Royal Hospital Haslar
Gosport PO12 2AA

Fax Cover Sheet

DATE:	February 3, 1999	**TIME:**	14:35
TO:	Penny Humphris P&SEHHA	**PHONE:** **FAX:**	Code A Code A
FROM:	Shirley Hardy	**PHONE:** **FAX:**	Code A Code A 3

RE: **PARTNERSHIP BOARD MEETING - 6 FEBRUARY 1999**

CC	**Maggie Somekh**	**Fax No**	Code A
	Sarah Smart	"	
	Max Millett	"	
	Dr Jane Barton	"	
	Surg Cdre I Jenkins	"	

Number of pages including cover sheet: 6

Message:

Attached please find the paper relating to agenda item 6 for the Board meeting on Friday. Please pass on to colleague representatives where appropriate.

Report to; Partnership Board

Subject: Discussions on Clinical Integration to Manage Risk

From: Sarah Smart and Shirley Hardy

Date: 3 February, 1999

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1 Children's Services at RH Haslar

The meeting held on 1 December 1998 identified a range of actions necessary to plan to integrate RHH children's services with PHT and PHCT. All relevant specialties in PHT were contacted and asked to plan on the basis of the following criteria:

- Adherence to national standards, including clinical and access times
- Protection of RHH (and PHT) training approvals
- Maintenance (and enhancement) of skills of the RHH workforce
- Appropriate provision for Service families
- Provision of outpatient and diagnostic services on the Gosport peninsula (i.e. a dedicated paediatric facility)

Responses were requested by the end of January, but despite best efforts it has not proved possible to get the necessary groups together to meet this date and the present position is as follows:

1) ENT: The lead clinicians from PHT and RHH have agreed that the children's surgery currently undertaken at RHH should transfer to QAH and that adult elective work displaced from theatres at PHT by this transfer should move to RHH to the vacated sessions. This switch is likely to impact on the viability of SHO training as it is not considered feasible to rotate SHOs between RHH and PHT within a six month post. This is likely to mean either that all ENT work will need to transfer to QAH, if capacity allows, or a consolidation of ENT day case work at RHH which would not require resident SHO cover or the transfer of selective ENT work to RHH that could be under general surgical SHO cover.

2) Acute medical paediatrics: A further meeting was held in December to confirm interim arrangements for acute medical paediatrics at RHH based on both the existing P&SEHHA ambulance protocol and confirmation of the agreement between paediatricians in PHT and RHH about support over individual patient management. The agreement is:
   - PHT will send RHH key protocols on the management of specific conditions
   - PHT will accept referrals direct to SMH from RHH, and where necessary, will contact ITU for support
   - PHT will not assess patients over the phone and will always advise transfer

3) Community paediatrics: No date has yet been agreed with Portsmouth Healthcare Trust for a meeting on the future arrangements for community medical paediatrics and the PHCT contribution to the development of a

paediatric facility on the Gosport peninsula. Pending agreement on satisfactory arrangements to protect the Service requirement for community paediatrics in the paediatric GPVT post, PHT have agreed that this can be extended to cover 6 months on the same basis as Trust posts.

4) Oral surgery, general surgery and anaesthetics: Meetings have been arranged covering all these specialties on 11 March 1999

5) A&E, trauma and orthopaedics and plastic surgery: A meeting on the children's A&E service has been arranged for 9.00am on 5 February 1999 and a verbal report on this meeting will be made to the Partnership Board. As virtually all children's orthopaedic and plastic work at RHH is trauma related and generated via A&E, meetings in these specialties have been left until the A&E position has been progressed further. The plastic surgery meeting will however need to take account of the inclusion of some children's elective work in the Salisbury sub-contract undertaken at RHH.

6) Dermatology and ophthalmology: No specific meeting has been arranged for dermatology, but earlier collaboration meetings in this specialty suggest that it would be possible for any children requiring admission from RHH to be admitted instead to SMH. No children's ophthalmic surgery currently takes place at RHH, so clinical integration in this specialty would re-open the possibility of such lists being undertaken by Service consultants in Portsmouth.

