

The Shrewsbury and Telford Hospital NHS Trust

Scheduled Care

Clinical Service Strategy



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Drivers for Change

- **Design Principles**
- **Separation of Emergency and Elective Surgery**
- **Delivering Core Standards**
- **Growing Demand**
- **Financial Sustainability**
- **Future Fit**

Drivers for Change – Design Principles

	Role	Organisation	Communication
Patient Focus	What is my responsibility as a patient in managing my own condition as I move between primary and secondary care (duty of care, backup, IT)	Systems/processes wrapped around the patient	Communicate clearly preferences, information and feedback
Care Focus	Evidence base delivery of care Reduce geographic variation	Model built around pathway - based on care closer to home	Communicate process and progress, especially around transitions Patient choices to be communicated across the system
System Focus	Right care based on pathway - seeing right person first Care delivered at lowest level of resource use for agreed level of quality	Clearly defined capability of institutions Access to advice or clinician appointment/to diagnostics/to specialist opinion or therapy/to ongoing care	Rapid understanding of prognosis/disease process/comorbidity/risk stratification



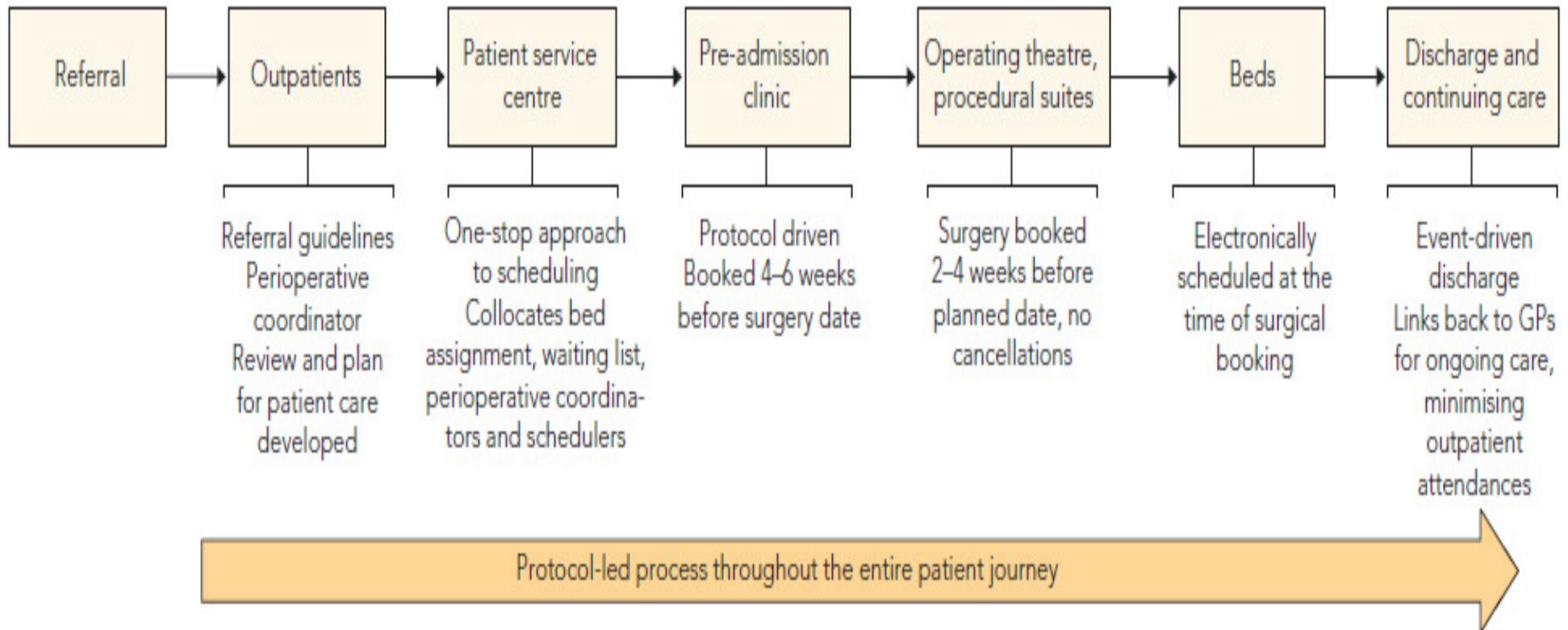
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Drivers for Change – Separation of Emergency and Elective Surgery

“Separating elective care from emergency pressures through the use of dedicated beds, theatres and staff can if well planned, resourced and managed reduce cancellations, achieve a more predictable workflow, provide excellent training opportunities, increase senior supervision of complex/emergency cases, and therefore improve the quality of care delivered to patients”.

