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## **Clinical Service Review**

Dorset Clinical Commissioning Group (CCG) has announced plans to formally consult on far reaching changes to in-hospital and out-of-hospital models of care for people in Dorset and the New Forest.

The intention is that formal consultation will commence on Monday 17 August and run for a period of three months. Decisions on which options and models to implement will not be made until March 2016.

There are five reasons why this work has been initiated:

- the need to effectively respond to the health needs of a growing elderly population
- problems for some patients in accessing care and the variability in the quality of care across the whole of Dorset
- the need to strengthen the provision of acute hospital services so they are available 24 hours a day, seven days a week, with many services provided directly by consultant medical staff
- the shortage of some healthcare staff which means it is not possible to replicate a full range of acute services on all three main hospital sites in Dorset
- the growing financial challenge, in the context of increasing demand, which will result in a Dorset-wide deficit of around £200m by 2021 if changes aren't made to the current model of care

The centrepiece of proposals for in-hospital provision is a radical reorganisation of services. A major emergency hospital for Dorset is to be created at either the Royal Bournemouth or Poole hospital sites. This will offer a range of 24/7 consultant delivered care including:

- accident and emergency services
- hyperacute cardiac and stroke services
- emergency surgery, including vascular, urology and general surgery
- acute medical admissions
- gastrointestinal bleed rota
- level 3 critical care
- high risk obstetrics
- neonatal care

The most complex elective procedures will also be undertaken at the emergency site.

Planned care, diagnostics and a broad range of outpatient services will be provided from a planned care site serving the whole of east Dorset. A range of primary care and rehabilitation services will also be provided on this site.

Services in the west will change less with Dorset County Hospital continuing to serve the local population offering a range of district general hospital services. However, out of hours surgical emergency patients will travel to the main emergency site for acute care.

The pattern of out-of-hospital care is also changing with strong seven day primary care services being created in a range of geographic hubs throughout Dorset.

The decision on how the existing hospital sites will be used in the future will be made by the Clinical Commissioning Group following consultation. The criteria it will consider in making this decision include:

- which option best improves the quality of care
- which proposal offers better access to services
- which option offers best value to the tax payer
- which option best addresses the anticipated workforce shortfall
- which option is most deliverable
- which option best supports research and education

It will clearly take time for the CCG to make its decision. The proposed model of care is one that enjoys substantial clinical support and has been co-designed by clinicians from the three hospitals, community service colleagues and those working in primary care.

It is important that as well as contributing our views to the consultation, we also focus on continuing to improve the care we provide to patients at the Royal Bournemouth Hospital and those cared for at Christchurch.

**Tony Spotswood**

Chief Executive

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust