

FUTURE FIT PROGRAMME BOARD

REPORT COVER SHEET

Meeting Date:	30 th November 2016
Report Title:	Women and Children’s Variant Option (C2)
Presented by:	Debbie Vogler, Programme Director
Report for	Decision
Purpose of Report:	The purpose of this report is to summarise the clinical review evidence obtained to date in relation to the Women and Children’s C2 option. It seeks a decision from Programme Board on whether in light of this evidence, a recommendation can be made to the CCG Joint Committee that C2 should be removed as a clinically deliverable option and therefore would not be included within the options forming part of the public consultation process.
Summary	<p>Option C2 was one of the final 4 shortlisted options approved by the Programme Board in 2015. It is a variant option of C1 with the Emergency Centre at Royal Shrewsbury Hospital but with Women and Children’s remaining sited on the Planned Care site at Princess Royal Hospital.</p> <p>As part of developing a clinical evidence base on which to appraise the 4 shortlisted options and determine a preferred option, the Futurefit Programme has specifically for the C2 option sought to obtain both an internal and external clinical view of its deliverability.</p> <p>The Programme has 2 separate clinical review reports in relation to the C2 option and the conclusions of those reviews are summarised below:-</p> <ol style="list-style-type: none"> <u>The Shrewsbury and Telford Hospital NHS Trust - Future Fit Clinical Model – Option C2 Report, August 2016</u> <p><i>“The consultant body do not feel Option C2 is achievable or sustainable with the inability to recruit the required expanded work force within a split site option. The consultant body believe that C2 offers too many challenges to the provision of effective and safe services, in relation to having the right clinical skills in the right place to ensure children are cared for in line with best practice and guidance to deliver the best possible outcome for children. These challenges are not only to the specialists in paediatrics but also other specialities involved in the care of children and the new born.</i></p>

	<p><i>The midwifery and medical professional clinical body within SaTH do not consider option C2 to be deliverable or sustainable for effective and safe consultant obstetric practice.</i></p> <p><i>There are a number of high risks identified that would have a potentially grave impact on the safety and quality of services for patients. The mitigating actions that have been explored require large additional investment in the workforce and infrastructure.</i></p> <p><i>The principle aim of the Future Fit and the Trust’s Sustainable Services Programme is to address issues within the Emergency Department and Critical Care due to a historic issue. The mitigating actions would further exacerbate the very issues the SSP is trying to address; therefore suggesting the mitigating actions would be undeliverable.</i></p> <p><i>Without the mitigating actions there remains a severe risk to the quality and safety of services for patients and has the potential to destabilise Women and Children’s Services in the county”.</i></p> <p>2. <u>NHS Transformation Unit – Independent Clinical Review Report September 2016 – ‘Shropshire Acute Services Review’</u></p> <p><i>“The Clinical Reference Group panel is unaware of any standalone women’s and children’s hospital service with an ED receiving just women and children. When women are part of a women and children’s hospital you need to address their adult needs with a range of specialities. This is different to a standalone paediatric ED which is common but requires significant support from paediatric ED and inpatient paediatric specialists.</i></p> <p><i>Having reviewed the current SaTH workforce challenges, the national position and the future availability of medical trainees the evidence suggested that the probability of achieving and sustaining a clinical workforce to support option C2 would be very challenging.</i></p> <p><i>It is the CRG Panel’s view that option C2 would not meet the necessary standards of the Royal Colleges and issues would be raised.</i></p> <p><i>The evidence base from other health communities/systems indicates that a single emergency centre receiving undifferentiated case mix should ideally have all services including women’s and children’s services. This is more in line with option C1 than the option C2 configuration.</i></p> <p><i>We would recommend that your consultation on future options includes some variants of what you call B or C1 options at present. The Panel would advise exploring further, more innovative, clinical models of care underpinning a single emergency centre including women’s & children’s services”.</i></p>
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	<p>The C2 option was also included in the West Midlands Clinical Senate Stage 2 Review in October. It is expected that the Senate report will conclude the same as the internal and external reviews. The final report of the review team is expected week commencing 5th December.</p>
Recommendation:	<p>In light of the internal and external review reports on C2 and subject to the Senate Report concluding the same, the Programme Board is asked to consider making a recommendation to the CCGs Joint Committee that C2 is not clinically deliverable and is therefore is not taken forward into formal public consultation as a deliverable option.</p>