



Cornwall and the Isles of Scilly Health and Care Partnership

An introduction to the Peninsula Clinical Services Strategy (PCCS)

PCSS – an overview

- The **Peninsula Clinical Services Strategy** (PCSS) brings together NHS partners across Devon and Cornwall and the Isles of Scilly to shape the future of hospital-based clinical services, ensuring their safety, quality, accessibility, resilience, performance and affordability.
- This strategy is vital as it **addresses fundamental challenges** faced by the NHS, which will escalate in the next 5 to 10 years
- This strategy will set out the **changes needed** provide high quality, resilient and affordable hospital services. By working in partnership between hospitals and with GP and community services we want to provide the right care by the right clinician to deliver real improvements for people who need our care.
- Development of the strategy will **involve clinicians and hospital managers** from each trust,
- We want to spread **collaboration, clinical networking** and **best practice** in the services where we are facing our greatest challenges.
- It forms part of the **Long Term Plans** for Devon and Cornwall and IoS

Why we need to change

- People living in Devon and Cornwall and IoS are experiencing longer waiting times
- Many people are having to travel outside the counties for specialised services
- Clinical teams are working very hard but are challenged by difficulties in recruiting essential staff and their access to specialised facilities and equipment.

The challenges facing the NHS (1)

We need to **act now** because the NHS is facing several major challenges, which will escalate in the next five to ten years:

- **Our population is increasing** – the number of people living in the Peninsula will increase by 54,000 in the next five years – 33,000 for Devon and 19,000 for Cornwall and IoS.
- **More people are living for longer in ill-health** – our population is living longer due to medical advances, but often with multiple illnesses – such as cancer, heart problems and diabetes – and the amount of time people live in good health has been decreasing since 2019.
- **Preventable illnesses are increasing** – Illnesses like diabetes are on the rise which will increase the need for services to manage these conditions.
- **An aging population** – the number of over-85s in the peninsula will double in the next 20 years, meaning our population will need more care for conditions that increase with age – such as cancer, heart problems, joint replacements, muscular and skeletal problems and diabetes.
- [cont]

The challenges facing the NHS (2)

We need to **act now** because the NHS is facing several major challenges, which will escalate in the next five to ten years:

- **The workforce is not available to meet these needs** – In Devon 1 in 10 nurse jobs is vacant with about 2,000 unfilled NHS posts across the county. In Cornwall and IoS, 1 in 6 nurse jobs is vacant with over 400 unfilled nursing posts. Last year hospitals across Devon and Cornwall and the Isles of Scilly **spent £30 million on medical locum staff** to provide the medical cover needed for safe care
- **NHS funding is up, but not keeping pace with demand** – funding is increasing by 3.4% over the next five years, but this is not fast enough to keep up with our population's need for care and treatment
- **NHS is not responding to rapid changes in demand** – the sharp rise of conditions like cancer, heart disease and dementia is outstripping our capacity to deliver good quality care, and we must adapt how we provide care – using technology and digital solutions supported by shared information, working more flexibly across professions, clinical teams and hospitals.

Developing the strategy

- The cornerstone of the strategy is to continue to **provide core local emergency and urgent care service services and maternity services in all the peninsula's five acute hospitals.**
- These services are vitally important to the local population served by each hospital, but there are **challenges to be addressed** in continuing to provide some of these services to the standard that local people need and deserve.

Prioritising the work of the strategy

- Medical directors from Devon and Cornwall and IOS drew on national evidence to define the services that are needed to support a well-functioning emergency department in each local hospital and have also categorised a range of more specialised services:

Category	Description
1	All five hospitals will continue to provide core emergency and urgent care services with 24/7 emergency departments (ED), and maternity services, on all sites. Each hospital will be supported to provide the range of services required for the safe provision of an ED.
2	More specialised inpatient and/or outpatient services that could benefit from clinical networking or centres of excellence.
3	One Major Trauma Centre (located at Derriford Hospital), with an agreed model for the delivery of tertiary services.

Services risk-assessed by medical leads

The strategy will initially focus on our greatest challenges, and each Trust's medical director led a high-level risk assessment of their services against four agreed criteria:

1. **Service safety** – where safety concerns have been identified with no immediate and affordable plan to address on a sustainable basis.
2. **Service resilience** – where there is significant and long-term dependence on locum/agency staff (current or predicted) to maintain the service, with no resolution available. Where facilities or equipment do not enable reliable provision, with no resolution available.
3. **Service performance** – where the service is not meeting key performance standards or is significantly below performance levels elsewhere, and there is no confidence that this can be improved to acceptable levels.
4. **Service cost** – where the premium cost to deliver the service in its current configuration is significantly above average cost due to the service model, over provision or other factors.

