

## **Briefing for Nottinghamshire Overview and Scrutiny Committee Meeting to be held 16.4.12**

### **Clinical Services Review Update**

#### **Background**

Over the last 18 months NHS Bassetlaw and NHS Doncaster have jointly commissioned and undertaken a clinical services review in partnership with Doncaster and Bassetlaw NHS Foundation Trust and both Doncaster and Bassetlaw Clinical Commissioning Groups.

Nottinghamshire Overview and Scrutiny Committee have received regular updates both on the findings of the review and the plans for services going forward.

The national drivers of increased subspecialisation and changes to Consultant training continue to underpin the review and delivery of service plans. Nevertheless their application to Bassetlaw Hospital, whilst challenging, have created an opportunity for designing innovative proposals both for workforce and for services.

The following discussion outlines the progress to date by specialty.

#### **Maternity Services**

An external clinical review of the maternity services highlighted that although services were safe they were not sustainable in their current format. National best practice standards were developing and proving challenging to deliver.

Following substantial clinically led redesign, proposals to deliver a Consultant led obstetric service at Bassetlaw which meets the best practice consultant cover requirements has been agreed. As part of the 2012/13 contract round some additional support has been agreed by both NHS Bassetlaw and Doncaster commissioners. The Trust has developed a project plan which entails recruitment of new posts to both sites in 2012/13. In addition the plan highlights the requirement to increase capacity to deliver more elective caesarean operating lists.

Other service and capacity improvements are built into the plan which will improve access to antenatal assessment and early pregnancy assessment.

GP Commissioners will continue to monitor the implementation of the plan with the Trust and work with local MSLC's and other patient groups to obtain feedback.

The junior doctor cross cover between obstetrics and paediatrics out of hours at Bassetlaw Hospital must cease by August 2012 in accordance with deanery reports. This will occur and the rota will be strengthened instead by GP trainee Doctors.

The development and sustainability of obstetrics and other acute services at Bassetlaw hospital also hinges on the provision of a robust anaesthetic presence on site which can manage competing demands in obstetrics, theatre and ITU. Again with commissioner support in the 2012/13 contract and innovative design of workforce models the Trust are optimistic they will be able to recruit to new posts in year.

### **Paediatric Services**

An external clinical review was also undertaken around paediatric services which again concluded that services were safe but not sustainable in their current format plus a notable lack of community service provision for children and families with long term conditions.

Work continues within the Trust to develop the detail of providing an integrated Consultant workforce across 2 sites. However during this work the Yorkshire and Humber deanery have noted a real improvement in both the opportunities and the delivery of training for junior doctors at Bassetlaw.

A new work stream has developed with the agreement of Bassetlaw and Doncaster CCGs. This is to develop a community paediatric service linked to the acute hospital in order to provide both assessment and care for appropriate children in the local communities. The specification is at an advanced stage of design for this service.

### **Fractured Neck of Femur**

Bassetlaw CCG is delighted to note the significant improvements which have been delivered for patients suffering this injury during the time of the review. There have been improvements in terms of length of stay and in terms of access to operation within 36 hours of injury. This continues to be monitored through Bassetlaw CCG's monthly committee meeting.

Development work to support the implementation of both trauma units and trauma centres continues nationally. Doncaster and Bassetlaw Hospitals NHS Foundation trust have been provisionally accredited as a Trauma Unit in this first development year. As we have previously discussed major trauma will not flow to Bassetlaw Hospital under these models however this relates to very few patients annually and again GP commissioners are working closely with the Trust to ensure the majority of fractures including fractures of the neck of femur stay at Bassetlaw. Trauma outcomes will be monitored through a national trauma database which will feed the local CCG quality group.

### **Assessment and Treatment Centre**

This innovative clinical model is now being phased into operation at Bassetlaw Hospital.

Work is underway to finalise the service specification and agree clinical pathways for patients using the service. This work is being done on a

multiagency basis with staff from the hospital, community, social and primary care working together to ensure seamless transfers of care.

The model will ensure that patients who do not need to be admitted to hospital can be provided with a package of care in the community and those who are admitted to hospital will have a reduced length of stay.

## **Conclusion**

The overview and scrutiny committee are asked to note the significant progress made both to reviewing services and implementing new and more sustainable services going forward.