One Gloucestershire
Transforming Care, Transforming Communities

NHS

Fact File

FIT FOR THE FUTURE

Developing urgent and hospital care in Gloucestershire

Specialist hospital services and developing *centres of excellence*

Introduction

Across the UK and the world, doctors recognise that an element of separation between planned and emergency care services can improve care for everyone.

Emergency care is when you come into hospital unexpectedly, after being seen by your GP or attending one of our Emergency Departments (also known as A&E) and you need an urgent diagnosis and/or treatment, for example for a heart attack or stroke.

Planned care is when your appointment and/or treatment is planned in advance for a specific time and location, for example cancer treatment or a booked hip replacement.

Gloucestershire is considering a greater separation between emergency care and planned care.

> *Separating urgent from planned services can make it easier for NHS hospitals to run efficient services. Planned services are provided from a 'cold' site where capacity can be protected to* ***reduce the risk of operations being postponed at the last minute*** *if more urgent cases come in. Managing complex, urgent care on a separate 'hot' site allows trusts to provide improved trauma assessment and better access to specialist care, so that patients* ***have better access to the right expertise at the right time****. So we will continue to back hospitals that wish to pursue this model*
>
> **NHS Long Term Plan, 2019**

Good emergency care in hospitals involves a large number of different specialist clinical teams and support functions working together to diagnose the problem and get the right treatment started, whatever time of day or night.

Separating facilities for emergency care (from planned care) would ensure that, if you have a life or limb threatening emergency, the right facilities and staff would always be available to give you the best possible chance of survival and recovery.

Getting it right would improve your chances of survival and recovery, reduce the amount of time you have to spend in hospital and sometimes even avoid a hospital stay altogether.

What the evidence says about this:

- *Getting patients to definitive, specialist hospital care can be more important to outcomes than getting them to the nearest hospital for certain conditions, such as stroke, major trauma and heart attacks*
- *In an emergency, patients should be seen by a senior clinical decision maker as soon as possible. This improves outcomes and reduces length of stay, hospitalisation rates and cost*
- *Acute assessment units (which co-ordinate tests and input from the different hospital specialist teams) enhance patient safety, improve outcomes and reduce length of stay*

Transforming Urgent and Emergency Care Services in England, 2015

It is also the case that having separate facilities for planned care (from emergency care) could reduce the number of operations that get cancelled when beds or operating theatres are needed for the most unwell patients who arrive in A&E and need urgent operations or treatment.

Working this way could also reduce the risk of hospital acquired infections, for example because you can be screened for infection in advance of your surgery date, and because you are less likely to be moved between wards to make way for emergency patients.

The **Royal College of Surgeons of England** (RCS) recommends separating elective surgical admissions from emergency admissions, suggesting that this can result in **earlier investigation**, definitive treatment and better continuity of care, as well as **reducing hospital-acquired infections and length of stay** (particularly medical emergencies) wherever possible. https://www.kingsfund.org.uk/publications/reconfiguration-clinical-services/elective-surgical

King's Fund (2014)

We are fortunate in Gloucestershire to have two large hospital sites that offer us a fantastic chance to introduce new ways of delivering future-fit specialist hospital care, which could be brought to life through our vision for *centres of excellence*.

How services are currently organised across the two sites

Some of this vision has already been achieved, bringing together services like stroke, children's care and oncology (cancer care). The experience in these areas has shown that where scarce specialist staff and equipment are bought together, care can be delivered that is as good as the best in the country.

Where services continue to be provided on both sites, this duplication can be challenging. For example, it means staff and other specialist resources are spread across two sites, which can impact on the care and quality of treatment you receive.

Future vision for Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH)

Imagine a single, ground-breaking specialist hospital for Gloucestershire, operating out of two campuses one in Cheltenham and one in Gloucester. Imagine knowing that all of the specialist care and expertise you need will be right on hand: whether you're coming to us for planned surgery, or in an emergency situation.

This could include:

- Creating a *centre of excellence* for emergency care
- *centre of excellence* for planned care

For example, there could be a campus on the Cheltenham General Hospital site that is a thriving hub for world-class treatment, specialising in offering innovative, effective and efficient planned care. Meanwhile, on the Gloucestershire Royal Hospital campus, we could concentrate on delivering excellent emergency care.

Both thriving hospital sites would have their own strong identities and benefit from the very best expertise and facilities to reduce the risks to you and maximise chances of survival and good recovery.

What factors need to be considered?

There are several factors that need to be considered when thinking about development of hospitals focussing more on planned or emergency care. The key things to understand are the impact any changes might have on the experience of patients and their carers, the safety of services provided, and how effective those services are.

Alongside these factors, some other practical considerations are:

- Existing location of service – what services are on which site, and how would development of *centres of excellence* complement those services?
- Staff – how would *centres of excellence* support staff recruitment, training and opportunities to develop their skills?
- Physical space including buildings – what beds, operating theatres and other resources are needed to support the *centres of excellence* model and how much space do they need? What is there at the moment and what would need to change?

What would stay the same?

The engagement about the *centres of excellence* approach does not impact on services for children, pregnant women, people requiring chemotherapy and radiotherapy or ophthalmology services.

What happens next?

This period of **engagement** on community urgent care and specialist hospital services is an open dialogue. It is an opportunity to discuss ideas and involve people in developing potential solutions to meet future health and care needs.

What this means is that despite recent reports, no decisions have been made about the level of care or range of services to be provided at Cheltenham General Hospital in the future.

We would urge local people and community partners to get involved in the *Fit for the Future* conversations and share their views over the summer and autumn. There are a number of innovative ways we will be involving local people, from a survey and drop in events to workshops, an engagement hearing and a Citizens' Jury (see www.onegloucestershire.net).

Through sharing information and exchanging views, the engagement will provide a wealth of feedback to inform future planning. The public and staff will be **consulted** on any significant changes proposed that follow on from this engagement programme.