

2. STRATEGIC CONTEXT

2.1 INTRODUCTION

This Chapter of the Outline Business Case (OBC) summarises the main strategic drivers for change and how the local health system must be developed if it is to fulfil future demand and meet the long-term strategic goals. At the core of this business case is a commitment from all the stakeholder agencies to improve patient and public services in Greater Peterborough and to achieve the targets laid out in the National Health Service Planⁱ.

The strategy to modernise local health services is encompassed in the Greater Peterborough Health Investment Planⁱⁱ (GPHIP) and forms a major component of the local health service strategy. This covers the whole health system, including acute, intermediate and primary care services. The GPHIP is based on national strategic plans, national service frameworks and standards, local service plans and changes in the health and service needs of the local population.

The GPHIP also resolves the operational difficulties caused by the current configuration of acute hospital services across three sites in Peterborough, the lack of system capacity and the drain on resources caused by the need to support duplicated services and the inefficiencies of multi-site operations.

The NHS organisations directly involved in the development of the GPHIP and this Outline Business Case (OBC) are:

- East Cambridgeshire & Fenland Primary Care Trust (ECPCT)
- Lincolnshire South West Teaching Primary Care Trust (LSWPCT)
- North Peterborough Primary Care Trust (NPPCT)
- South Peterborough Primary Care Trust (SPPCT)
- Peterborough Hospitals NHS Trust (PHT)

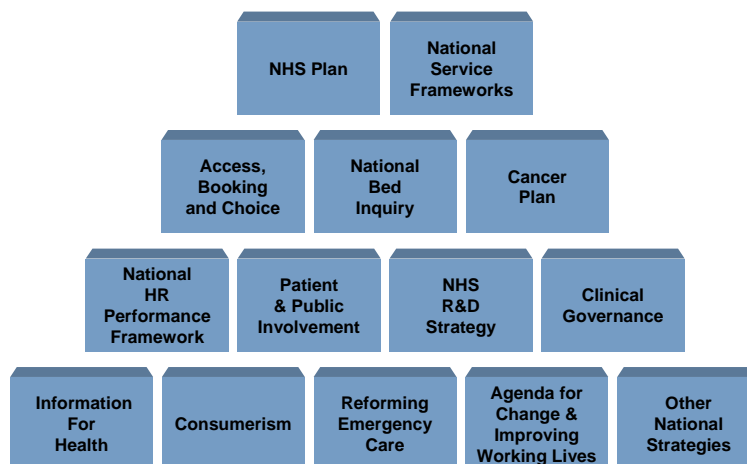
2.2 OVERVIEW OF HEALTH STRATEGY

The options in this OBC have been developed with due consideration to all national and local strategic priorities in order to ensure that the selected option will deliver a comprehensive whole system response to the needs of the population of Greater Peterborough. This section lists, as examples, some of the key national and local priorities and identifies how approval of this OBC would allow Peterborough to respond to these priorities.

National Context

The key national priorities that have been considered as part of the development of the proposals detailed in this OBC as shown in Figure 1 below.

Figure 1 – The National Priorities



2.2.1 THE NHS PLAN

The NHS Plan is the Government's ten-year plan for the modernisation of the NHS. It was produced to assist Trusts to identify areas of service provision that need to be improved and to help them build a new, modern NHS based around the needs of the patient. Table 3 identifies some of the key requirements of the NHS Plan and how the GPHIP and this OBC respond to these requirements.

Table 3 – The NHS Plan, Requirements and Responses

Requirement	GPHIP Response
100 new hospitals and 7,000 beds to provide new state of the art facilities that will provide faster, more convenient services for patients.	Development of easy to access hospital services from a modern facility including a Diagnostic and Treatment Centre and increased theatre and bed capacity (see Chapter 4).
Reductions to waiting times, enhanced performance targets and improvements in emergency care.	Separation of emergency and elective care with dedicated theatres, beds and diagnostic facilities and the creation of a modern emergency centre (detailed in Chapter 4).
As much work as clinically appropriate should be delivered in ambulatory or short stay facilities.	All elective work requiring up to a 23 hour stay will be undertaken in the Diagnostic and Treatment Centre.
Improved services through better partnership working.	Integrated care services will be delivered away from the main acute site to offer patient choice in accessing services through the implementation of care pathways that span primary and secondary care.
Designing around the patient	Use of user profiles and public consultations throughout the project and service planning process
40% of NHS buildings to be less than 15 years old by 2010	Replacing premises that are substantially older than 15 years old with new build and refurbishing modern premises.