Although children's services are continuing at Haslar pending the conclusion of specialty discussions, and an agreed action plan and date for transfer, the level of activity has remained fairly stable. There is, however, some evidence of a reduction in work since the beginning of 1999, presumably related to reduction in referrals. Only 2 patients were identified as emergency admissions in January, both orthopaedic. The last report to the Health Authority covered the period to September 1998 and this information is updated on the basis of averages below:

a) Bed use on D6 based on average midnight bed occupancy

Period	Mon	Tues	Wed	Thurs
Apr-Jn 98	1.4	3.2	4	2.5
Jly-Spt 98	1.4	1.8	2.4	1.9
Oct-Dc 98	1.4	2.6	2.25	2
Jan 1999	1	1.5	1.75	1.5

b) Total weekly patient activity on the ward

Period	In-patients	Day cases	Reviews	Total
Apr-Jn 98	5.6	6.1	3	14.8
Jly-Spt 98	5.1	4.9	2.5	12.6
Oct-Dc 98	5.5	6.7	2.2	14.4
Jan 1999	3.5	7.25	2	12.75

2 Accident & Emergency Services

While it is believed that arrangements can be agreed for the transfer of elective children's work to Trust locations, the impact of cessation of children's A&E services at Haslar is more difficult to manage, both because of the impact on adult services at RHH and because of the impact on the local Gosport population who use the A&E.

Information on total A&E attendances at RHH is attached and it can be seen that the loss of around 6,000 child attendances from these numbers will bring the total down to around half of the normal A&E training requirement of 30,000 attendances p.a.

The meeting on 5 February will therefore explore alternative approaches to the short-term maintenance of an adult A&E service, or to the establishment of a Minor Accident Treatment Service (MATS) run by the QAH A&E department in its place for wider consideration. The latter probably represents the most realistic aim for long-term provision on the peninsula based on the employment of skilled nurse practitioners in the MATS, and improved service standards from the Ambulance Service to ensure that acute emergencies can be quickly picked up, stabilised and transferred to the central trauma unit. The MATS service would be complementary to any emergency services run by and for primary care, and would obtain any medical support required from the central A&E Dept, not from primary care.

The decision on the timescale for any move from a full A&E service to a MATS service on the Gosport peninsula would be dependent on a number of factors which have yet to be fully explored. These include:

- The availability of consultant and other medical staff to run and provide the necessary back-up/cover for two A&E departments in the P&SEHHA area
- The availability of appropriately trained staff to run an alternative MATS service in Gosport
- The progress of public consultation on change and the acceptability of the alternative to the local population in the light of the manpower and support services available from the NHS and DSCA
- The use being made of the RHH site as hospital services are re-configured by the process of clinical integration between RHH and PHT, and the continuing requirement for A&E on the RHH site for training and related clinical service reasons

Some debate around these issues by Partners would be helpful in providing direction to those working on the plans for clinical integration and in the development of realistic messages to the local population as to what it may be possible to provide in Gosport in the second half of 1999 and beyond.

SJH/SS/03/02/99

A&E FIGURES FOR RH HASLAR

FINANCIAL YEAR FIGURES	FY 1997-98	FY 1998-99
APRIL	1,694	1,594
MAY	1,717	1,940
JUNE	1,589	1,905
JULY	1,918	2,009
AUGUST	1,903	1,954
SEPTEMBER	1,787	1,756
OCTOBER	1,763	1,695
NOVEMBER	1,628	1,587
DECEMBER	1,624	1,646
JANUARY	1,556	
FEBRUARY	1,502	
MARCH	1,669	
TOTALS	20,350	16,086
PROJECTED 98-99 TOTALS		21,448

JAN 98 - DEC 98 FIGURES

JANUARY	1,556
FEBRUARY	1,502
MARCH	1,669
APRIL	1,594
MAY	1,940
JUNE	1,905
JULY	2,009
AUGUST	1,954
SEPTEMBER	1,756
OCTOBER	1,695
NOVEMBER	1,587
DECEMBER	1,646
TOTALS	20,813