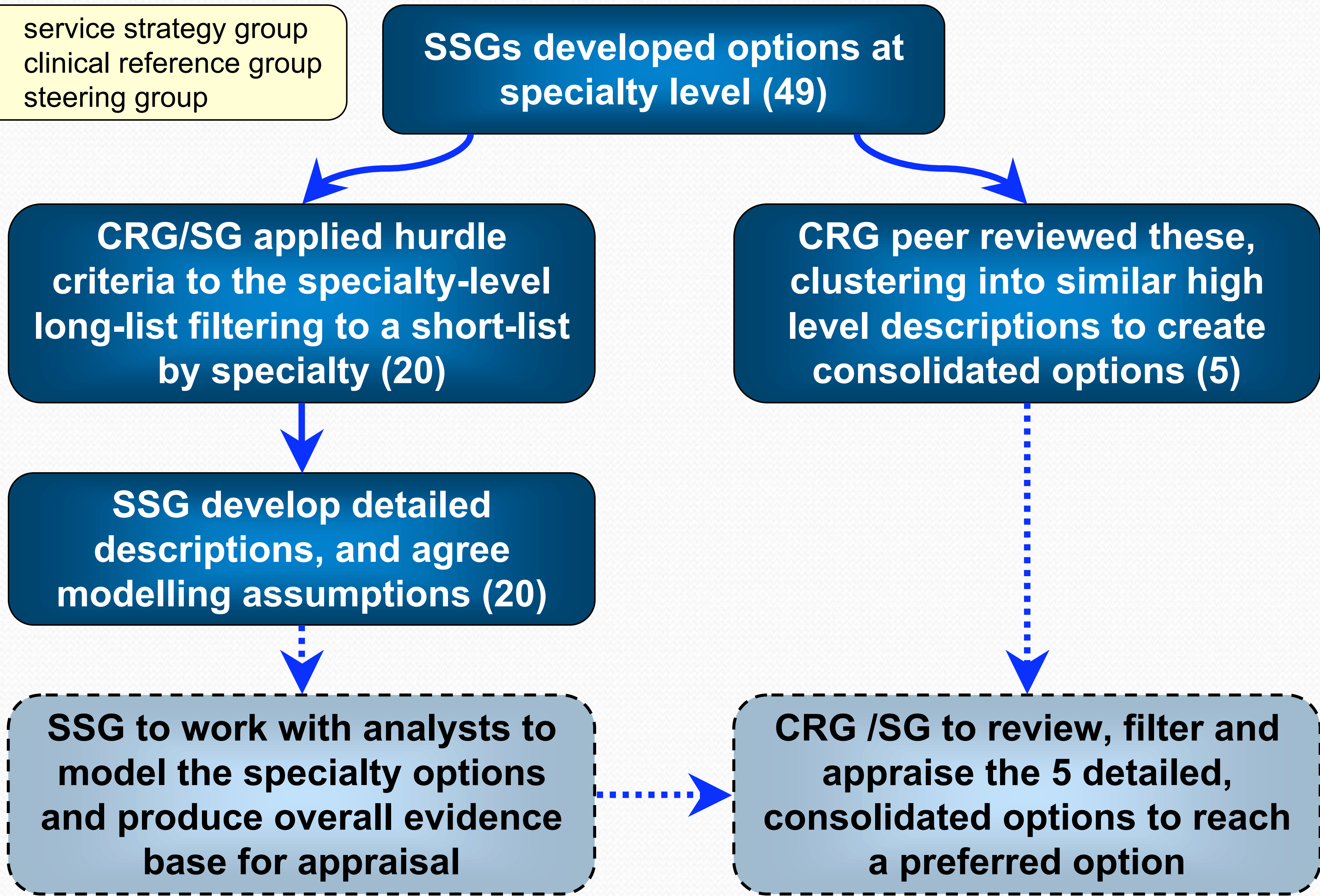
Seizing the Future

Emerging Composite Options for Service Redesign

How do we consolidate the options?



What are the Composite options?

Status quo: 3 acute sites + community

Consolidate into 2 acute sites

2 acute sites, plus options for:

- elective site
- midwifery-led unit
- urgent care centre
- rehabilitation unit
- selective inpatient unit

1 acute, 1 elective & 1 community site

1 acute, 2 community sites

Status quo

Open issues for Option 1

- **how will we meet rising standards and expectations for clinically safe care?**
  - 24x7 emergency medicine on all sites
  - critical care on all sites
  - children's services?
  - retaining critical mass in all specialties?
- **how will we recruit and retain sufficient of the very best staff for all sites (maintaining training accreditation)?**
- **how will we remain competitive?**
  - delivering the efficiency gains to beat tariff
  - achieving working time directive
  - responding to Care Closer to Home and falling demands

2 acute sites

Open issues for Option 2

- **how much capacity do we need if we can operate at the very best efficiencies?**
  - benchmarked in top 10% nationally
- **how well can we maximise space usage and flexibility to meet the changing demand?**
- **how much will this impact on our communities?**
  - patients voting with their feet and going elsewhere
  - impact on inequalities and access
- **how does this option meet our commitment to have a front door on all our sites?**

2 acute sites +...

