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Sefton Council

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Date: 31 January 2022
Our Ref:
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Dear Councillor,

OVERVIEW AND SCRUTINY COMMITTEE (ADULT SOCIAL CARE AND HEALTH) - MONDAY 31ST JANUARY, 2022

I refer to the agenda for the above meeting and now enclose the following presentation that was unavailable when the agenda was published.

Agenda No.	**Item**
3.	**Clinical Services Integration - Liverpool University Hospitals NHS Foundation Trust** (Pages 3 - 24)

Yours faithfully,

Democratic Services

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Clinical Services Reconfiguration Schemes

January 2022

Integration & Reconfiguration Programme

Context

Liverpool University Hospitals NHS Foundation Trust

The merged Trust provided an opportunity to reconfigure services in a way that:

- Provides the best healthcare services for the city
- Improves safety and quality of care, health outcomes and patient experience
- Reduces variation in service outcomes and inequalities
- Provides the best place to train and work for healthcare professionals in Liverpool and the North West

Integration & Reconfiguration Programme

Progress to date

Liverpool University Hospitals NHS Foundation Trust

Specialty	Description
Trauma & Orthopaedics (Nov 2019)	➢ Dedicated elective site at BGH ➢ Trauma and non-elective site at AUH site
ENT centralised at AUH (Nov 2019 & Nov 2020)	➢ Elective (Nov 2019) ➢ Non Elective (Nov 2020)
Spinal Services (May 2020)	➢ Orthopaedic complex spinal surgery carried out on a single site at The Walton Centre. ➢ Work ongoing to implement final service model changes
Haematology Services (Sept 2020)	➢ Transfer of Haemato-oncology inpatients from LUHFT to the new Clatterbridge Cancer Centre Liverpool.

Integration & Reconfiguration Schemes 2022

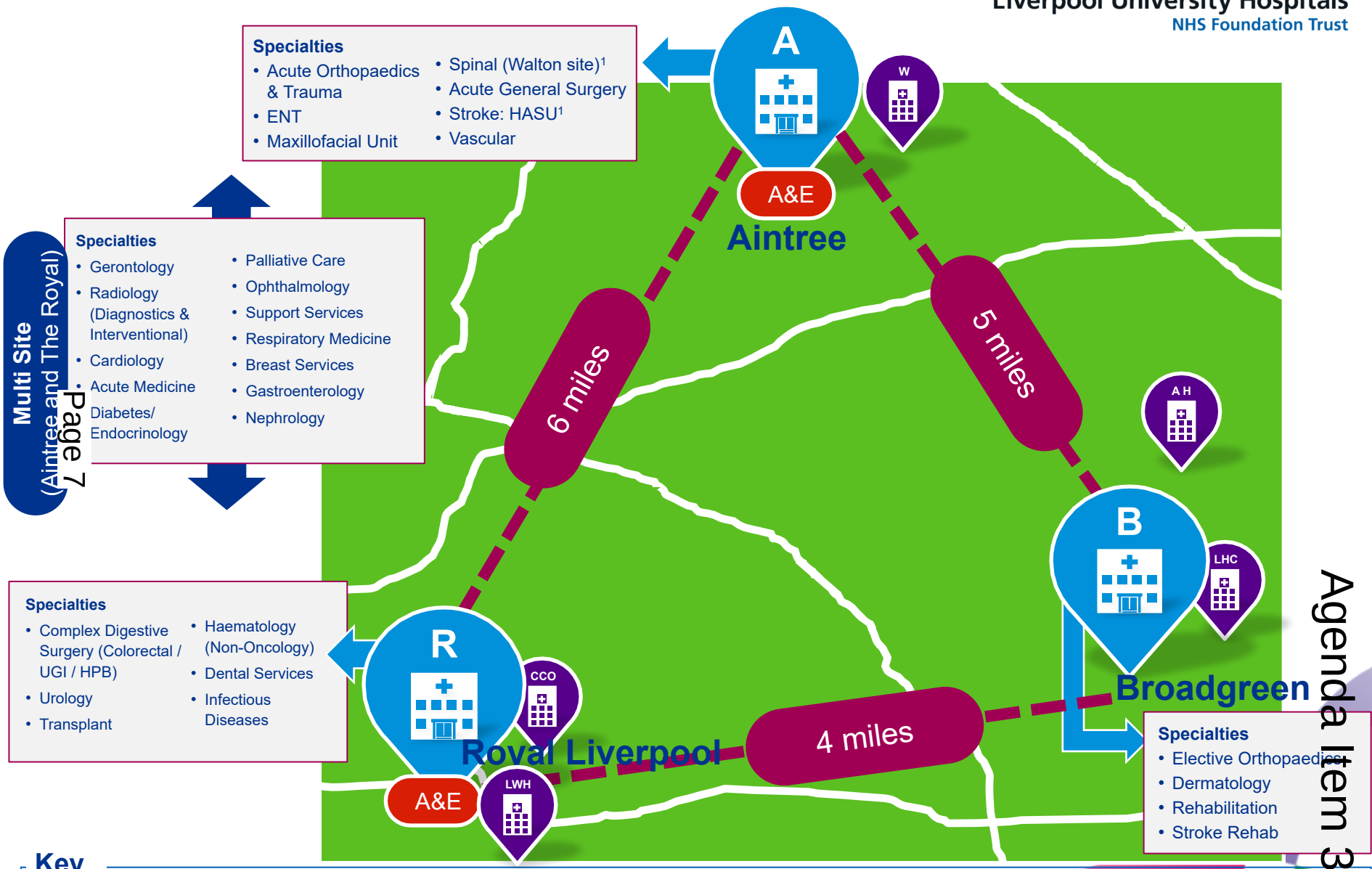
Liverpool University Hospitals NHS Foundation Trust

