

# Seizing the Future

*developing a strategic direction for the next five-years*

**May 2008 briefing**

**Issue 4**

Welcome to the Seizing the Future newsletter - bringing you the latest news and developments as we work towards establishing a strategic vision for the Trust for the next five years.

## **Clinical Summit - 13 May – documentation**

Presentations and information from the Seizing the Future Summit on 13 May are now available on the Seizing the Future site at <http://seizingthefuture.hub.uk.com/page/events.aspx>

## **Open staff meetings**

An open staff meeting took place at UHND on Tuesday. Two further meetings take place next week:

Tuesday 27 May, 12.30pm - BAGH lecture theatre

Tuesday 27 May, 2pm - DMH lecture theatre

## **Press Activity**

We expect there to be an article on Seizing the Future in the Northern Echo on Friday (23 May). Bob Aitken and the four service strategy group chairs met with the health correspondent to begin explaining to local people the work we are doing.

## **Developing Service options**

Following a scoping study in January, four service strategy groups have been working on developing service options for the future.

The four service strategy groups are:

- Medicine – chaired by Dr Neil Munro (consultant physician)
- Surgery – chaired by Mr Iain Bain (consultant surgeon)
- Women and children – chaired by Mr Ahmed Ali (consultant obstetrician and gynaecologist)

- Diagnostics and clinical support – chaired by Professor Peter Gray (consultant pathologist)

The service strategy groups include doctors, nurses and other clinical staff, and also includes elected governor representatives from the Governing Council.

### **What options have the groups come up with?**

At a clinical summit on 13 May, the medical director and service strategy groups shared the progress they had made. All of the possible options for each service have been drawn together into five "cluster options". All options assume the continuation of existing community hospital services.

**Cluster Option 1:** No change

**Cluster Option 2:** Two sites leading on acute hospital care

**Cluster Option 3:** Two sites leading on acute hospital care, plus a third site with options providing a combination of services for which proposals include elective surgery, midwife led maternity care, specialist rehabilitation, selective inpatients. 24 hour emergency provision would be provided on each of these sites.

**Cluster Option 4:** one acute site, one elective site and one community hospital

**Cluster Option 5:** one acute site, two community facilities/polyclinics and midwife led unit(s)

There is an emerging consensus amongst clinicians that we need to centralise certain critical and specialist services. No decisions have been made about preferred options for the role of individual sites. 24/7 emergency provision would be provided at Bishop Auckland, Darlington and UHND.

Work has begun to model the detailed implications of each option and in order to allow this to take place, plans to consult have been moved back to begin consultation in September 2008 for a three month period.

### **Assessing the options**

This is being carried out in two stages:

An initial "hurdle" assessment to consider whether options are clinically safe, efficient and affordable and deliverable

A second stage is to begin after the detailed modelling is completed and considering four key criteria:

- Patient experience – a better, less fragmented experience for patients
- Patient access – timely and convenient access to care
- Recruitment and retention – enabling us to recruit, retain and train the best staff with improved staff satisfaction
- Innovation – taking advantage of innovation and modern medical practice to give a sustainably high performance against rising standards of care

The assessment will be carried out by clinicians, and will also involve key stakeholders.

### **Next steps**

The next steps taking place before the formal consultation will be:

- To review process to in the light of newly published national guidance on service change and consultation
- To undergo a "gateway review" - an independent assessment national process to validate our work and process
- To carry out detailed analysis and modelling – including on the travel and transport implications of options
- To consider feedback from the clinical summit and stakeholders
- To carry out further engagement with GPs, social care and the ambulance service
- To apply the option appraisal criteria to the options to create a shortlist
- To finalise the options and set in the context of the SHA strategic vision published on the 22nd May 2008
- To begin formal consultation, probably from September 2008 for a three month period

### **Any questions**

Please send queries to [seizingthefuture@cddft.nhs.uk](mailto:seizingthefuture@cddft.nhs.uk) - or use the message board on the Seizing the Future website.