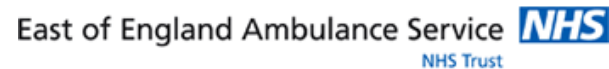




# Update on the future configuration of acute hospital services in West Hertfordshire

Tuesday 4<sup>th</sup> October 2016

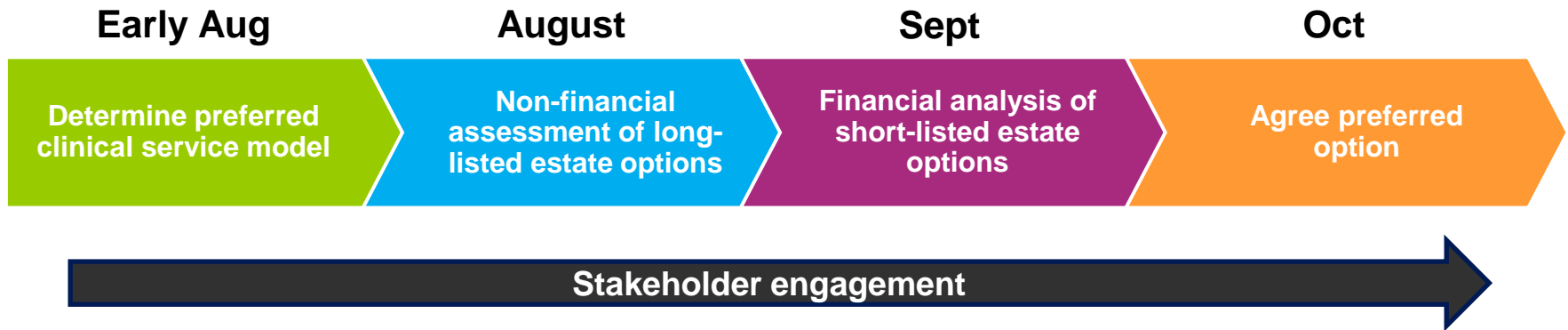


# Event overview

Geoff Brown, Chief Executive Officer  
Healthwatch Hertfordshire

# Objectives of today

- Since the stakeholder launch event in July, we have been pursuing a structured options appraisal process to explore the future for acute hospital services.



- The aims of today's event are to:
  - Provide an overview of the findings from the appraisal process
  - Present the outputs from the engagement which has taken place
  - Provide an opportunity for stakeholders to feedback on the process and its findings

# Ground rules

- The future of healthcare across West Hertfordshire is a highly emotive issue
- Different groups and individuals will have different points of view and not all will agree
- Today we must ensure:
  - Everyone is given the opportunity to voice their opinion
  - All views are taken into account during the decision-making process

# Agenda

- Your Care, Your Future overview
- Stakeholder engagement
- Summary of findings from options appraisal
- Table discussions and Q&A panel
- Next steps

