



Planning our joint future

Securing local services for
Hampshire people

Two Trusts – Stronger Together

What is our proposal?

- To acquire Winchester & Eastleigh Healthcare Trust (WEHCT)
- To integrate services & staff
- To 'go-live' 9 January 2012
- To implement short & long term development plan

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Why integrate?

1. To **retain** local services for local people
2. To **develop** local services for local people

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Status quo is not long term option

1. Insufficient population served – c. 300,000 each
2. Both too small to maintain a suitably skilled workforce in and out of hours
2. Major acute services need critical mass of patients & staff
 - Heart attacks
 - Acute strokes
 - Major trauma



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Benefits of acquisition

1. Continuing to improve and develop existing services
2. Develop new services that we can't provide at present
3. Long term sustainable future

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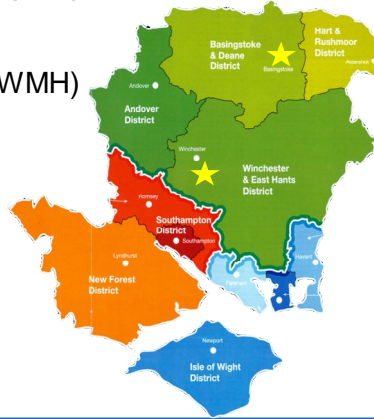
Timetable

- Due diligence completed 31 March 2011
- Planning phase underway
 - Business case & integration plan submitted August 2011
 - CCP complete August 2011
 - Monitor assessment August-October 2011
 - BNHFT Board decision 28 October 2011
- Transaction Autumn 2011
- Integration January 2012

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Vision for integrated organisation

- One hospital service across multiple localities
- Delivering services as close to peoples' homes as possible
 - Three hospitals (BNH, RHCH, AWMH)
 - Community hospitals
 - GP surgeries
 - Locality facilities
- Population c. 600,000
- Turnover £300M



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*One hospital,
multiple sites*



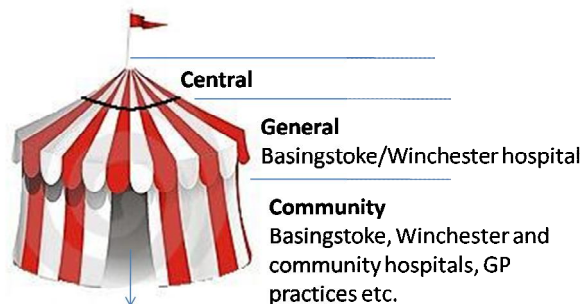
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Developing the clinical model

- Clinical leaders from both organisations
- Analysed every speciality:
 - Governance
 - Workforce/rotas etc
 - Costs
 - Opportunities for development
- Generated view of future model
- Supported by hospital doctors and local GPs

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Future vision



Inside the tent:

- Supporting Clinical Services
- Non-clinical support services

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Retaining local services

Community

- Outpatients
- Scans and tests
- Ante-natal and post-natal care
- Child Health
- Elderly care close to home



General

- Emergency care
- Maternity & paediatrics
- Short-stay & day-case surgery
- Medicine & elderly care



Central

- Major trauma
- Complex surgery
- Invasive medicine
- Radiotherapy



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Rethinking the link with primary and community care

Working together, not in competition

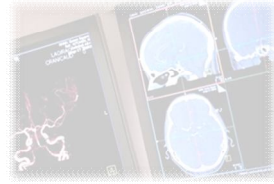
- Diabetes care
- Dermatology
- COPD at home
- Community geriatrics and intermediate care
- Heart failure
- Palliative medicine
- Community paediatrics
- Home births
- Sexual health services
- Direct access radiology and pathology
- Therapies in the community
- Integrated approach to out of hours emergency access



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Developing services locally

- Cancer centre with radiotherapy
- Acute oncology
- Specialist endocrine surgery



- Breast reconstruction surgery
- Spinal surgical service
- Bariatric surgery for obesity



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How to achieve the vision?

- Phase 1
 - Stabilise the new organisation
- Phase 2
 - Plan and develop a single future
 - New facilities

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Basingstoke & Winchester

Emergency department

Critical Care

Paediatrics

Obstetrics

Acute and elective medicine (in hours)

Acute and elective surgery (in hours)

Acute and elective orthopaedics (in hours)

Diagnostics

Basingstoke

Acute

Out of hours operating theatres

– surgical and orthopaedic

Heart attack

Non-acute

Liver cancer surgery

Pseudomyxoma

Haemophilia

Haem-oncology

Interventional cardiology

Winchester

Acute

Full medical assessment unit/
acute physicians

Hyper-acute stroke

Non-acute

Breast reconstruction

Intra-operative radiotherapy

Geriatrics (hub with spokes in

Basingstoke, Andover,

elsewhere?)



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Winchester and Eastleigh 
Healthcare NHS Trust

Basingstoke and North Hampshire 
NHS Foundation Trust



Any questions?

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