

Building for Better Care – elective care centre

Pre-consultation business case summary

February 2020



Introduction

This summary set out the reasons why the NHS in east Suffolk and north Essex is proposing to change the way that planned orthopaedic surgery, such as hip and knee replacements, will take place in the future. It has been put together by East Suffolk and North Essex NHS Foundation Trust (ESNEFT), which runs Colchester and Ipswich hospitals, and Ipswich and East Suffolk and North East Essex clinical commissioning groups (CCGs), which buy local healthcare services.

This proposal has come after ESNEFT and the CCGs were awarded £69.3m in national funding for a programme called 'Building for Better Care'. This will help us to improve our infrastructure and redesign clinical pathways so that we can deliver high quality and sustainable services in the future.

The programme is split into two parts:

- improving facilities for urgent and emergency care at both hospital sites, and
- developing a new elective care centre (ECC) for planned orthopaedic surgery, which will replace the day surgery (DSU) and endoscopy units at Colchester Hospital.

This summary focuses on the second part of the programme. It details the reasons the change is needed, explains why Colchester has been chosen as the preferred site for the ECC and describes the engagement which has already taken place, which includes speaking to patients, carers and the public, as well as staff and stakeholders.

As the proposal would represent a substantial service change, a public consultation will be held during February and March 2020 to gain people's views on how moving orthopaedic care to the new centre would affect them. This feedback will be taken in account when the CCG's governing bodies make a final decision on the proposal in summer 2020. A full business case will then be drawn up.

About East Suffolk and North Essex NHS Foundation Trust (ESNEFT)

ESNEFT was formed on 1 July 2018 following the merger of Colchester Hospital University NHS Foundation Trust and The Ipswich Hospital NHS Trust. It has created the largest NHS organisation in the region which cares for nearly 800,000 people and employs more than 10,000 staff.

East Suffolk and North Essex NHS Foundation Trust 2018/19			
Local catchment	742,757		
Turnover	£ 704,722,000		
Employees (headcount)	10,000+		
	Colchester Hospital	Ipswich Hospital	ESNEFT total
Bed numbers	549	560	1,109
Elective admissions	48,720	52,198	100,918
Emergency admissions	49,181	45,633	94,814
ED attendances	102,623	89,693	192,316
Community attendances	-	436,780	1,427,898
Outpatient attendances	403,221	587,897	

The merger has brought huge opportunities to significantly improve the quality of care we provide. It will also help us to address staff shortages, boost efficiency and offer more people better access to clinical trials.

The merger has also given the local NHS the opportunity to make sure our acute hospitals remained viable in the future by redesigning the way some types of care are delivered. The Building for Better Care programme, and the proposal to consolidate planned inpatient care for orthopaedics at the elective care centre (ECC), contributes to that wider aim.

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What we are proposing to change

We are proposing to create an elective care centre (ECC) for planned orthopaedic surgery at Colchester Hospital, together with a replacement day surgery unit (DSU).

If the proposal goes ahead, every patient would stay at the ECC in Colchester while having their surgery, while all other care before and after the operation – such as x-rays, pre-assessments and physiotherapy – would be provided at either Colchester or Ipswich hospital, depending on which is closest to their home. This means that although patients will visit the hospital an average of six times when having planned orthopaedic surgery, only one of these visits – their stay for the operation – would be impacted. Access to orthopaedic trauma surgery, day surgery and fracture clinics would not be affected and would continue to be provided at both sites.

ESNEFT carries out more than 100,000 planned operations every year. Centralising orthopaedic surgery at the ECC would mean that around 1,400 of these patients – less than 1.5% – would have their surgery at a different site from where it would previously have been provided.

The new elective care centre – at a glance

If the proposal is approved by the CCGs and ESNEFT following the public consultation, the elective care centre would:

- aim to open by 2024
- have two wards and at least 48 high-spec inpatient beds which meet the very latest standards
- have a high proportion of single, en-suite rooms
- include up to six state-of-the-art laminar flow operating theatres, which aim to reduce the risk of infection by generating a continuous flow of bacteria-free air, and
- improve capacity and facilities for orthopaedic trauma at both Colchester and Ipswich hospitals

The ECC would bring a wide variety of benefits for our patients and staff. These would include:

- a better experience for patients and carers
- shorter waiting times for surgery
- fewer cancelled operations as beds will be specifically allocated for planned surgery and could not be used by emergency patients
- a modern, state-of-the-art environment which meets the highest standards
- new and exciting ways of working, in turn helping retain existing staff and attract new talent to ESNEFT, and
- capacity to continue treating all local people into the future.



