Humber Acute Services Review – Citizen's Panel

Briefing Paper: where we are now and how we got here

***** Please note this document describes the process we have undertaken so far to review a range of theoretically viable clinical models for hospital services across the Humber. There are no preconceived ideas about the best model for the Humber population and no decisions about specific site locations have been made. Further engagement with clinical staff and members of the public, along with additional data analysis and modelling, will be undertaken over the coming months. *****

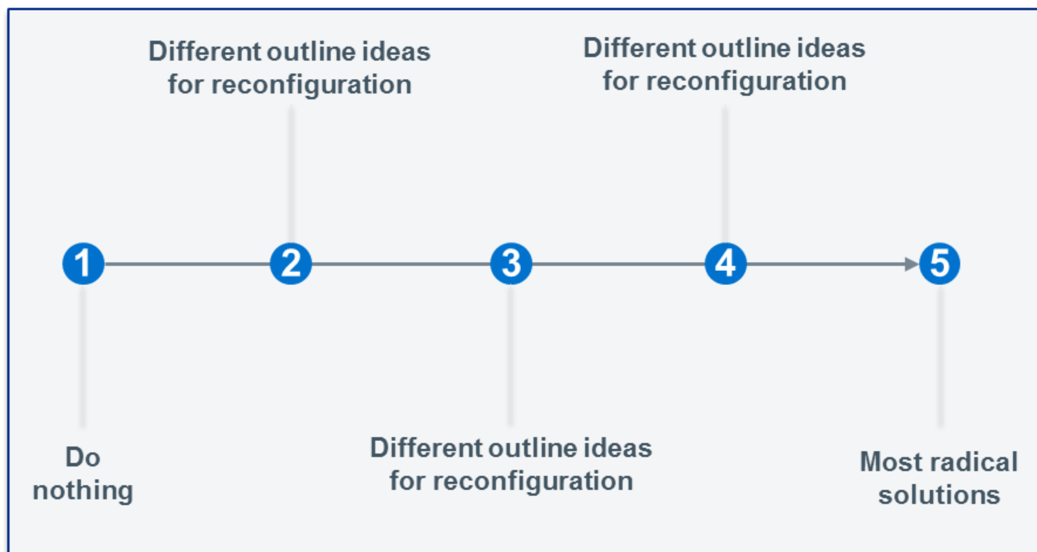
This briefing document provides some important background information about the work of the Review so far. In particular, it describes how we have gone from a (very) long list of theoretically possible ways of delivering services to a shorter list of possible approaches (clinical models).

Developing Outline Ideas (public engagement events – October 2019)

Input from local clinicians, the review team and independent clinical lead was gathered to come up with a range of possible ways of delivering services for each of the key service areas:

- maternity and paediatrics
- urgent and emergency care
- planned care

These possible approaches were displayed along a continuum from least to most change. We talked to patients and their representatives at a series of events (throughout October 2019) about their views on the various ideas along this continuum. We wanted to know what they thought about the different ideas and whether they would have a positive or negative effect on them and their families.



The feedback from those events is available to read here: https://humbercoastandvale.org.uk/wp-content/uploads/2020/02/HASR-Oct-2019-engagement-report_FINAL-1.pdf

Refining Service Models (Citizen's Panel meeting – November 2019)

Feedback from the patient and public workshops, clinical design group meetings as well as a range of other engagement activities with clinical and non-clinical staff members and other stakeholders was used to refine the outline ideas into possible service models.

The Citizen's Panel meeting in November 2019 reviewed the possible service models for the key clinical areas individually. The feedback report is available here https://humbercoastandvale.org.uk/wp-content/uploads/2020/02/Collated-Feedback-from-Citizens-Panel-DRAFT-v1-1.pdf

Combining Service Models (Clinical Design Group – December 2019 to February 2020)

The Clinical Design Group was asked to review whether each possible clinical model would be sufficient to address the issues set out in the Case for Change (i.e. would the change be enough to solve the problems that the system currently faces and be enough to provide safe and effective care for local people). Looking at sufficiency enabled the Clinical Design Group to rule out a number of (theoretically possible) models.

