

2 STRATEGIC CONTEXT FOR THE PROJECT

2.1 The Case for Change

2.1.1 The main drivers for change are:

- Insufficient inpatient, theatre, outpatient, diagnostic and rehabilitation capacity.
- The need to provide single sex inpatient and day care accommodation.
- The need to provide faster access to treatment, particularly in hospital.
- The need to reduce travel times to access services.
- The need to provide greater choice for patients.
- The need to replace unsuitable and out-of-date premises and equipment, and improve the poor quality of the environment.
- The need to provide education and training facilities to support the workforce development programme.
- The need to improve the working environment and career paths to help with the recruitment and retention of staff.
- The constraints the existing inflexible facilities make on the strategic service developments required for a modern, inclusive service.
- The increased cost of providing services which are fragmented and duplicated.

2.1.2 Insufficient inpatient, theatre and outpatient capacity causes lengthy waits for patients awaiting treatment and during the assessment and treatment process. This is a particular issue in the acute hospital. It has stretched resources to the limit and caused increased stress amongst staff.

2.1.3 Operating acute hospital and mental health services across three sites imposes additional overheads and reduces service effectiveness. Additional investment in clinical staff has been necessary to manage the clinical risks associated with operating some clinical services from more than one site.

2.1.4 Patients have to be transported between sites to access some clinical services or to relieve pressure on the emergency beds at PDH.

2.1.5 Many of the older buildings do not provide clinical accommodation that meets current space standards or provide all the facilities required for modern healthcare. They are also inflexible due to their construct method and general design.

2.1.6 Some parts of the current health estate do not meet standards for gender separation or provide adequate privacy for patients. The majority of the acute mental health facilities are not compliant with current standards for inpatient accommodation.

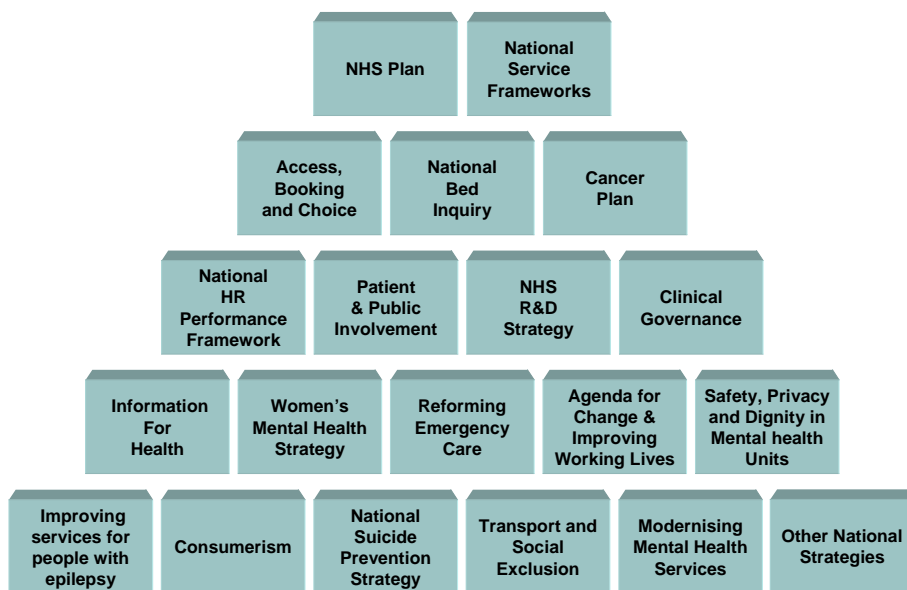
2.1.7 During peak periods the roads around the accident and emergency department become severely congested, delaying access for emergency ambulances.

2.1.8 There are no fast and direct bus routes from the city centre to the Edith Cavell Hospital and bus services during the evenings and weekends are infrequent. The bus stop at Edith Cavell Hospital is located some distance away from the hospital entrance.

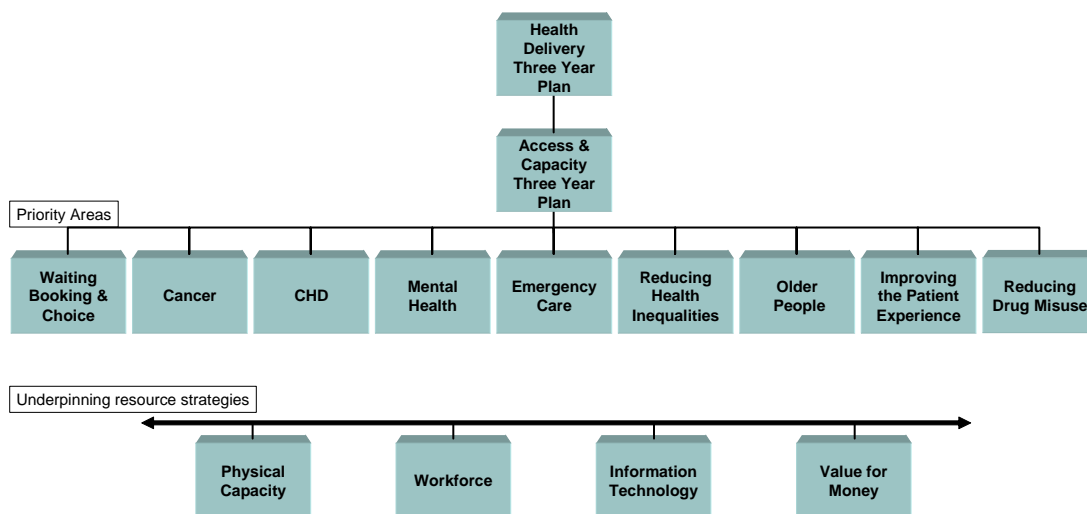
2.1.9 There is a severe lack of car parking spaces at the hospital sites, including a lack of disabled parking spaces. The car parks are some distance from the hospital entrances making access difficult for people with mobility problems and lengthening journey times.

