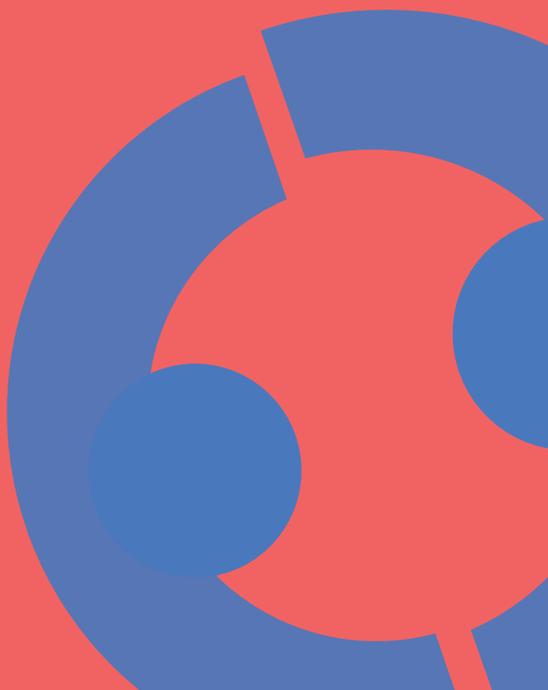


Patient benefits resulting from creating a major emergency hospital and a major planned care hospital

– Summary document

Our Dorset

Your Local NHS and Councils Working Together



Healthcare in Dorset is facing significant challenges arising from workforce and financial constraints, more stringent quality standards, and the increasingly complex health needs of the local population.

In response, Dorset Clinical Commissioning Group (CCG) is making changes to the way in which acute, GP and community-based healthcare services are provided.

In particular, it has been decided that the Royal Bournemouth Hospital (RBH) will become a major emergency hospital (MEH) and Poole Hospital (PH) will become a major planned care hospital (MPH). Dorset County Hospital (DCH) will continue to provide emergency and planned services to meet the needs of people living in the west of the county.

National studies show that better outcomes are achieved when people are treated in specialist centres, with senior specialist staff available on site. Establishing a MEH and MPH in this way will allow this concentration of specialist services and staff.

Establishing RBH as the MEH and PH as the MPH will require considerable capital investment, with the cost of this work estimated at £147M. On 19 July 2017, we were delighted when the Secretary of State for Health announced the capital funding for this project, which makes this transformation possible. Both hospitals will now see considerable investment and development over the next few years:

- An increase in the number of beds at RBH, and the emergency department (A&E) will be significantly expanded. A new maternity unit and a new paediatric unit will also be built on site.
- A new 24/7 Urgent Treatment Centre and a significantly expanded theatre complex (increasing to 17 theatres) at PH. This will include an increase in the number of specialist laminar flow theatres required to support the large volume of orthopaedic work moving to this site.

Re-shaping the two acute hospitals in this way is an exciting development in Dorset that will result in numerous benefits for patients. These are summarised over the following pages.

The figures set out in this document reflect the most recent version of the Patient Benefits Case (PBC) that will be submitted to the Competition and Markets Authority (CMA) for the purposes of securing regulatory clearance for the merger between RBH and PH. These numbers may change as the Trusts' analysis develops, and the final case presented to the CMA may contain different numbers to those set out here. It is important to also note that the PBC, and the numbers presented in this document, do not capture the full range of benefits that the CCG and the Trusts expect to arise from the merger and the planned reconfiguration of services.

In the coming months, whilst progressing through the regulatory process and clinical planning becomes more detailed, the number of patients expected to benefit in the ways summarised here are expected to increase and decrease as the patient numbers within existing services are included and excluded based on new insights about how the reconfiguration will lead to improvements in patient care. The summaries here give an idea of clinical areas that have received attention so far, and estimates have been made of present numbers of patients that receive these types of treatments at both RBH and PH.

As planning for the merger advances and additional regulatory processes begin with NHS Improvement, the Department of Health, and the Treasury, it is expected that not only will improvements for patients attending other departments within the hospitals be identified but also financial savings arising from the reconfiguration that can then be redirected back into improved patient services.

For more information the full patient benefits case can be downloaded from www.dorsetsvision.nhs.uk



**Major
emergency
hospital
(MEH)**

Better care for **around 33,000 patients** who currently attend the emergency department at a time when no consultant is on site

Better care for **around 3,500 inpatients** who currently have to be transferred between RBH and PH each year in order to access specialist treatment

Better care for **around 800 patients** who currently have to be transferred from the emergency department to the other site each year in order to access the right specialty



**Major planned
care hospital
(MPH)**

Reduced waiting times for **around 6,000 patients** requiring planned care

Shorter time to treatment and better experience for **around 3,000 patients each year** who would otherwise have to be re-referred between RBH and PH under the existing arrangements



Cardiology

Shorter waits for treatment for **around 750 patients per year** with a reduced length of stay for 400 of these patients needing interventional treatment, which will **save an estimated 11-21 lives per year**

Around 750-1,000 patients per year will have access to all relevant diagnostic and treatment services, thus enabling higher quality multi-disciplinary team (MDT) decision-making

All 8,000 patients per year can have interventional procedures and imaging treatments at weekends

Between 250-300 patients per year will avoid cross-referrals between hospitals and have

outpatient consultations 4-6 weeks more quickly, leading to shorter times to treatment and better patient experience

Shorter time to consultant review and treatment for **around 135 cardiology patients** currently admitted to PH out of hours each year



General surgery

Improved outcomes for **around 8,000 patients per year** by concentrating emergency general surgery at a single site

Shorter time to treatment and better patient outcomes for **the majority of general surgery patients** operated on at the major planned care hospital

Quicker access to treatment in particular for **around 200 patients each year** with gallstones

Quicker access to diagnosis and treatment for **around 100-125 surgical patients each year** who will no longer need to be transferred between RBH and PH

Immediate access to a consultant with relevant sub-specialist expertise for **at least 205 patients each year**

Shorter time to treatment for **around 60-70 patients each year**

Shorter time to treatment and better outcomes for **around 40 patients each year** undergoing cancer resections, who would otherwise be re-referred between RBH and PH



Maternity

All patients will benefit from improved facilities
(**around 4850 per year**)

Around 170 transfers from RBH to PH each year will be avoided

Around 25 patients per year will have quicker access to other emergency services on-site when complications emerge.



Haematology

Improved clinical decision-making leading to improved outcomes for **around 2,500-3,500 patients per year**

Greater access to specialist decision-making at weekends, leading to improved care for **around 900 patients each year**

Earlier access to drugs not yet approved for treatment within the NHS for **around 350 patients each year**, which can significantly extend life expectancy in some cases



Gastroenterology

2,500 inpatients will get faster access to endoscopy services

500 inpatients will benefit from faster and improved decision-making

Around 4,000 patients will receive earlier appointments

Around 1,000 patients are expected to avoid unnecessary appointments



Stroke

Around 1,400 stroke patients per year will benefit from improved consultant, nursing and AHP staffing levels

Around 140 patients per year with a trans-
ischaemic attack (TIA) will benefit from review at a
TIA clinic within 24 hours of reporting symptoms

In summary, we know that the establishment of a major emergency hospital and a major planned care site will involve significant change, but as highlighted above, there are many benefits for patients as a consequence of doing these changes.

Local people already use both hospitals for treatment and care, given that although there are many similarities, the two hospitals actually provide different types of services. In future, local people will continue to use both sites, but will access them for some different treatments than they do now.

In this way, we shall deliver better outcomes for patients, and make better use of our highly valued staff.

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