



Your Hospitals Your Health

Excellent care with compassion

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A review of our clinical services and hospital estate, to make sure we

- can respond to the challenges we are facing
- can continue to provide the highest standards of care, and effective services
- are viable for the future



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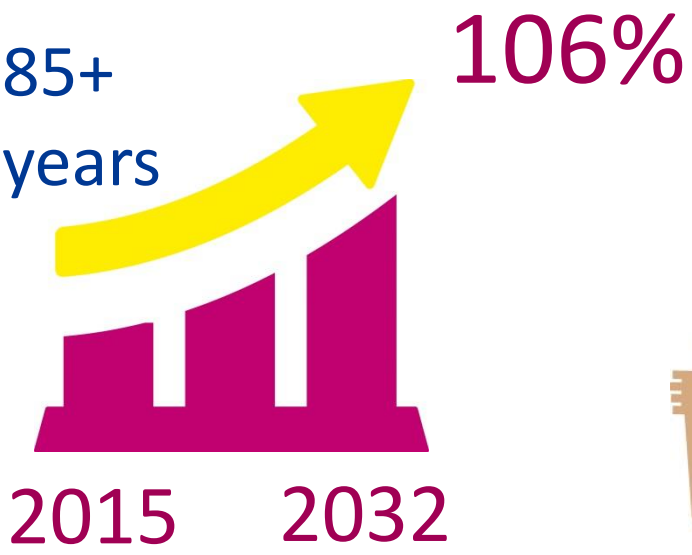
Purpose of Presentation

To provide;

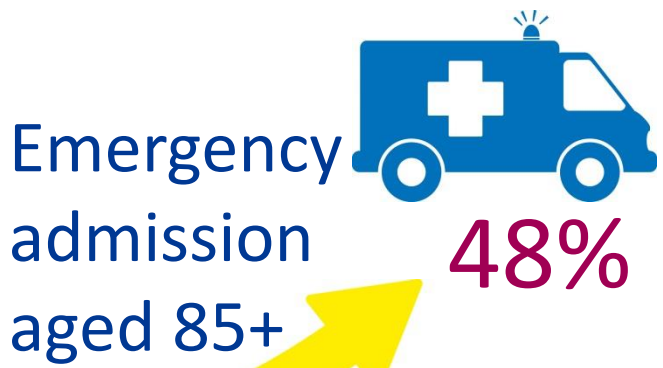
- An overview of the case for change in our clinical services
- What will affect the new models of care that we are developing
- What we are proposing to do to meet these challenges – the process moving forward



