

Proposals for the future of Dorset's acute hospitals



As part of its wider plans for future health and care services, the Dorset Clinical Commissioning Group (CCG) has proposed changes to the organisation of Dorset's acute hospitals.

Two options have been considered and one chosen as the preferred way forward.

The CCG is proposing that the Royal Bournemouth Hospital should become the **major emergency hospital**.

With a single A&E department in the area, more consultants would be available in one place for more of the time to deal with urgent and emergency care. We believe this will improve outcomes for patients and save lives.

Poole Hospital would become the **major planned care hospital** with a 24-hour urgent care centre.

This would make it much easier to meet national targets, for example waiting times for an appointment, away from the disruption that emergency care can create.

Dorset County Hospital would remain a **district general hospital** and, taking into account the rural nature of much of West Dorset, retain its A & E Department.

However it would form part of a Dorset-wide set of clinical services with Bournemouth and Poole.

For example, for stroke patients there would be a specialist team who could seek advice from a consultant trained in stroke care at any time of the day or night.

By reconfiguring the acute hospitals in this way, we would be able to:

- invest over £100m in our hospitals, including a new maternity unit
- improve maternity and paediatric services by developing community services across Dorset
- provide opportunities to implement the recommendations of the Royal College of Paediatrics and Child Health independent review.

We could also develop and support the review of acute mental health services we are undertaking alongside the Clinical Services Review.

Other benefits include:

- a more sustainable workforce across our hospitals to allow better care to be provided more reliably over the whole of Dorset in future years
- an integrated IT system to improve access to information for health and care staff and enable more informed clinical decisions on patient care
- a financially sustainable NHS able to invest in patient services in the future.

While we believe these are the best proposals for the future of acute hospitals in Dorset, this is only the first step towards a final decision on the way forward.

They must be independently scrutinised by outside organisations to make sure they are in line with best clinical practice, financially sound and fit for the future. This process is described overleaf.

The second option we considered involved Poole Hospital becoming the major emergency hospital and the Royal Bournemouth becoming the major planned care hospital. Proposals for Dorset County Hospital were the same in both options.

How and why the CCG has formulated this vision for the future of health and care services in the county and what happens next is explained here.

Overview

We currently have good NHS services in Dorset. But we know we need to make significant changes to ensure you continue to have high-quality, safe and affordable care both now and in the future. We want as many people as possible to live healthier lives for longer.

- the population is set to grow by 6% overall from 754,000 to over 800,000, but 30% of the growth will be amongst the over 70 year olds.

Due to our older population we have higher numbers of people with heart problems and diabetes and we expect this to grow faster than the national average

- in general practice the amount of extended hours offered in evenings and at weekends varies considerably
- variable quality of hospital-based care, particularly

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for some more specialist services

- staffing challenges mean that doctors, midwives and nurses are not always available in the places and at the times that patients need to see them. Nationally and locally there is a shortage of some key specialist skills
- the amount of money we have to spend on healthcare is increasing, but both demand and the cost of providing services are increasing faster. In Dorset we run the risk of overspending by up to £220 million each year by 2020/21.

Staying as we are is not an option if we are to continue providing safe, high-quality care for local people.

If we don't plan to do things differently then, because of staff shortages and insufficient money, it is likely:

- to be harder to get appointments
- that demand will increase but there will be no increase in the hospital beds
- that the number of sick patients will increase but the number of staff will not
- more operations will be cancelled
- most importantly, it would mean worsening health outcomes and survival rates.

The Clinical Services Review

In 2014, we launched a Clinical Services Review to help us decide how we could achieve the best affordable health and care services we can for the future. Most services are already under considerable strain so we have to change the way we work.

We think our three acute hospitals need to work in a more co-ordinated way, to avoid duplication and make the best use of staff and resources. Each hospital has an A & E department and all are under pressure and struggling.

To maximise resources and to get the best outcome for patients, we think we should give Poole and Bournemouth hospitals a very distinctive role each, as we have described earlier.

Clinicians have considered a large number of options for how services could be organised and the results were analysed against evaluation criteria which tested:

- the quality of care and patient safety
- access for all
- costs and affordability
- the impact on our workforce and on research and education and
- whether the changes would be delivered within the required timescale.

Since last summer we have undertaken additional work to test and inform certain elements of the evaluation criteria, specifically accessibility, affordability and deliverability. We considered:

- a wealth of evidence and best practice including Urgent and Emergency Care guidance and the independent Royal College review of maternity and

child health services

- travel times by blue light ambulance, public transport and private car to each of the hospitals
- how much it would cost to implement the proposals for each hospital
- whether the potential changes were viable at each site
- whether there were factors that would prevent them providing high-quality care.

Next Steps

These proposals will go to the CCG's Governing Body on May 18. The CCG's decision on the option it prefers will be just the first in a number of steps that have to be followed now, beginning with an assurance process.

The first stage of this assurance process will be review by [Wessex Clinical Senate](#). The senate comprises multi-professional clinical, public sector and patient leaders. It ensures that any proposals are underpinned by clear clinical advice in line with national best practice.

The senate has already been involved in our plans and this second review will take place between **19 May and 18 June**.

Our proposals will then go to [NHS England](#) to make sure that they meet with the CCG's statutory duties. These are set out in our Assurance Framework document. **In July** the proposals will be considered by [NHS England's Oversight Group for Service Change and Reconfiguration](#). This group will oversee the work programme for service changes.

It will also provide advice and recommendations to [NHS England's Investment Committee](#). This next stage of the assurance process will take place on **2 August**.

The Investment Committee will make sure that money is being spent wisely and that our proposals can be sustained over future years.

The proposals will then go to a joint meeting of the [Joint Health Overview and Scrutiny Committee](#). The date for this is yet to be confirmed.

We cannot begin public consultation until each of these stages has been completed. The earliest likely date for the public consultation to begin will be in September.

We will issue updates after each stage has been completed. Updated information can be found online via www.dorsetsvision.nhs.uk

Integrated community services

The governing body will also receive and note future plans for integrated community services, which will be the subject of future development and engagement during June.

A series of public engagement events will take place during June where people can find out more about the options and give their views. More details are available at www.dorsetsvision.nhs.uk.