Why we need to change

Across the country, demand for NHS services is growing at an unsustainable rate. ESNEFT is facing the same pressures, because:

- **Our catchment population is increasing.** ESNEFT currently serves around 800,000 people. This is due to increase by 12% by 2036 due to significant housing growth and because more people are living for longer. In addition, the growing population means that more people are admitted for acute emergencies. This can have an impact on orthopaedic patients waiting for elective surgery as the Trust can sometimes be forced to cancel planned operation to make way for emergency trauma cases.
- **More people have complex health and care needs.** The proportion of ESNEFT's catchment population who are aged 65 and older already exceeds the national average and is predicted to grow by 50% over the next 20 years. At the same time, the number of people aged between 80 and 89 is expected to grow by 80%, while those aged 90 or over is predicted to increase by 162%. Pockets of high deprivation also exist across the area which ESNEFT serves.
- **It is becoming increasingly difficult to attract and retain staff.** This is an ongoing problem across the NHS. The merger means that Colchester and Ipswich hospitals are no longer competing for the same pool of staff, which has improved recruitment. It has also brought more opportunities for staff training and development.
- **It serves a largely rural area.** This can make accessing service challenging because of issues around public transport.

In addition, planned surgery at ESNEFT is also experiencing some specific challenges, which include:

- **Demand outgrowing capacity.** This means that some surgery is already being outsourced to the private sector.
- **Waiting times.** As a result of increasing demand and a lack of capacity, more patients are having to wait longer for their surgery. The proportion waiting more than 18 weeks from referral to treatment in September 2019 stood at 75.5% for ESNEFT against a national standard of 92% plus. Of the patients admitted, 50% were treated within 15 weeks nationally across all providers, but at ESNEFT this figure stands at 20 weeks.
- **Elective day case capacity.** Colchester Hospital does not have an appropriate day surgery facility to run effective orthopaedic day case lists, which means that nearly all elective activity is run through the three theatres in the Constable Wing. The orthopaedic day case theatre in the day surgery unit (DSU) at Colchester is only used for minor procedures and needs replacing. At Ipswich, a theatre unit is rented at Walker Close as there is insufficient ultra clean day case capacity at the hospital to meet demand.
- **Trauma capacity.** Trauma activity is expected to increase more quickly than elective orthopaedic activity and the current capacity is already under pressure. This means that beds earmarked for planned surgery are sometimes used by emergency cases, forcing staff to cancel operations at short notice.

- **Cancelled operations.** During 2018/19, 26% of patients who needed trauma and orthopaedic surgery had their procedure cancelled. The main reasons were the use of elective theatre lists for trauma patients and the use of elective beds for emergency admissions.

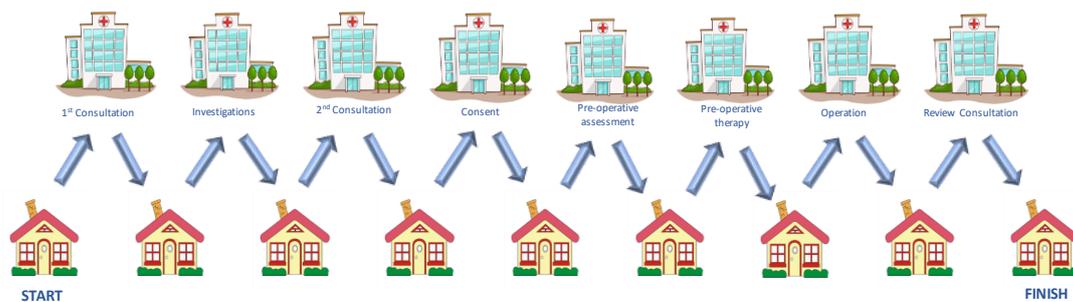
As a result of these pressures, we need to find new ways to work while reconfiguring some of our services so that we can continue to meet demand.

