Ashford and St. Peter's Hospitals NHS
NHS Trust

Business Briefing for Staff & Volunteers

July 2007

Surrey PCT

NHS Fit for the Future Public Consultation

Likely content

PCT **Expenditure £1.2 billion**

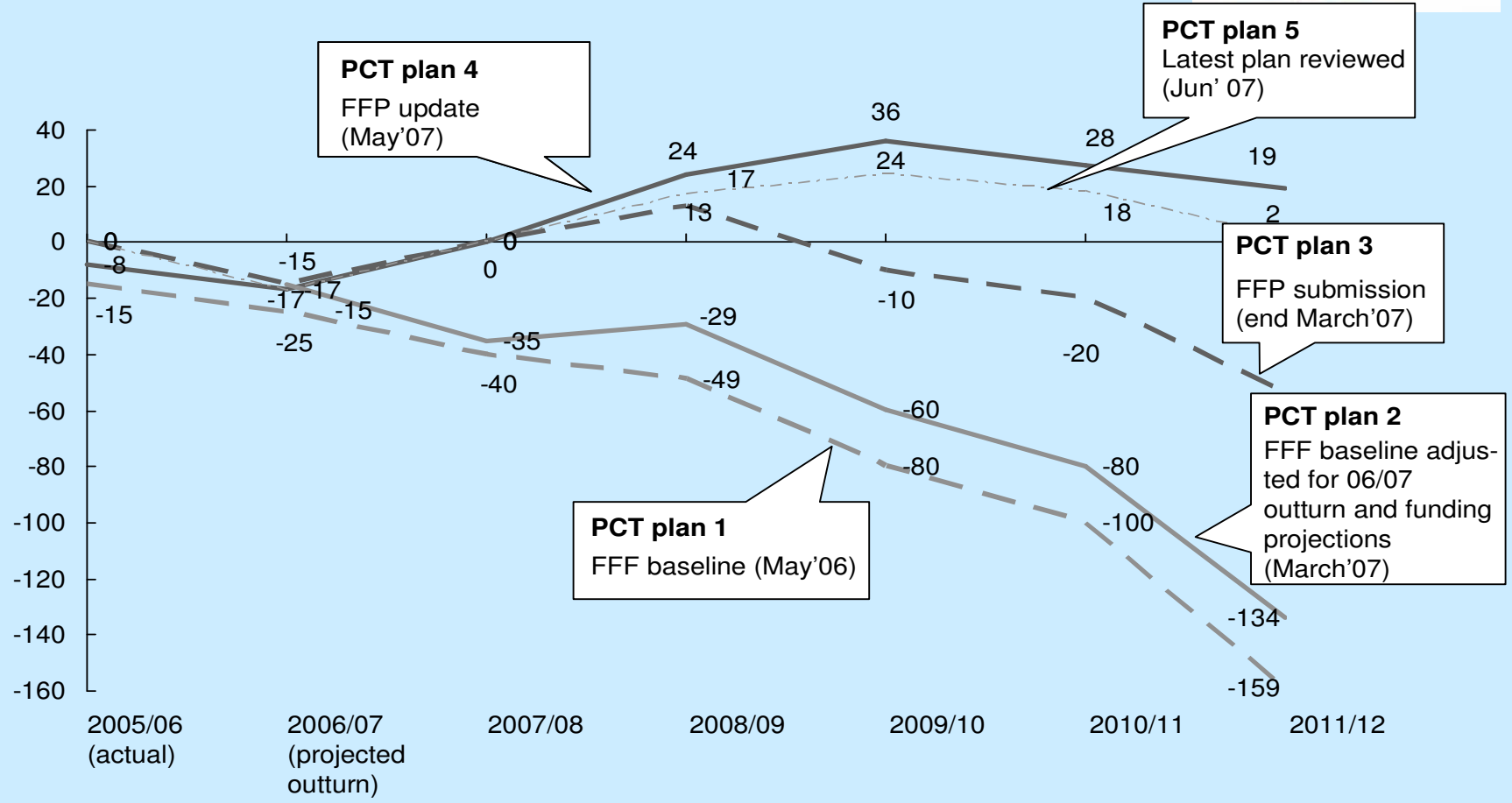
Secondary Acute spend £450 million

Fit for the Future

- **No radical closures of A&E, Maternity and Paediatrics**
- **More focus on specialisation and achieving quality standards**

THE SERVICE SCENARIOS ARE INFLUENCED BY PCT FINANCIAL PROJECTIONS, WHICH VARY GREATLY . . .