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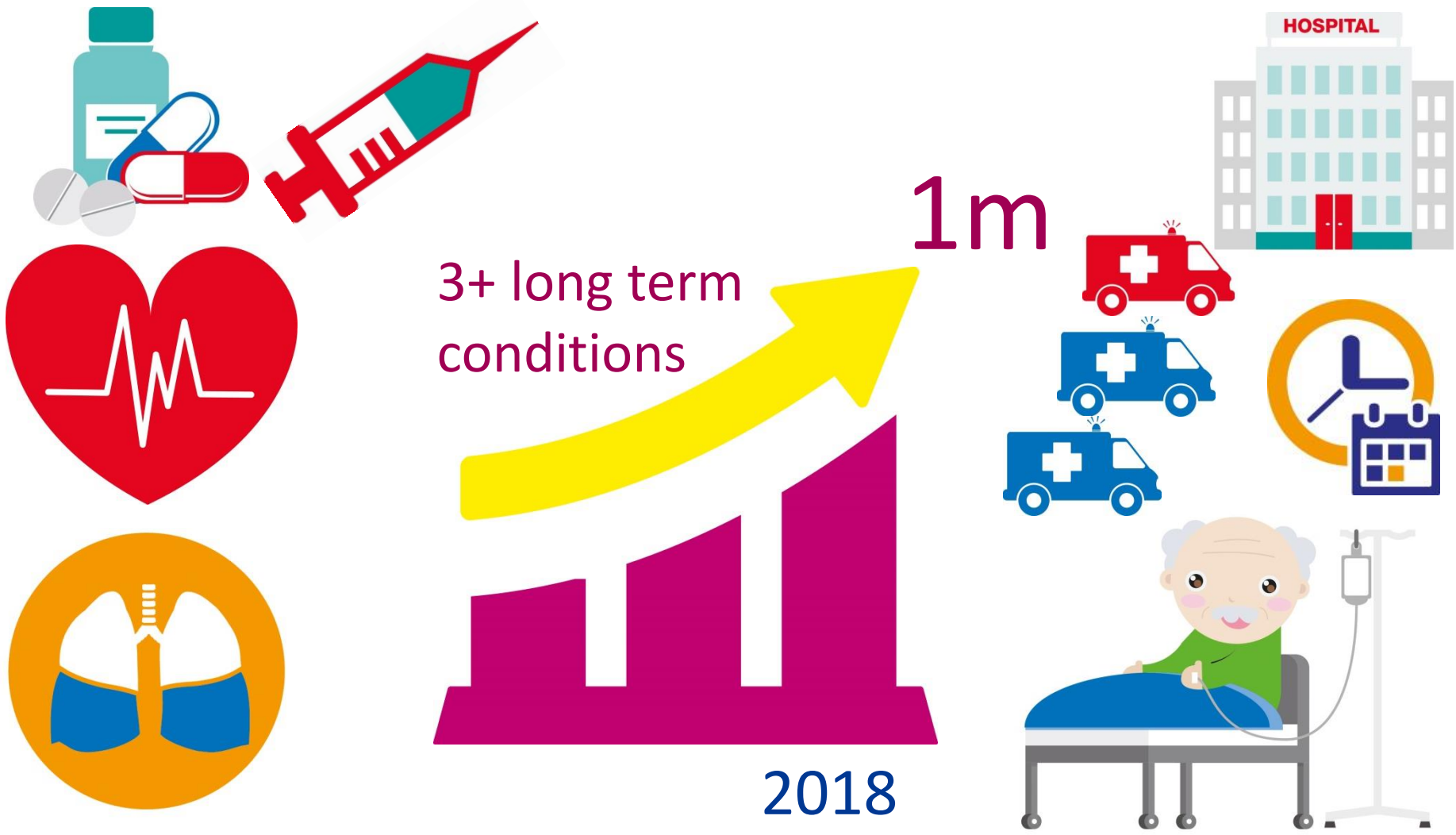
2 in 3 patients in hospital are aged 65+