There are 6 strategic clinical reconfigurations schemes aligned to the opening of New RL Hospital

Specialty	Proposed Outline Model	Main impact of proposed change		
		Transfer service to another site	Expansion/ Increase capacity	Align clinical standards to deliver single service model
Breast Services	• Complex Elective inpatients at RL (mainly day case) • Screening at both sites	✓		✓
Nephrology	• Nephrology main hub at RL • Medical cover provided at AUH (non-elective)	✓		✓
Vascular	• Transfer of Vascular Services from RL to AUH site (to align to Stroke/IR and elective/ non-elective model)	✓	✓	
Urology	• Urology main inpatient services delivered at RL • Day surgery and Outpatient Services maintained at AUH & RL sites	✓		✓
General Surgery (Acute/ Non-Acute split)	• Acute/non acute split of Gen surgery subspecialties • RL (elective /complex site). • AUH (non-elective/benign)	✓	✓	✓
Stroke	• Stroke (HASU) centralisation at AUH	✓	✓	✓

Clinical Recommendation for Site Configuration
5 Year Vision

NHS
Liverpool University Hospitals
NHS Foundation Trust



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Agenda Item 3

Key

- AUHFT & RLBUHT hospital sites
- Other neighbouring Trusts
- W The Walton Centre
- CCO Clatterbridge Centre for Oncology
- LHC Liverpool Heart & Chest
- A H Alder Hey
- LWH Liverpool Women's Hospital
- *Travel distance (Source: Google maps)

1 Under system wide review

Proposed Reconfiguration Schemes

General Surgery
(Acute/ non-acute split)

General Surgery (acute/ non-acute split):

Liverpool University Hospitals NHS Foundation Trust

Rationale for Change

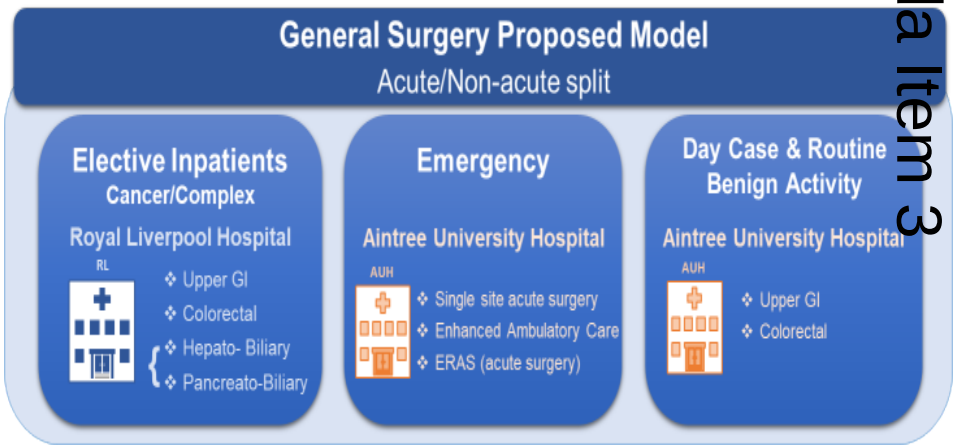
Emergency General Surgery

- **Clinical / Quality Outcomes –** Low Consultant presence in theatre when high risk of death, consultant review within 14 hours of admissions.
- **Clinical Sustainability –** Different clinical workforce models across site. RL site not aligned to guidelines best practice for EGS (AUGIS).
- **Operational Challenges –** lack of rapid access Ambulatory Care services leading to avoidable admissions/inpatient stays.

