



SCRUTINY: HEALTH AND SOCIAL CARE REVIEW GROUP		AGENDA ITEM 8
DATE OF MEETING:	17 th November 2011	
REPORT AUTHOR:	Simon Wood, Director of Commissioning, NHS Bedfordshire and NHS Luton Cluster and Senior Responsible Officer for the South East Midlands Acute Services Review	
SUBJECT:	South East Midlands Acute Services Review (SEM ASR)	

PURPOSE:

1. The purpose of this report is to:
 - (i) Inform the Health and Social Care Review Group about the South East Midlands Acute Services Review;
 - (ii) Provide Members an update on progress and the draft timetable;
 - (iii) Ask the Group consider and agree that the review would constitute 'substantial variation or development of services';
 - (iv) Seek the Health and Social Care Review Group's approval in principle, if (iii) above is agreed, of the need to establish a Joint Health Overview and Scrutiny Committee with the Councils of Bedford Borough, Central Bedfordshire, Milton Keynes and Northampton County, when Luton and these areas are formally consulted on the South East Midlands Acute Services Review in early 2012.

RECOMMENDATIONS:

2. That the Health and Social Care Review Group:
 - (i) Notes the information and progress on the South East Midlands Acute Services Review;
 - (ii) Agrees that the South East Midlands Acute Services Review would constitute 'substantial variation or development of services';
 - (iii) Approve in principle the need to establish a Joint Health Overview and Scrutiny Committee with the Councils of Bedford Borough, Central Bedfordshire, Milton Keynes and Northampton County, when Luton and these areas are formally consulted on the South East Midlands Acute Services Review in early 2012, provided the Group agrees the proposals would constitute 'substantial variation or development of services'.

REPORT:

SOUTH EAST MIDLANDS ACUTE SERVICES REVIEW

What is the Acute Service Review and why are we doing it?

3. The aim of the Acute Services Review (ASR) is to deliver excellent quality and outcomes for the population and ensure clinical and financial sustainability of the health economy through a review of the acute services provided in Northamptonshire, Bedfordshire (Luton, Bedford and central Beds) and Milton Keynes. The review is being driven by a Programme Board made up of representatives from thirteen partner organisations.
4. There is a shared understanding that the current pattern of hospital provision is unsustainable, particularly given the research regarding the affect of critical mass on patient outcomes for complex procedures. This research has shown that there is more likely to be a positive outcome for a patient undergoing a complex procedure if it is completed in a hospital whose staff team have undertaken the procedure repeatedly and regularly.
5. With an increasing and ageing population, due to rise from 1.6m to 2.2m by 2031, and finances becoming more constrained, the five hospitals wish to work collaboratively to improve efficiency and effectiveness, as well as increasing quality of care and improved clinical outcomes for patients.

Who is involved in the review?

6. There are thirteen NHS partner organisations leading this review, with another twelve key stakeholders engaged in the programme.
7. The Primary Care Trust (PCT) clusters involved are Milton Keynes & Northamptonshire and Bedfordshire & Luton. Between them, they spend £2.3 billion a year, £1 billion being spent on acute services, of which £870 million is currently spent on the five local hospitals.

Six Clinical Commissioning Groups	Population coverage
Nene Commissioning (covering most of Northamptonshire except Corby)	653,000
Corby Healthcare	67,000
Bedfordshire Clinical Commissioning Group	431,000
Premier MK	140,000
GP Healthcare MK	112,000
Luton Health Consortium Shadow Clinical Commissioning Group	215,000

Five Acute Trust	Beds	Staff	Turnover
Northampton General Hospital	822	4,000	£236m
Luton & Dunstable Foundation Trust	600	3,500	£200m
Kettering Foundation Trust	550	3,000	£170m
Milton Keynes Foundation Trust	540	2,600	£152m
Bedford General Hospital	410	2,100	£147m
Totals	2,700	14,800	£879m

8. The key stakeholders include:

Local Authority	Community Service Provider	Ambulance Trust
Northamptonshire County Council	Northamptonshire Healthcare Foundation Trust	East Midlands Ambulance Trust
Milton Keynes Unitary Council	Milton Keynes Community Service	South Central Ambulance Trust
Bedford Borough Unitary Council	South East Essex Partnership Trust (Bedfordshire)	East of England Ambulance Trust
Central Bedfordshire Unitary Council	South East Essex Partnership Trust (Bedfordshire)	East of England Ambulance Trust
Luton Borough Unitary Council	Cambridgeshire Community Services Trust (Luton)	East of England Ambulance Trust

What will the review cover?

9. The review will consider all of the acute services currently commissioned from or provided within an acute hospital setting for the population of the two PCT clusters. This includes routine acute and specialist care currently provided outside of the area that could be repatriated and services that are currently provided in acute settings that could be provided in primary care, community or social care. The fundamental design principles that underpin the review are:

- The process will be **clinically led and evidence based**
- Health **interests of the population will take precedence** over interests of institutions
- An **open and transparent** process with the public and their representatives and staff involved from the beginning
- Recognition that decisions and changes will need to ensure **safe, sustainable, affordable services** for the population for the foreseeable future
- Intention is **to retain acute hospitals** on all existing DGH sites

10. The deliverables of the review will be:

- A clinically led and agreed clinical strategy based on national and international best practice that takes into account existing QIPP plans and GP commissioner aspirations
- A set of recommendations and a full business case for future configuration of acute services across South East Midlands agreed by the thirteen partner organisations and consulted on with the wider stakeholders and the public
- An implementation plan, process and necessary support to deliver the agreed recommendations over the agreed timeframe
- High quality and sustainable acute services for the population

How is the review going to be carried out?

11. This is a draft timetable to be discussed at the next ASR Programme Board later in November and formally signed off by all partners.

Phase One	
June - November 2011	Work with ASR partners and patient representatives to set up and agree the scope of the review
Phase Two	
December – April 2012	Clinical Working Groups commence in January 2012 – clinicians and patient representatives discuss range of proposals for new ways of working Engage widely with clinicians, staff, stakeholders, patients and the public to raise awareness of aims of review and formulate patient principles to test against draft proposals Independent report summarising engagement activity
Phase Three	
May - November 2012	Formal Public Consultation and feedback Development of the Full Business Case for the agreed scenario and Board sign off from each partner organisation and Programme Board
Phase Four	
March 2014	Majority of service changes complete
March 2015	All service changes and reconfiguration completed during 2014/15

(Please note: The ASR Programme Board is meeting on 10th November and Members will be given a further verbal update at the Health and Social Care Review Group meeting on 17th November 2011.)