# Your Care, Your Future

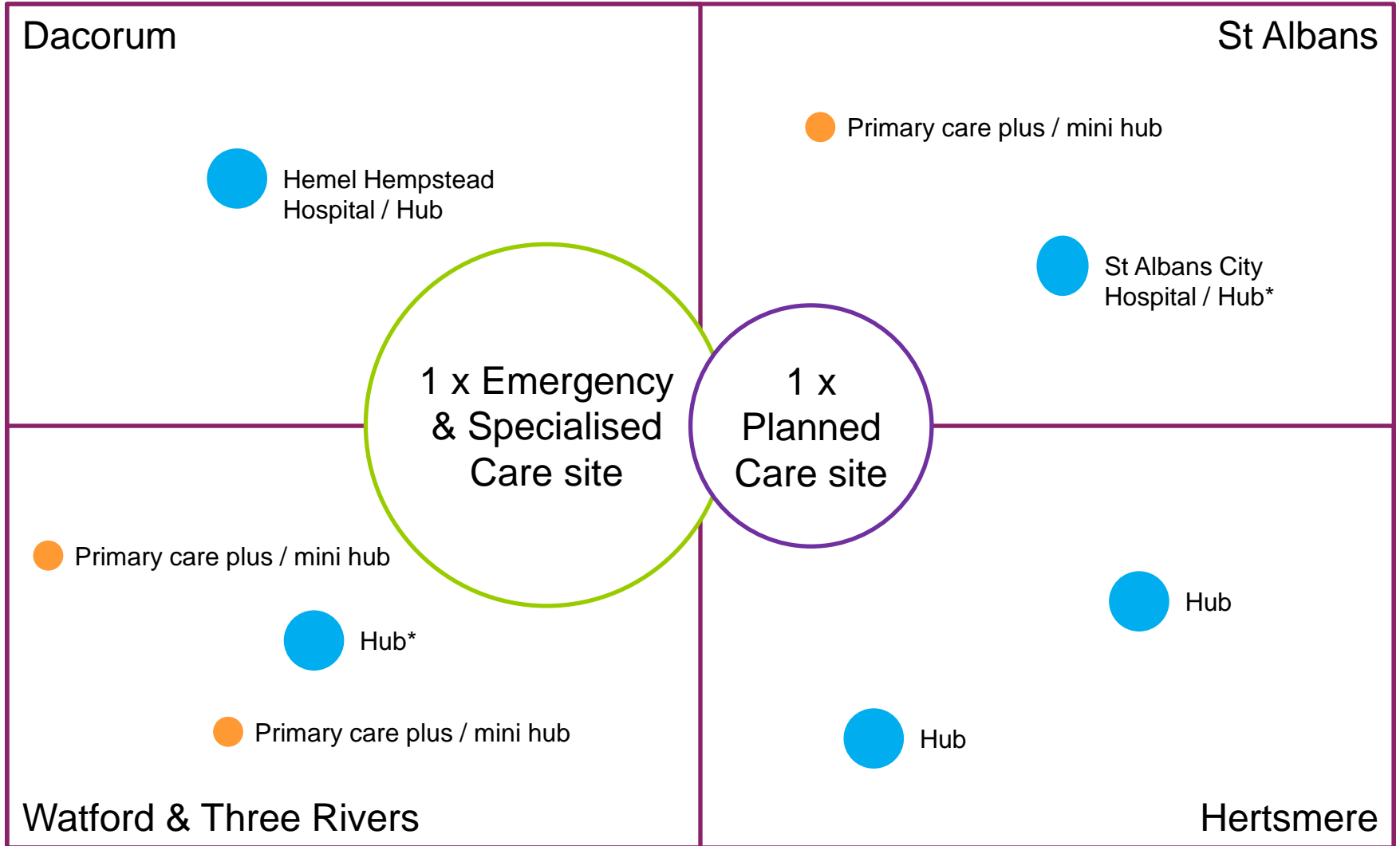
Dr Nicolas Small, GP and Chair of  
the Your Care Your Future  
Programme Executive

Dr Mike Van der Watt, Medical  
Director, WHHT

# Your Care, Your Future context

- Today's focus is the future of **acute hospital services** in West Hertfordshire
- **BUT**, this has to be considered within the wider context of the transformation in primary care and locality services begin delivered by the Your Care, Your Future programme:
  - Direct access to **Cardiology specialist advice** and diagnostics
  - Enhanced **community respiratory service** – managing more than COPD
  - Early identification for long term conditions and **enhanced care management** through general practice
  - Investment into **integrated health and social teams** to deliver crisis management
  - Delivering **multispecialty case management** in each locality for complex patients in community
  - Defining the clinical vision and scope for each **hub** aligned to the needs to the population and provision of all the other services within the locality

# Future Model of Care





# Doing nothing is not an option

- West Hertfordshire Hospitals Trust currently provides services from three sites:
  - Watford General Hospital (WGH)
  - St Albans City Hospital (SACH)
  - Hemel Hempstead Hospital (HHH)
- To deliver sustainable, high quality acute care, WHHT needs to make a **significant investment** in its estate. This will:
  - Allow the necessary rationalisation of service provision
  - Ensure estate is functionally suitable
  - Address the significant historic capital and estate infrastructure issues:
    - 68% of the acute estate is assessed to be in ‘poor’ condition or worse
    - Backlog maintenance is estimated at £100m as ongoing deterioration exceeds investment
- We need to make the **best decision** we can about what investment should be made

# Stakeholder engagement

Juliet Rodgers, Associate Director,  
Communications and Engagement,  
Herts Valleys CCG

# Engagement on hospital options

**Aim:** transparent and broad approach, recognising that this is complex

## **What we did:**

- July stakeholder event
- Meetings with patient groups
- West Herts-wide survey
- Locality-based conversation events
- Patient representation on evaluation panels
- Correspondence

# Feedback from engagement events

**Survey:** 600 respondents; primarily from St Albans and Hemel residents (88%)

## Key themes:

- Scenario as an inpatient, respondents favoured being transferred to a more local hospital once they were stabilised
- Priorities: favoured planned care closer to home; a new hospital on a new site; care delivered in modern buildings with up-to-date facilities

# Feedback from engagement events

**Locality-based conversation events** – all quite different

## **Dacorum:**

- Overwhelming support for new hospital on a greenfield site, with concern that Watford ‘not fit for purpose’
- Some continued urging for consideration of the ‘Northumbria model’

## **Watford:**

- Focus on quality of care at current service – mix of views
- Travel and transport were key concerns