Projected underlying financial position for Surrey PCT 06/07 to 11/12 under different plans, £m



Source: Initial FFF baseline; FFP; Surrey PCT Finance; team analysis

Surrey PCT Financial Forecast

Sector	2007/08 Planned expenditure, £m	Real increase by 2001/012, £m	Factors driving growth assumptions
Primary Care	320	13	· Population increase · Infrastructure · Increased coverage of dental services · PBC Development
Community & Intermediate Care	129	25 (includes £5m of reinvested savings)	· Underlying activity growth · Service developments to support demand management
Mental Health, Learning Disabilities & Continuing Care	229	33 (includes £3m of reinvested savings)	

Continued …

Sector	2007/08 Planned expenditure, £m	Real increase by 2001/012, £m	Factors driving growth assumptions
Secondary Care	435	-25	· Underlying activity growth of £15m offset by £40m savings from demand management and non-recurrent 18 weeks investment
Tertiary and Specialist Care	122	26	· Underlying activity growth · Price inflation greater than 2.5% tariff uplift due to higher cost procedures and drugs
Ambulance Service	28	8	· Underlying activity growth · Service transformation
Reserves and contingencies	9	14	· Move to contingency fund of 1.5% of allocation (from 0.7%)

Provider Finances

£40m - savings through demand management schemes

£15m - growth – virtually nil

2.5% - CIP per annum.

More challenging environment

PCT Public Consultation - Likely Key Specialty Areas

More Specialisation

Vascular

- Hub & spoke model – 1 million population
- Interventional radiology rota
- Basingstoke – Frimley – St Peter's – Royal Surrey
- Hub – Frimley & St Peter's 700 operations per annum

Cardiology

- Access to primary angioplasty following heart attack improves outcome
- Two sites in Surrey – elective and emergency
- FPH & ASPH virtual hub + Surrey & Sussex Trust
- Patients will avoid a journey to St George's

PCT Public Consultation - Likely Key Specialty Areas

Improved Quality of Service

Stroke

Compliance with Stroke guidelines

- Access to brain imaging within 24 hours
- Access to <3 hours thrombolysis
- Screen swallowing disorders within 24 hours
- Aspirin started within 48 hours
- Physiotherapy started within 72 hours
- Occupational therapy assessment within 7 days
- Home visit before discharge

All Trusts will want to comply – ? more cost

PCT Public Consultation - Likely Key Specialty Areas

Improved Quality of Service

Maternity Services

- Moving to a consultant delivered service improves safety and outcomes.

Based on Royal College guidance:

- Unit delivering more than 4,000 births per year should have 98 hours a week consultant cover by 2009
- 60 hours cover < 4,000 by 2009
- Dedicated obstetric anaesthetic service

All Trusts will want to comply

PCT Public Consultation - Likely Key Specialty Areas

Improved Quality of Service

Paediatrics

- Evidence supports providing specialist paediatrics from specialist centres.
  - Relatively small number of paediatric admissions
  - Compliance with 2007 guidelines – Consultant in Paediatric EM 16,000 + A&E

All Trusts will want to comply – more cost

Emergency Surgery & Trauma

- Dedicated emergency team separate from elective commitments
- Dedicated emergency theatres over an extended working day
- Surgical assessment unit provision
- Aim to serve 450,000 – 500,000 population by 2010

All Trusts will want to comply – status quo unlikely

Possible Structural Change

- PCT & SHA will promote the move to a single organisation responsible for the 3 Acute Trusts in West Surrey – recommended by senior clinicians for all three sites in Matrix report
- Belief that 3 FTs is not viable given the shift from Acute to primary care and need for more sub-specialisation
- Wants the 3 Trusts to agree how the goal is delivered – 3 to 1 Trusts is to risky in a single move
- ASP + FPH want to look at coming together – want to test the benefits for patient care
  - Maintain 2 A&E, Obstetric & Paediatric units at FPH & St Peter's
  - Deliver specialisation agenda – Vascular, Cardiology & Cancer
  - New opportunities – Renal, Spinal, Plastic Surgery
  - Financial viability
  - Rotas for doctors + Working Time Directive compliance