The Shrewsbury and Telford Hospital NHS Trust

Scheduled Care

Clinical Service Strategy
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

<table>
<thead>
<tr>
<th>Role</th>
<th>Organisation</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Focus</strong></td>
<td>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)</td>
<td>Systems/processes wrapped around the patient</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicate clearly preferences, information and feedback</td>
</tr>
<tr>
<td><strong>Care Focus</strong></td>
<td>Evidence base delivery of care</td>
<td>Model built around pathway – based on care closer to home</td>
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<tr>
<td></td>
<td>Reduce geographic variation</td>
<td></td>
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<tr>
<td><strong>System Focus</strong></td>
<td>Right care based on pathway – seeing right person first</td>
<td>Clearly defined capability of institutions</td>
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<tr>
<td></td>
<td>Care delivered at lowest level of resource use for agreed level of quality</td>
<td>Access to advice or clinician appointment/to diagnostics/to specialist opinion or therapy/to ongoing care</td>
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<tr>
<td></td>
<td></td>
<td>Rapid understanding of prognosis/disease process/comorbidity/risk stratification</td>
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</table>
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”.

Drivers for Change – Delivering Core Standards

- Referral
  - Referral guidelines
  - Perioperative coordinator
  - Review and plan for patient care developed

- Outpatients
  - One-stop approach to scheduling
  - Collocates bed assignment, waiting list, perioperative coordinators and schedulers

- Patient service centre
  - Protocol driven
  - Booked 4-6 weeks before surgery date

- Pre-admission clinic
  - Surgery booked 2-4 weeks before planned date, no cancellations

- Operating theatre, procedural suites
  - Electronically scheduled at the time of surgical booking

- Beds
  - Event-driven discharge
  - Links back to GPs for ongoing care, minimising outpatient attendances

Protocol-led process throughout the entire patient journey
Drivers for Change – FutureFit

**System Navigators**
- Patient
- Peer worker
- Specialist Nurse
- Therapist
- GP
- IT

**PATIENTS**
- Education
- Information
- Prevention

**Facilitated self management:**
- IT/Map of Medicine
- Expert Patients
- Voluntary groups

**INFORMED DIRECT ACCESS**
- Diagnosis known (simple)
- Diagnosis unknown (complex)

**PRIMARY CARE**

**Self Help**
- Guided self care

**Low Professional Input**
- Multiple centres for day case/minors
- Basic diagnostics (Xray/USS)
- Access to therapies

**Medium Professional Input**
- One or two local centres for intermediates/day case (may or may not be co-located with high input centre)
- Diagnostics (USS/CT/MRI/Nuclear etc.)

**High Professional Input**
- One centre for majors (co-located but separate from emergency centre)
  - HDU
  - Diagnostics (USS/CT/MRI/Nuclear etc.)
  - Referrals out of area for cardiac, neuro, etc.

**Communication**

**Information/Education**
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 & occuloplastics
- Medical retina treatment
- Outpatients and Diagnostics
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

Quality
- Improved clinical outcome
- Early detection of complications
- Additional care interventions e.g. chemotherapy, radiotherapy may be given earlier if required
- Quality standards met e.g. Care Quality Commission, cancer standards, NICE guidance
- Operational standards met e.g. 18 Weeks; cancer pathways
- Harmonisation of care across the NHS

PATIENT
- Improved experience
- Empowered as a partner in their care
- Planned, earlier rehabilitation – earlier return to normal activities (work/social)
- Reduced exposure to hospital infection
- Fewer complications and readmissions

Local health community
- Closer working partnerships (primary care and acute)
- Improved reputations (primary care and acute)

Staff
- Improved multi-disciplinary experience
- Team building opportunities
- Education/training
- Improved focus on the use of technology
- Recognition for achieving improvements in quality and patient experience

Productivity
- Reduced length of stay
- Bed days saved (including ITU and HDU, where applicable)
- Potential to treat more patients with same resources
- Increased capacity for trusts
- Longer term tariff benefits

Proud To Care
Make It Happen
We Value Respect
Together We Achieve
## Our Priorities - Sustainable RTT Performance

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

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
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<tbody>
<tr>
<td>• Robust Peer Review schedule delivered within National deadlines</td>
<td>• Insufficient operational capacity within some specialties and departments</td>
</tr>
<tr>
<td>• MDT metrics for each MDT team established</td>
<td>• No dedicated Teenage &amp; Young Adults (TYA) lead for the Trust</td>
</tr>
<tr>
<td>• Auditable mechanism for 2WW referrals</td>
<td>• Poor compliance with Peer Review measures in some areas</td>
</tr>
<tr>
<td>• Macmillan Cancer Information &amp; Support Centre Manager in post for patient support</td>
<td>• Skin cancer patients outsourced to third party private provider without a robust SLA and penalty system in place</td>
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<tr>
<td>• Cancer Service Improvement Facilitator in post</td>
<td>Reliance on tertiary referral providers for some specialities (e.g. Upper GI, Gynae)</td>
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<tr>
<td>• Cancer Survivorship Service Improvement Facilitator recruited to commence April 2014</td>
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<tr>
<td>• Secured funding for Macmillan therapy team</td>
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<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• First appointments within 7 days (not 14 days)</td>
<td>• Lack of Clinical Nurse Specialist for some areas including TYA services</td>
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<tr>
<td>• Diagnostic investigations within 7 days</td>
<td>• Patients choosing to have treatment elsewhere</td>
</tr>
<tr>
<td>• Histopathology reporting within 7 days</td>
<td></td>
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<tr>
<td>• Appointments with Oncologists within 7 days</td>
<td></td>
</tr>
<tr>
<td>• Service improvements based on cancer patient feedback (National and local MDT Cancer Patient Experience survey results</td>
<td></td>
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</tbody>
</table>
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
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 financially sustainable as the FutureFit solution becomes the reality.