Open issues for Option 3

- **what genuinely needs to be in acute sites?**
- **how can we be simple, clear and confident in our understanding of the "+" options?**
  - since the devil is in the detail
- **what are the detailed model(s) of care we expect to operate from the "+" sites?**
- **how can we be clear in describing important nuances of detail to our stakeholders?**
- **how can we maximise consistency across multiple types of site?**
  - patient experience
  - clinical governance
  - staff empowerment and involvement

1 acute
1 elective
1 community

Open issues for Option 4

- **how clear are we about the differences between sites?**
- **how do we decide which site has which service?**
- **how much will this impact on our communities?**
  - patients voting with their feet and going elsewhere
  - impact on inequalities and access
  - how will patients know how to access the right service
- **can we fit the acute activity into just one of our sites?**
- **what assumptions must we make to answer this, and how do we validate them?**
- **how can we maximise both innovation and safety?**
- **how can we maximise value from each PFI?**

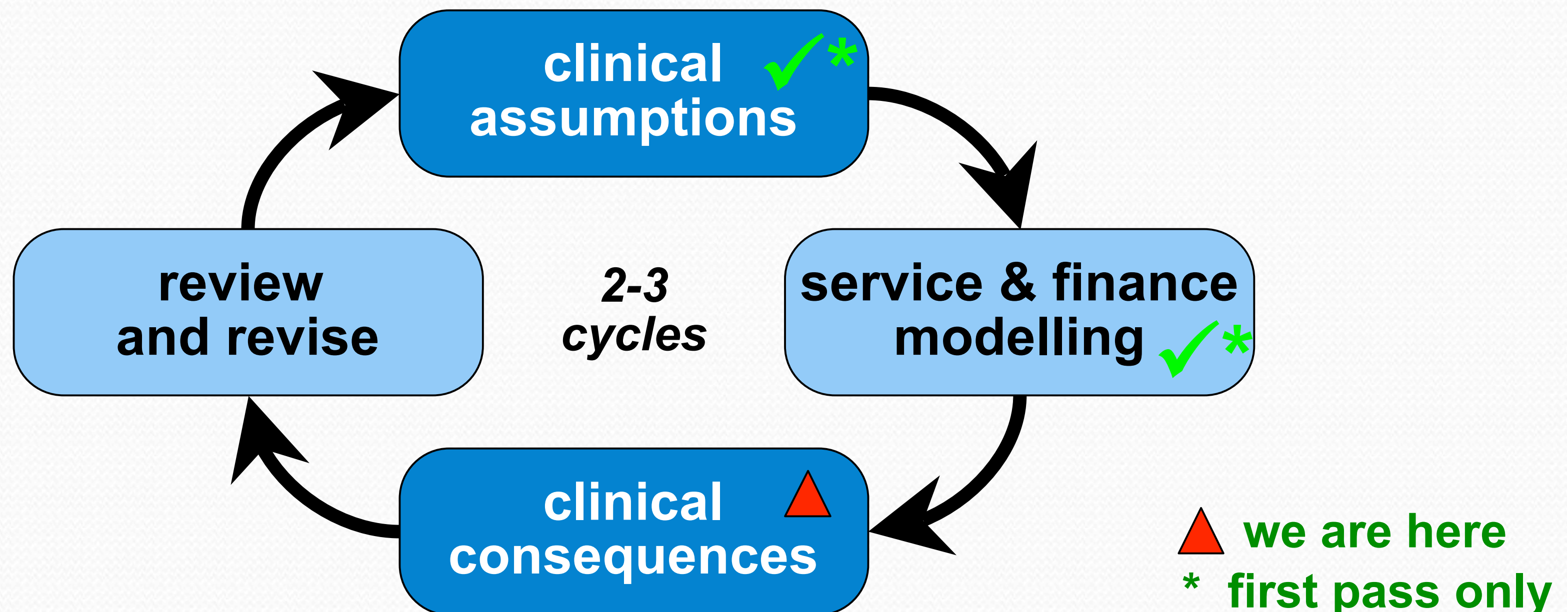
1 acute
2 community

Open issues for Option 5

- **As per option 4**

So, where are we?

- **work to date suggests that the answers are to be found in the subtlety and the detail, not in the big picture;**
- **therefore, evidence to support the case for change needs to be even more robust;**
- **therefore, we need stronger linkage and more iterations between modelling and clinical teams**



On to break out discussions