## **St Albans:**

- Interest in travel times and at same time recognition that travel issues likely to be less important in future – more activity outside hospitals
- Keen to see public transport improvements whatever the decision
- Some concern as to whether a greenfield site would mean loss of St Albans site

# Feedback from engagement events

## Evaluation panels:

- Herts Valleys PPI committee members plus three additional from Dacorum and WHHT patient panel reps
- Invited to sit as full scoring participants and extras as observers
- Three or four at each session
- All 14 were invited to the 'wrap-up' and shortlisting session before financial evaluation panel – primarily patients present
- All data made available – much of which complex and very detailed
- Full and frank exchange of views – different opinions and plenty of challenge

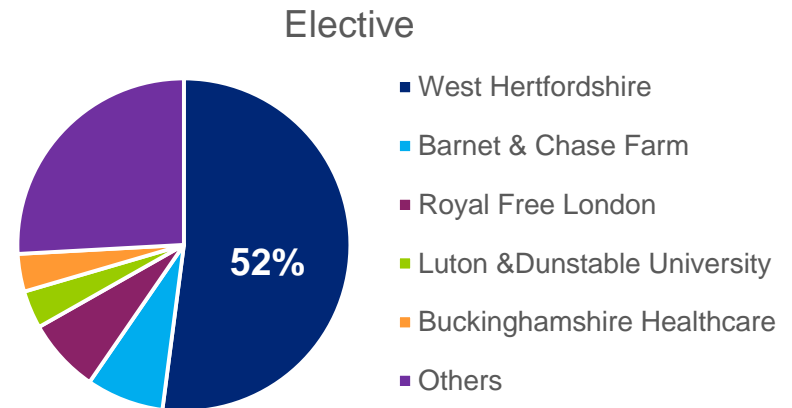
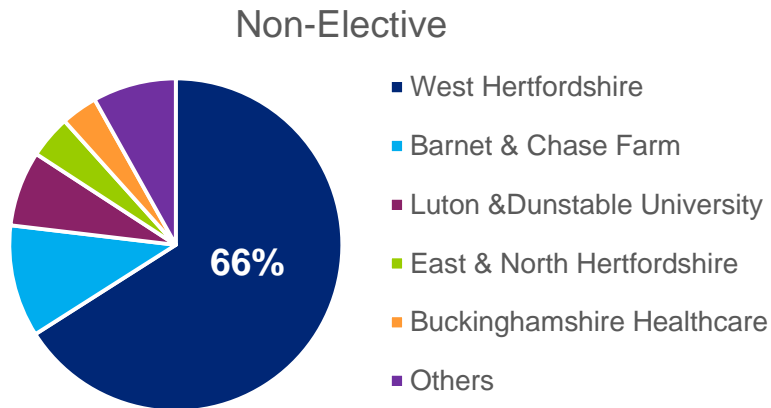
# Summary of findings from options appraisal

David Evans, Your Care, Your Future Programme Director, Herts Valleys CCG

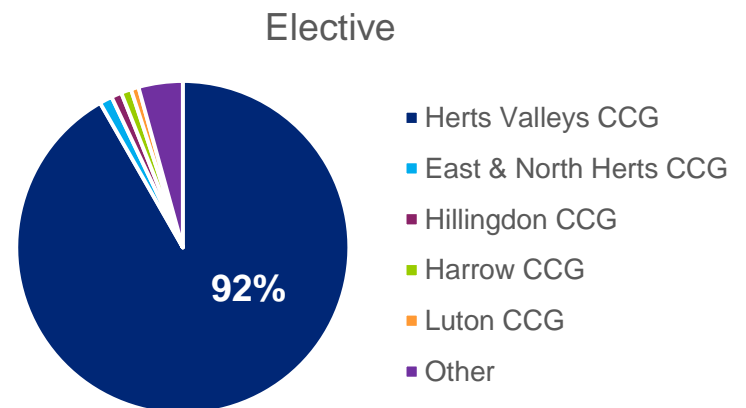
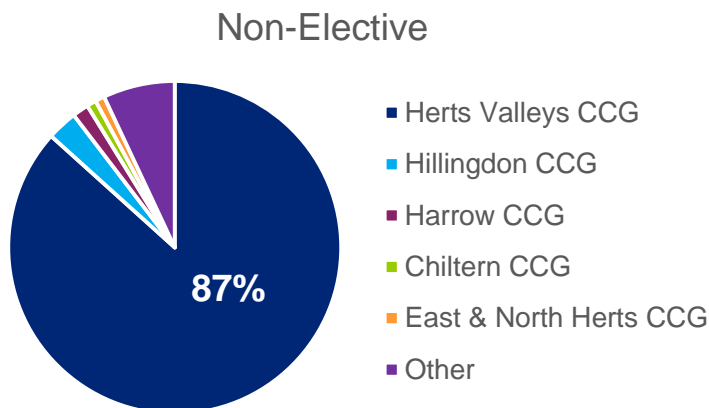
Helen Brown, Director of Strategy and Corporate Services, WHHT

