



Liverpool University Hospitals Clinical Services Reconfiguration Proposals

1 PURPOSE

This purpose of this report is to present the case for change in relation to proposals from Liverpool University Hospitals for the integration of a number of clinical services.

2 RECOMMENDATIONS

That the Overview and Scrutiny Committee:

- Notes the case for change for the proposals detailed in this paper;
- Considers whether each of the proposals represent a substantial variation in the delivery of these acute services, delivered by Liverpool University Hospitals;
- Notes the overview of the service change process, next steps and timescales for progressing these proposals.

3 BACKGROUND

People in North Mersey, which encompasses the boroughs of Liverpool, Sefton and Knowsley, experience amongst the highest levels of poor health outcomes and health inequalities, both within boroughs and compared to the rest of the country.

The configuration of hospital services in North Mersey is fragmented, which constrains the ability to provide care in a multi-disciplinary joined up way, sometimes resulting in sub-optimal outcomes and inequalities. The legacy of a fragmented hospital landscape also increases costs, due to duplication and inefficiencies.

The merger of Aintree University Hospital NHS FT (AUHFT) and the Royal Liverpool and Broadgreen Hospitals NHS Trust (RLBUHT) to form Liverpool University Hospitals Foundation Trust (LUHFT) took place in 2019. At the point of merger, the two trusts duplicated over 20 clinical services over three sites.

The Trust serves the populations of Liverpool, Sefton, Knowsley and, for some specialist services, extending to wider populations in Merseyside, Cheshire and North Wales.

The merger business case set out a model for single service teams delivering twenty four-hour, seven-day services, intended to improve patient experience and outcomes as well as facilitating greater opportunities for patients to participate in clinical trials, maximising research and development capability and helping attract and retain the best staff.

The Trust's integration plans are informed by the following principles: -

- Services will be delivered by teams of specialist professionals whose skill will meet the needs of patients;
- Services will be delivered by a sustainable workforce;
- Services will meet clinical standards and best practice;
- Variations in quality and standards of care will be eliminated;
- Services will be centralised whenever clinically necessary and local whenever possible.

The consolidation of services within LUHFT is one component of a long-term vision for all acute and specialist services for the North Mersey population; incorporating the city's Knowledge Quarter, home to the largest cluster of science, health, education, digital and cultural expertise in the region.

The first LUHFT service integration programme established a single trauma and orthopaedics service in 2019, with the orthopaedic trauma service located at Aintree and an elective centre on the Broadgreen site.

A proposal for a North Mersey comprehensive stroke centre is currently being progressed, with a public consultation underway which, subject to the findings from the consultation and commissioner approval, will see the establishment of a single hyper-acute stroke service co-located with major trauma and neurological services on the Aintree Hospital site.

4 STRATEGIC CONTEXT

The local health and care system first identified the case and provided support for acute clinical service integration between the two former acute trusts in 2013, through a Liverpool Mayoral Health Commission which reviewed health outcomes and healthcare services in the city.

The Healthy Liverpool Programme, from 2014-2017, endorsed the view of clinical leaders and set out a vision for '*single service, system-wide delivery, delivered through centres of clinical and academic excellence*'. This commitment was

confirmed by the whole North Mersey health and care system in the *One Liverpool* Strategy which was published in 2019. The strategy acknowledged the number and complexity of acute and specialist centres in the city, many of which provide outstanding care but are challenged in terms of service duplication, variation in quality, experiences of care and workforce capacity.

In endorsing the *One Liverpool* strategy, all North Mersey CCG commissioners and providers supported further integration of acute services, to ensure clinical and financial sustainability and improved health outcomes. Acute clinical integration is also aligned with the Cheshire and Merseyside Integrated Care System (ICS) strategy for integrated, improved care and outcomes for acute and specialist services.

The overarching rationale for the LUHFT clinical integration programme is to co-locate services in line with whether they deliver planned care or urgent care.

Bringing together planned services can enable capacity can be protected and enables dependent specialties to work better together.

Concentrating the majority of urgent care on another site enables acute services to provide improved trauma assessment and better access to specialist urgent care, so that patients have better access to the right expertise at the right time.

