF)Medical Director, Royal Bournemouth & Christchurch Hospitals, Dr L Mynors-Wallis (LMW) Medical Director, Dorset Health Care University NHS Foundation Trust, Dr Karen Kirkham (KK) NHS Dorset Clinical Commissioning Group

In Attendance: Debbie Kennedy, (DK) Senate Manager, Sara Cobby,(SC) Senate Support Officer, Lucy Sutton, (LS) Associate Director, Hilary Kelly, (HK) Network Manager, Sally Rickard, (SR) Network Manager, Elaine Gault, Quality Improvement Lead

Observers: Michaela Dyer, (MD) West Hampshire CCG, Dr Minesh Khashu, (MK) Neonatology, Poole Hospital, NHS Foundation Trust, Jackie Nicklin (JN) Acting COO, Poole Hospital, NHS Foundation Trust, Debbie Hirons, (DH) Dorset CCG, Lesley Holt, (LH) South West Ambulance, Philip Wylie, (PW) Consultant Paediatrician, Dorset County Hospital, Martin Cox (MP) patient representative, Cressida Manning (CM) Consultant Perinatal Psychiatrist, Dorset Health NHS Trust, Tina Collinson, (TC) Children and Families Manager, Dorset Healthcare Trust

Apologies: Chris Kipps, SCN Clinical Director, Mental Health, Dementia & Neurological Conditions, Denise Cope, SCN Clinical Director, Mental Health, Dementia & Neurological Conditions, Hayden Kirk (HK), Consultant Physiotherapist, Solent Health Care Trust Lead, Dorset CCG

Introduction: WR opened the meeting, welcomed everyone and thanked the CCG for inviting the Senate Council to visit to learn more about Dorset. WR explained the reason why Senates had emerged during the debate about the Health and Social Care Act 2012 was to develop a clinical consensus view about patient pathways, not about organisations. Contentious topics or issues would be referred to the Senate and their advice should be in the public domain. The Senate will be public–facing and our credibility would be tested by them.

The Senate Council had received a request for advice from the 8 CCGs within Hampshire and Dorset (excluding the Isle of Wight).

The Senate advice would form part of the NHS England assurance process. WR showed a diagram summarising the proposed process. There were two stages at which Senate advice could be sought: this request was at the 1st stage of strategic awareness. WR explained that people should feel free to express their views, to enable frank and open discussions. Summary minutes only would be distributed. This is because the Dorset health economy is facing many challenges and the Senate Council needs to understand the full extent of these.

1. The New Public Health Landscape (Andrew Mortimore/David Phillips)

AM explained how the landscape of public health has changed. Health and Well Being Boards have been created to co-ordinate national advice on public health locally. They are made up of representatives from Local Authority, CCGs and Health Watch.

DP is Director of Public Health for the 3 local authorities in Dorset, Dorset, Bournemouth and Poole. He explained that Public Health has come together across Local Authority boundaries in Dorset. He and his team are hosted by Dorset County Council. In Public Health, as a result of the Health and Social Care Act 2012, there have been vast changes in boundaries and new relationships established and it has been a positive experience.

Local authorities have 5 mandatory programmes – sexual health service, NHS health-check programme, national child measurement programme, a mandate to work with NHS commissioners and provide public health advice. The commissioning and delivery of screening programmes including immunisation screening is NHS England's responsibility. Responsibility for health services for the under 5s will move to Local Authority in 18 months' time.

2. The Demographics of Dorset (David Phillips)

2.1. Health and Wealth

2.1.1. Bournemouth – Tourism is important to the economy and the local authority's focus is on economic regeneration. Bournemouth has undergone a

transformation from spa town to a university/student town with a focus on the younger generation. Health-wise, there is a high incidence of malignant melanoma. The incidence of drug misuse and self-harm is higher in Bournemouth than the rest of Dorset.