# Who's currently accessing our acute services?

- 66% non-elective and 52% elective activity in Herts Valleys is provided by WHHT



- Herts Valleys activity accounts for around 90% of the total for WHHT





# The Future Model of Care will change the requirement for acute hospital services

- If we didn't make any changes, the demand for acute services would increase over time:
  - West Hertfordshire's population **growing** and the **age profile is changing**
  - The needs of the population are **changing** due to advances being made in health technology
- The *Your Care, Your Future* interventions will, however, offset this growth:
  - More effective **prevention**
  - More care delivered **closer to home**
  - More **joined-up** care
- These interventions will:
  - Reduce the **demand** for hospital services
  - Reduce the **length of stay** for patients admitted to hospital
  - Redesign **outpatient pathways** to reduce visits to hospital

# Designing acute hospital services for the future

- Pulling all of these changes together, we estimate the West Hertfordshire acute hospital services of 35/36 will require:

	Beds	Theatres	Outpatient treatment & procedure rooms	Total m <sup>2</sup>
<b>Emergency &amp; Specialised Care (inc. maternity)</b>	600 – 650	5 – 6	30 – 40	~80,000
<b>Planned Care</b>	200 – 250	12 – 13	70 – 80	~15,000
<b>Total</b>	800 – 850	17 – 18	100 – 120	90,000 – 100,000

- Work is ongoing as the SOC, and subsequently the OBC, is developed, so the demand and capacity requirements will be refined over time.

# There are three main decisions to be made

## 1. Emergency & Specialised Care location

- **Options for the location of the emergency and specialised care site:**
  - Central greenfield site
  - Watford General Hospital site

## 2. Planned Care location

- **Options for the location of the planned care site:**
  - Co-located with Emergency & Specialised Care (Greenfield or Watford)
  - Separate site (Watford or St Albans)