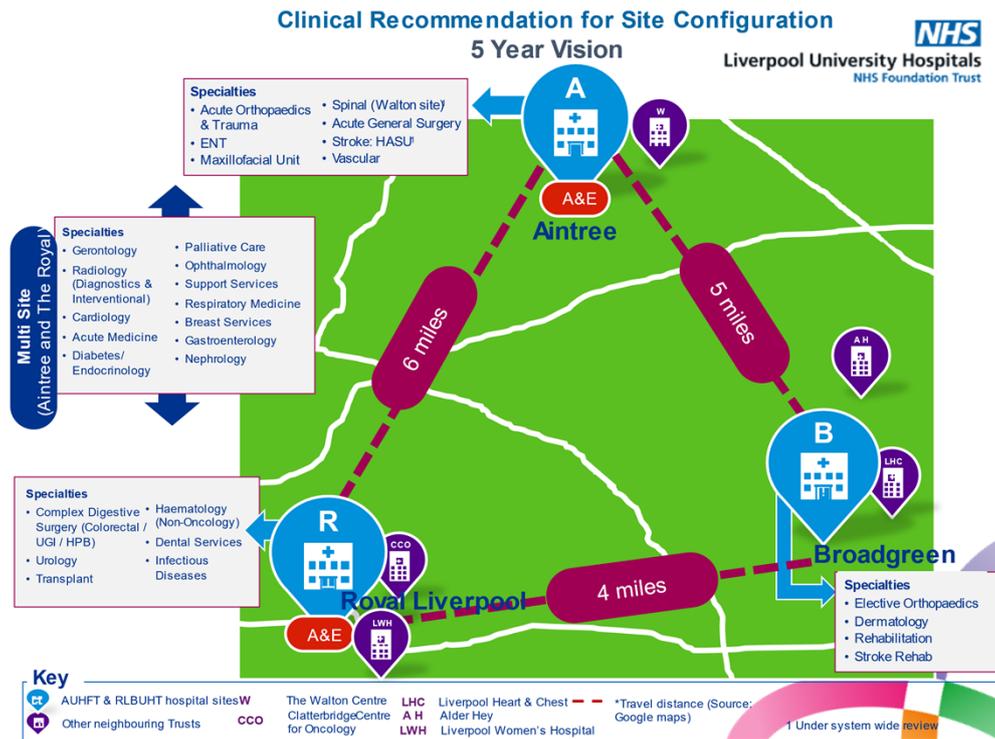
The Aintree Hospital site already brings together a critical mass of urgent and emergency care services, determined by being the Cheshire and Merseyside Major Trauma Centre and due to its co-location with the trauma-related neurology services delivered by The Walton Centre.

The new Royal Liverpool Hospital, co-located with the new Clatterbridge Cancer Centre and the city's Knowledge Quarter, provides opportunities to focus predominantly on complex planned care, including cancer care. The Royal Liverpool site would however retain an A&E service as the city requires this service across both acute sites.

Broadgreen is the predominant location for rehabilitation, as well as an elective service for orthopaedics.

Not all services will be located on one site, although the principle of single clinical teams will be implemented across all services.

The proposed configuration of services for LUHFT across specialties is illustrated below.



5 Overview of Proposals

This case for change encompasses the next phase of clinical integration proposals, to establish single services and single teams within LUHFT for the following specialties:

- General surgery
- Vascular services
- Urology services
- Nephrology services
- Breast services

The development of these proposals has been clinically led and they have emerged from robust option appraisal processes for each service.

In developing the proposed models of care, consideration has been given to how they would support LUHFT in achieving its vision and alignment to the Trust's strategic objectives of Great Care; Great People; Great Research and Innovation; and Great Ambition.

The proposals have also been assessed in the context of the impact on hospital estates and financial implications, including both revenue and capital costs.

A pre-consultation business case for these proposed service changes, providing a much greater level of detail, has been produced and would be presented at the next stage of the local authority overview scrutiny process, subject to a decision by OSCs

as to whether each of these proposals represents a substantial variation to the way services are currently delivered.