2.1.2. Poole – Sandbanks is famous as the second most expensive place to live in the country. However, there are large patches of poor housing and deprivation in Poole also. Industry is developing in Poole. There is a high incidence of malignant melanoma

2.1.3. Dorset – Melanoma and road injuries are concerns in Dorset.

2.2. Population Projections:

0-15 years - Significant increases expected across all 3 areas

16-44 years - Significant reduction expected in working age population across all areas, compounded by the outward migration of young people.

45-64 years- Decline in the county of Dorset. Smaller decreases in Bournemouth and Poole

65-74 years- Little change over next 15 years then increases after 2025

75-84 years- Decrease in Bournemouth until 2020 when increases across Dorset.

85+ years - Steady increase particularly after 2025 across Dorset.

Immigration data was included in these projections.

2.3. Activity in hospital services:

For in-patients, out patients and A & E, based on the current utilisation of the 65+ age-group, a 13-14% increase was expected over next 20 years based on demography alone. This will continue over next 20 years to 30% increase.

It was noted that primary care activity was not shown, but the impact on primary care is likely to be significant if care was shifted from hospital back into community. There is also the issue that primary care has major workforce problems.

It was noted that we need to move away from being all about hospital services or general practice. Capacity has to be created either in primary care or secondary care to deal with the problem. 90% of consultations happen in primary care. A 1% loss in primary care has a 10% impact in secondary care. Shifting activity from hospitals into primary care is not a viable solution because a tiny shift in primary care can have major impact on secondary care.

3. Commissioning (Margaret Allen)

Dorset CCG is the 3rd largest in the country. It is divided into 13 localities. There are 100 GP Practices

There are 3 transformational programmes:

a) Urgent care review – how urgent care is managed across 5 Trusts (Yeovil and Salisbury) to better prevent avoidable admission
b) Better together - Aim is to bring work together in much more coherent way across 3 acute Trusts, CCG, Community Health Services and 3 Local Authorities. Integrate NHS and social care services by April 2018 where relevant to help with the increased demand due to the people living longer.
c) Clinical services review – to better meet the population need in Dorset. Focus needs to be on services rather than organisations. The CCG plans to have an external partner organisation to carry out a full system review to determine what should focus on and how to take account of individual providers' priorities. Some concerns were raised on the timescale for this.

There are the following 2 year delivery plan priorities:

a) Maternity – Implement Pan Dorset strategy, review community paediatric services, jointly commission programmes including Special Education Needs and Disabilities (SEND), Child and Adolescent Mental Health Services (CAMHS), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
b) Cardiovascular disease (CVD), Stroke, Renal and Diabetes – improve prevention, risk management, management of acute conditions, living with disease and the end of life.
c) General Medical/Surgical– Implement Neurology services specification. Headache pathway changes, implement dermatology services.
d) Musculoskeletal (MSK) and Trauma – Spinal pain pathway, review of physiotherapy services, development of MSK 5 year vision
e) Mental Health and Learning Disabilities– Acute care pathway review and design, rehab/recovery pathway review and design, dementia, implement recommendations from inquiry into premature deaths of people with learning disabilities.

A question was asked about whether cancer pathway redesign was on the agenda as there has been a 50% increase in fast track referrals. MA will raise this issue with her primary care colleagues.

4. Key Issues from Providers

4.1. Dorset County Hospital (Jean O'Callaghan)

Dorset County is a small rural acute district general hospital with 365 beds and 2,500 staff.

Maternity services – patient experience shows Dorset is one of best nationally. However, it does not meet the minimum number of births recommended by Royal College

As a small acute hospital it faces both financial and workforce (recruitment) challenges.

Elderly patients are staying longer than they need to in hospital.

4.2. Poole Hospital (Angus Wood/Steve Wadams)

Poole Hospital provides acute hospital services and other speciality services, including ENT and paediatrics. It is a main centre for obstetrics, oral surgery and is the Dorset cancer

centre. It has a high number of emergency/non-elective admissions. Poole has 621 beds including maternity and 3062 staff.

