

West Hertfordshire acute hospital reconfiguration

Briefing for stakeholders – from Herts Valleys CCG and West Hertfordshire Hospitals Trust

5 October 2016

Summary

At a session yesterday with stakeholders we took a step forward in agreeing changes and improvement to hospital facilities.

The *Your Care, Your Future* programme has been carrying out an options appraisal to determine the best way forward for the future of acute hospital services in west Hertfordshire. In order to deliver sustainable, high quality acute care, significant investment will be required in the hospital estate. We need to make the best decision about what investment should be made and where.

Following the options appraisal we are taking forward proposals to develop services on the existing hospital sites – Watford and St Albans - with a likely mixture of new build and redevelopment. Developing an entirely newly built hospital on the Watford site remains a possibility and will be explored further as we develop the strategic outline case (SOC).

Some stakeholders wanted us to pursue the option for a new hospital on a ‘greenfield’ site near junction 20 of the M25. Work we have carried out so far suggests that this would not be the best way forward either in terms of costs or other benefits such as travel times, but we are going to do some additional analysis in the coming weeks to review some of the data and costs in order to be sure we are right not to include this option in the next stage of the process.

We were joined at yesterday’s events by groups of patients, clinicians, managerial staff, colleagues from partner organisations including the voluntary sector and local councillors.

Options appraisal

The options appraisal process has been led by teams from Herts Valleys CCG and West Hertfordshire Hospitals Trust (WHHT) with some expert guidance from specialists. Key to the process have been the evaluation panels that were convened to consider all fourteen options against the agreed criteria. Criteria were assessed and developed at a stakeholder session. These panels comprising clinical staff, managers and patients met over the summer to evaluate fourteen reconfiguration options from a non-financial viewpoint. We also convened a panel to consider the clinical model – to agree the optimum clinical approach, particularly focussed on a proposal presented to us from one of the Dacorum patient groups. This was a model where acute services for stabilised patients are delivered from more than one location.

The **panel outcomes** can be summarised as follows:

- When considering the right **clinical model** – which would be applied whichever location was chosen for the emergency site – the panel came out clearly in favour of a model similar to our current one which has emergency and specialist care delivered from one site. Putting in place a more distributed model was thought to compromise patient safety and clinical sustainability.
- The second panel looked at **access and patient experience**. Participants examined data on journey times which indicated that travel times by car are likely to be slightly shorter to Watford than to the greenfield site and around the same for those going by public transport. For planned care, St Albans was slightly easier than the greenfield site by car, and slightly longer by public transport. New build facilities were seen as clearly offering better patient experience.
- The third panel considered **deliverability** including issues around planning permission, utilities and the practicalities around construction. The outcome from the scoring gave both new build options – at Watford and greenfield – similar scores.

Shortlisting. A special session – at which patient representatives were in a majority – reviewed the panel findings and reduced the sites from fourteen down to eight and there was consensus on this.

Financial analysis. The shortlisted sites were then assessed from a financial and affordability viewpoint and again patient representatives were also involved. This showed that the difference between what we would need to spend to build new facilities or redevelop existing buildings is not as big as we expected. However, *all* options have high capital costs with relatively low financial returns and we need to heed messages from NHS England about increasingly tight financial constraints. The most costly options involve building an entirely new hospital for emergency and planned care on a greenfield site.

The financial analysis was combined with the non-financial scores to rank the options and determine which we would take to the next stage.

Findings and way forward

The financial analysis demonstrates high capital costs for **all** options, with new build as the most costly. At the same time new build options score considerably higher on patient experience criteria. The approach we plan to take by redeveloping the existing Watford and St Albans hospital sites gives us some flexibility over the level of new build or refurbishment we include. It also allows us to do the work – and therefore draw down the money – in a phased way and over a longer period.

We know and want to respond to the fact that people would prefer new buildings. We also need to heed the clear messages from NHS England about increasingly tight financial constraints. In pursuing this approach we can do some further work to tease out the difference in costs between renovation and new build which our current financial analysis indicates is not as significant as we would expect.

At the same time, we do not think that the option that delivers renovation only would be sufficient to create an environment for patients that is fit for purpose so we are not taking that forward.

The costlier option of developing an entirely new hospital on a greenfield site warrants some further detailed work over the next few weeks on the comparative travel times and the cost differentials to be sure we are right not to include this in the approach we take forward to the next formal phase.

Stakeholder engagement

We have taken a transparent and broad approach to engagement. As well as involving stakeholders directly in the very detailed options appraisal we have met patient groups, held ‘conversation events’ across the patch and carried out a survey to get views from others living in the area.

Next steps

There is now a requirement on all areas to be part of wider ‘footprints’ to develop sustainability and transformation plans (STP). For us that means we are part of a grouping that incorporates the area covered by East and North Hertfordshire CCG and West Essex CCG. This means that our proposals for acute hospital services will be included in the STP for our area that we need to submit to NHS England towards the end of October. Our proposal must respond to NHS England requirements and be viewed as financially credible and affordable if we are to gain their support.

An update on the reconfiguration of acute hospital services will go to the Herts Valleys CCG and WHHT boards in November.

And at the same we will develop our strategic outline case (SOC) during this period and will continue our dialogue with NHS England.

Our engagement with patients and other stakeholders will also continue as we move into this next phase of our Your Care, Your Future programme.

In progressing the programme as a whole we will be developing further the services that deliver more care out of major hospitals. This means more new pathways for people getting care in their community, for example via their local GP surgery, and also some of the other facilities such as ‘hubs’. We plan to develop a significant local hospital or ‘hub’ in Hemel Hempstead alongside others across west Hertfordshire. Future use of acute services should be viewed with this new out-of-hospital provision in mind.