2.2 The Response to the Modernisation Agenda

2.2.1 The Project has been developed with due consideration to all national and local strategic priorities in order to ensure the selected options will deliver a comprehensive whole system response to the needs of the population of Greater Peterborough and the modernisation agenda. The key national priorities that have been considered as part of the development of the proposals are shown in the figure below.



2.2.2 The requirements of all these strategies have been incorporated into the local health delivery plan and three year access and capacity plans. The structure of the health delivery plan is shown in the figure below.



- 2.2.3 The Trusts have developed a strategy that will deliver the service changes required to meet the access and capacity plan and the priority areas by critically reviewing the available health system resources and planned growth in Government spending on NHS services.
- 2.2.4 The development of the strategy, the review process and the development plans have been undertaken as a joint exercise by all the project partners. This 'whole system' approach has ensured the individual trust's plans and developments are consistent and delivered at the right time.
- 2.2.5 The strategy to deliver the modernisation agenda comprises:
- Increasing the intrinsic capacity of the system by:
 - Streamlining the care process to remove duplication and eliminate any actions that do not contribute to the care of the patient or the outcome.
 - Moving out of the acute hospital those services that can be safely provided in an intermediate or primary care setting.
 - Eliminating the need for regular and continuing outpatient appointments for people with chronic conditions by developing expert patients who can self refer at a time of crisis.
 - Expanding the number of locations at which elective services are provided including intermediate and primary care.
 - Increasing the physical capacity of the system by:
 - Increasing the number of acute inpatient beds by 60.
 - Providing 40 acute dynamic rehabilitation beds.
 - Increasing theatre, diagnostic, rehabilitation and outpatient capacity within the acute hospital and the new integrated care centre.
 - Reconfiguring the workforce by:
 - Developing a workforce that is matched to the needs of the service.
 - Expanding the skills base of staff to cover a wider range of responsibilities and thus reducing the number of staff individual patients have contact with.
 - Developing the use of technology to:
 - Schedule all the elements of elective care in support of the one-stop-shop principle.
 - Provide rapid access to diagnostic test results from all clinical areas.
 - Provide access to the education and training centre resources from outside the hospital.
 - Ensuring best value for money by:
 - Utilising common protocols throughout the health system, including the initial triage process for emergency care.
 - Reducing the fixed costs of services that do not need to be located in an acute hospital by transferring them to the intermediate or primary care settings.
 - Reducing administration costs and staff non-patient care time by scheduling all the activities relating to the diagnosis, assessment and treatment planning of an episode of care to take place during a single visit to hospital (the one-stop-shop principle).
 - Replacing those parts of the health estate that are expensive to run and/or require substantial investment in back-log maintenance and upgrading to modern standards.

2.2.6 Common to all these strategies are the following service values:

- Provision of high quality clinical services based on the needs of the patient.
- The provision of high quality environmental standards that promote recovery and rehabilitation.
- The provision of facilities and services that respect the privacy, dignity of patients and will ensure their security.
- Putting the patients' needs at the centre of all services.
- Ensuring faster and more equitable access to services.
- Partnership working between health services and between health and social services.
- Ensuring services are responsive and flexible to meet changes in demand.

2.3 Impact on the Health Estate

2.3.1 Implementing the service models in the GPHIP and the modernisation agenda will involve investment in new facilities, equipment and IT systems.

2.3.2 A major part of the investment in facilities is covered by this project. The outcome will be:

- An acute hospital on the ECH site,
- A mental health unit on the ECH site, and
- An integrated care centre on the PDH West site.

2.3.3 Some elements of the GPHIP and related primary care modernisation agenda are being implemented through a joint estate planning network involving the PCTs, Cambridgeshire and Peterborough Mental Health Partnership Trust, Peterborough Hospitals Trust and the City Council. Other elements are part of the regional planning framework and funded through third parties. These schemes will be funded from block capital allocations with partnering taking place where appropriate.

2.3.4 These developments include:

- The provision of Hydrotherapy for adults through an associated development within a special school.
- Expansion of satellite renal services provided by Leicester Royal Infirmary.
- Provision of two linear accelerators through the West Anglia Cancer Network.
- GP practice modernisation.
- Provision of rehabilitation (physiotherapy) through GP practices, and sports and leisure facilities.
- Relocation of diabetic services to primary care.
- Relocation of chronic pain to primary care.
- Working with the commercial sector to develop health screening and general support for conditions such as diabetics, hearing aid services, and AIDS.

2.3.5 The development of IT systems to link the services across the health system is also a key part of the GPHIP. The provision of these systems will be the subject of a separate procurement exercise. Only the passive components of the data networks are included in the project.