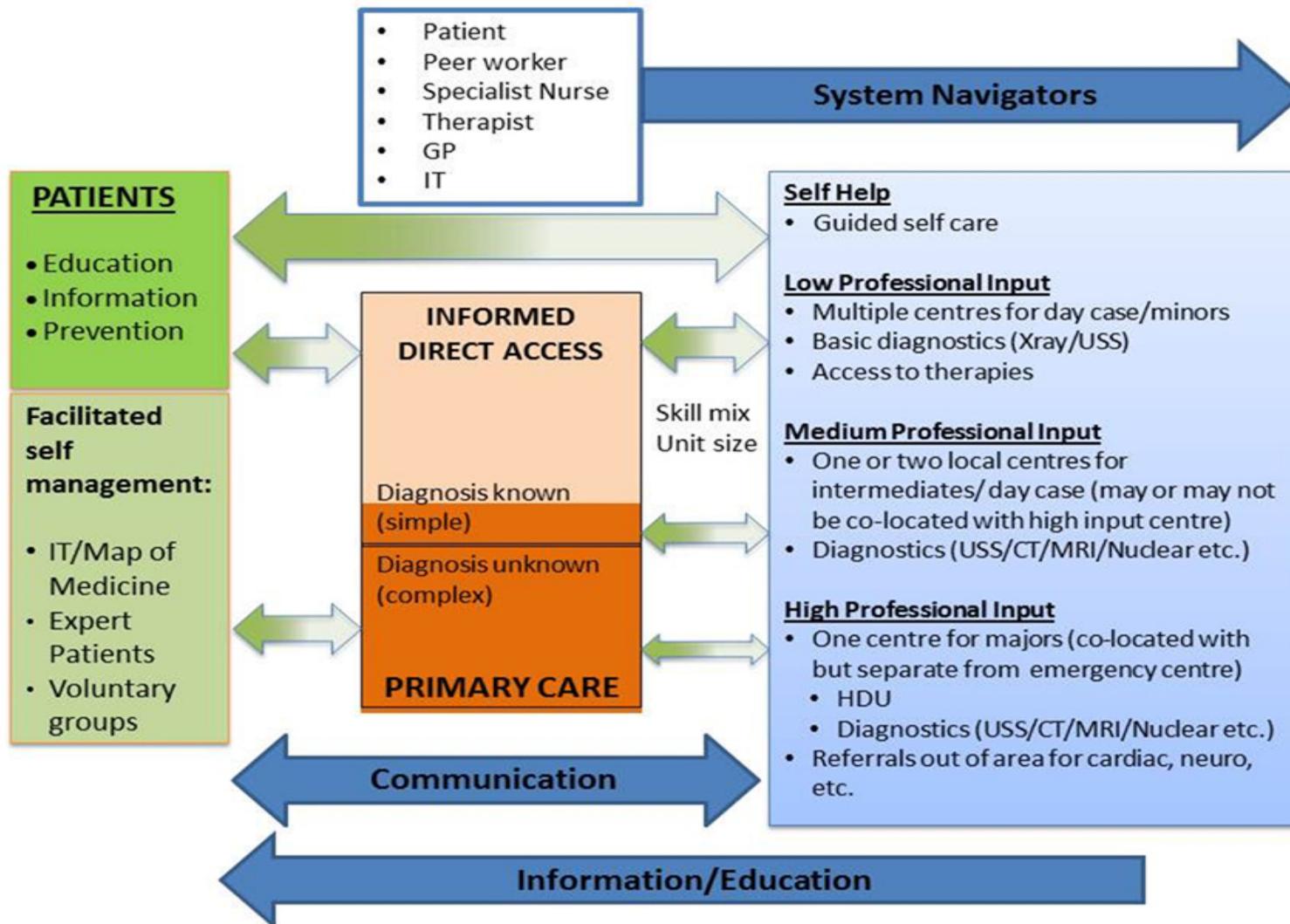
Recommendations for practice, published by the Royal College of Surgeons of England (2007)

Drivers for Change – Delivering Core Standards



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Drivers for Change – FutureFit



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Our Vision for Surgery

Services in Major Emergency Centre

- Critical Care Services
- Orthopaedic Trauma
- Major Vascular surgery
- Major colorectal surgery
- Bariatric surgery
- Major urology
- Head & Neck Cancer surgery
- Maxillofacial trauma
- Ophthalmology emergencies
- Diagnostic including cross sectional imaging

Services in Planned Care Treatment Centre

- Facility to initiate organ support and safe transfer
- Elective orthopaedics
- Breast surgery
- Venous surgery
- Hernia and laparoscopic cholecystectomy
- ENT, Max Facs & oral
- Cataract surgery & oculoplastics
- Medical retina treatment
- Outpatients and Diagnostics



