Report to:	Public Trust Board	**Agenda item:**	SFT4153
Date of Meeting:	6 December 2018		

Report Title:	Clinical Strategy			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
		X		
Prepared by:	Christine Blanshard, Medical Director			
Executive Sponsor (presenting):	Christine Blanshard, Medical Director			
Appendices (list if applicable):	Project Highlight Report Project Initiation Document Stakeholder Analysis			

Recommendation:
The Board is asked to comment on the latest draft of the Trust Clincial Stratey

Executive Summary:
Further to the briefing given to the Committee in May, the latest draft version of the Trust Clinical Strategy is attached for information and for comment. The strategy has been developed in consultation with clinicians from all disciplines within the Trust and other stakeholders including patients and the public, general practitioners, commissioners and other local service providers. It has been shaped by the individual service strategies developed by each of our 26 clinical service lines and has been cross-referenced with the STP clinical strategy and that of neighbouring providers as well as the Wiltshire care model review.

Board Assurance Framework – Strategic Priorities	
Local Services - We will meet the needs of the local population by developing new ways of working which always put patients at the centre of all that we do	X
Specialist Services - We will provide innovative, high quality specialist care delivering outstanding outcomes for a wider population	X

Innovation - We will promote new and better ways of working, always looking to achieve excellence and sustainability in how our services are delivered	X
Care - We will treat our patients, and their families, with care, kindness and compassion and keep them safe from avoidable harm	X
People - We will make SFT a place to work where staff feel valued and are able to develop as individuals and as teams	X
Resources - We will make best use of our resources to achieve a financially sustainable future, securing the best outcomes within the available resources	X

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Clinical Strategy

2018-2022

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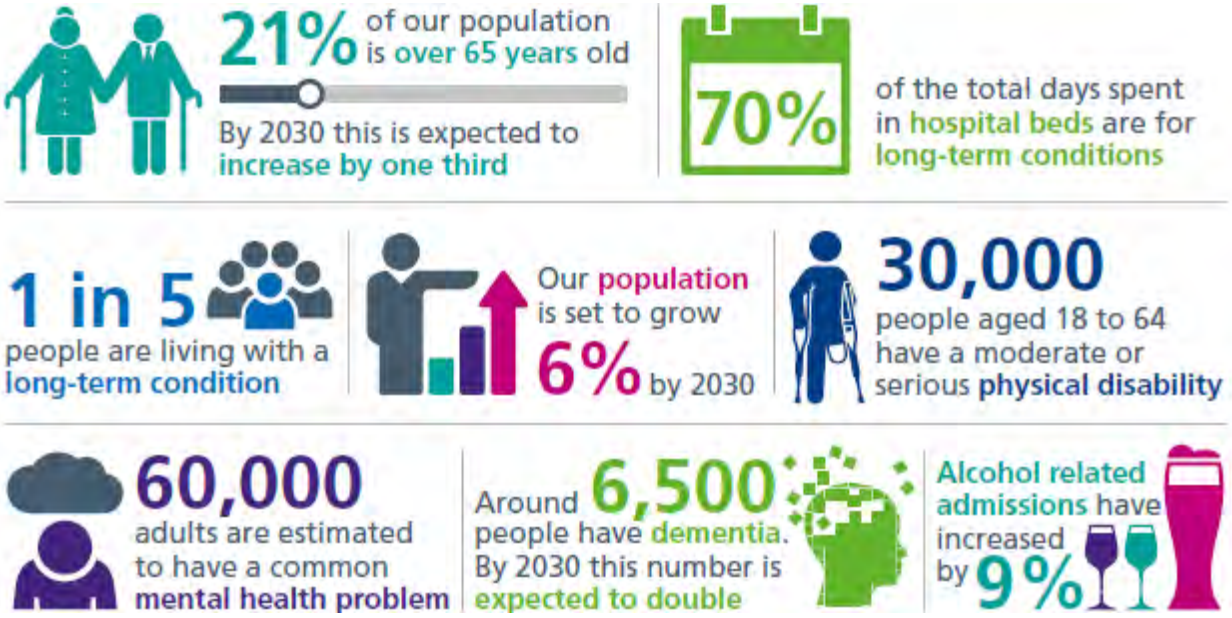
Contents

1. Background and context

The case for change (appendix 1) sets out some of the factors influencing the Trust and helping to shape its clinical strategy. Some of the key factors and constraints are summarised below.