## • **Build options\***

- New build
- Redevelop
- Refurbish

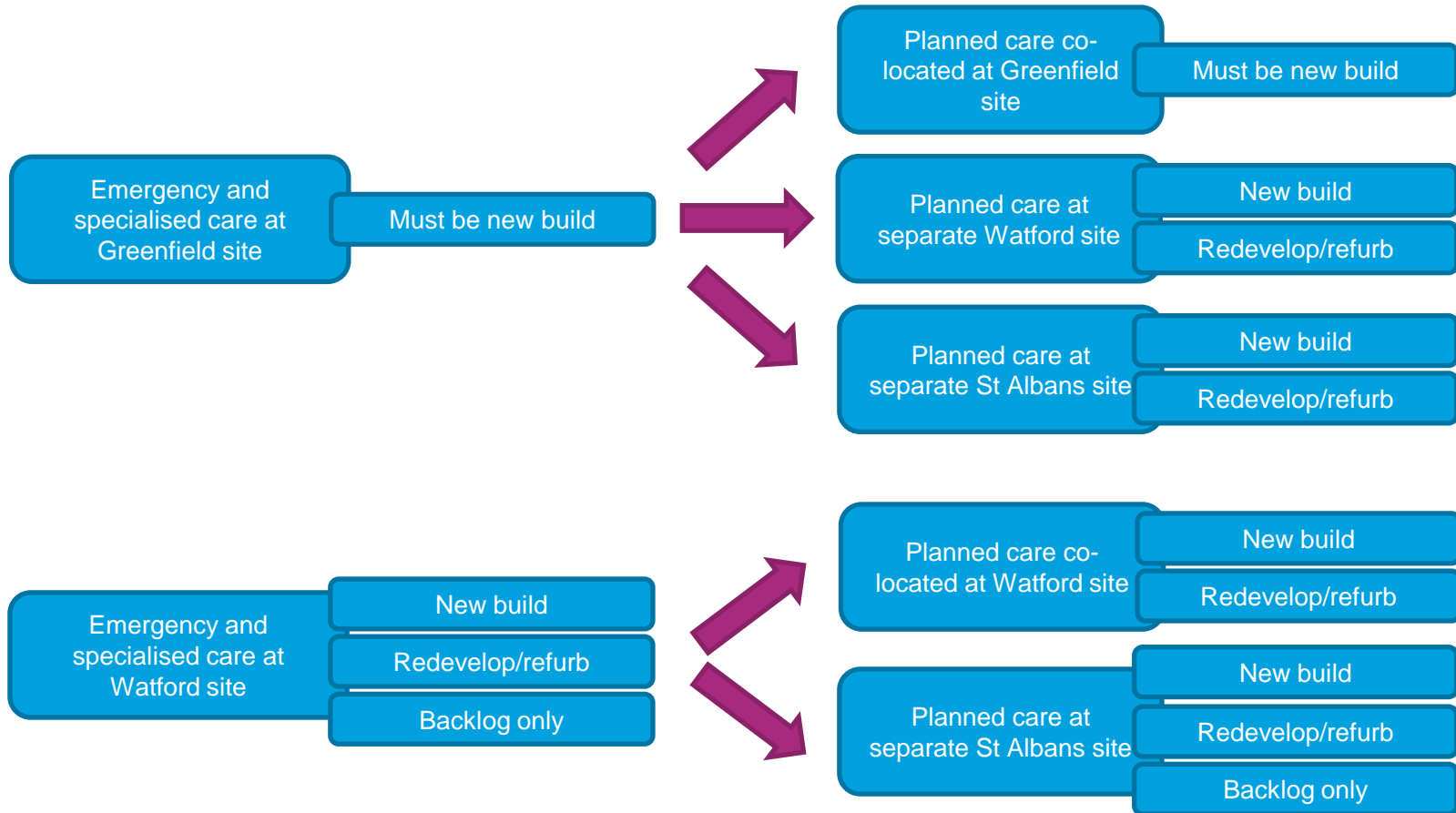
## • **Build options\***

- New build
- Redevelop
- Refurbish

## 3. Build options for both Emergency & Specialised Care and Planned Care

# Establishing a long list of options

The various options for each of these decisions can be combined in a number of different ways:



# This leads to a long list of 14 options

#	Emergency & Specialised Care site		Planned Care site	
	Location	Build	Location	Build
1	Central greenfield site	New build	Central greenfield site	New build
2	Central greenfield site	New build	Watford General Hospital	New build
3	Central greenfield site	New build	Watford General Hospital	Redevelop/refurb
4	Central greenfield site	New build	St Albans City Hospital	New build
5	Central greenfield site	New build	St Albans City Hospital	Redevelop/refurb
6	Watford General Hospital	New build	Watford General Hospital	New build
7	Watford General Hospital	New build	Watford General Hospital	Redevelop/refurb
8	Watford General Hospital	Redevelop/refurb	Watford General Hospital	New build
9	Watford General Hospital	New build	St Albans City Hospital	New build
10	Watford General Hospital	New build	St Albans City Hospital	Redevelop/refurb
11	Watford General Hospital	Redevelop/refurb	St Albans City Hospital	New build
12	Watford General Hospital	Redevelop/refurb	St Albans City Hospital	Redevelop/refurb
13	Watford General Hospital	Basic refurbishment	St Albans City Hospital	Basic refurbishment
14	Watford General Hospital	Backlog maintenance	St Albans City Hospital	Backlog maintenance

# Which has been reduced to a short list of eight

- The long list of 14 options were evaluated against non-financial evaluation criteria by a series of expert panels
- Based on this evaluation, a short list of 8 options for more detailed financial analysis was agreed with stakeholders

#	Emergency & Specialised Care site		Planned Care site	
	Location	Build	Location	Build
1	Central greenfield site	New build	Central greenfield site	New build
3	Central greenfield site	New build	Watford General Hospital	Redevelop
5	Central greenfield site	New build	St Albans City Hospital	Redevelop
6	Watford General Hospital	New build	Watford General Hospital	New build
7/8	Watford General Hospital	New build / redevelop (optimum configuration)	Watford General Hospital	New build / redevelop (optimum configuration)
10	Watford General Hospital	New build	St Albans City Hospital	Redevelop
12	Watford General Hospital	Redevelop	St Albans City Hospital	Redevelop
13/14	Watford General Hospital	Backlog maintenance / basic refurbishment (Do Minimum)	St Albans City Hospital	Backlog maintenance / basic refurbishment (Do Minimum)

# Emergency and specialised care site: Greenfield – New build





# Emergency and specialised care site: Watford General – New build





# Emergency and specialised care site: Watford General – Redevelop



# Planned care site: St Albans City Hospital site – Redevelop



# Supporting information used to inform scoring

A variety of sources have been used to inform the options appraisal process:

- West Hertfordshire Hospital Trust Potential Redevelopment Report
- Access and Patient Experience panel slides
- Travel analysis
- Deliverability panel slides
- Summary of non-financial assessment slides
- Finance panel slides

These are all available on the Your Care, Your Future website under 'next steps':  
<http://www.yourcareyourfuture.org.uk/vision-for-the-future/>



# Access and Patient Experience Panel

Headlines from two issues considered:

## 1. Which of the potential hospital locations have the best accessibility?

- All locations have ‘winners’ and ‘losers’ but overall average travel time driven by distance from areas of greatest population density.
- **Emergency and Specialised Care:**
  - Average car travel times would be slightly lower for Watford than for the greenfield site.
  - Public transport travel times would be very similar for both sites.
- **Planned Care:**
  - Average car travel times would be very similar for Watford and St Albans, but slightly higher for the greenfield site.
  - For public transport, travel times would be very similar for Watford and greenfield site, but slightly higher for St Albans.