2.2.2 NATIONAL SERVICE FRAMEWORKS

National Service Frameworks have been developed for a number of health service areas, to state clearly the services that patients and users should be able to access, ensure that equality of provision is maintained nationally and build on best practice observed from local developments. Table 4 identifies some of the key requirements of the National Service Frameworks and how the GPHIP and this OBC respond to these requirements.

Table 4 – National Service Frameworks, Requirements and Responses

Requirement	GPHIP Response
Improved management of patients suffering from Coronary Heart Disease.	Provision of a cardiac catheter lab and cardiac investigations unit brought together in an expanded service with a dedicated cardiac ward.
Improved services for older people.	Intermediate care beds with structured and planned short-term rehabilitation models targeted at helping older people regain their independence following hospital admission.
Improved services for children.	Integration of secondary and community paediatric services and development of an integrated care pathway to ensure all children receive the most appropriate care from the most appropriate person, in the most appropriate place at the most appropriate time.
Greater integration of mental health services.	Planned relocation of Acute Mental Health Services onto the main acute hospital site.

2.2.3 ACCESS BOOKING AND CHOICE

Access, Booking and Choice aims to ensure that NHS patients are able to access services in a location that is convenient to them, that they can book an appointment in a way and at a time that is suitable and that they be given a choice wherever possible, reflecting that patients are

individuals with individual needs, wants and preferences. The strategy included the introduction on e-booking services and greater use of technology to give easier access to NHS services.

2.2.4 THE NATIONAL BEDS INQUIRY

The National Beds Inquiry looked at where inpatient services are provided and the manner in which inpatient beds are utilised. Table 5 identifies some of the key findings of the National Beds Inquiry and how the GPHIP and this OBC respond to these findings.

Table 5 – National Beds Inquiry, Findings and Responses

Findings	GPHIP Response
Growth in emergency admissions.	Modern emergency centre with increased number of supporting acute care beds.
Occupancy rate of 82% is required. Bed occupancy rates of over 85% are associated with problems in handling emergency admissions.	OBC options tackle the current 90% occupancy rate on the emergency admitting site, PDH.
For older people, about 20% of bed days are inappropriate.	Intermediate care beds with structured and planned short-term rehabilitation models targeted at helping older people regain their independence following hospital admission.
Major acute hospitals will increasingly act as expert hubs as facilities are provided more locally to patients.	Telemedicine links to Integrated Care Centres and Primary Care facilities. Development of an Education and Training Centre to serve the whole health community.

2.2.5 THE CANCER PLAN

The National Cancer Plan drew together actions required to ensure that cancer care across the nation is provided in an appropriate and equitable way. Table 6 identifies the key requirement of The Cancer Plan and how the GPHIP and this OBC respond to this requirement.

Table 6 – National Cancer Plan, Requirement and Response

Requirement	GPHIP Response
Modern cancer-care facilities.	Development of cancer services in conjunction with the tertiary centre at Addenbrooke's Hospital, Cambridge and the West Anglia Cancer Network. The development control plan for the acute hospital site will include space to locate Linear Accelerator (LINAC) Bunkers and will enable co-location of all local cancer services.

2.2.6 NATIONAL HR PERFORMANCE FRAMEWORK

The National HR Performance Framework will ensure the NHS has the staff it needs to deliver modernisation across the Service, that these staff are working in the most effective ways, and that the NHS is investing in improving the working lives of its staff. Table 7 identifies some of the key requirements of the National Human Resources Performance Framework and how the GPHIP and this OBC respond to these requirements.

Table 7 – National HR Performance Framework, Requirement and Response

Requirement	GPHIP Response
Appropriate deployment and development to achieve the most effective use of staff resources especially in areas where there are national shortages and local recruitment and retention difficulties.	Development of GP nurse and AHP-led specialist services as part of a comprehensive intermediate care package. Reconfiguring the workforce to better meet service needs.
Team based working across professional boundaries and the development of new roles based around service improvement and design.	Embracing the multi-disciplinary approach to patient care and offering additional nurse and AHP consultant and clinical nurse specialist posts.
The expansion and development of professional education and training facilities.	Provision of a state of the art education and training facility for all members of the local healthcare community.

