



Brighton and Sussex
University Hospitals
NHS Trust



Regional Centre for Teaching, Trauma & Tertiary Care 'The 3T Programme'

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Overview

- The Trust Vision;
- Strategic Context;
- Overview of Trust sites;
- Summary of 3T Proposals:
 - Local services;
 - Tertiary/specialist;
 - Trauma.
- Timescales;
- Conclusion and Discussion.



The Vision

- **Leading UK Teaching Hospital** on two acute campuses, in partnership with BSMS, Deanery & Universities;
- Continue to provide **excellent secondary care** to local populations of Brighton & Hove and Mid Sussex;
- Reputation for excellence in **specialist / tertiary care - hub of clinical networks** across Sussex and beyond;
- All work underpinned by our **core values**;
- Vision supported by **Sussex PCTs**.

Strategic Context

- *Central Sussex Partnership Programme (2001)*
 - Merged Brighton Healthcare NHS Trust with acute services of Mid Sussex NHS Trust → BSUH;
 - Commitment to maintain PRH A&E and maternity for at least 3-5 years.
- *Best Care, Best Place (2004)*
 - Confirmed previous consultations on transfer of Regional Centre for Neurosciences (Hurstwood Park) to RSCH campus;
 - Commitment to maintain A&E at PRH and RSCH.
- *Fit for the Future (2007)*
 - RSCH as Critical Care Hospital for SE Coast;
 - Maintain A&E and acute medical admissions at PRH.
- *Healthier People, Excellent Care (2008)*
 - NHS South East Coast strategic commitment to RSCH as Trauma Centre.
- *Developing a county-wide Tertiary Services Commissioning Strategy for Sussex (2008)*
 - Encompassing cardiac, cancer, paediatrics and neonatology, neurology and neurosurgery, trauma, renal and plastics.

Royal Sussex County Hospital Campus

Proposed Redevelopment Area (red boundary)



Summary of the 3Ts Programme

- **Secondary / 'DGH' Services**
 - Replacing ageing RSCH wards (Barry, Jubilee) and other facilities;
 - Brain Injury Centre;
 - Vascular & Interventional Radiology;
 - Heart Attack Centre (already in development through Sussex Heart Network).
- **Tertiary / Specialist Services**
 - Relocation & expansion of Regional Centre for Neurosciences;
 - Expansion of Sussex Cancer Centre (non-surgical services);
 - Enhanced care for patients with trauma / severe injury - designation as Level One Trauma Centre.
- **Strengthening Academic Links**
 - University Teaching Hospital 'campus';
 - BSMS Clinical Research Facility proposal;
 - Academic Health Sciences Centre proposal (allied to FT application);
 - Strengthen pre-/post-registration education;
 - Propagate research across range of Trust's clinical activities.

2° Care: Replacing Inpatient Accommodation

- **Historical Context**
 - Barry building (1828), Jubilee building (1887);
 - Florence Nightingale entered nursing in 1845.
- **Rationale for Replacement**
 - Compromises patient privacy and dignity;
 - 1 WC per 9/10 patients – currently standards 1 WC per
 - Daily challenge to achieve appropriate cleanliness, managing infection control;
 - Insufficient single and negatively-pressured isolation rooms;
 - Does not meet the preferred standard for bed spacing;
 - Diverts resources into backlog maintenance;
 - Includes inefficiently-sized wards;
 - Significantly constrains the Trust's ability to develop novel therapies;
 - Deleterious impact on staff morale, recruitment & retention, and on patients' and visitors' confidence in services provided from this accommodation.

2° Care: Emergency & Hi-Tech Interventions

- **Imaging**
 - Integrated service: general & neuro-radiology, Nuclear Medicine;
 - Service redesign to minimise patient journeys and maximise staff efficiency;
 - State of the art technology to support 24/7 Critical Care Hospital / Trauma Centre: CT, MRI, Ultrasound, digital X-Ray, fluoroscopy, Interventional Radiology suites, endovascular theatre.
- **Brain Attack Centre**
 - 2° Stroke Unit for local population (24/7);
 - 3° service for wider population, eg. severe head injury, 24/7 stroke thrombolysis, 24/7 MRI, angiography for subarachnoid haemorrhage, carotid Doppler, in clinical partnership with neighbouring Trusts;
 - Telemedicine links with DGHs.

3° Care: Regional Centre for Neurosciences

- Context

- *Best Care, Best Place* (2004) confirmed commissioners' intentions to relocate the Regional Centre from PRH to RSCH;
- Ageing (1938), cramped accommodation;
- Surgical bed occupancy $\geq 99\%$;
- Significant increase in referrals:
 - Neurosurgery: 31% increase 06/07 to 07/08, 33% increase 07/08 to 08/09;
 - Neurology: 15% increase 06/07 to 07/08, 13% increase 07/08 to 08/09.

- Rationale

- Expansion in capacity enables repatriation of activity from London;
- Focusing a greater proportion of the Regional Centre's resources on acute / emergency care, eg. NICE guidance, NCEPOD recommendation re severe head injuries;
- Embedding the Regional Centre with related specialist services;
- Expansion will enable further sub-specialisation, in line with *Safe Neurosurgery 2000*.