## 2. What type of build quality will give the best patient experience?

- Consensus that the new build option was clearly the best option and backlog maintenance was the worst.
- The order of preference was agreed as new build, followed by redevelop, then refurbish and finally back log maintenance

# Deliverability Panel

Headlines from options considered:

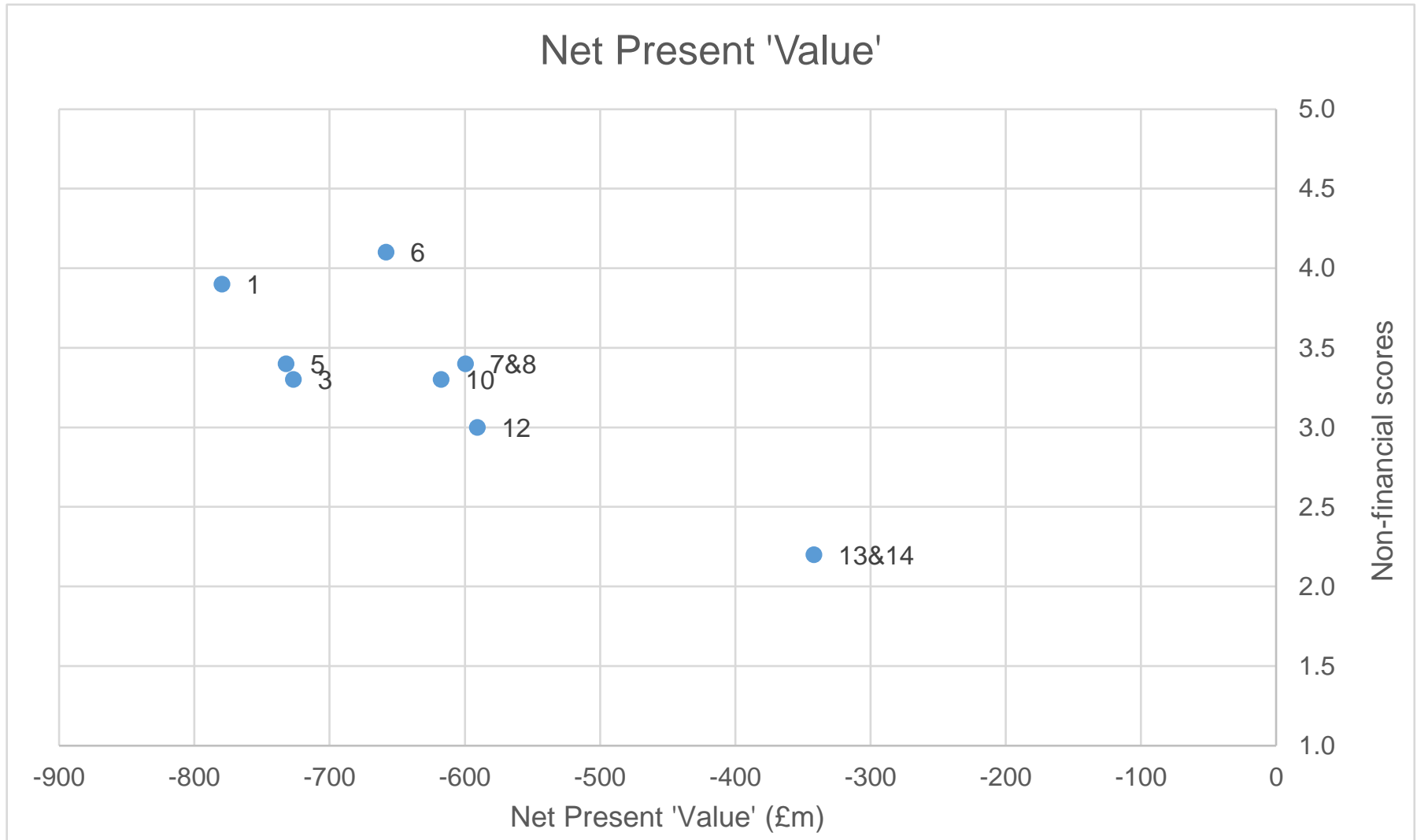
- **Greenfield site:**
  - Proposed site is large, but is on a hill and does not currently have any utilities.
  - In the green belt, which is expected to result in a longer planning process.
  - Services would open in a ‘big bang’, and so Watford services maintained in interim and no phasing options.
  - No disruption to service continuity during implementation.
- **New build on existing sites:**
  - Would result in a very similar end state to the greenfield option.
  - All the required utilities are already available and planning process expected to be three years shorter.
  - Facilities could open in a phased transition.
  - Some business continuity impacts.
- **Redevelop existing sites:**
  - Would involve significant redevelopment of existing buildings, as well as some new build.
  - Work would be done in several stages, with potential disruption to service continuity during process.
- **Do minimum refurbishment of existing sites:**
  - Backlog maintenance has built up over time due to lack of funding and limited decant space.
  - Would be difficult to deliver required level of work and maintain business continuity.