However, it does not have elective orthopaedics, urology, vascular surgery, ophthalmology, interventional cardiology, interventional radiology so is a highly untypical medium-large acute hospital which poses financial and workforce (recruitment) challenges.

Patient feedback is extremely good. Poole is CQC compliant and has good patient access times.

Maternity services - £4 million is currently being spent on refurbishments. Long term strategy is for a re-designed unit.

Maternity and Paediatrics will have difficulty moving to 24/7 day services without collaboration, hence the plans for merger with Bournemouth (which have been refused by the Competition Commission).

The Neonatal unit is to be refurbished and is due to open in May 2014.

Gully's Place – delivers end of life care. This is supported by a charity.

4.3. Royal Bournemouth (Tony Spotswood)

Bournemouth has approximately 670 beds, 100,000 in-patients per year and employs 4,200 staff.

It has positive patient feedback despite some recent concerns.

Both Bournemouth and Poole have accident and emergency services. The NHS Trusts believed that a merger was the best solution to the financial and workforce challenges but they are working on an alternative strategy.

Dorset needs a viable general hospital in west. In the east it needs a "hotter" hospital and a "colder" hospital. We need a careful independent review on how we use sites. Need to consider value for money, practically of site and deliverability.

Localised change: 8 pieces of work being carried out.

Currently there is a major investment programme at Christchurch Hospital: a new haematology and blood disorders unit and women's health unit, both funded with help from a charity.

TS said that Royal Bournemouth and Poole Hospitals have concerns that the CCG's clinical services review will not fully address the need for a reconfiguration of acute services. In their opinion a plan needs to be in place by May 2015 to guarantee the sustainability of services.

TS requested that the Senate take a view on the reconfiguration of acute services across Dorset – not only maternity and co-dependent services (as requested by the 8 CCGs).

4.4. Mental health and Community services (Laurence Mynors-Wallis)

Dorset Healthcare became a mental health and community foundation Trust. This was created in July 2011. There is a budget of £230 million-half for mental health and half for

community services. 5,500 staff are employed. The Trust is coming through what has been a very difficult period.

It is the largest provider of healthcare in Dorset with one and a half million contacts per year. There are 12 Community hospitals in Dorset. The trust operates out of 230 sites. There are under-utilized operating theatres. There is a lot of opportunity to work with others.

There is a focus on intermediate care. Many more people can be looked after in the community. Depression and dementia affect long term outcomes. Patients currently are having lots of different people involved in their care and the Trust should be able to do better in the future. The Trust was excited about clinical services review, but 2 years was too long to wait for results given the financial and workforce challenges. The NHS Trusts in Dorset need to work together and not as competitors.

4.5. Transport

Public transport is an issue, particularly in the rural communities. Patients are willing to travel for a good service, but there are challenges with this.

Lesley Holt was present from South West Ambulance. LH explained that patient transport contracts are not with SW Ambulance. From the triage point of view, getting the patients to a central place makes sense for Dorset. There is a lot of duplication and savings could be made.

A question was asked about how long did it take to get from west Dorset to east Dorset in the rush hour. Answer: about an hour.

5. Chair's summary (William Roche)

The chair thanked the presenters and said that this was one of the most open meetings he had chaired and commended the chief executives from Dorset for sharing difficult issues. The CCG and all of the NHS Trusts have declared a need to change the current way of doing things. This is very positive. He looked forward to focusing on maternity services in the afternoon.

6. Maternity Priorities: Strategic Clinical Network (Alyson O'Donnell)

AO outlined the role of the Strategic Clinical Network (SCN) - Where there is variation in practice and inequalities across large area, they look at how we can best help to advise commissioners.

Maternity & Young people's services cover a wide area. There are lots of partners and we need to ensure we are not duplicating work, but supporting. The SCN formed in April last year. Work plans came from national clinical directors and what CCG's were not looking at. All work plans are approved by OPG group on which CCGs and other local bodies such as Public Health England and AHSN are represented.