2.2.7 PATIENT AND PUBLIC INVOLVEMENT

The Government discussion document "Involving Patients and the Public in Healthcare" includes a number of proposals for replacing community health councils (CHCs). This raises key issues for managing the transition between the existing system, and the new arrangements. Patient and public involvement is central to service planning and provision, and a major catalyst for service improvement. Table 8 identifies some of the key requirements for effective patient and public involvement and how the GPHIP and this OBC respond to these requirements.

Table 8 – Patient and Public Involvement, Requirement and Response

Requirement	GPHIP Response
Involvement of patients and the public in planning facility developments.	Regular stakeholder conferences involve all interested parties in decision-making and strategic exercises, including the benefits analysis and review work.
Involvement in patients and public in working to modernise care pathways.	Patient's, carers and users have been involved in service planning work helping to determine models of care and care pathways.
Creation of Patient Advocacy and Liaison Services.	Peterborough has been operating as a pilot site for PALS for over a year.

2.2.8 NHS RESEARCH AND DEVELOPMENT STRATEGY

The NHS research and development strategy aims both to extend and develop the evidence base for health care, and to improve the use of the knowledge that we already have. Table 9 identifies some of the key requirements of the NHS Research and Development Strategy and how the GPHIP and this OBC respond to these requirements.

Table 9 – NHS Research and Development Strategy, Requirement and Response

Requirement	GPHIP Response
The enhancement of research and development commitments in line with the aim of supporting a knowledge based NHS where clinical, managerial and policy decisions are based on sound information about research findings and scientific developments.	Provision of state of the art education and training facility to support the knowledge based approach.
Recognition of the significance of the strategic partnerships between the NHS and Universities, including a commitment to a more formal and explicit partnership, build upon existing liaison, consultation and representation.	Links with Cambridge and Leicester Universities and with the Himmerton School of Health Studies are being nurtured and developed.

2.2.9 CLINICAL GOVERNANCE

Clinical Governance is a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. Table 10 identifies the key requirement of Clinical Governance and how the GPHIP and this OBC respond to this requirement.

Table 10 – Clinical Governance, Requirements and Response

Requirement	GPHIP Response
The demonstration of a clear framework for clinical governance should be in place, as this facilitates the development of evidence based practice and best practice.	Rationalisation of hospital sites will facilitate more effective supervision and aid the continued development of a framework for clinical governance.

2.2.10 INFORMATION FOR HEALTH

The Information for Health Strategy will ensure that information is used to help patients receive the best possible care. Table 11 identifies some of the key requirements of Information for Health and how the GPHIP and this OBC respond to these requirements.

Table 11 – Information for Health, Requirements and Response

Requirement	GPHIP Response
Accurate and instantly accessible information across all healthcare organisations.	Development of electronic patient record.
NHS Trusts should respond appropriately to the incorporation of clinical and information technology advances.	Telemedicine allowing more complex procedures to be delivered away from the main acute hospital site.

2.2.11 CONSUMERISM

The consumerism agenda serves to provide the public with services and buildings that meet their specific needs. Table 12 draws attention to the keys recommendation of consumerism and how the GPHIP and this OBC respond to these requirements.

Table 12 – Consumerism, Requirements and Response

Requirement	GPHIP Response
To put the patient at the heart of delivering healthcare, there must be a commitment to the concept of “consumerism” – i.e. providing a service which recognises and meets the expectations of the individual.	Provision of 32% to 50% of inpatient accommodation in single rooms. Access to TV, telephone, and IT links at the bedside. Views from beds out of windows. Provision of additional rooms in ward areas for discrete meetings with patients and relatives.
To increase the size of key rooms to ensure there is sufficient space for staff to care for patients safely and work effectively.	Increase in room sizes, particularly in bedded and other clinical areas.

2.2.12 REFORMING EMERGENCY CARE

The Reforming Emergency Care strategy introduced radical changes to A&E departments that will dramatically speed up advice and treatment for patients who don't need to be admitted and improve the speed of assessment and treatment for those who do need admission. Table 13 identifies some of the key requirements of Reforming Emergency Care and how the GPHIP and this OBC respond to these requirements.