# Outputs from options appraisal process

#	Emergency Care	Planned Care site	Non-Financial Score	Capital Cost (including VAT) (£m)	NPV (excluding VAT) (£m)
1	<b>Greenfield</b> New build	<b>Greenfield</b> New build	3.9	-£882	-£780
3	<b>Greenfield</b> New build	<b>Watford</b> Redevelop	3.3	-£931	-£727
5	<b>Greenfield</b> New build	<b>St Albans</b> Redevelop	3.4	-£940	-£732
6	<b>Watford</b> New build	<b>Watford</b> New build	4.1	-£746	-£658
7/8	<b>Watford</b> New build / Redevelop	<b>Watford</b> New build / Redevelop	3.4 / 3.3	-£646	-£600
10	<b>Watford</b> New build	<b>St Albans</b> Redevelop	3.3	-£801	-£618
12	<b>Watford</b> Redevelop	<b>St Albans</b> Redevelop	3.0	-£710	-£591
13/14	<b>Watford</b> Basic refurb (Do Min)	<b>St Albans</b> Basic refurb (Do Min)	2.5 / 1.9	-£226	-£342

As shared during the Finance Panel on Wednesday 28<sup>th</sup> September.

# Initial Outputs from options appraisal process ~ these numbers will move as further work is completed.



As shared during the Finance Panel on Wednesday 28<sup>th</sup> September.



# Financial work in progress ~ including points raised at 'check and challenge' session

- Finalise capital costs
  - **do minimum** costs not like for like and need to account for increase in capacity
  - 'abnormals and how these vary between options
- Phasing of options
- Relative efficiency benefits – ie new build vs redevelop vs do minimum
- Absolute efficiency benefits = challenge to demonstrate pay back & affordability

In addition to 'value for money' the key determinants financially will be availability of capital / access to funding and affordability to the Trust / health economy.



# Emergency and Specialised Care – Summary

	Greenfield	Watford
Pros	<ul style="list-style-type: none"> <li>• Large site with potential to provide a good design solution for hospital.</li> <li>• No disruption to service continuity during implementation.</li> <li>• Well located for Hemel Hempstead, St Albans and north of Watford.</li> </ul>	<ul style="list-style-type: none"> <li>• Potential for good new build solution, though more constraints.</li> <li>• Options for redevelopment, optimising use of existing assets.</li> <li>• All required utilities are already available and planning permission likely to be achieved more quickly.</li> <li>• Options for phased transition, allowing phased investment and earlier benefits realisation.</li> <li>• Overall travel times slightly shorter*.</li> <li>• New build requires 15% less investment and redevelop requires 30% less investment than greenfield*.</li> </ul>
Cons	<ul style="list-style-type: none"> <li>• The site is in the green belt, which may lead to a longer planning process.</li> <li>• The site does not currently have any utilities, which will add to the timeline for delivery.</li> <li>• ‘Big bang’ implementation would be required, with no phasing options.</li> <li>• Patient flows may change, adding to planning complexity.</li> <li>• Overall travel times slightly longer*.</li> <li>• Highest capital investment required*.</li> </ul>	<ul style="list-style-type: none"> <li>• Design solution under redevelopment option involves some compromise in comparison to new build options.</li> <li>• Potential disruption to service continuity during implementation.</li> <li>• Some stakeholder concerns about site suitability.</li> <li>• Some stakeholder concerns re proximity of football stadium to site.</li> <li>• Some stakeholder concerns about access.</li> </ul>

# Planned Care – Summary

	Co-located with Emergency Care	Separate site
Pros	<ul style="list-style-type: none"> <li>• Opportunity to optimise clinical and financial synergies.</li> </ul>	<ul style="list-style-type: none"> <li>• More options for phased transition, allowing phased investment and earlier benefits realisation.</li> <li>• Wider catchment area than single site solution.</li> <li>• Maintains access for St Albans &amp; ‘north’ of catchment.</li> </ul>
Cons	<ul style="list-style-type: none"> <li>• Risk that emergency care pressures adversely impact on planned care service delivery.</li> <li>• Patient flows may change, adding to planning complexity.</li> <li>• Changes in patient flows may impact on cash flows, affecting Trust’s financial sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients requiring escalation of care must be transferred under blue light.</li> <li>• Higher running costs than single site solution.</li> </ul>