Maternity services are a national priority. Wessex performance is average – is that good enough? Europe is still doing better on things like still-birth rates, obesity rates, co-morbidities.

There is significant variation in perinatal mental health pathways and mental health issues are being looked at nationally. There are more complex births linked to obesity, rising maternal age and patients surviving with chronic conditions. The number of births has increased over the last 5 years and there is significant pressure on maternity services. How can services be streamlined?

Although considered a fairly wealthy area, there are significant pockets of poverty in Wessex.

Wessex has higher rates of low birth weight compared with national average.

The SCN has 5 projects. A steering group was formed to oversee progress:

1. Reducing avoidable presentations and admissions and improving the quality of care for children and young people in Wessex.
2. Identification of Poor Fetal Growth: Reducing Still Births
3. Healthy Pregnancy, Healthy Baby
4. Unscheduled Ante-Natal admissions
5. Developing a vision for maternity services

7. Maternity Services - Public Health comment (David Phillips)

Weymouth and Portland have higher infant mortality. There is higher obesity in deprived areas.

The public health impact is greatest earlier the better in life to make changes. For example midwives giving stop smoking advice. Should midwives do breath-testing? There is a limited amount of time, they can start discussion, but should not provide detailed input.

There is a lot of comparative data across hundreds of disease domains available for child health.

8. Maternity and Child Health Education (Simon Plint)

Wessex Deanery is looking at the numbers of doctors in training. Data shows the Consultant presence on labour wards is below the national average. There is an increasing complexity of care. Plans for configuration of obstetric units are not confirmed. The midwifery to birth ratio is around 1:34. Trust plans do not indicate an increase in posts.

There are too many specialist paediatric doctors. We need to train more generalised doctors.

What is our sustainable service model?

SP outlined the key health education issues:

- Consultant presence on labour wards was below national recommendations
- Midwifery to birth ratio was currently around 1.34 in Dorset and NHS Trust plans do not indicate an increase in posts to achieve 1.30 (N.B. this includes support workers based on South Central sustainable workforce framework)

- The national supply of Obstetrics and Gynaecology consultants over the next 10 years is forecast to increase from 1782 FTE to 3080. We do not need this number of consultants as there is only forecast to be a 21% increase in births in UK 2001-2010. We cannot reduce the number of trainees without disrupting existing hospital services. So we need a two-pronged approach, developing alternatives for trainee doctors and reconfiguring services, maybe removing trainees from one unit in the short-term
- The national supply of midwives is forecast at higher than replacement levels (unless Trusts decide to increase the workforce) – this level is being maintained
- Need to ensure that midwifery student gain the skills to look after sick mothers and infants
- There is a shortage of sonographers, course fees and backfill have been provided to support growth in this area
- No common job description, training or development programme for support workers

9. Maternity and Child Health in Dorset – Priorities & Challenges (Karen Kirkham)

The CCG have been working with partners to develop a local strategy. During this process, the following priorities were identified for maternity services:

9.1. proactive working across Dorset
9.2. promote good maternal health and ensure that women are offered high quality evidence based interventions
9.3. Support everyone to have as normal a birth as possible
9.4. Work in partnership to support families to be as healthy as possible before they become pregnant, during pregnancy and after birth
9.5. Deliver truly personalised care

It is recognised that there are significant challenges for the sustainability of maternity services in Dorset.

Agreed priorities for children and young people's services are:

9.6. Work with local authorities and public health to improve outcomes for teenage pregnancy, alcohol and drug abuse, self-harm and looked after children
9.7. Redesign community paediatric, diabetes, audiology and ophthalmology services to enable children with complex needs to access high quality care close to home
9.8. Review CAMHs pathway across Dorset and redesign ADHD/ASD pathway
9.9. Implement a multi-agency model of care for children with learning disabilities across Dorset.