Table 13 – Reforming Emergency Care, Requirements and Response

Requirement	GPHIP Response
Streaming of care pathways for emergency patients.	Early triage system planned in Models of Care (see Chapter 4) that will provide direct access to specialist assessment and treatment.
Provision of local access to emergency treatment.	Establishment and development of Walk in Centre and Minor Injuries Units. With local diagnostic support.
Reduce waiting times for treatment.	Streaming of patients through Triage to specialist emergency areas and Minor Injuries areas will reduce waits.

2.2.13 AGENDA FOR CHANGE AND IMPROVING WORKING LIVES

Improving Working Lives is a national initiative, which aims to provide a better deal for everyone working in the NHS. Table 14 identifies some of the key requirements of the Agenda for Change and Improving Working Lives and how the GPHIP and this OBC respond to these requirements.

Table 14 – Agenda for Change and Improving Working Lives, Requirements and Response

Requirement	GPHIP Response
Provision of appropriate childcare facilities.	Inclusion of a crèche in planned facility developments
Workforce review conducted to address training needs.	Workforce review has been undertaken and has been used to educate the service planning process on education and training (see chapter 4).

Requirement	GPHIP Response
Improved staff facilities.	Inclusion of staff rest rooms and other staff support facilities in options for facility developments.

2.2.14 OTHER NATIONAL STRATEGIES, REPORTS, GUIDANCE AND PUBLICATIONS

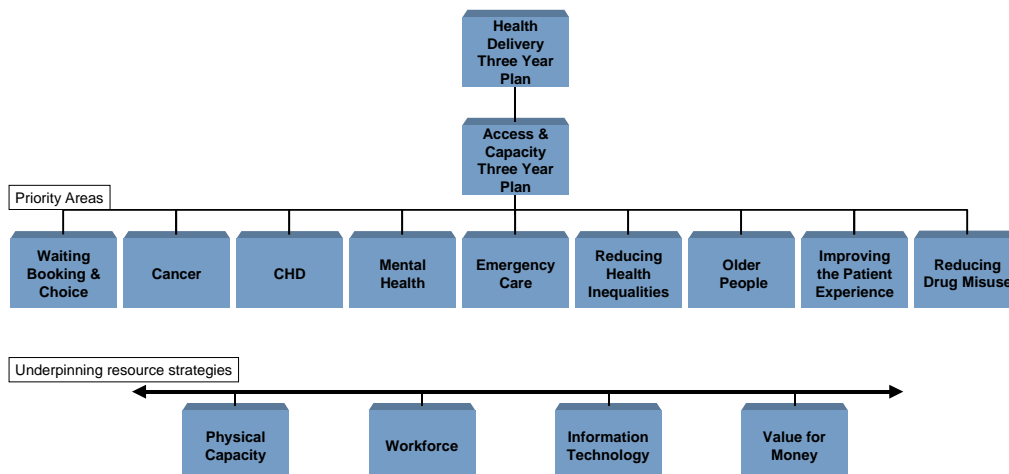
Other Strategies, reports, guidance and publications that were considered in the production of this OBC were:

- Serving Children Well.
- Audit Commission Reports.
- Local Government Act 2002.
- Critical Care – Neonatal Review.
- PEAT (Patient Environment Action Teams).
- Disability Discrimination Act.
- Bristol Inquiry.
- NEAT (NHS Environmental Assessment Tool).

2.2.15 LOCAL CONTEXT

Service planning at the local level is currently being reformed. The new Health Delivery Plans will reflect the requirements of the national planning and priorities guidance, the local access and capacity three year plans and the detailed planning for waiting, booking and choice. The linkages are illustrated in Figure 2 below. There is considerable overlap between the Health Delivery Plan and the GPHIP. The former being the short term planning cycle within the ten-year planning cycle of the NHS Plan and the GPHIP.

Figure 2 – Structure of the Health Delivery Plan



2.2.16 ACCESS AND CAPACITY PLANS

The Peterborough Hospitals Trust and the North and South Peterborough PCTs have developed a joint Modernising Access and Capacity Plan for Waiting Booking and Choiceⁱⁱⁱ. The plan defines the capacity requirements and actions proposed to meet the NHS Plan targets listed in Table 15.

Table 15 – NHS Plan Targets

Waiting Times	Maximum waits by:			
	31 March 2003	31 March 2004	31 March 2005	31 March 2006
Outpatients	5 months	4 months	3 months	3 months
Inpatients	12 months	9 months	6 months	5 months