Demography

The population of the UK is ageing and our local population more so: over the next 10 years the proportion of over 85's is expected to increase by a third and almost 23% of the population will be over 65. Although some of these older adults will be fit and healthy, most will be living with at least one long term condition and over 30,000 adults will have a moderate or serious physical disability. We will also see an increase in the working age population and children, as 9,500 military personnel and their dependents are rebased in the area over the next few years. This will result in an ever increasing demand for healthcare. At the same time the UK economy is 3% smaller than before the financial crash in 2008 resulting in less funding available for healthcare – there is predicted to be a £30 billion funding gap by 2020/21. Although much of Wiltshire is relatively affluent, there are pockets of deprivation where life expectancy for men is eight years below the county average and nine years for women.



Advances in clinical treatment

New technology and therapeutics allows conditions which were formerly untreatable to be treated. More advanced treatments – for example personalised medicine for cancer based on genomic testing; robot-assisted prostate surgery; thrombectomy for stroke - are very expensive and require high levels of technological expertise but offer improved prognosis.

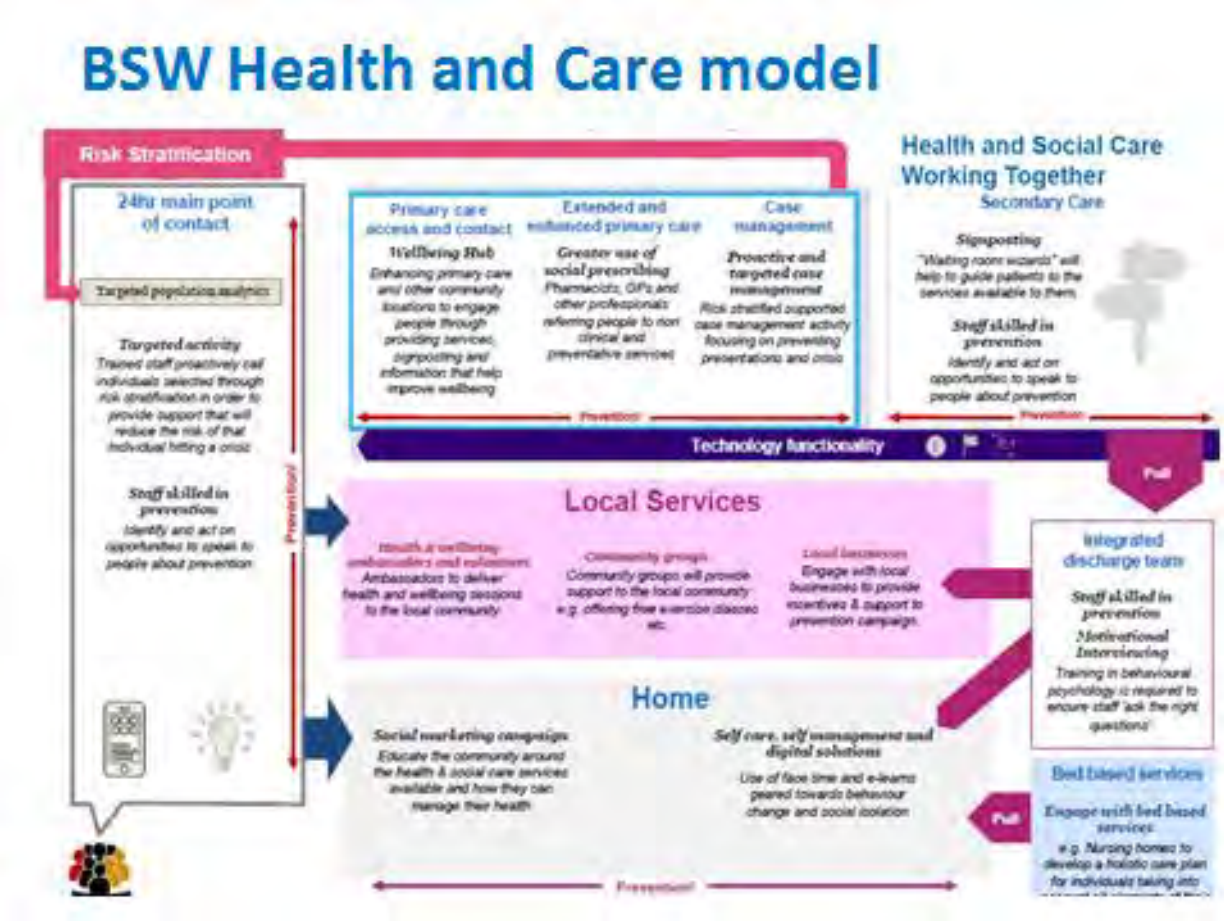
The need for services to be provided in a more co-ordinated and cost-effective way