Elective subspecialties

- **Fragmentation of services** leading to limited procedure volumes for subspecialties at each site (minimum surgeon volumes not met).
- **Variation in services across sites** – outcomes , quality and access leading to inequity of services.
- **Separation of HPB services** – Currently Liver based at AUH, Pancreas at RL site.

Service Model Outline



General Surgery (acute/ non-acute split):

Liverpool University Hospitals NHS Foundation Trust

Benefits of Proposed Model

Patient Outcomes & Experience

- Improved mortality rates through dedicated emergency surgery service, with specialist consultants operating through an EGSU model for the whole Trust.
- Reduce clinical variation with improved timely reviews & reduced complications in line with the clinical standards.
- Improved timely access to care through enhanced ambulatory care pathways

Workforce

- Co-location of Liver and Pancreas teams resulting in improved MDTs and patient experience
- Better facilitate training for subspecialties, strengthening current training provision as identified by the Deanery.
- Improved recruitment ,retention & professional development

Efficiency

- Optimised theatre capacity through planned/ unplanned hub split and increased day case conversion through ambulatory care
- Reduced LoS and release of inpatient beds through ambulatory care model and ERAS pathways
- Reduction in day-case patients treated as inpatients and bed days saved

Estates Implications

RLH

Inpatients

84 elective Inpatient beds across subspecialties (Pancreas, Liver, UGI, Colorectal)

Theatre Sessions

53.5 weekly theatres sessions across subspecialties

Access to Emergency theatre at RLH maintained for potential elective post-operative complications and avoid transfers to AUH site.

Outpatients
No change

AUH

Inpatients

65 non-elective Inpatient beds

12 elective inpatient beds (routine benign UGI/Colorectal)

Theatre Sessions

40.5 weekly theatres sessions

One 24/7 emergency theatre.

An additional emergency theatre for EGS and other specialties (8am to 6pm) to provide capacity for 'hot clinics' for ambulatory pathways.

Outpatients
No change

Day Case
No change

Vascular Services

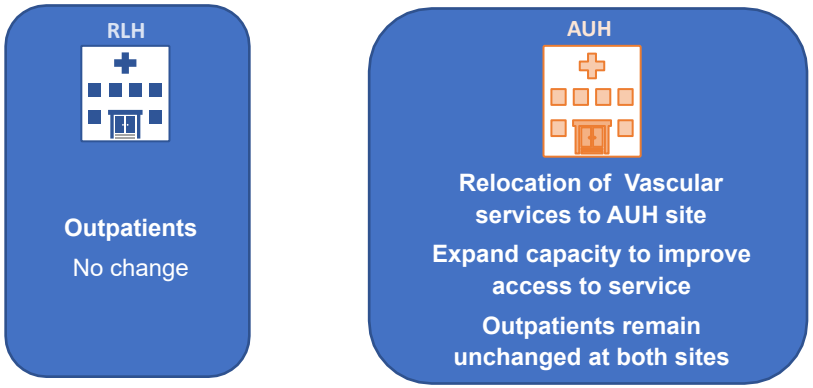
Vascular: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Rationale for Change

- **Theatre & Bed Capacity Constraints:**
  - **Impact on activity levels** - Currently not meeting national targets for AAA, Carotid Endarterectomy (CEA) and Critical Limb Ischaemia (CLI).
  - Potential to expand the bed base to meet demand.
- **Interventional Radiology –** Shortage of interventional theatre capacity currently at RLH in addition to inadequate staffing levels.
- **Key strategic enabler wider service reconfiguration**
  - Proposed model improves patient safety through co-location with the Trauma Unit in addition to being a key enabler for other strategic service reconfiguration i.e. elective/non-elective split and other interdependent services at AUH site.

Service Model Outline



Vascular: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Agenda Item 3

Benefits of Proposed Model

Patient Outcomes & Experience

- Enhance emergency delivery of vascular care through co-location with the Trauma Unit
- Better outcomes through improved timelines for specialist review & interventions due to co-location of dependent services, less transfers, and improved bed & theatre capacity
- Improve timely access to care by reducing delay in investigations

Workforce

- New facilities will further support training and development of staff New model will boost morale, support recruitment & retention in a tertiary referral centre of excellence
- Enhanced facilities integrated with other interdependent services improves staff experience.

