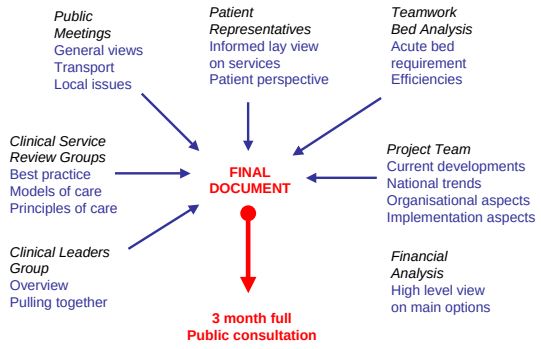
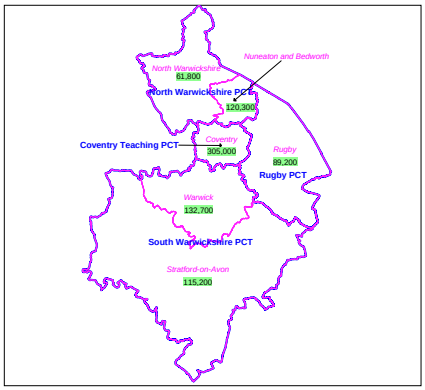
Acute Services Review: Coventry and Warwickshire

Warwickshire County Council
14 March

Review Board (21 members)

- Prof M Adkins, Chair
- Dr M Newbold, Director
- C Griffiths, WMS StHA
- M Attwood, Cov PCT
- T French, SW PCT
- Cllr J Clifford, Cov HOSC
- Cllr J Roodhouse, Warks HOSC
- S Burton, Cov CC
- A McGibbon, WCC
- PPI Fora – reps from Cov, Rugby, NW, SW
- Dr A Canale-Parola, Rugby PEC
- Dr P O'Brien, Cov PEC
- A Casey, UHCW
- J Monkman, SWH
- G Smith, GEH
- M Hazell, CW Ambulance
- J Hunt, Non Exec, NW PCT
- C Blacker, H&B PCT





Setting the scene

- Population – 825,000 in C&W
  - Many localities this size would have two major acute centres rather than three, as we do, but a similar number of hospitals in total (five)
  - We are only just large enough to support our tertiary services like cardiac, transplant, and neurosurgery, in C&W
- Hospitals
  - A prestigious new hospital, University Hospital, will open on the Walsgrave site in July 06 – one of the best equipped hospitals in Europe

Why plan and work as a 'health economy'

- Equity of service provision
- Access to specialised services for all
- Best use of trained staff, other resource
- Need to operate within financial envelope
- Links with commissioning arrangements

Drivers for change

- ***Wider NHS***
  - White Paper, Payment by Results (PBR), Choice, Independent Sector (IS) involvement
  - Commissioner-led focus
- ***FT, financial issues***
  - UHCW / PFI
  - Current financial position
- ***Service sustainability***
  - Staffing, junior doctor training
- ***Changing clinical models of care***

The wider NHS

- Foundation Trusts
- White Paper
  - Shift from hospital to community
  - A&E departments and Walk In Centres
- Balancing the benefits of centralising services with the need to support local service provision
- Ambulatory care
- Patient Choice, Payment by Results, Independent Sector, and competition
- Move from an 'acute illness' to a 'chronic disease management' model of care
- A 'Commissioner-led' focus

Clinical factors

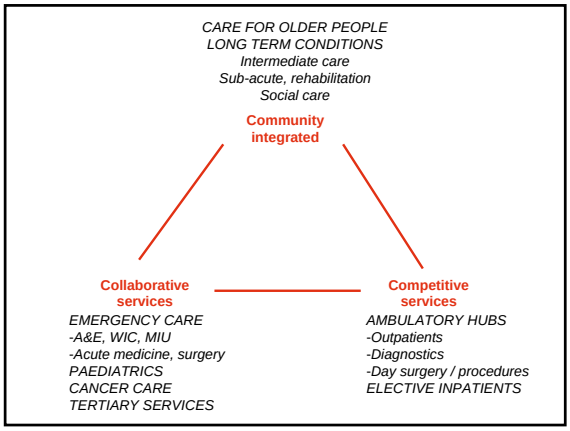
- Changing models of care
  - *eg cardiac, stroke*
- Staffing and training, effect of European Working Time Regulations
- Patient expectation
- General versus specialist care
  - *increasing monospecialists*
- Staffing mix and non-medical clinical staff
- Traditional 'on call' rotas
  - *Consultant-delivered (rather than 'led')*
- New arrangements for emergency medicine services in hospitals
  - *A&E / acute medicine links, more senior 'front end'*

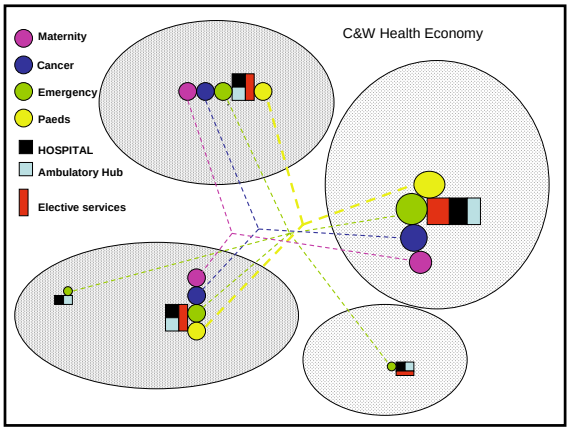
NHS Confederation

- *"the future is about networked hospitals operating as part of local integrated health systems, rather than struggling individual hospitals operating in isolation"*

Outcomes

- Need to reduce number of beds in our acute hospitals
- Need to share services (and costs) much more
- Healthcare will be much less hospital based in the future
- Ambulatory services are increasing fast, and will be local
  - eg out patients, diagnostics, day surgery
- Many highly complex, specialised services will be central
  - eg major trauma, major surgery, specialist in-patient paediatrics




C&W Health Economy
Maternity
Cancer
Emergency
Paeds
HOSPITAL
Ambulatory Hub
Elective services