Patients often describe their experience of care as fragmented with poor co-ordination between different people or organisations involved in their care. They often have to tell their story more than once and can be confused about the different health and care services and how to access them. Between services there can be costly administrative duplication, with patients' needs being assessed several times and a complex bureaucracy to negotiate in order to access care.

Partnerships and team working

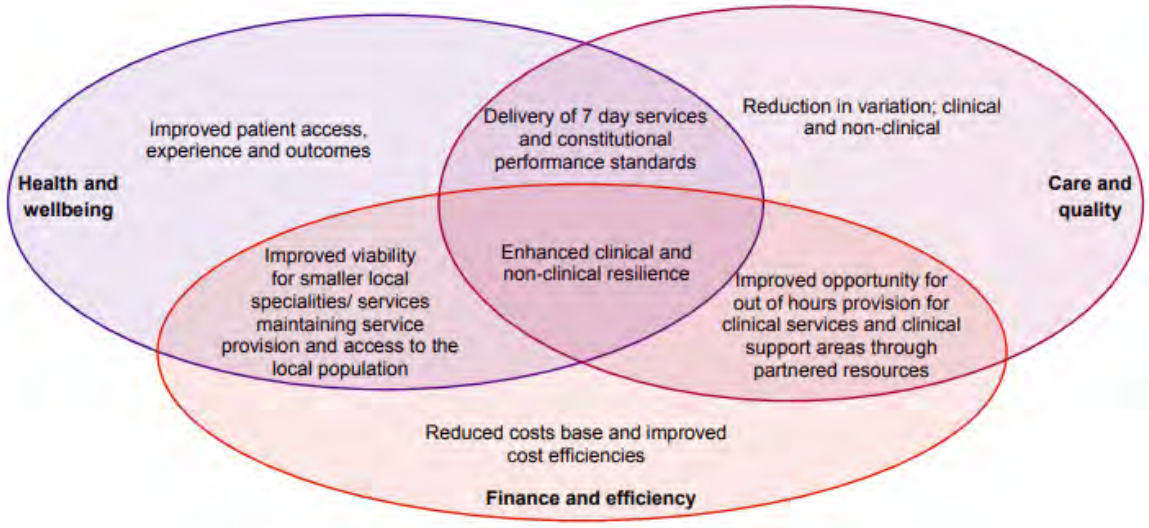
Our Sustainability and Transformation Partnership (STP)

Bath, Swindon and Wiltshire (BSW) STP has developed a health and care model which is described in the diagram on the next page. In order to deliver sustainable health and care services at a time when finances are tight we will need to invest in prevention and early intervention services, raising awareness of the importance of living a healthy lifestyle, improve social connectedness to combat loneliness, and improve mental health through the Thrive initiative. We will provide more care closer to home where appropriate, reduce hospital admissions and length of stay and reduce reliance on institutionalised care. In partnership we will improve quality of care and outcomes, in particular tackling the leading causes of death in the under 75s: cancer, heart disease, stroke and lung disease.



Neighbouring acute hospitals

We have developed an Acute Hospital Alliance with our STP partners, the Royal United Hospital and Great Western Hospital, with the aim of learning from each other, sharing best practice, eliminating unwarranted variation and supporting the sustainability of our services. We have no plans to form a formal network or hospital chain.



We continue to work with our nearest tertiary hospital, University Hospitals Southampton, to improve patient flows and pathways between the two Trusts. We will work with other providers in Wessex (the south 6 pathology network) to deliver sustainable cost-effective diagnostic services for our population.