3° Care: Non-Surgical Cancer Services (1/2)

- Background

- Sussex Cancer Centre at RSCH is the hub of the Sussex Cancer Network (SCN);
- Provides comprehensive cancer treatment service, including radiotherapy and complex chemotherapy;
- Only childhood cancers and exceptionally rare tumours are referred to other centres.

- History

- SOC updates the Cancer Services SOC for non-surgical oncology services approved in 2004;
- Proposal developed through the SCN, approved at the Network Executive Board and has the full support of commissioners;
- Proposals respond to, *inter alia*, NHS Cancer Plan, national Cancer Reform Strategy, national Manual for Cancer Services and SCN's Strategic Plan 2005-2010, Service Delivery Plan 2007/08 to 2009/10 and Cancer Operating Plan.

3° Care: Non-Surgical Cancer Services (2/2)

All elements developed in response to national and local standards for access times, treatment pathways and protocols:

- Radiotherapy
 - 2007 National Radiotherapy Advisory Group (NRAG) report;
 - Associated SCN commissioning needs assessment.
- Haematology/Oncology Inpatients Care
 - National Institute for Clinical Excellence IOG for Haematological Cancers;
 - Associated cancer services standards and Peer Review.
- Chemotherapy / Haematology Day Unit
 - Cancer access standards.

3° Care: Major Trauma Centre (1/3)

- Background

- *Better Care for the Severely Injured* (2000), *Trauma: Who Cares?* (2007)
- *Healthcare for London* - major trauma project;
- *Healthier People, Excellent Care*: 'By 2010 all appropriate... major trauma patients will receive their care from 24/7 specialist units... The SEC area currently does not have a regionally based designated trauma centre that meets the criteria set out in the NCEPOD report. NHS SEC is forming plans to develop such a centre for our region.'

- Proposal

- RSCH as hub of designated trauma network for Sussex and the wider region;
- Service modelled on Royal London Hospital's: trauma ward, three half-time trauma Consultants, helipad;
- TARN database: 350-400 major trauma cases (ie. ISS \geq 16) across Sussex *per annum*;
- NCEPOD *Trauma: Who Cares?* – helipad essential (but < 12% patients i.e 40 cases per annum arrived via air ambulance), and likely to extend catchment for appropriate cases.

Major Trauma Centre – HfL Criteria (2/3)

- Designating Authority
 - Designation is via SHA;
 - *High Quality Care for All* (2008): ‘Each region is therefore pushing forward with the development of specialised centres for their populations with access to 24/7 brain imaging and thrombolysis delivered by expert teams, e.g. by 2010, NHS SEC intends that all strokes, heart attacks and major injuries will be treated in such specialist centres... Once implemented, these plans will save lives.’
- Essential services, must be available 24/7:
 - A&E, designated consultant-led major trauma team;
 - General surgery, vascular surgery, neurosurgery, orthopaedic surgery
 - ITU and anaesthesia;
 - 24/7 access to ultrasound (in A&E), CT, interventional radiology, emergency operating theatres, laboratory and blood bank facilities;
- Essential services, must be available within 30 minutes:
 - Plastic surgery;
 - Cardiothoracic surgery;
 - Urology;
 - Maxillofacial surgery and ENT;
 - Ophthalmology.

Major Trauma Centre – Next Steps (3/3)

- **Assessment Against Criteria**
 - **Once the Regional Centre for Neurosciences moves to the RSCH campus, BSUH will meet all the clinical requirements for a Major Trauma Centre;**
 - Clinical partnership agreement with Queen Victoria NHS Foundation Trust will address plastic surgery (and burns);
 - QVHFT ‘fully committed’ to the vision.
- **Interim Steps**
 - BSUH assessing whether some neurosurgical capability could be provided at RSCH in advance of the full move;
 - Agreement in principle with Air Ambulance Trust and Deanery for BSUH to provide medics and clinical governance to the air ambulance from 2009;
 - Agreement to appoint a Chief of Trauma a.s.a.p: out to advert;
 - Agreement with neighbouring Trusts to establish a Sussex-wide Trauma Network;
 - Partnership working with SECamb and SECSCG to improve pre-hospital care and agree pathways.

Proposed Timescale

Milestone	Date
NHS South East Coast approves SOC	July 2008
BSUH appoints ProCure21 Principal Supply Chain Partner	August 2008
NHS South East Coast and DH approve OBC (assumed date)	July 2009
Decant programme and enabling works commences (subject to OBC approval)	Late 2009
NHS South East Coast SHA and DH approve FBC (assumed date)	Spring 2010
Main build programme commences	Late Spring 2010
Stage 1 (Medical & elderly wards, plus neurosciences transfer) Stage 2 (Cancer services)	2010 to 2013 2013 to 2015

Assumes Exchequer-funded procurement programme. PFI procurement route would add 2+ years to timescale. Must be tested against Public Sector Comparator at OBC stage.







Conclusion

- Whole health community resource – therefore whole health community project;
- Compelling vision to benefit population of Brighton & Hove, Sussex and beyond:
 - Improved secondary services;
 - Improves specialist / tertiary care services;
 - University Teaching Hospital campus;
 - Strengthens BSUH two-site strategy;
 - Opportunity to strengthen clinical networks;
 - Premises fit for the next 50+ years.



Discussion