Efficiency

- Reduced length of stay by reducing delays in treatment and interventions delivered with greater hybrid theatre capacity
- Reduce need for patient transfers across sites following co-location at Aintree
- Reduced rehabilitation costs by having a Lower Limb prosthetic centre on site

Estates Implications

RLH

Outpatients

No change

AUH

Inpatients

33 Inpatient beds

7 Rehab beds

Theatre Sessions

33.5 weekly theatre sessions

2 Hybrid theatres (increase of 1)

1 Open theatre

Outpatients

No change

Breast Services

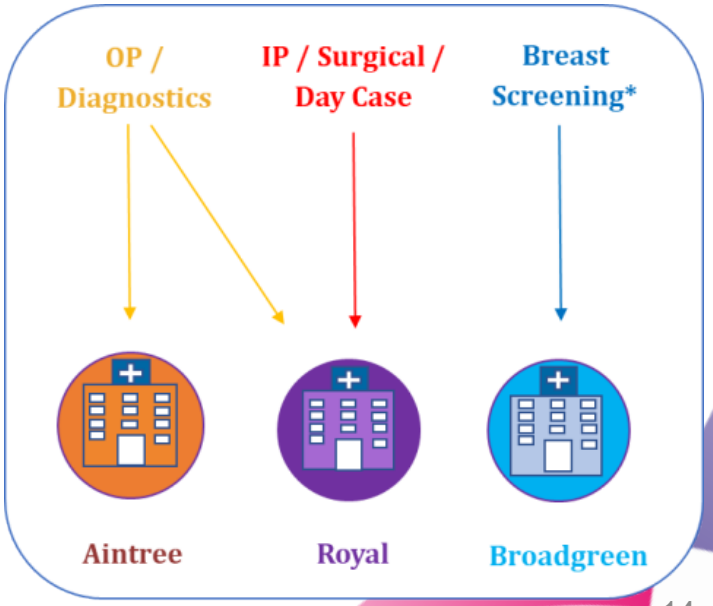
Breast Services

Rationale for Change

- **Variation in practice across sites –** Different surgical pathways, different pre-op assessment.
- **Timely access to care –** Misalignment of capacity and demand across sites.
- **Inequitable access to facilities –** Radio-pharmacy service provision for breast cancer surgery patients at RL site only.
- **Duplication –** 2 referral points for each service leading to operational inefficiencies.
- **Workforce constraints** - Variations in workforce between the two sites. AUH seeing a higher volume of referrals however have a smaller consultant team.

Service Model Outline

- **All surgery**, both cancer and benign consolidated **at the New RL Hospital site**.
- **Outpatients and Diagnostic services remain unchanged; both AUH and RL sites** including rapid diagnostic clinics for emergency GP referrals
- **Breast Screening will remain unchanged** as part of the national NHS Breast Screening Programme.



Breast Services: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Benefits of Proposed Model

Patient Outcomes & Experience

- Co-location with Clatterbridge Cancer Centre providing greater access for cancer patients
- Reduction in treatment variation
- Improved outcomes from having a dedicated bed base for complex Breast at RLH
- Increased procedure volume, day case activity and timely access to care

Workforce

- Workforce sustainability and economies of scale through operating one on call rota – also leading to less intense rotas, flexibility for staff
- Unified working and promotion of best practice.
- Improved staff experience
- Improved retention and recruitment of staff.

Efficiency

- Financial efficiencies generated through single on-call rota
- Better utilised theatre lists and theatre planning
- Increased throughput of day case patients
- Single site procurement efficiencies & reduced duplication of equipment

Estates Implications

RLH

Inpatients

4 IP beds for complex Breast procedures

Day Case

6 day case beds

Theatre Sessions

18.75 (includes 7 weekly sessions transferred from AUH)

Outpatients

No change

Diagnostics

3 x Mammography rooms, 3 x Ultrasound rooms, 1 reporting room

Screening

No change

AUH

Outpatients

No change

Diagnostics

2 x Mammography rooms, 2 x Ultrasound rooms, 1 reporting room

BGH

Screening

No change

Nephrology

Nephrology: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Rationale for Change

- **Dialysis Service provision including estate** – Currently not meeting national guidelines re: estate and quality of facilities.
- **Acute Kidney Injury -** Diagnosis & treatment of Acute Kidney Injury services at RL site does not meet best practice for specialist skills required and equipment.
- **Workforce constraints** – Clinical workforce shortages impacting on the quality and equity of services available to patients. This also limits the take-up of home therapy services.

