

<b>Presented for:</b>	Discussion
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## **The proposed Clinical Strategy for Stamford and Rutland Hospital Stakeholder Engagement Paper – June 2012**

### **Introduction**

This Stakeholder Engagement Paper summarises the proposed clinical strategy for Stamford and Rutland Hospital.

This proposed clinical strategy has been developed jointly by the clinical leadership of Peterborough and Stamford Hospitals NHS Foundation Trust (which owns and runs the hospital) and South Lincolnshire Clinical Commissioning Group (which holds the budget for NHS care and treatment in South Lincolnshire and determines which services should be commissioned for NHS patients).

The purpose of the strategy is to determine which clinical services might be provided at Stamford and Rutland Hospital in the next 5 years.

Once the shape and scale of those clinical services is agreed between the Trust and the South Welland Clinical Commissioning Group (CCG), the Trust will prepare an investment plan for redeveloping the hospital to make its facilities fit for delivering the very best healthcare in coming years and to make best use of its extensive site.

Between June and August 2012, this paper will be discussed with key stakeholder groups (including patient and voluntary groups, GPs, hospital staff, local authorities, LINK and Friends of Stamford Hospital) to obtain their views on the proposed clinical strategy.

Subject to the views of those groups, in autumn 2012, the Trust and the CCG aim to confirm the clinical strategy and to publish the business case for the redevelopment of the hospital site in line with the clinical strategy by the end of 2012.

### **Why do we need a clinical strategy?**

Of the many things which could be said about Stamford and Rutland Hospital, three stand out:

1. The hospital is very popular with patients, GPs, the public and hospital staff – with the number of patients attending in key areas such as out-patients, therapies and pain management growing significantly over recent years.
2. The hospital Trust as a whole (Peterborough and Stamford Hospitals) draws 30% of its patients from South Lincolnshire and sees Stamford and Rutland Hospital as a core part of the Trust's future.

3. The Stamford site urgently needs redevelopment, to improve facilities for patients and staff and to make much better use of the extensive estate (in which about half of the current buildings are either empty or under-used and many are badly in need of modernisation).

The hospital Trust wishes to redevelop Stamford and Rutland Hospital as a health campus, with the hospital at its heart, but with other healthcare providers (e.g. GPs) also operating there (as now). It also wishes to ensure that the taxpayer (through the NHS) gets best value from the hospital site.

Before it can plan how to develop the health campus with the hospital at its heart, the Trust must know what clinical services might be provided at Stamford in the future – the clinical strategy for Stamford and Rutland Hospital. This is because you cannot decide what buildings and facilities you need in the future, until you know what clinical services you expect to provide in them.

In today's NHS, it is the relevant CCG (Clinical Commissioning Group) which determines which services are offered to patients, by whom and where. The future of the hospital and its services are, to that extent, in the hands of the CCG. Consequently, the Trust has been working with leaders of Welland (now South Lincolnshire) CCG since last autumn to identify what it wants from Stamford and Rutland Hospital over coming years.

When the clinical strategy is clear, the estates and investment strategy (the plan to redevelop the hospital) can be agreed.

### **What is currently provided at Stamford and Rutland Hospital?**

#### **Services and number of patients for Stamford Hospital**

	<b>2008/9</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
Day treatment procedures	2,750	3,125	3,090	3,235
Diagnostics – ultrasound and plain X-ray with GP access	18,370	19,487	20,373	18,336
Medicine for the elderly - John Van Geest ward	194	157	92	43*
Minor Injuries Unit (MIU)	9,011	8,792	8,707	8,594
Outpatients – new, including haematuria, dermatology, gynaecology and pain management	9,038	9,416	9,938	10,224
Outpatients - follow up	16,519	19,604	22,999	23,747
Theatres	1,865	1,862	1,986	1,838
Therapies – new	364	992	1,107	1,270
Therapies – follow up	794	2,693	2,330	2,458

\* John Van Geest ward was closed for part of the year for refurbishment

## **The proposed clinical strategy**

The following services would be provided at Stamford and Rutland Hospital:

- John Van Geest ward redeveloped as an 'intermediate' care, nurse/ therapy-led facility.
- Out-patients – as today – but probably expanded (additional services/speciality provision).
- Minor Injuries Unit (MIU) – nurse-led. Nurse-led MIUs are increasingly the norm with successful examples in Louth, Loughborough, Ilkeston, Mexborough and many other market towns. (The Trust is intending to pilot this nurse-led MIU for six months commencing in autumn 2012).
- Oncology and haematology services (including provision of chemotherapy).
- Day Treatment Unit – with two procedure rooms (including endoscopy, one stop haematuria clinic, dermatology, gynaecology and pain management).
- Substantial endoscopy service (returning to Stamford the service which recently transferred to Peterborough City Hospital, plus further provision).
- Pain Management Services (these have trebled in volume at Stamford over the last three years).
- Ante-natal services.
- Imaging (including ultrasound and plain x-ray with GP access).
- Expanded Therapy provision (these have expanded significantly at Stamford in the last four years and there is scope for further increase with better facilities).
- Phlebotomy (blood-taking) services.

The hospital Trust is keen to attract patients from Rutland, Leicestershire and Northamptonshire, in addition to South Lincolnshire and is in discussions with CCGs and GPs from these areas to seek their referrals into Stamford and Rutland Hospital.

More patients are being seen at Stamford Hospital for therapies (increased around 70 per cent in the last four years) and outpatients (increased around 25 per cent in the last four years) and we would anticipate the growth in patients continuing if we expand provision. However, we would see a significant increase if we provide new services, such as endoscopy.

## **Operating theatre**

Currently there is an operating theatre at Stamford and Rutland Hospital. The Trust and the CCG have not yet decided if this service should be retained. A number of issues still need full evaluation, including: commissioner (CCG) requirements in light of their plan to procure through competitive tender a Primary Care Surgical Service; the long term sustainability of the current operating theatre and the capital costs of upgrading/replacing it; risks and costs associated with providing General Anaesthetics in a hospital with just one theatre; the Trust's aggregate requirements for operating theatre capacity across Peterborough and Stamford, in light of its proposals to expand planned surgery at Peterborough. The Trust will also establish the proportion of operations currently undertaken in theatre that could be undertaken more cost effectively in a new procedure room.

Neither the CCG's nor the Trust's requirements will become fully clear before the autumn. Therefore it is proposed to review the need for an operating theatre at Stamford then (i.e. at the Business Case stage).

## **Next steps**

This paper will be discussed with key stakeholder groups (including patient and voluntary groups, GPs, hospital staff, local authorities, LINK and Friends of Stamford Hospital) between June and August 2012 to get their views on the proposed clinical strategy.

Subject to the views of those groups, the Trust and the CCG aim to confirm the clinical strategy in autumn 2012.

The Trust (with CCG support) will then prepare a Business Case for the redevelopment of the hospital site in line with this clinical strategy. This will include more detailed work (at specialty level) with relevant hospital clinicians and GPs.

We will also aim to identify a partner to work with the Trust on developing plans for the health campus, focusing on the areas of the site that are not likely to be required to directly support the Trust's clinical strategy.

The Trust (with CCG support) will aim to complete and publish (in summary form) the Business Case by the end of 2012. It is expected that this Business Case will present a costed appraisal of options for the future redevelopment of the Stamford and Rutland Hospital site to make it fit for delivery of the proposed clinical strategy.

We will undertake further stakeholder engagement to inform on progress as necessary, throughout this process. NHS Lincolnshire will determine whether there is a need for full public consultation.

Any redevelopment proposals will be subject to planning permission from South Kesteven District Council and the normal planning processes.

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