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How care will be delivered at the ECC

To help us meet these challenges, consultants from both hospitals have been working together develop a new model of care which will be introduced when the ECC opens to benefit both patients and staff.

At the moment, patients who need a hip or knee replacement can visit their hospital up to six separate times, and will have an initial consultation, investigations, consent and pre-operative assessments before reaching the operating theatre:



Following surgery, around four therapy sessions and two routine follow-up appointments are usually needed, while the patient may also receive nurse-led or therapist-led follow-up at the hospital for up to 10 years.

In the future, we plan to introduce a ‘one stop’ clinic at the patient’s nearest hospital where all of their pre-operative consultations, tests and assessments will take place. This will significantly reduce the inconvenience associated with travel to and from appointments. The patient pathway will also be standardised across both sites, while hospital staff will carry out as much of care as possible in the community. Special outpatient clinics will be provided for older people and/or complex patients so that the risks and benefits of surgery can be carefully considered:



Elective surgery will take place at the new ECC, under the care of the same consultant. For up to 1,400 patients – less than 1.5% of those having surgery each year – this will involve a longer journey for one of their hospital trips. All post-operative rehabilitation would be

expected to take place in the community close to the patient's home, with follow-up only by exception at their local hospital.

Why Colchester was chosen as our preferred site

We worked with patients, carers, staff and stakeholders to look carefully at all of the possible locations for the ECC. This included both main hospital sites, as well as building away from either hospital, such as at the Copdock roundabout.

Extensive analysis, including costs, demographics and statistics for predicted future population growth showed that Colchester was the only viable option. This is because:

- The addition of at least 48 beds and up to six specialist operating theatres would free up existing beds and specialist theatres at both Colchester and Ipswich hospitals to improve facilities for orthopaedic day surgery, spinal and emergency trauma surgery.
- There is space available on the Colchester Hospital site with rapid access to other important clinical services that do not require us to move other facilities. This means that we can also complete the rebuild of the day surgery unit.
- The centralisation of planned orthopaedic surgery to Colchester creates space at Ipswich Hospital. This clinical space would allow us to start to upgrade the environment for other services over the next few years. This will also mean some services can be nearer to one another, allowing them to work more effectively.

In addition, Colchester Hospital currently caters for slightly more patients than Ipswich, with a split of 52% – 48%.

The results of an independent travel impact analysis were also taken into account when choosing the preferred site. This showed that:

- Putting the ECC at either site will increase travel for around half of patients. However, as only the patient's surgery would take place at the ECC, the increase in total travel is small. Locating the ECC in Colchester would increase travel by 9% for the average patient (12 miles), which compares with 14% (18 miles) if it was at Ipswich.
- Travel times by car remain just with 60 minutes at either site.
- There is better public transport to Colchester Hospital from all areas covered by ESNEFT.
- Although parking is limited on both sites, additional parking is already planned at Colchester.
- Locating the ECC at Colchester would have a lower impact on deprived populations.

The number of patients who need orthopaedic procedures in the future is also predicted to increase by a larger amount in the Colchester catchment area than in Ipswich.

The options we considered

We considered a wide range of different options when drawing up this proposal and carried out an extensive assessment of the risks and benefits of each to help us select a preferred way forward.

These options included:

1. **Do nothing.** This option would not provide the capacity needed to meet future demand.
2. **Redesign existing space at Colchester.** The Constable Wing could be a suitable building for an ECC as it is modern, provides good clinical space and is close to essential clinical support services. However, transforming the building into an ECC would mean that several clinical services which currently operate from the Constable Wing would need to relocate, making the project highly disruptive for patients and staff.
3. **New build ECC in Ipswich and a new day surgery unit (DSU) at Colchester.** A variety of possible locations for the ECC at Ipswich were considered, with the Education Centre the most obvious choice. This would mean a replacement Education Centre would need to be developed, which would use existing car parking spaces and may involve re-routing existing roads.

A new replacement DSU would need to be built at Colchester as part of this option, adding significantly to the cost.

4. **New build ECC and DSU at Colchester.** This would be built on the site of the old chemotherapy suite, which has recently relocated to the new radiotherapy centre. Parts of the existing DSU/ endoscopy unit would then be demolished to provide additional, convenient parking next to the new ECC and DSU. Endoscopy would then relocate to the vacated space which remains, allowing us to create a Joint Advisory Group (JAG)-compliant unit at minimal cost.