Service Model Outline

Regional Tertiary Service with equitable access to Specialist Renal Care & Transplant for the C&M region

RLH

56 Bed Tertiary Regional Unit including Transplant & Renal HDU

AUH

Daily Nephrology presence

AED In-reach, referrals.

Enhanced capacity for dialysis

Spoke Sites

Hybrid Consultant providing AKI in-reach & identify patient needing tertiary care

Dialysis

Unified Home Dialysis team & seamless flow of patients to satellite dialysis units

Specialist Clinic Visits

Alignment of specialist clinic visit of low clinical value/PIFU

Nephrology: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Benefits of Proposed Model

Patient Outcomes & Experience

- Reduced mortality and improved quality of life gained from more timely /equitable access to home dialysis
- Reduced morbidity from early identification of Acute Kidney Injury and access to standardised pathways.
- Improved access to specialist treatment leading to reductions in treatment variation.

Workforce

- Strengthened subspecialty teams providing more career progression & continuous professional development
- Improved training & retention of wider MDT e.g. Renal Pharmacists, Dieticians, social workers & psychologists.
- Combined rotas reducing reliance on agency/ locums

Efficiency

- Reduced readmissions and length of stay from improved AKI service
- Savings generated through combined on call including reduced intensity payments, and reduced locum and agency usage
- Procurement efficiencies from combined Dialysis Units

Estates Implications

RLH

56 Bed Tertiary Regional Unit

- 42 acute nephrology beds
- 14 beds shared with renal transplant

AUH

Inpatients

8 Inpatient beds

Satellite Sites

Dialysis

No change at spoke sites:

- Aintree
- Waterloo
- Southport

Dialysis - 62 dialysis stations

- 33 in the dialysis unit
- 29 in the wards

Urology

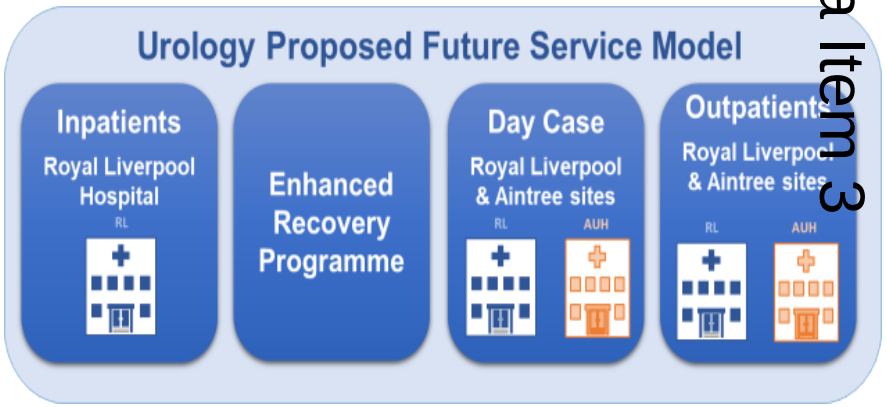
Urology: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Rationale for Change

- **Provision of Timely and Equitable access to care** – Addressing challenges in capacity and rising demand and inequity of facilities across Trust sites.
- **Clinical Workforce Sustainability** – Ability to meet procedure volumes within subspecialties and clinical sustainability challenges of on-call rotas.
- **Duplication of Resources** – A lot of the Urological equipment is duplicated across sites resulting in high rental and maintenance costs.

Service Model Outline



Urology: Proposed Clinical Model Outline

Liverpool University Hospitals NHS Foundation Trust

Benefits of Proposed Model

Patient Outcomes & Experience

- Better access of Urology inpatients to specialist cancer services and continence services
- Improved ambulatory assessment of urgent problems, reducing admission
- Minimise variation in service quality and access
- Improved continuity of care and patient experience

Workforce

- Better staff resilience as a larger unit, with more sustainable on-call rotas
- Improved training and educational opportunities with more career progression options
- Improved Staff Recruitment and Retention

Efficiency

- Financial efficiencies from reduced intensity of on-call rotas
- Increased day case procedures through streamlined and improved pathways, reducing need for inpatient stays
- Streamlined Day case /Outpatient across procedures avoiding need to duplication Kit across sites

Estates Implications

RLH

Inpatients

42 Inpatient beds.

All inpatients centralised at RLH

Theatre Sessions

35 weekly theatre sessions

Outpatients

Move from BGH to RLH site

AUH

Day case surgery

Theatre Sessions

4 weekly theatre sessions

Outpatients

No change

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