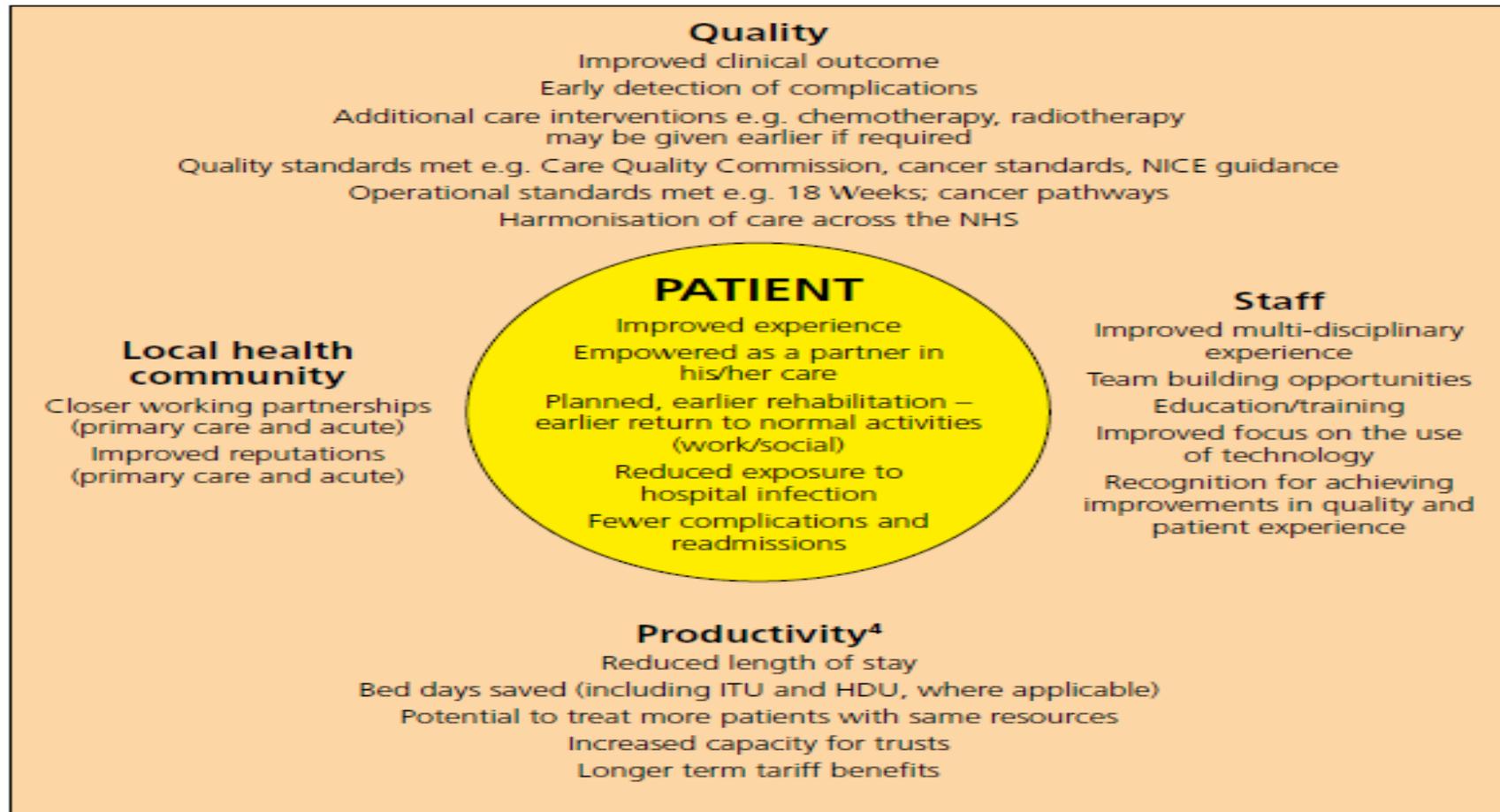
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Scheduled Care Group - Priorities

The Scheduled Care Group has mapped its priorities against the Trust wide objectives:

- Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards:
 - Deliver RTT consistently and sustainably
 - Complete a root and branch review of our cancer services
 - Detailed service reviews for ophthalmology and musculoskeletal services
- Develop robust plans to achieve Critical Care quality standards
- Continue improvements in Patient Access and Outpatients Services
- Review performance of all financially challenged specialties through SLR

Our Priorities – Improving Productivity – Enhanced Recovery Programme



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Our Priorities -Sustainable RTT Performance