The replacement DSU would be provided in the ground floor of the new ECC. Alternatively, space freed up by the move of elective orthopaedics from the Constable Wing to the new ECC could be used as the replacement DSU. This second option would be likely to be the most cost effective.

5. **New build ECC off-site and a DSU at Colchester.** This option was included following early pre-consultation engagement during which the possibility of building on a site between the two hospitals was raised. The alternative sites mentioned most regularly were the retail parks at Colchester Stadium or the Copdock roundabout, where the A12 meets the A14.

This option would involve additional costs as we would need to buy land for the build. At the same time, locating the ECC away from either acute hospital would not give our patients the rapid access they may need to other important clinical services, such as diagnostics and intensive care.

These five options were all extensively tested against a range of evaluation criteria which have been developed alongside our governors, patients and health overview and scrutiny committees. This included patient outcomes, patient experience, clinical sustainability, workforce sustainability, value money, strategic fit, deliverability and risk.

Following this evaluation, the options were narrowed down to a shortlist of three – 1, 3 and 4 – with the advantages and disadvantages of each then examined in more detail:

Option 1: Do nothing	
Advantages	<ul style="list-style-type: none"> • No disruption to existing services from major building work • No requirement for capital funding
Disadvantages	<ul style="list-style-type: none"> • Does not deliver national or local strategies • Makes it harder to introduce the new model of care and meet growing demand • Makes it more difficult to achieve waiting time targets and improvements to patient and staff experience • Continues to use sub-optimal space which could cause potential issues with infection and privacy and dignity

Option 3: New build ECC at Ipswich and new build DSU at Colchester	
Advantages	<ul style="list-style-type: none"> • Delivers national and local strategies • Allows introduction of the new model of care, improves clinical effectiveness and helps us achieve waiting time targets while improving the patient, relative and staff experience • Would see new accommodation built to the latest design standards, providing a much-improved environment for patients and staff
Disadvantages	<ul style="list-style-type: none"> • No possibility of funding for three new laparoscopic theatres at Ipswich Hospital • Potential planning restrictions on location/height of the ECC, which would have an impact on the space which would be available • Will require funding for multi-storey car park and link to main hospital buildings • May require funding for relocating the Education Centre or re-routing a road • May require decant facilities for DSU at Colchester so that the existing site can be reused

Option 4: New build ECC and DSU at Colchester	
Advantages	<ul style="list-style-type: none"> • Delivers national and local strategies • Allows introduction of the new model of care, improves clinical effectiveness and helps us achieve waiting time targets while improving the patient, relative and staff experience • Would see new accommodation built to the latest design standards, providing a much-improved environment for patients and staff • Provides the potential to expand in the future • Avoids the need for decant facilities during construction • Would provide a suitable location for a JAG-complaint endoscopy unit (in the vacated DSU) at minimal cost • Brings the potential to improve access to the hospital site with new junction off Northern Approach Road, in turn reducing congestion on Turner Road • May allow funding for new laparoscopic theatres at Ipswich Hospital
Disadvantages	<ul style="list-style-type: none"> • New patient car park could not be constructed until all of the work was complete

After scoring the options against the expected benefits, a multi-disciplinary group of clinicians, commissioners, GPs and other stakeholders rated option 4 – developing the ECC at Colchester – as the preference.

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The financial case

We have looked in detail at the impact which our preferred option – a new ECC and refurbished DSU at Colchester – will have on ESNEFT's finances over the next decade when compared to the 'do nothing/business as usual' position. These projections take into account a wide variety of different factors, including expected funding allocation uplifts from our commissioners, increased costs and expected growth in demand.

