

Subject:	BSUH Reconfiguration of Services		
Date of Meeting:	22 April 2014		
Report of:	Monitoring Officer		
Contact Officer:	Name:	Kath Vlcek	Tel: 29-0450
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Ward(s) affected:	All		

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

- 1.1 This paper is to set out for local authorities, commissioners, partner providers and other key stakeholders (including patient groups and members of the public) further detail on the trust's plans for the reconfiguration of clinical services at Brighton and Sussex University Hospitals (BSUH).
- 1.2 The purpose of this document is to outline the proposed changes to the fractured neck of femur and urology services, the potential impact upon patients, and the proposed timeframes for the changes

2. RECOMMENDATIONS:

- 2.1 To note and comment on the reconfiguration arrangements.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 This paper builds on the already consulted and agreed development of a neuro-trauma service as part of the Major Trauma Centre which in turn will ensure compliance with the national service specification for major trauma. It is planned to start the implementation of the reconfiguration of services in 2014 for completion in October 2014. The paper on the Major Trauma Centre came to HWOSC in February 2014; draft minutes are attached as **Appendix One**.
- 3.2 A programme of work has started to move elective and emergency cranial neurosurgery from Hurstwood Park Neurosurgery Centre (HPNC) to Royal Sussex County Hospital (RSCH) and to establish an integrated spinal service based at the Princess Royal Hospital (PRH) site. It is proposed to move the fractured neck of femur pathway and the inpatient urology service from the Royal Sussex County Hospital site to the Princess Royal Hospital campus. This is in order to create the necessary capacity on the RSCH campus and realise other benefits.
- 3.3 Considerable work has been undertaken with clinicians to develop proposals; a number of options were considered including the transfer of trauma and orthopaedics and the urology service to PRH. The options were developed using a number of criteria including deliverability, quality and value for money.

Urology Services

- 3.4 It is proposed to move the inpatient urology service off the RSCH site and establish a single site service at PRH. This will include establishing a urology ward of 18 inpatient beds. Additional critical care capacity is being created by expansion into Cuckfield at PRH in part for the additional urology patient activity.

A daily outpatient session will also be held Monday to Friday at RSCH and outpatients will continue to be seen at RSCH. In 2012/13 a total of 361 patients out of 3678 from the Brighton & Hove catchment area had an in-patient procedure at RSCH which in future will be undertaken at PRH; this cohort represents 10% of all urology patients. Therefore, as it is only the inpatient aspect of the pathway that is changing and outpatients and follow-ups will continue to be undertaken at RSCH, the number of patients affected will be relatively small.

Fractured neck of femur service

- 3.5 Currently patients with a suspected neck of femur are admitted through the emergency department at RSCH where they have their surgery prior to a transfer to PRH for their rehabilitation; Brighton and Hove patients remain at RSCH for their rehabilitation stay. The trauma service has been working to deliver a more stream lined pathway, to improve patient outcomes and prevent unnecessary delays for patients. This proposed pathway involves fast tracking through the Emergency Department with transfer straight to x-ray, where the fracture neck of femur is confirmed and then admitted directly to the orthopaedic ward. Patients will receive prompt investigation and rapid treatment of co-morbidities, optimising them for surgery. This pathway would remove the need for patients to be transferred from RSCH to PRH for their rehabilitation stay.
- 3.6 The hospital receives approximately 570 fractured neck of femur patients per annum of which 228 patients (40%, mostly from the Brighton & Hove catchment area) do not currently go to PRH and would therefore be affected by this pathway change.
- 3.7 Treating fracture neck of femur patients in a dedicated unit such as PRH improves the overall level of care they receive and nationally has been shown to reduce length of stay by up to eight days. BSUH has made recent improvements in length of stay and will continue to work on further improvements.
- 3.8 The next steps are for detailed plans to be developed to enable the proposed service moves to take place by October 2014. The Trust will continue to have discussions with all stakeholders including local authorities, local commissioners and patients and their representative groups to confirm the position.

4. COMMUNITY ENGAGEMENT & CONSULTATION

- 4.1 Extensive consultation has already been undertaken on the move of neurosurgery to RSCH as part of the 3Ts consultation exercise. This has been undertaken with patients/patient representatives, partner organisations and members of the public across the Trust's local and regional catchments, and with

local residents, statutory consultees and other community and special interest groups. Between 1996 and 2003 three independent reviews were undertaken into the configuration of neurosciences in Sussex.

- 4.2 A local assessment has been undertaken by BSUH on whether the proposed moves of urology and trauma and orthopaedics from RSCH to PRH constitute “substantial and significant change” for patients in terms of access.

Their analysis shows that:

- 361 patients from the Brighton and Hove catchment area will be affected by the proposed urology move; the total number of elective and day case urology patients in 2012/13 was 3678
 - 228 patients from the Brighton and Hove catchment area will be affected by the proposed fractured neck of femur pathway change; the total number of fractured neck of femur patients treated in 2012/13 was approximately 570
 - Legal advice has also been taken on whether public consultation is required on the proposed service moves; due to the low number of inpatients affected we do not believe there is a need to undertake a full public consultation exercise. However we want to ensure we are being clear about plans with commissioners and local authorities as well as having a meaningful engagement with service users and patient experience groups. Plans for this are well developed and will be shared in April 2014.
- 4.3 The proposed changes to the fractured neck of femur pathway and urology moves have recently been introduced to Brighton & Hove HWOSC, West Sussex HASC and to Brighton and Hove CCG.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

There are no financial implications for the cover report.

Legal Implications:

There are no legal implications for the cover report.

Equalities Implications:

A public sector equality duty analysis on the impact of the changes has been undertaken on the proposed urology service move and will be undertaken on the fractured neck of femur pathway change. This analyses the effect or potential effect of the site reconfiguration programme on different groups, including patients and staff, who are covered by the protected characteristics described in the Equality Act 2010.

The impact of the service change may be perceived as negative as it is associated with further travel for new patients. In order to mitigate this impact patients and carers need to be advised of the availability of the 40X bus service which is available free of charge for people needing to access either site. Carers and family may require additional support to work out the best transport methods to PRH.

SUPPORTING DOCUMENTATION

Appendices:

1. Draft minutes from February HWOSC
2. BSUH Reconfiguration Report