



Report for Milton Keynes HASCC meeting

Bedfordshire and Milton Keynes Healthcare Review

Update and overview

1.0 The story so far

In January 2014, a strategic review of the Bedfordshire and Milton Keynes health economies was commissioned by NHS England and the two national regulators – Monitor and the NHS Trust Development Authority (TDA) – and involving the Clinical Commissioning Groups (CCGs) for Bedfordshire and Milton Keynes. The review was commissioned with a view to testing out a new approach that would be an alternative to ‘special measures’ and provide a sustainable solution for the two local health economies. Through funding from Monitor, McKinsey & Company was contracted to support the review with research and analysis.

1.1 April 2014: A Case for Change ¹

In April 2014 the Healthcare Review published *A Case for Change*, which set out the challenges facing our local NHS services, including:

- Inconsistent quality of care across primary care
- Growing and ageing population
- Increased numbers of people with long term conditions
- Inequalities in life expectancy and access to healthcare
- Workforce shortages
- Patient flows insufficient for specialist skills
- Financial challenges

The report also highlighted opportunities to transform local health services, such as:

- Investing more in preventing ill health, and patient education to enable people who are ill to do more for themselves
- Learning from good practice elsewhere both in the UK and abroad
- Working more closely with council funded social services
- Linking payment for healthcare to benefits for patients rather than the current system which pays for the number of treatments or patients seen

¹ Bedfordshire & Milton Keynes Healthcare Review *A Case for Change*, 9 April 2014

1.2 October 2014: Healthcare Review Progress Report ²

In October 2014, the review published a progress report which set out the work undertaken during the review's 'study phase'. This report incorporated and was informed by feedback from patients and the public, clinicians, healthcare providers and other key stakeholders. The report explored ways in which Bedfordshire CCG (BCCG) and Milton Keynes CCG (MKCCG) could deliver more care closer to home as well as potential solutions for the future provision of healthcare services in Bedford Hospital NHS Trust (Bedford Hospital) and Milton Keynes University Hospital NHS Foundation Trust (Milton Keynes Hospital).

It also set out recommendations for taking the review forward, so that both CCGs could develop healthcare options which would lead to high quality, sustainable hospital services for the next 20 years.

Options that emerged

The review set out to generate and analyse options for the future provision of services at Bedford and Milton Keynes hospitals that would:

- Offer the best overall balance between strengthening clinical quality and sustainability
- Better meet the needs of a changing population
- Be financially affordable

Following a process of evaluation and elimination drawing on clinical expertise and public and patient feedback, two options emerged (see table below). However, the report acknowledged that *“though the financial evaluation shows considerable benefit in both the options, it doesn't show that either is wholly sustainable without more detailed further work.”*³

Options that emerged for the future provision of services at Bedford and Milton Keynes hospitals

Bedford Hospital	Milton Keynes Hospital
Integrated care centre (4)	Major emergency centre (2b)
Major emergency centre (2b)	Integrated care centre (4)

Note: 2b and 4 are the reference numbers given to the hospital models that emerged from the progress report. The McKinsey modelling of the 2b and 4 options showed that this reconfiguration improved the financial position but did not return the health economy to financial balance.

Progress report recommendations and next steps

The recommendations and next steps of the progress report were to:

- Develop plans to offer more care closer to home via multi-disciplinary teams, involving primary care, community health services and social care
- Carry out further detailed work on the preferred options for the future provision of hospital services
- Develop a detailed plan outlining the practical steps that need to be taken to prepare for public consultation
- Keep clinical, public and patient engagement at the heart of the review, using the best practice tools and practices that the CCGs have developed

² Bedfordshire & Milton Keynes Healthcare Review Progress Report, 29 October 2014

³ Bedfordshire & Milton Keynes Healthcare Review Progress Report, 29 October 2014 – Conclusion (Section 6.8), page 102

1.3 January 2015: Detailed local modelling

Bedfordshire

In response to the progress report recommendations, BCCG, local GPs and Bedford Hospital, in partnership with local councils, obtained feedback from the public, patients and clinicians, and further assessed the scenarios for local applicability. Furthermore, the NHS *Five Year Forward View* recommended development of revised organisational, contracting and clinical models in the form of multi-specialty care providers (MCPs) and primary and acute care systems (PACs). These should allow further benefits across the health system through greater integration across primary care, community, secondary and tertiary pathways.

On 7 January 2015, BCCG's Governing Body gave the go ahead for Bedfordshire to proceed with detailed modelling for local hospital services, in line with the progress report's recommendations.