A summary of the case for change and the proposed clinical model for each service is summarised below.

General Surgery

General surgery is a specialty that focuses on surgery of the abdominal area and intestines including the gastrointestinal tract, liver, colon, pancreas and other major parts of the endocrine system of the human body. General surgery is one of the two largest surgical specialties across the UK, employing over 30% of the country's consultant surgeons.

General surgery is currently delivered at AUH and RLH sites, with both providing emergency surgical care and Broadgreen Hospital providing elective activity only. Each site provides different models of service. Both sites provide a 7-day consultant led service for emergency surgery.

The current clinical models across sites have limitations in terms of service provision with variation in clinical pathways and standards, and inequity in patient experience and outcomes.

The proposal underpinning the integrated model for general surgery is to consolidate similar services and patients onto the same site, establishing a non-elective site at AUH where dedicated teams are in place to carry out emergency surgery, and an elective service at the new Royal Liverpool hospital.

The separation of elective and non-elective general surgical care will allow both aspects of the service to be managed efficiently, improve availability of staff for pre and post-operative reviews, allow for patients to be seen in a timely manner and treated by appropriate specialists, and ensure that trauma and other emergency demands do not impinge on the ability to deliver elective general surgical care.

Vascular Services

Liverpool Vascular and Endovascular Service (LiVES) has been an established single service for several years and serves the Merseyside region as well as a tertiary service for parts of the North England, Isle of Man and North Wales. It is based on a hub and spoke model, with the main hub based at the RLH site, and 'spoke' sites based at AUH, Whiston and Liverpool Heart and Chest Hospitals (LHCH).

The greatest challenge within this service is that of capacity, both in terms of theatres and beds, as well as challenges due to the need for inter-hospital transfers and access to Interventional Radiology services. These challenges significantly impact the service's ability to provide timely access to care, which subsequently impacts patient outcomes and experience.

The proposed clinical model would see the relocation of LiVES services to the AUH site. The proposal is to expand the service with additional theatre capacity and an optimum mix of intensive care and general acute beds, intermediate care beds, as well as access to a CT scanner, outpatient and vascular laboratory and research facilities.

Urology

Urology is another large surgical specialty and involves the treatment of conditions of the urinary tract and male genital tract. This includes some very common cancers including prostate cancer, bladder, kidney and testicular cancer and some common but debilitating conditions such as kidney stones. Urological services have been provided by two separate units based in each of the legacy trusts. The units have largely functioned as separate, duplicated services although a common leadership structure was established in 2020.

The proposed clinical model is to establish a single site inpatient urology base for both elective and non-elective care at the new RLH, with outpatient services and day case procedures to be provided at RLH and the AUH site.

Breast Services

The breast service provides diagnosis and treatment of benign breast disorders and breast cancer, currently being provided by separate units based in each of the legacy Trusts. The Elective Care Centre at AUH accommodates the Aintree Breast Unit and the Breast Unit at RLH site is situated at the Linda McCartney Centre.

Breast cancer is the most common type of female cancer in the UK with over 55,000 women (+370 men) diagnosed each year, accounting for 15% of all new cancer cases.

The current services have different clinical pathways, varying access to services as well as variation in patient experience.

The proposed model for the breast service is for all surgery, both cancer and benign, to be consolidated at the new RLH site with dedicated breast inpatient and day-case beds. Outpatients and diagnostic services would remain at both sites. The breast screening service would remain at the Broadgreen site as part of the national NHS Breast Screening Programme.

Nephrology

The LUHFT renal team provide all aspects of kidney care - acute kidney injury (AKI); chronic kidney disease (CKD); renal replacement therapy (RRT); constructive management of patients who choose not to have dialysis/transplant; and a

transplantation service for Merseyside, parts of Cheshire and North Wales. The service is currently provided at AUH.

The greatest challenge within the nephrology service is prompt and equitable access to kidney services for patients. There is an increasing prevalence of renal disease in the population and demands on current services – in particular dialysis services – which will increase in the next few years.