The Dorset Clinical Services Review

Over the last three years, health care providers and commissioners in Dorset have been undertaking a review of the provision of health care within the county, consulting with stakeholders and the public. It seems likely that there will be a far-reaching reorganisation of services affecting acute, elective, community and primary care within the county and this will impact on the flow of patients to Salisbury from the south of our catchment area.

Wiltshire Health and Care

Wiltshire Health and Care is a partnership between Salisbury Foundation Trust, Great Western Hospital and the Royal United Hospital providing community services across Wiltshire. We are working with Wiltshire Health and Care, the council and the CCG to develop a model of integrated health and care services with a single point of access and seamless delivery of care in patients' homes, general practices and community hubs.

Avon and Wiltshire Partners (AWP) and Oxford University Hospitals

AWP already provide liaison psychiatry serviced for adult patients within the hospital, and OUH provide child and adolescent mental health (CAMHS) services, ensuring that all of our patients mental health needs are met. We are working closely with AWP and OUH to improve the integration of mental and physical health care and ensure that mental illness is recognised and treated promptly

National strategies and the wider NHS context

In the NHS Five Year Forward View (5YFV) and the subsequent document setting out the next steps for the 5YFV, a clear sense of the national priorities is outlined: urgent and emergency care; general practice; cancer detection and treatment; mental health; care of the frail elderly; service integration and efficiency and effectiveness. A new strategic plan for the NHS is currently being developed and will be used to further inform our clinical strategy once it is available.

Future workforce requirements

There is a national shortage of doctors and nurses and in many services we struggle to recruit staff. We will need to work hard to recruit and retain staff, liaising with local and national education providers to develop new roles and enhance the training and career development of existing staff. This is set out in our workforce strategy (appendix 3).

The quality, performance and sustainability of our services

We are currently undertaking a systematic review of the quality, performance and sustainability of all of our clinical services and this will lead to the development of an individual strategy for each service, aligned with the overall Trust clinical strategy.

2. Trust values

Our clinical strategy is underpinned by our Trust values which are:

Patient-centred and safe – patient safety, team work and continuous improvement

Professional – being open and honest, efficient and acting as a good role model

Responsive – being action orientated and taking personal responsibility

Friendly – being welcoming and treating people with respect and dignity

3. Development of our clinical strategy

The strategy has been developed in consultation with clinicians from all disciplines within the Trust and other stakeholders including patients and the public, general practitioners, commissioners and other local service providers. It has been shaped by the individual service strategies developed by each of our 26 clinical service lines, and informed to an extent by a semi-objective assessment of the quality and sustainability of each service (appendix 2). The strategy was cross-referenced with the STP clinical strategy and that of neighbouring providers as well as the Wiltshire care model review.

4. Clinical Strategy Themes

Easy access for patients and GPs. We will make our services accessible and responsive with clear single points of contact via telephone or digital media, and our communications will be sent electronically where possible. We will ensure that our services are accessible for people with special needs. Our diagnostic services will be available by direct access from primary care and open at times convenient for patients. Where possible they will be made available at satellite sites reducing travelling time for patients.

Face to face only when necessary. We will embrace digital technology to ensure that patients do not have to travel to the hospital except when a face to face consultation, physical examination or treatment is necessary. We will try to exploit to the maximum the

time patients spend on our site by combining tests, procedures and appointments and offering one-stop services and multidisciplinary clinics as appropriate.

A hospital without walls. Our diagnostic and treatment services will reach out into the community and be provided in locations other than our main site in order to better meet the needs of the population; equally we will encourage in-reach of community services into the hospital to support patient care.

Short length of stay. Patients will be admitted to hospital only when necessary and everything will be done both before and during their admission to enhance their recovery and ensure they leave hospital as quickly as possible. Patients will not be kept waiting for tests, results, therapy or clinical review and every day spent in hospital should be progressing their care.

Consistency of delivery. Using benchmarking data such as the model hospital, national audits and best practice guidance we will eliminate unwarranted variations in care whilst retaining a personal touch. A patient's experience of care should not depend on their postcode, day of admission or clinical team

The right level of care in the most appropriate setting. We must work closely with partners in health and social care to ensure that patients get the right care in the right place at the right time.