Specialty	RTT Admitted performance delivery date	RTT Admitted performance delivery date	Non Admitted Sustainable	Non Admitted Sustainable
Colorectal surgery	01/03/2014	√	01/05/2014	√
Upper GI	01/04/2014	√	01/04/2014	√
Vascular	01/02/2014	√	01/02/2014	√
Breast	√	√	√	√
Urology	01/04/2014	√	01/04/2014	√
ENT	01/07/2014	√	01/07/2014	√
Max fax and oral surgery	No date	√	√	√
Ophthalmology	01/03/2014	TBC	01/07/2014	
Gynaecology	√	√	√	√
T&O upper limb	01/10/2014	√	01/10/2014	√
T&O lower limb	01/10/2014	√	01/10/2014	√
Spinal	√	√	√	√
Gastroenterology	√	01/07/2014	√	01/07/2014
Cardiology	√	√	√	01/05/2014
Dermatology	NA	√	NA	√
Neurology	NA	√	NA	√
Respiratory	NA	√	NA	01/03/2014
General Medicine	NA	√	NA	√
Cardiothoracic surgery	NA	√	NA	√
Neuro surgery	NA	√	NA	√
Other (inc Pain)	01/05/2014	√	01/05/2014	√

Our Priorities -Patient Access and Outpatients Centre

- Roll out Netcall remind + outpatient reminder service to all OPD clinics
- Trial and finalise the “Friends and family test” to OPD clinics
- Work with centres to improve planning processes and embed the notion of the “reasonable offer of appointment” timing of no less than 3 weeks notice
- Improving communication within teams and centres
- Work in partnership with clinical centres and CCG colleagues to maximise Choose and Book usage
- Develop Standard Operating Procedures for nursing teams
- Develop options appraisal for evening and weekend working session
- Develop board metrics and dashboards on performance and quality metrics
- Work toward centralising admissions teams, booking teams and reception function throughout the Trust

Cancer Services

SWOT ANALYSIS

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> •Robust Peer Review schedule delivered within National deadlines •MDT metrics for each MDT team established •Auditable mechanism for 2WW referrals •Macmillan Cancer Information & Support Centre Manager in post for patient support •Cancer Service Improvement Facilitator in post •Cancer Survivorship Service Improvement Facilitator recruited to commence April 2014 •Secured funding for Macmillan therapy team 	<ul style="list-style-type: none"> •Insufficient operational capacity within some specialties and departments •No dedicated Teenage & Young Adults (TYA) lead for the Trust •Poor compliance with Peer Review measures in some areas •Skin cancer patients outsourced to third party private provider without a robust SLA and penalty system in place <p>Reliance on tertiary referral providers for some specialities (e.g. Upper GI, Gynae)</p>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> •First appointments within 7 days (not 14 days) •Diagnostic investigations within 7 days •Histopathology reporting within 7 days •Appointments with Oncologists within 7 days •Service improvements based on cancer patient feedback (National and local MDT Cancer Patient Experience survey results) 	<ul style="list-style-type: none"> •Lack of Clinical Nurse Specialist for some areas including TYA services •Patients choosing to have treatment elsewhere



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Our Priorities - Cancer Services – Service Improvement

- **Establish a Cancer Programme Board and develop a Cancer Strategy**
- **Ensure delivery of the Cancer waiting time standards consistently across all MDTs**
- **Enhance patient experience through engaging with patient representatives for pathway mapping within MDT teams**
- **Collaborate with all MDTs to develop a Cancer Strategy and ensure robust service model for all areas especially where current gaps exist**
- **Standardise operating procedures, data reporting and escalation processes to improve MDT working & patient tracking.**
- **Develop Health & Well Being services for cancer survivors**

Our Priorities - Cancer Services – Service Developments

- Improve pathways in Lung, Upper GI, Colorectal and Urology
- Investment in Radiotherapy Service – 3rd Linear Accelerator
- Cancer Screening Programmes for Bowel Scoping and Breast age extension
- Macmillam Integrated Therapy Service

Our Priorities - Critical Care Strategy – Clinical Standards

- **Current Service on 2 sites**
- **Dedicated on call rota**
- **Performance against national standards**
- **Recruitment Plan (next 12 months)**
- **Critical Care Nursing Standards**
- **Development of a workforce plan**
- **Growth in Demand**
- **Bed Occupancy**
- **Additional Capacity Business Case**
- **FutureFit Solution**

Other Priorities - Musculoskeletal

- **Challenged Speciality – Health Economy Review**
- **Provider of Choice**
- **Service Model Issues (RSH, PRH, RJ&AH)**
- **RTT Challenge**
- **Largest Income Generator but negative contribution**
- **Health Economy Review**
- **Best Practice Tariff opportunities for fractured neck of femur**
- **Single Orthopaedic Trauma Site – FutureFit**



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Summary

The focus of the scheduled care group strategy over the next few years will be to improve the efficiency of pathways and service lines, by reviewing systems and processes, while aiming to improving clinical standards, clinical outcomes and the patient experience to ensure that services are clinically and financial sustainable as the FutureFit solution becomes the reality.



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