We have also taken into account the £44m cost of the building work, which will fund:

- demolition of the chemotherapy unit to house the new ECC
- construction of the ECC building
- the work needed to vacate the orthopaedic theatres in the Constable Wing and create a replacement DSU
- re-locating the existing endoscopy unit into the vacated DSU to provide a JAG-compliant facility

In addition to this, capital work which would need to take place to allow for the development but is not covered by the £44m must also be factored in. This includes:

- creating additional car parking (funding has already been sourced for this project)
- refurbishing the vacated ward at Ipswich
- fitting out the clinical space above Ipswich new urgent treatment centre

Our financial analysis also considers the impact of changes to revenue funding which would stem from the creation of the ECC. This includes:

- reduced length of stay, due to the standardisation of care and improved outcomes
- more efficient use of our theatres, which will come from their dedicated use for orthopaedic procedures
- more effective procurement, due to greater economies of scale
- attracting more patients who choose ESNEFT for their care by offering a state-of-the-art environment, improved outcomes and shorter waiting lists
- reducing agency costs by allowing ESNEFT to recruit more substantive staff while retaining existing employees
- increasing the amount of day case activity taking place at Colchester
- bringing podiatric surgery in-house at Ipswich Hospital

We also expect other improvements, such as fewer cancellations and re-admissions, to contribute to further financial improvements, and will include figures when the full business case is developed.

This extensive financial options appraisal has shown that developing the ECC at Colchester is not only financially sustainable, but will also deliver the greatest benefit for the best value for money. This is because it will contribute to an improving income and expenditure position as its benefits begin to offset the capital costs of building work.

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Communications and engagement

Listening to our communities is one of our priorities. We have held meetings with a wide variety of stakeholders and members of the public since the merger took place to help shape ESNEFT's overarching strategy, as well as asking for people's initial feedback on the development of the ECC.

We have been working with an independent expert to drive this pre-consultation engagement to make sure that local people were given the chance to get involved as we developed our proposals. Between May and October 2019, we held nine events across the patch to which more than 150 representatives from patient organisations, Healthwatch, local charities and associated voluntary organisations in the community were invited. In addition, engagement has also taken place with Suffolk and North East Essex Joint Health Scrutiny Committee, local councils, MPs and sustainability and transformation partnerships, NHS England and NHS Improvement. ESNEFT's governors and a wide variety of patient groups have also been asked for their comments, while extensive meetings with staff have also been held.

Common themes which emerged from the feedback given during these pre-consultation events included:

- getting there/ transport issues
- improvements to patient care associated with a centre of excellence, such as shorter stays, reduced infection and better outcomes
- potential to attract, retain and develop staff
- ability to meet growing demand for services
- accessibility (such as distance from car park, etc)

Specific themes were also identified for each site. For Colchester, these included its proximity to London, the positive impact of developing at Turner Road and the opportunity to improve the hospital's reputation. For Ipswich, available space was viewed as a challenge, while its location, the healthcare support available within the community and the hospital's reputation were seen as strengths.

Patients told us they would be willing to travel if waiting times were shorter and fewer cancellations took place. The possibility option of building the ECC somewhere between the two hospitals and away from either site was taken forward as a formal option for consideration after it was suggested frequently by the public.

Following submission of this pre-consultation business case, a full public consultation will take place to gather more feedback from both internal and external stakeholders on our preferred option. This is likely to last six weeks and will take place between 12 February and 25 March to avoid the pre-election period. An independent advisor will help to shape the consultation questions, while the responses will be independently analysed before they are presented to ESNEFT's board and the CCG's governing bodies for a final decision during the summer.

An independent equality analysis has also taken place to thoroughly assess and consult on the impact that this proposed service change is likely to have on people from different characteristic groups, such as those with disabilities or from ethnic minority groups.

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Next steps

If the CCGs and ESNEFT Board decide to proceed with the ECC following the public consultation, the expected next steps would be:

- **Regulatory approvals** – a design team will be appointed and the outline business case and financial business case developed.
- **Clinical reconfiguration** – the new clinical models of care and detailed plans for how it will be delivered and managed will be developed.
- **Communication and engagement** – detailed plans for further external stakeholder engagement following the public consultation will be drawn up.
- **Programme management** – a programme board will be set up to drive the project, along with professional support and governance to make sure we can deliver the engagement and clinical reconfiguration work.

It is expected the building would open in 2024/25.

Summary

The formation of ESNEFT has given us a significant opportunity to transform services so that they can continue to deliver sustainable, high quality care which meets growing demand into the future.

Creation of an orthopaedic care centre in Colchester will not only allow us to improve outcomes and the experience our patients when receiving care, but will also help us continue to meet increasing demand while delivering value for money.