We will support the move of some hospital care into a community setting. We will also work with local general practices to support them in moving care away from them to self-care, pharmacy or allied health services so that general practices have more time to look after people with long term conditions. Equally we would want tertiary referral centres to transfer patients back to us when they no longer require that level of care.

Our strategy should embrace the whole patient pathway

There has been a definite cultural shift within the NHS, moving from competition between providers and payment based on units of activity to collaborative working centred around the needs of the patient and the local population. We will work collaboratively with Wiltshire Clinical Commissioning Group, Wiltshire Council, Wiltshire Health & Care, Wiltshire GP Alliance and Medvivo to develop a local integrated care alliance. In an integrated care alliance, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. Typically services are designed around populations of 250-500,000. We plan to develop such a system in our locality, with an emphasis on prevention, keeping patients well at home and getting patients home as quickly as possible if they have to come into hospital.

We will play our part in the development of community hubs, where pharmacists, optometrists, therapists, general practitioners and support staff provide a range of services for patients. We have a vision of such a hub on the acute hospital site where patients could access services such as podiatry, welfare advice and prescription spectacles at the same time as attending their hospital outpatient appointment or visiting a relative. We will provide space for patients and the public to spend time together, combating loneliness.

We recognise the important links between mental and physical health and support the concept of parity of esteem between mental and physical health conditions. This means ensuring that patient wellbeing is supported both in the community and in hospital. We will continue to develop clinical psychology, liaison psychiatry and wellbeing programmes such as Engage and Elevate to support patients in their recovery.

Local services – outstanding district general hospital services

We will continue to provide a full range of district general hospital services to our local population, delivered in a patient-centred and innovative way, embracing new technologies and learning from best practice internally and elsewhere within the health service nationally and internationally. An outstanding district general hospital is part of its local community and we will harness our patients and public's support and enthusiasm to co-design services making them accessible, friendly and responsive.

Our outpatient services will be redesigned to provide face-to-face appointments only when necessary. We will extend our provision of advice and information to patients via on-line resources. We will provide the facility for patients to book, cancel or change their appointments online and by telephone. Most follow-up appointments will be virtual – by telephone, email or letter, and patients will be able to access their test results or update their clinical team using digital technology. We will review our follow-up pathways to ensure that patients are seen at appropriate intervals and discharged as soon as it is safe to do so. We will extend the concept of patient initiated follow-up for all long term conditions and post-operative patients. We will provide a broader range of appointment times and types to better meet the needs of patients and ensure that patients see the most appropriate clinician for their needs – a nurse, therapist, pharmacist, specialist or consultant. We will harness the power of peer support and patient activation to ensure that patients are partners actively involved in their care, but with rapid unfettered access to their hospital clinician when they need it. Communication including clinic letters will be directed to the patient and copied to their health care professionals. We will support and develop primary care and community care teams for example by the delivery of virtual clinics and virtual multidisciplinary team meetings.

Patients attending the emergency department who would be better served by other services will be redirected by trained navigators. We will only admit patients to hospital when absolutely necessary and keep them in hospital for the minimum amount of time, aiming for an average length of stay of less than five days. Patients will be admitted to the most appropriate ward under the care of a specialist team of doctors, nurses, therapists, pharmacists and support staff to ensure that they are treated quickly and in line with best practice. We will ensure that patients are kept mobile and independent during their admission. Getting the right patient into the right bed at the right time and planning discharge from the day of admission will improve patient flow through the hospital with the aim of reducing bed occupancy to less than 90%. Diagnostic and therapy services for inpatients will be provided seven days a week. Patients will be reviewed by a senior clinician seven days a week to ensure that their care is being progressed and they are able to be discharged as soon as possible. We will further develop and enhance our early supported discharge services, which allow patients to go home earlier than usual with the support of therapists, nursing assistants or community nurses in their own homes. We will work with our partners

to further develop “discharge to assess” where patients care and therapy needs are assessed in their own home rather than in hospital. For some patients who need a longer period of re-enablement or whose home needs adaptation we will provide step-down care, the aim being not to provide long term care but to enable a greater proportion of patients to return to their own homes.

We will continue to develop ambulatory care for acute medical conditions such as thrombosis allowing patients to be treated in a day case, outpatient or community setting. Some patients may be under our care but outside the hospital in a virtual ward.