# Preliminary findings

Based on the analysis conducted to date:

- It is most likely that the best solution will be for acute hospital services to continue to be provided from WHHT's existing estate at Watford and St Albans.
- The approach should balance new build with redevelopment and refurbishment of existing buildings to provide the best value for money; aiming to achieve as close to new build as possible.
- This is likely to be achieved as a phased redevelopment over time.
- This should be examined in more detail as the SOC, and subsequently the OBC, are developed.
- The proposed approach should continue to be assessed against a full new build option as the assessment is finely balanced.

Work is ongoing to refine the analysis conducted:

- A number of queries have been raised during the stakeholder engagement process, e.g. some specific findings from the travel analysis and some of the financial assumptions, so work is ongoing to address these.
- The final recommended preferred option within the SOC will be reviewed if there are any material differences as a result of this further work.

# Discussion

In your allocated groups:

- Reflect upon the information provided and the initial findings
- Record any questions or required points of clarification
- Record any comments about the appraisal approach
- Indicate your level of support for the proposed recommendation

# Table discussions and Q&A Panel

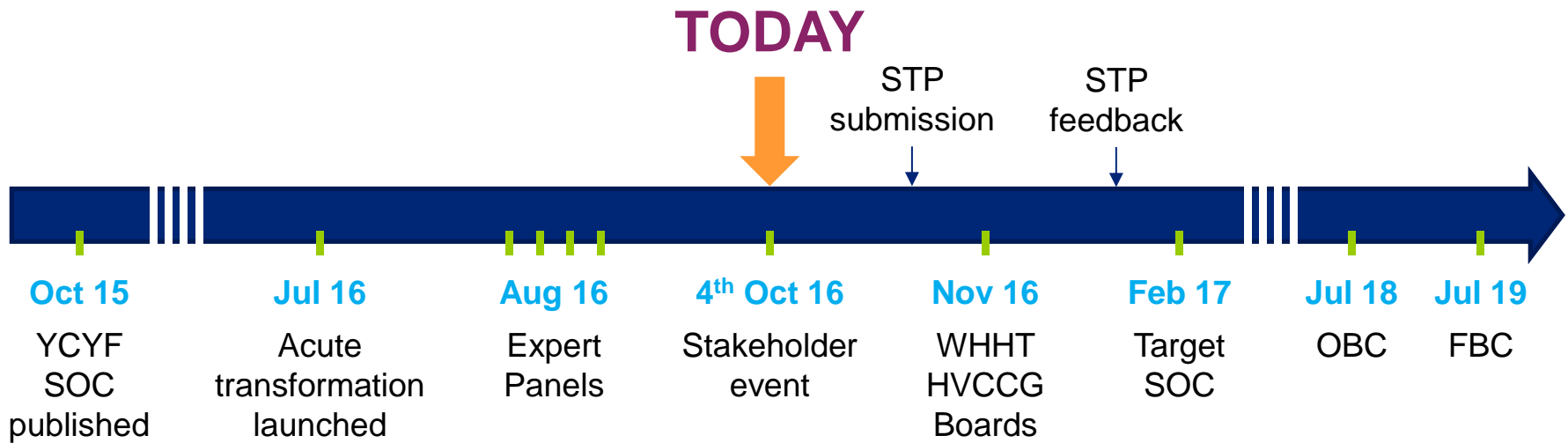
# Q&A Panel

Panel member	Role
Dr Nicolas Small	GP and Chair of the Your Care Your Future Programme Executive
Katie Fisher	Chief Executive, WHHT
David Evans	Your Care, Your Future Programme Director, Herts Valleys CCG
Helen Brown	Director of Strategy and Corporate Services, WHHT
Don Richards	Chief Financial Officer, WHHT
Tim Duggleby	Head of Strategic Development & Compliance, WHHT
Dr Mike Van der Watt	Medical Director, WHHT
Dr Trevor Fernandes	Dacorum GP and HVCCG Herts Valleys board member
Chris Nightingale	PA Consulting

# Next Steps

Katie Fisher, Chief Executive, WHHT

# Decision timeline



- The recommended approach will be included in the STP submission at the end of October.
- An update will go to Herts Valleys CCG and West Hertfordshire Hospitals Trust boards in November.
- Aiming to complete the SOC by February 2017, subject to feedback from STP evaluation by NHS England and NHS Improvement





# Thankyou