This approach was agreed by the Healthcare Review Programme Board on 8 January 2015 and, accordingly, the **North Bedfordshire Primary and Acute Care Programme** (the North Beds Programme) was established.

The aims and principles of the programme were as follows:

Aims

- Developing a clear strategy and contractual framework for care closer to home, underpinned by quality standards and robust clinical pathways
- Developing a model for a vertically integrated hospital and community system, enabling local services to better support vulnerable people to be cared for outside hospital and deliver swifter assessment, diagnosis, treatment and discharge from hospital
- Defining core hospital services and networking of hyperacute services to develop sustainable and integrated acute and community services that can meet the clinical standards of the future
- Developing a model for future healthcare in Bedfordshire that is financially sustainable for BCCG, Bedford Hospital and the local health economy

Principles

- A joint project between BCCG, Bedford Hospital and Bedford GPs
- Strong clinical representation and input throughout
- Continued public and patient involvement
- Build on findings from the Healthcare Review and respond to progress report feedback, recent national NHS guidance and national / international best practice
- Liaise closely with our neighbouring healthcare providers, especially Milton Keynes, to establish the impact that any changes we make will have on our neighbouring health economies

During the evaluation and validation process, an additional option also emerged, that of the integrated acute and community services (IACS) model – previously referred to as the modern district general hospital (MDGH).

Milton Keynes

The Progress Report highlighted the need to carry out further detailed work on the preferred options for the future provision of hospital services. In line with this, Milton Keynes has:

- Reviewed the clinical standards and activity modelling to ensure the delivery of high quality clinical services, consistent with latest guidance and able to meet current and future healthcare needs

- Reviewed the financial assumptions, baselines and projections to reflect the latest financial position and growth projections
- Tested and refined productivity and income assumptions to address the financial gap reflected in the Progress Report, ensuring clarity and confidence that we can meet future CIP and QIPP challenges
- Progressed their care closer to home and primary out of hospital strategies in support of the originally shortlisted options.

Milton Keynes has held regular Clinical Working Group meetings involving clinical leaders to agree the process to re-validate the clinical modelling, engaging with clinicians across all healthcare partners.

Priority was given to further evaluation of key service areas to scrutinise clinical assumptions, focusing in particular on women and children's, frail elderly care, long-term conditions and urgent and emergency care.

1.4 July 2015: Partnership review

In July 2015, representatives from Bedfordshire and Milton Keynes CCGs, Bedford and Milton Keynes hospitals met with representatives from the other partner organisations involved in the Healthcare Review – NHS England, Monitor and the Trust Development Authority – to present the findings from the detailed analysis of options carried out within their health economies. It was agreed that there should be external analysis of the detailed modelling that had been carried out, to provide the regulators with further assurance as to the accuracy of underlying data and assumptions. An oversight board, made up of all the partners, has continued to review progress.

The detailed work undertaken over recent months around the future of acute services has included further analysis of the financial and patient flow detail, coupled with a preliminary review by the regional Clinical Senate of the clinical viability and sustainability of the clinical models proposed. To support the process of refining and eliminating options, there has also been further work undertaken to understand the extent of capital investment required and the potential impact of any proposed changes on local people.

1.5 The changing NHS landscape

The detailed local analysis (January 2015 to June 2015), and the testing and alignment that is now being carried out takes full account of the changing NHS landscape, both locally and nationally, and in particular:

- The current financial position of the Bedford health economy (Bedford Hospital and BCCG), which has deteriorated significantly during the 2014/15 financial year, compared with the 'do nothing' position in the Healthcare Review Progress Report. In particular, BCCG's financial deficit provides added impetus to implement change and to do so quickly.
- National guidance that has been published since the Healthcare Review Progress Report was produced. The NHS *Five Year Forward View* (October 2014) and the Dalton Review (December 2014) both place an emphasis on local provision of services and on developing new models of care to enable smaller hospitals to remain viable, in partnership with primary, community and specialist care providers.

The consideration of the above factors is crucial in ensuring that the local NHS responds to the consistent and persistent messages given by patients, the public, clinicians and other stakeholders over the last 18 months. Furthermore, it is vital to ensure that appropriate preparations are made to ensure that the national strategy of the NHS, articulated in the *Five Year Forward View*, is implemented.

2.0 Next steps: Consultation and engagement

It has now been agreed that the Healthcare Review will be taken forward as a joint programme between Bedfordshire and Milton Keynes, working towards full public consultation from summer 2016 (see proposed timetable below).

A full Communications and Engagement Strategy is being finalised and a public timeline is now available (see separate document attached).