The next stage was for clinicians to review all the possible service models and combine them together into "whole hospital" models. Clinical colleagues felt strongly that it made most sense to start with urgent and emergency care and build planned care models around this. There are strong links (interdependencies) between urgent and emergency care services, maternity and paediatrics and therefore these have been combined first to create viable "whole hospital" models. Across Hull and East Riding, these service areas are largely consolidated onto a single site and therefore the focus of this element of the review work is on the sites on the south bank of the Humber. **Planned care will be brought back in at a later stage.**

The Clinical Design Group looked at the clinical interdependencies that might apply to determine which models could be safely put together on a single hospital site. For example, you would not design a service with a doctor-led maternity service taking high risk (including pre-term) births without also having the appropriate level of neonatal unit that could care for premature babies with the right clinical staff available 24/7. This clinical interdependency rules out putting a "Hot" maternity model alongside a "Cold" paediatric model in the same hospital site.

Looking at the clinical interdependencies enabled the review team to rule out a further set of (theoretically possible) combinations. The Clinical Design Group reviewed multiple iterations of the possible combinations and discussed the different interdependencies and the viability of the different models. This left four service models, as described below:

	Northern Lincolnshire Site 1			Northern Lincolnshire Site 2		
	UEC	Obstetrics	Paediatrics	UEC	Obstetrics	Paediatrics
0	Hot	Hot	Hot	Hot	Hot	Hot
1	Hot	Hot	Hot	Warm	Cold	Cold
2	Hot	Hot	Hot	Cold	Cold	Cold
3	Hot	Hot	Hot	Warm	Warm	Warm
4	New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics					

*Note – site 1 and site 2 can be flipped to create a total of seven possible configurations across Northern Lincolnshire. Model 0 describes the status quo.

Evaluating Clinical Models (Clinical Design Group – February 2020 and Citizen's Panel – March 2020)

The next stage of the process is to evaluate the different clinical models against the evaluation criteria set out at the start of the review.

These are listed below:

At its February meeting, the Clinical Design Group evaluated the four models set out above against two of the criteria (where they were best placed to exercise their professional judgement) – workforce/**staffing** and **clinical outcomes**.

At the March meeting of the Citizen's Panel, the panel will use their judgement and the information gathered through the patient feedback events to assess the four models against two further criteria – access and transport (**getting there and parking**) and **patient experience and satisfaction**.

This evaluation will be used to support decision-makers to confirm a short list of possible models, on which we can then carry out further engagement with clinical teams, patients, members of the public and other stakeholders.

Service Model Descriptions

The following short-hand descriptors have been used throughout to refer to the different possible service models for each clinical area.

Within each model there will be possible variants that will need to be worked through in much more detail at a later stage of the review, which means we can only talk in broad terms at this point.

Urgent and Emergency Care	
Hot	Emergency Department with on-site access to all the clinical specialties and support services to allow it to function 24/7. Dedicated frailty service on site.
Warm	Hospital would have an emergency department but this would provide a different service offer behind the ‘front door’. Dedicated frailty service on site.
Cold	No emergency department, but patients with urgent but not life threatening conditions could be seen in an Urgent Treatment Centre (UTC) setting.
Maternity Care	
Hot	Obstetric (doctor) led delivery unit (OLU) catering for all but the highest risk deliveries.
Warm	An enhanced risk stratification process to prioritise lower risk births.
Cold	No inpatient obstetrician led maternity service provision. A midwifery led unit can be offered – service development can be patient-led.
Paediatric Care (acute non specialised paediatric medicine and surgery)	
Hot	Acute paediatric service encompassing inpatient care, short-stay and emergency provision.
Warm	Hospital would maintain access to acute paediatric care but not provide inpatient beds for ongoing treatment.
Cold	No acute or in patient paediatric provision but patients could be seen in an UTC setting.