Seven areas of focus (1)

- The risk assessment process identified seven service areas where there is a compelling need to change how we organise or deliver care. These are:

Priority area	Challenges / Opportunities	How it will be delivered
Medical and clinical oncology	<ul style="list-style-type: none"> • Increasing demand • National and local shortage of consultants • Difficulty funding locums 	Cancer Alliance, with the oversight of the Radiotherapy Network
Paediatrics, neonatology and paediatric surgery	<ul style="list-style-type: none"> • Shortage of junior / mid-level clinical staff • Difficulty finding locums • Bringing back non-complex paediatric surgery to the peninsula 	<p>Neonatal – Local Maternity Systems</p> <p>Surgery – Develop existing work</p> <p>Paediatrics – tbc</p>
Spinal / neurosurgery	<ul style="list-style-type: none"> • Spinal: long waits for treatment • Neurosurgery: capacity and conflicting pressures on ITU 	To be confirmed

Seven areas of focus (2)

Priority area	Challenges/ Opportunities	How it will be delivered
Cardiac surgery and cardiology	<ul style="list-style-type: none"> • Long waiting times • Workforce shortages • Delays in transferring patients between providers • Increase capacity to treat people locally 	Peninsula Cardiac Clinical Service Delivery Network
Planned orthopaedics	<ul style="list-style-type: none"> • Performance issues – RTT and long waits • Cost of outsourcing 	Planned Care – Cornwall and IOS/Devon, supporting Orthopaedic Alliance
Diagnostics	<ul style="list-style-type: none"> • National and local shortage of radiologists, radiographers • Volume of activity that is outsourced due to capacity issues • Out-of-hours access • Increasing complexity of procedure 	Expand remit of existing diagnostics steering group, aligned with national requirements
Specialised commissioning	<ul style="list-style-type: none"> • With UHP as our Major Trauma Centre being a fixed point, Specialised Commissioning will work with PCSS partners to review the options for delivering very specialised services for the Peninsula population 	

Additional priority areas

- Clinical and public engagement is underway to develop proposals for the future of service delivery in Northern Devon Healthcare NHS Trust
- Torbay and South Devon NHS Foundation Trust has highlighted significant challenges with the estate and infrastructure at Torbay Hospital and has requested that any work to develop service delivery options that provide practical solutions is also included

Building on our track record

There is a strong history of collaboration and partnership working across Devon and Cornwall and the Isles of Scilly:

1. Working together

- A Mutual Support Agreement provides a way for trusts in Devon to work together to support any hospital in the county that is facing short-term service challenges that it can't manage on its own.
- Greater use is being made of St Michael's Hospital at Hayle in West Cornwall for orthopaedics to release capacity and reduce pressure at Treliske in Truro

Building on our track record

2. Centres of excellence for the region

- The **Major Trauma Centre at Derriford Hospital** in Plymouth is the specialist hospital responsible for the care of the most severely injured patients involved in major trauma for Devon and Cornwall and also provides cardiac surgery, neurosurgery, thoracic surgery and renal transplantation for the peninsula population.
- **Cornwall is about to open a trailblazing adolescent mental health unit** for young people, providing in patient provision for children and adolescent patients with the most acute needs. This will provide care close to home for some of our most ill and vulnerable young people who are currently travelling hundreds of miles away from their family and friends to hospitals in Birmingham, Essex, Kent and Cheshire to access treatment.
- With a headquarters in Exeter, the **Peninsula Clinical Genetics** service is for people living in Cornwall and Devon.

Building on our track record

3. Bringing specialists together to work as clinical networks

- The 7 priorities identified through PCSS are not the only services facing challenges
- There is already peninsula-wide agreement to establish **Clinical Service Delivery Networks (CSDNs)** so that clinical colleagues can work together on pressing operational challenges in the following services:
 - Stroke
 - Haematology
 - Neurology
 - Dermatology
 - Cardiology
 - Pathology
 - Local Maternity Systems

[cont]

Building on our track record

3. Bringing specialists together to work as clinical networks

Clinical Service Delivery Networks (CSDNs) will be mandated to:

- deliver the workplans identified by the PCSS process
- critically review and challenge and reduce variation across providers in Devon and Cornwall IOS
- Identify evidence based best practice and implement at pace
- ensure all opportunities for collaborative delivery of services are developed and implemented to increase service resilience and future sustainability (directly influencing over reliance on locums)
- challenge our services to work in new ways to accommodate future demand and improve effectiveness and efficiency maximising the potential of digital opportunities
- respond to the NHS Long Term plan deliverables

PCSS next steps

How we take the work forward

The seven priority areas were approved by system leaders in **Devon** on 21 June 2019 and in **Cornwall and IOS** on 4 July 2019

Project teams for each priority area will now:

- Assess the current provision, demand, population need and equality of access for each priority area
- Research new ways of working, for example by using technology to support new models of care
- Explore options for new ways of working
- Propose a preferred option and carry out a detailed quality, equality and impact assessment
- Develop an implementation plan and timeline

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PCSS next steps

How we take the work forward

- Each project team will be led by a **clinical lead**, a **system executive** and a **change manager**
- **Inclusive membership** that supports the redesign of the entire care pathway for the service, seeking input from subject experts across hospital, community, general practice and user experience as the work of the strategy progresses.
- **Public engagement** on the strategy will be part of the wider engagement process for both STPs' Long Term Plan.
- **Clinical and staff engagement** will be via regular updates with those in priority areas involved throughout.