



## Hampshire Hospitals Proposed Clinical Reconfiguration

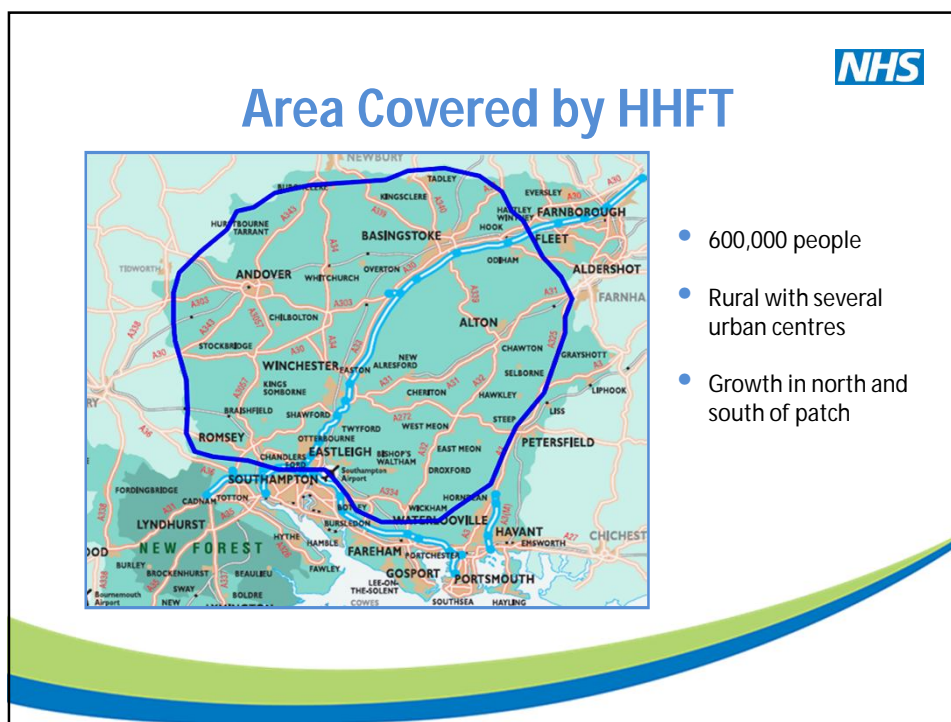
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## Local Context

- Merger of Winchester and Basingstoke
- Long term sustainability of District Hospital Services for North/Mid Hampshire population



**NHS**

## Why consider change?

1. To improve the health of people living in North and Mid Hampshire and to reduce inequalities
2. To meet the expectations of the public and patients
3. The quality and safety of care needs to improve – it is unfair that some people get better services than others
4. To make the most of advances in research and science
5. To make best use of scarce clinical expertise and equipment
6. To ensure the best possible value for taxpayers' money- against a backdrop of flat cash and rising demand driven by demographic change

## Clinical Sustainability and Quality


- Dual rotas in areas of high cost critical care
  - Critical care and 24 hour emergency care
  - Paediatric ITU
  - Maternity Care
  - Emergency Surgery
  - Trauma
  - Acute Cardiovascular – MI & Stroke

## Potential Options and preliminary views

- Do nothing – **Unsustainable**
- Close both hospitals & build one large hospital – **Unaffordable and not VFM**
- Reconfigure across two existing sites with centralisation of specialist services.
- Build a new site to concentrate critical services and expertise in one place and maintain two existing sites for general services.

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## Key Principles

- Local where possible, central where necessary
  - Community clinics 
  - General hospitals 
  - Potential Critical treatment hospital 

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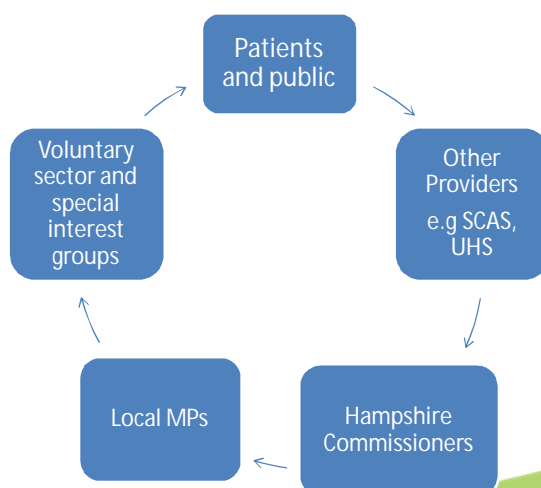
## Wider System Issues for Hampshire

- Patient access and flows to be considered – impact on South west Hampshire
- Longer term sustainability of new model
- Impact of Integration Agenda on acute hospital services currently not known

## Who has leading role to play?

- Commissioners (CCGS)
- NHS Providers (including FTs)
- Monitor
- NHS England (inc)Senates, Strategic clinical networks
- Local Authority
- Health and Wellbeing Board
- OSC (Overview and Scrutiny Committee)
- Provide an independent assessment of the scheme and proposals.
- National Clinical Advisory Team
- Secretary of State (SoS)
- Independent Reconfiguration Panel (IRP)

## Key Stakeholders





## Test for major service reconfiguration

- The Secretary of State has outlined four tests for service change in the refreshed Operating Framework 2010-11. All proposals for reconfiguration of services must demonstrate:
  - **support from Clinical commissioners;**
  - **strengthened public and patient engagement;**
  - **clarity on the clinical evidence base; and**
  - **consistency with current and prospective patient choice**
- commissioners as the local leader of the NHS, should normally lead the preparation and consultation on service change proposals



## Framework for reconfiguration

Stage	Process	Timetable
1 – Establish governance arrangements	Establish Governance Framework to include key stakeholders	September 2013
2 – Define need, understand financial and clinical drivers, and secure early public engagement	Define need Public and stakeholder early engagement begins at this point <ul style="list-style-type: none"> <li>• Define clinical strategy for Hampshire</li> <li>• Define quality ,sustainability and financial drivers for change</li> <li>• Needs and capacity and demand assessment for population – including reference to the JSNA</li> </ul>	In progress
3 – Define success criteria and range of options	Define range of options <ul style="list-style-type: none"> <li>• Agreement of success criteria (defined in terms of patient quality, outcomes, pathways)</li> <li>• Agreement of range of clinical models</li> <li>• Workforce modelling</li> <li>• Assess Impact on other providers</li> <li>• Estates strategy</li> <li>• Financial assessment – current spend and future spend</li> </ul>	2014
4	Public consultation on range of options	2014



**Thank you**  
**Any questions?**