Within our surgical services we will separate emergency from elective care pathways to ensure that planned operations are not cancelled when there are high numbers of emergency admissions. Elective surgery will be provided in an efficient, high-throughput way to maximise the use of our operating theatres. Emergency surgical patients will be seen immediately by an experienced surgeon – this has been shown to reduce avoidable admissions and expedite the pathway to operation for those patients who need emergency surgery. Emergency operations, particularly high risk surgery such as laparotomy, will be provided by a consultant surgeon working with a consultant anaesthetist.

Priority clinical pathways

The demand on our services and local population requirements necessitate an initial focus on the following priority areas:

Frail elderly patients

We will work with local partners in primary care community and social care to reduce admission. Initiatives such as providing link nurses for nursing and care homes, regular GP visiting to nursing homes (an initiative supported by NHSE), frailty and “at risk of admission” registers in primary care, social prescribing to reduce loneliness and deconditioning have all been shown to reduce admission in frail older patients. In practical terms for the Trust this will entail providing support and training for staff to enable them to work across both community and hospital settings, sharing information about patients seamlessly and providing rapid accessible advice and guidance in a variety of formats including telephone, email, skype and community visits.

If a frail elderly patient attends the hospital as an emergency we will provide rapid comprehensive assessment by a skilled multidisciplinary team (the older persons assessment and liaison or OPAL team) seven days a week with the aim of returning them home as quickly as possible, if necessary with additional support and re-enablement in the community. We estimate that admission can be avoided in 75% of cases by this approach. If a frail older person is admitted to hospital they will be cared for by a specialist geriatrician and nursing and therapy teams with particular expertise in this area. The patient will be kept out of bed and dressed where possible to reduce deconditioning and their discharge will be planned from the day of admission with the aim of keeping the patient in hospital no more than five days.

We will use our estate better to provide drop-in and respite services such as a day centre, reminiscence therapy, exercise classes and support for independent living.

People living with long term conditions

Patients living with long term conditions such as diabetes, asthma or heart disease will be supported to manage their own health. Patients will be given comprehensive self-management plans advising how to stay well; maintenance treatment; symptoms to look out for and what to do in the event of a flare-up; “rescue” therapy to keep at home where appropriate and when and how so seek clinical advice. For women of child-bearing age their plan will include advice on contraception, planned pregnancy and the potential impact of pregnancy on their long term condition and vice versa. If they do become pregnant they will be cared for jointly by an obstetrician and expert physician.

We will work with primary care colleagues to develop evidence-based, effective care pathways which promote self-care, support primary care with open-access or community diagnostics and allow ready access to hospital treatment and advice where necessary.

Patients with life-limiting long term conditions will be encouraged to think about the care they would like to receive towards the end of their life and their wishes shared with their families and carers across hospital, community and primary care. No patient should be admitted to the acute hospital for end of life care unless they wish to be, and we will work with community partners and the voluntary sector to support patients who wish to die at home.

We have an increasing population of children with long term conditions moving into adulthood, including those being transferred from specialist tertiary services and we will support their transition from paediatric to adult medicine by close joint working between paediatricians and adult physicians.

We will continue to develop our survivorship programmes for patients living with the effects of cancer or its treatment

Elective surgery

Patients who require elective surgery want short waiting times, day case surgery where possible, short inpatient stays and the provision of good quality accessible information about rehabilitation and return to normal.

We will keep outpatient waiting times short by maximising new patient capacity in outpatients; we will extend the provision of “one-stop” surgery for routine conditions such as hernias and gall stones.

Pre-operative information advice and assessment will be for the most part done on line or by telephone with only the more complicated cases coming to a face-to-face preoperative assessment. We will extend the provision of nurse or therapy-led group pre-operative information such as the breast surgery information evenings and the knee club to other surgical procedures. We will continue to develop the provision of outpatient procedures such as hysteroscopy and cystoscopy, where minimally invasive technology can be used to avoid admission for surgery.

We will improve our day case surgery rates to the top quartile performance nationally and develop innovative pathways for day case surgery such as partial knee replacement. Where

travel distance is an issue driving overnight stays we will ensure patients have access to hotel or hostel accommodation.

