

Project Kick-Off Memorandum

To: Project team
Cc: Oldtown Integrated Care Board (ICB) management team
From: Oldtown Integrated Care Board (ICB) Chief Executive Officer (CEO)
Re: Meeting clinical catchment guidelines and achieving financial balance:
Emergency Services project

Dear project team,

I look forward to working with you over the next 3.5 months. Here is my understanding of the issues, people and timelines.

Best wishes,
ICB CEO

Issue

- Four acute Trusts in the region are currently providing Emergency Services (ES) – Westway NHS Trust, Northside NHS Trust, Royal Eastend NHS Foundation Trust and Sunnysouth NHS Trust.
- Each of the four Trusts and the Oldtown ICB are facing projected overall financial shortfalls in the coming years and two have already accumulated significant deficits in the last financial year (see details, below). The Trusts have already taken steps to reduce costs, and in recent meetings Trust executives suggested that the only way to avoid significant deficits is a boost in central funding.
- The Oldtown ICB, like many others, is unable to commission all the services that are being demanded by Oldtown area residents and stay within budget.
- In addition to the financial stress issue, three of the four Acute Trusts' Emergency Services do not comply with recent clinical catchment guidelines issued by the NHS*. To ensure specialised skills and processes are practised often enough to remain sound, the guidelines dictate a minimum catchment population of 300,000 for each Emergency Services department and, ideally, a catchment of 450,000 or more. Under the new guidelines, three of the four Emergency Services are out of compliance – Sunnysouth (125,000), Royal Eastend (200,000) and Northside (250,000), with only Westway (500,000) compliant. The Oldtown ICS catchment area has a total population of 1.06 million.
- I would like your team to recommend one or more courses of action that will bring the four Acute Trusts' Emergency services into compliance with these NHS clinical catchment guidelines, and improve the financial position of the ICB and each of the four Trusts to avoid deficits over the next 3 years (i.e., by the third financial year).

People

- I will be away for part of your project, but will keep in touch to monitor your progress. Feel free to work with the members of my team to gather any information you need.
- Remember to seek advice when you need it, as the ICB team is very familiar with the issues we face and can provide invaluable knowledge and ideas.

Timelines

- We have agreed that you have 3.5 months to complete this work.

Background on Emergency Services and clinical catchment guidelines:

Health in the UK is changing. People are not only living longer, with the over-70s accounting for 35% of emergency admissions, but they also have more long-term conditions and complicated health problems like cancer, heart disease and obesity. At the same time, providing health care is also becoming more expensive. It has therefore become essential for healthcare providers to find better ways to prevent and treat illness for the UK's growing population in a more affordable way while not decreasing the quality of care.

With the way Emergency Services are organised at the moment, there are too few highly skilled and experienced staff spread across many hospitals. NHS Digital has shown that the number of patients going to A&E has been increasing over the past eight years, with more than 1 million extra people visiting A&E over the last three years. In the current climate it is very difficult to always provide patients with best-practice standards of care, 24 hours a day, 7 days a week. Studies have shown that safety and quality standards in local hospitals can also vary, depending on the time, and day, on which a patient is admitted and the College of Emergency Medicine (CEM) has reported that many A&E units are understaffed, with a particular shortage of consultants. There are also still problems with long waiting times, overcrowding and patient dissatisfaction about the standard of care they are receiving.

Currently, the NHS's Emergency Services (ES) consist of 4 main service areas: Emergency Departments (A&E), Minor Injury Units (MIUs), Discharge Services and Operations Centres. Emergency Services covers a wide range of services from in-patient and out-patient non-elective emergency procedures to minor injuries. There is a clear set of clinical catchment guidelines for Emergency Services, with the most important being the provision of around the clock care.

Current clinical catchment guidelines state that Emergency Services should serve a catchment population of at least 300,000 and ideally 450,000 (or even more)*. Trusts serving these larger catchments will therefore deal with enough cases to maintain and build the expertise of consultants and support staff, and effectively utilize specialist services.

There is therefore a strong argument for reshaping hospital services by bringing together specialist staff at fewer locations and moving as much healthcare as is safely possible out of the hospital to locations closer to people's homes. This would result in most of the population only needing to use the services at their acute hospital when they have a life-threatening illness, are seriously ill, or need a planned procedure. Consequentially, Emergency Services would be provided in fewer, more specialised departments, where expertise can be developed.

**N.B. This is a fictional guideline for this exercise and does not fully reflect current NHS Guidelines.*

Appendix 1: Oldtown acute trusts

Sunnysouth NHS Trust	<ul style="list-style-type: none"> • 700-bed District General Hospital with six locations, including the main hospitals in Redville and Coolopolis • £4.8 million deficit in last financial year (FY0) • Care Quality Commission overall rating of "Requires Improvement" for A&E • Provides healthcare for the south and south east • ES population catchment: 125,000
Royal Eastend NHS Foundation Trust	<ul style="list-style-type: none"> • 600-bed, twin site District General Hospital • £4.4 million surplus in last financial year (FY0) • Care Quality Commission overall rating of "Outstanding" for A&E • Provides Newborn Intensive Care services for Springfield • Foundation Trust since 2005 • Provides healthcare for patients in the east and north east • ES population catchment: 200,000
Westway NHS Trust	<ul style="list-style-type: none"> • 500-bed, single site District General Hospital • £3.3 million deficit in last financial year (FY0) • Care Quality Commission overall rating of "Good" for A&E • Provides healthcare for patients living in the south west (with larger catchment area for cancer services due to having a cancer centre for Springfield) • Significant amounts of complex and minimal access surgery • ES population catchment: 500,000
Northside NHS Trust	<ul style="list-style-type: none"> • 700-bed, single site District General Hospital • £2.1 million surplus in last financial year (FY0) • Care Quality Commission overall rating of "Outstanding" for A&E • Hosts MDHU (Military hospital) • Provides healthcare for patients in the north west • ES population catchment: 250,000

Appendix 2: Glossary of terms

Acronym/term	Explanation
NHS	National Health Service – the collection of bodies that provide comprehensive health services in the UK
DHSC	Department of Health and Social Care – responsible for Government policy on the NHS
ICB	Integrated Care Boards are NHS organisations responsible for arranging for the provision of health services in the ICS area, developing a plan to meet population health needs and managing the NHS budget
ICS	Integrated Care Systems are partnerships of organisations that collaborate to plan and deliver health and care services in a certain area.
HES	Hospital Episode Statistics – the national data warehouse for care provided by hospitals in England
NICE	National Institute for Clinical Excellence – the body that develops evidence-based clinical guidelines for patient care in the UK
ONS	Office for National Statistics – body providing UK Government statistics
ES	Emergency Services - involves the treatment of physical injuries, typically during an emergency
Health Economy	The system of providers & commissioners of healthcare services (Trusts, ICBs, etc.) and recipients of healthcare services (i.e., patients) in a particular area
NHS Trust	Provides healthcare services on behalf of the NHS
NHS Foundation Trust	Foundation Trust – like NHS Hospital Trusts, but with greater financial and managerial freedom
Primary Care	Healthcare services which play a role in the community and are usually the first point of contact for patients (e.g., GPs)
Secondary Care	Healthcare services provided by medical specialists (usually in hospitals) and are not the first point of contact for patients
ICB Chief Executive Officer (CEO)	Responsible for ensuring that the ICB fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money
ICB Medical Director	An experienced area GP and senior member of the ICB governing board, responsible for informing and supporting ICB decisions from a clinical perspective