The proposed clinical model is to establish a Mersey and Cheshire renal service, centralising nephrology services at the new RLH site while providing in-reach consultant cover at AUH to ensure appropriate care for patients with kidney disease as a co-morbidity. The proposed model will ensure that all complex renal patients in the region have equitable access to a bespoke specialist service.

The table below sets out the impact of the service change proposals in terms of physical movements across the three sites; which of these proposals would create increased capacity and opportunities for improved models of care and elimination of unwarranted variation:

Specialty	Outline Service Model	Main impact of proposed change		
		Transfer service to another site	Expansion/ Increase capacity	Align clinical standards to deliver single service model
Breast Services	<ul style="list-style-type: none"> Complex Elective inpatients at RL (mainly day case) Screening at both sites 	✓		✓
Nephrology	<ul style="list-style-type: none"> Nephrology main hub at RL Medical cover provided at AUH (non-elective) 	✓		✓
Vascular	<ul style="list-style-type: none"> Transfer of Vascular Services from RL to AUH site (to align to Stroke/IR and elective/ non-elective model) 	✓	✓	
Urology	<ul style="list-style-type: none"> Urology main inpatient services delivered at RL Day surgery and Outpatient Services maintained at AUH & RL sites 	✓		✓
General Surgery (Acute/ Non-Acute split)	<ul style="list-style-type: none"> Acute/non acute split of Gen surgery subspecialties RL (elective /complex site). AUH (non-elective/benign) 	✓	✓	✓

6 OVERVIEW AND SCRUTINY

NHS bodies have a legal duty to consult with local authority Health Overview and Scrutiny Committees (OSC) when considering any proposal for a substantial development or variation in the way services are delivered, including in the context of access or location.

The four North Mersey CCGs, which represent the majority of patients that use services provided by LUHFT, will present the case for change for these proposals to Knowsley, Liverpool and Sefton OSCs in January 2022, for each to consider whether it represents a substantial variation.

This overview of the proposals for integration of these five clinical services is intended to provide the OSC with sufficient information at this stage to allow it to form a view on whether the changes are substantial.

If each of the three local authority OSCs consider that these proposals do represent a substantial variation, they would form a joint OSC to scrutinise the proposal development process, the detailed proposals contained in the pre-consultation business case and plans for engagement/consultation, to seek assurance that the NHS is complying with its statutory duties, including those relating to equalities and involvement.

7 PUBLIC CONSULTATION APPROACH

This a complex proposal in that it contains five separate service changes, each of which need to be considered in their own right. However, they are all informed by the same clinical objectives and an overarching vision and rationale for the delivery of services across one trust and its three hospital sites.

The approach to engaging and consulting with patients, public and stakeholders will be to articulate the overarching rationale and the consistent objectives driving the proposed changes, as well as setting out in detail the five proposals, to enable consideration of each one by patients, public and stakeholders.

The overview of the proposals does highlight that some of these service changes relate to specialist services that impact on populations beyond the North Mersey footprint. The consultation plan will incorporate activity to reflect the requirement to engage with wider populations for those elements of the proposal.

8 INDICATIVE TIMELINE AND MILESTONES

The table below sets out the key milestones and dates for the service change process.

	Activity	Indicative Timescales
	Pre-consultation Business Case Completed	December 2021
	Individual OSCs to consider whether proposal represents a substantial variation	January 2022
	NHS England Stage 2 Assurance Process	January 2022
	Joint OSC (if agreed that this represents a substantial variation) to review the pre-consultation business case and public consultation plan	May 2022 (post-election purdah)
	Formal Public Consultation (subject to commissioner and OSC reviews)	May – July 2022
	Final business case, informed by public consultation to Joint OSC	August 2022
	Commissioners approve Final Business Case (ICB)	August 2022

9 CONCLUSION

This paper sets out proposals for the next phase of the clinical integration of services delivered by Liverpool University Hospitals for the populations of Knowsley, Liverpool and Sefton, and for some specialist services, across a bigger population.

The proposals align with the system vision for single service teams delivering twenty four-hour, seven-day services, to improve patient experience and health outcomes by eliminating unwarranted variation and duplication and establishing excellent clinical standards.

The OSC is asked to consider whether these proposals represent a substantial variation in the way these services are currently delivered.

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