

Wider Devon Sustainability and Transformation Plan

Acute Services Review Stakeholder Briefing: Issue 1

February 2017

Introduction

Devon's Acute Services Review (ASR) was announced on 4 November 2016, when the final draft of the five-year Wider-Devon Sustainability and Transformation Plan was published. The detailed case for change is set out on the websites of [NEW Devon CCG](#) and [South Devon and Torbay CCG](#)

This Plan sets out why we need to transform health and care services across Devon. It has seven main priorities, one of which is to secure clinically and financially sustainable acute hospital services across Devon.

Acute services are currently provided for the people of Devon by our four major hospitals (in Barnstaple, Exeter, Plymouth and Torbay). The review will have three parts:

1. Examine the gaps in our current acute services and/or whether we are fully meeting the national clinical standards to achieve 'best care for Devon'.
2. Identify those acute services that are vulnerable because of workforce shortages, or other challenges and which are at risk of becoming unsustainable in the near future.
3. Engage our staff, stakeholders and the public on what they consider to be most important about the acute services within the Review and the criteria for decision-making

Across Devon, staff are working hard to deliver a good standard of care to patients. But we know we are not consistently delivering care in line with national best practice and we are doing this at too high a cost: Devon's hospitals are currently spending £50 million more per year than they receive in funding. A large proportion of this overspend is on agency and locum clinical staff, which is a good indicator that services are becoming unsustainable. If we do nothing, this overspend on acute hospital services will increase to £305 million by 2021.

The aim of the review is to make sure Devon's acute hospital services are fit for the future and provide the best possible care for our patients.

Because this is such an important issue for Devon, it will rightly involve months of collaboration, discussion and planning within, between and outside of our hospitals to come up with proposals to ensure we achieve our shared goal of sustainable acute and specialist service provision across Devon.

Which acute services are being reviewed?

High priority acute services

- Stroke services, including hyper-acute and stroke rehabilitation (clinician workshops taking place between December 2016 and March 2017)
- Maternity and paediatrics (clinician workshops taking place between January 2017 and March 2017)
- Urgent and emergency care. (clinician workshops taking place between January 2017 and March 2017)

The workshops provide a forum where clinicians from across Devon representing each of these services meet to discuss the current service standards, the best practice service standards (national clinical guidelines) and any issues affecting the quality and sustainability of the existing services. Each of the three reviews will include a number of patient representatives (recruited by Healthwatch) who have lived experience of the service being reviewed. This will ensure that the patient perspective informs the discussions of the group.

Vulnerable acute services

In parallel, work is underway to discuss a range of vulnerable services that may require collaboration and different ways of working across our hospitals and clinical teams.

Each of these services has particular challenges and we cannot resolve them with the current model of service delivery. This work is ongoing and will follow a similar process to that of the high priority acute services.

How we will engage people in the Acute Services Review

Staff

Clinical, professional and managerial representatives for stroke, maternity and urgent care are all involved in the clinical workshops outlined above.

Each organisation is also making sure that its staff are engaged and informed in the Acute Services Review, as we are aware that they will also have important points of view we need to capture.

Public and stakeholders

In March 2017 the partners of the wider-Devon STP will be encouraging people to discuss what is important to them about acute services. This feedback will be collated into themes and called **decision-making criteria**. For example, people are already telling us they feel strongly about travel times and distances so we expect this will be an important criterion that lots of people feel should influence our plans.

These discussions will be held across Devon in a variety of formats and settings, from attending council meetings to specially organised public meetings and questionnaires.

The feedback we receive will be presented to the clinicians in each workstream to ensure that the views of our wider staff, stakeholder and public are incorporated into our planning and thinking at the earliest stages.

By summer 2017, we hope we will have had sufficient feedback from clinicians, the public, finance and workforce professionals to draw up proposals about how we make

sure Devon's acute hospital stroke, maternity and urgent care services are fit for the future and provide the best possible care for our patients.

It is anticipated that these proposals may require consultation with the public and staff.

Next update: March 2017

We are now able to share details of taking place across Devon to discuss the Sustainability and Transformation Plan and the Acute Services Review.

This briefing is sent to all identified stakeholders across Devon and will be cascaded through partner organisations. If you would like to receive these briefings directly please contact us and we will add you to our mailing list.

Wider-Devon STP partners

- All NHS providers in Devon
- NHS Northern, Eastern and Western Devon CCG
- NHS South Devon and Torbay CCG
- Livewell SouthWest
- Devon County Council
- Plymouth City Council
- Torbay Council
- Healthwatch (Devon, Plymouth and Torbay)
- 160 GP practices
- Virgin Care
- Care UK

The NHS in Devon understands its need to meet all relevant statutory obligations when undertaking a change programme and nothing in this document should be taken to commit the NHS to a particular decision without proper consideration of those obligations.