Patients requiring admission for elective surgery will be supported to optimise their health beforehand, by advice on weight, nutrition, smoking and blood pressure. Treatable conditions such as anaemia which increase length of stay and complication rates will be managed before admission in collaboration with primary care. Every patient will be given an expected date of discharge at the pre-operative assessment, and the patient and the whole clinical team will have clear goals to be achieved each day to ensure that the planned discharge date is achieved. We will support our clinical teams in reviewing individual pathways of care to ensure that protocols for antibiotics, anticoagulants, anaesthetics, nutrition and hydration support enhanced recovery and early discharge with the aim of elective surgery length of stay being in the top decile nationally.

Where appropriate we will provide elective surgery at weekends – for example children's oral surgery, which enables parents and children to avoid time off work and school and receive treatment in a child centred environment very efficiently.

Maternity services

The national maternity strategy document "Better births" states that all women should have access to three models of care as determined by their risk and preference: home birth; a midwifery-led birthing unit and an obstetric unit. Women in our catchment area currently only have two choices. With the predicted rise in the number of births described in the demographic changes above it is a priority for us to develop a midwifery led birthing unit to enable all three choices. In order to maintain skills and flexibility in the workforce and best access for women this will be alongside our obstetric unit. Our woman-centred maternity service will carefully risk assess women as recommended in "Saving babies lives" and higher risk pregnancies will be monitored closely by a consultant obstetrician and specialist midwives; they will be delivered in the obstetric unit to maximise safety of both mother and baby. For lower risk women we will continue to promote a normal birth with minimal intervention, continuity of care from midwives throughout the antenatal, intrapartum and post-partum period, and 1:1 care in labour. They will be offered the choice of a home birth or midwifery led unit with the security of rapid transfer to obstetric care in the event of a complication.

We will continue to develop ambulatory antenatal services including extending the hours of our maternity day assessment unit and offering outpatient induction of labour. We will build on our excellent psychological support for women including those with mental ill health, vulnerability, and a pathological fear of childbirth (tocophobia).

Our maternity bereavement service has been highly commended as outstanding and we will use the same principles to support women with early pregnancy loss or miscarriage.

Outstanding specialist services

Burns, Plastics and Reconstructive Surgery

As the lead for the Wessex burns, plastics and reconstructive surgery network we aim to provide surgical expertise to other centres including the major trauma centre at

Southampton. We will provide immediate debridement and where appropriate reconstruction in the trauma centre, as well as immediate reconstructive surgery for cancer patients. Patients requiring more complex or multiple surgeries will be transferred seamlessly to Salisbury where they can benefit from the expertise of the multidisciplinary team. This service will be extended to other trusts enabling us to provide outstanding plastic surgery to a growing population. We will join the veterans covenant hospital alliance and obtain gold standard kite mark accreditation, demonstrating delivery of excellent care to the armed forces, veterans and their families.

Reconstructive surgery will continue to support our local skin and cancer services enabling the delivery of tertiary-level cancer surgery: for example Mohs and anal cancer surgery.

Genetics

Wessex regional genetics laboratory has formed a consortium with Oxford University Hospitals and Birmingham Women and Children's Hospital – the Wessex Oxford and West Midlands Genomics Alliance, which has allowed the creation of a regional genomics laboratory hub, delivering genetics and genomic testing to a population of 6 million people with specialist tests to a still larger population. The consortium will work to improve access to genetic and genomic tests, promoting personalised medicine; consolidate and standardise tests to improve quality and consistency and develop new tests into clinical practice.

The spinal treatment centre

The spinal treatment centre will continue on its journey of continuous improvement, learning from best practice nationally and internationally to improve both inpatient and outpatient clinical pathways. Working with the voluntary sector we will introduce a model of phased rehabilitation with step-down care to enable patients to attain independence more quickly and reduce the lead time for admission to the centre.

Specialist rehabilitation

We have one of the few specialist occupational rehabilitation services – Wessex Rehabilitation – in the country. We will improve the links Wessex rehab has to reconstructive surgery, the spinal centre, regional major trauma centre and clinical psychology to fully exploit its facilities, staff and expertise. We will review our model of rehabilitation, working with commissioners and trauma and orthopaedic centres to develop day case and bedded musculoskeletal re-enablement services modelled on those formerly provided at Headley Court and planned for Stanmore.

5. Appendices

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