24% Preston patients
46% Chorley patients
aged 80+



Increasing long term conditions



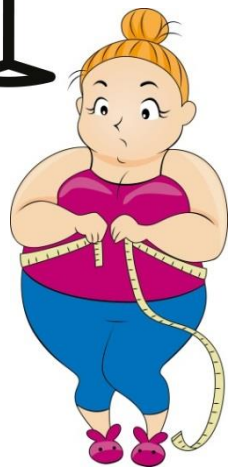
Unhealthy lifestyles



1 in 5

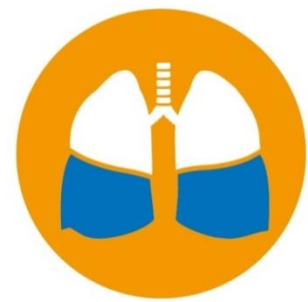


1 in 3



2 in 3

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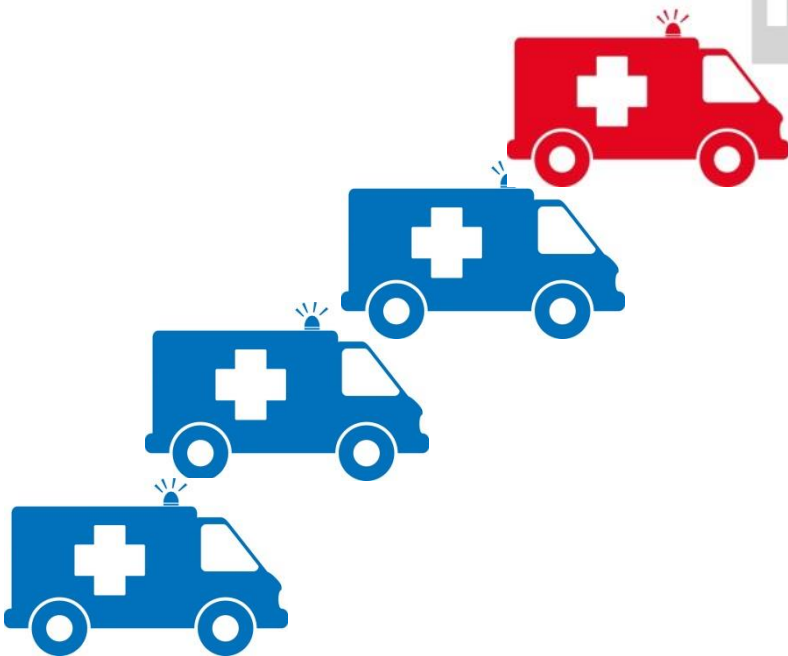
Increasing demand



ageing population



long term conditions



unhealthy lifestyles

Care Quality Commission

- Too many patients in hospital beds
 - Patients have to wait for a bed
 - Patients are in the wrong beds
 - Poor experience (wrong ward, have to move)
 - Staff are stretched
 - Planned procedures have to be postponed
- Patients stay too long
 - Not enough of the right support in the community



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Health service pressures

- Across the whole health economy – primary care, community care, acute care
- Workforce pressures and gaps
- 250 care home beds have closed since April 2014
- 3% increase in emergency admissions forecast for 2014/15
- Emergency Department attendances have increased by 6% increase in attendance A&E Royal Preston Hospital
3% decrease Chorley and South Ribble Hospital since 2011
- System not conducive to ambulatory care



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Patient flow

- High bed occupancy (95%+) and escalation
- Inpatient moves and outliers
- 200+ patients not acutely unwell, but can't be discharged
- No stroke rehab in the community

Consequently :

- Major operations cancelled - lack of critical care beds
- Targets and waiting times – 18 weeks, 4 hour A&E
- Impact on quality and experience



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Standards for new models of care

- Mortality and outcomes standards (royal colleges, NICE, CQC, Francis, Keogh) e.g.
 - mortality rate for emergency laparotomy surgery varies between 3.6% and 41.7% (Association of Anaesthetists Sep 2014)
 - Admission to a stroke unit within 4 hours of admission varies between 22% and 85% by CCG (Health and Social Care Information Centre Dec 2014)
- Standards are almost always :
 - Seniority of clinical staff 24-7
 - Access to facilities and services within set times



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Evidence based models of care

- Clinical commissioning groups' 5 year strategy
- Changing demography - increasing older population, impact of additional housing - City Deal
- Changes in demand for services
- Impact of advancements in technology
- Commissioner intentions
- Possible changes in service provision at other hospitals
- Workforce supply - staffing and skill shortages
- Physical capacity requirements
- Feedback from CCG patient survey, governors membership, CQC



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What are we proposing to do to meet these challenges?

- Develop a unifying clinical strategy
- Undertake activity modelling to size the facilities required
- Develop a long list of options for how this could be delivered
- Define criteria to assess the long list and develop a short list
- Undertake public consultation for feedback on the short list



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Business Case Process



Data driven
modelling

Clinical Plans

These are:

1.The Services we will provide described as:-

a.Which services we will provide over next 5-10 yrs

b.How we will go about providing them:

Models of care

Standards

Change

c. What we need to deliver new plans

Staff and teams

Money

Building and equipment

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Public engagement & consultation

- Why are we changing
- Principles of service
- Options for change

Masterplan

Facilities to deliver the service from

Estate & building options

Future estate development plans

Support plans

IT/Technology
Facilities management
Transport

Contextual
Story telling

Taking this forward

- As we move through this process, we are taking on board feedback from a range of stakeholders and would welcome input from the Health and Wellbeing Board
- We would like to bring updates back to the Health and Wellbeing Board on a regular basis as we move towards public consultation



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Thank you



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