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2 December 2022

Cllr Ian Holder  
Chair, Portsmouth Health Overview and Scrutiny Panel  
Members Services  
Civic Offices  
Portsmouth  
PO1 2AL

Dear Cllr Holder,

### **Interim update letter for HOSP - December 2022**

I am pleased to provide an interim update for the Portsmouth Health Overview and Scrutiny Panel, intended to update you and the members of the Panel on elective hubs, urgent treatment centres and the GP retention scheme.

#### NHS Hampshire and Isle of Wight Integrated Care Board - Elective Hub update

### **1. Introduction**

In January in response to the backlog created by COVID-19 pandemic, Hampshire and Isle of Wight NHS leaders came together and agreed that the construction of a new dedicated 'elective hub', a facility to provide more capacity and allow more operations to take place, was the best approach to addressing the backlog in the system. A programme was established with the purpose of developing proposals to secure funding and allow construction of the new facility to begin.

### **2. What will the hub provide?**

If approved, the hub will offer a central location for adults across Hampshire and Isle of Wight who require operations for urology (kidney, bladder and urinary), Ear, Nose

and Throat (ENT) and orthopaedics (such as hip and knee replacements). Operations taking place at the hub would be in addition to surgery already taking place at our hospitals across Hampshire and Isle of Wight, and eligible patients would be offered the choice of having their operation at their local hospital or the hub.

It is proposed that the hub will provide pre-operative assessment, theatre, day case and inpatient facilities for the three selected specialties mentioned above. It would provide four operating theatres and 44 beds, staffed by a multi-disciplinary team to allow patients to access a full range of services.

The hub would operate six days a week (but with inpatient facilities operating over seven days) and accommodate weekends and extended weekdays to maximise the capacity available.

Patients will be referred by their GPs to their home Trusts and, if patients are then identified as requiring an elective procedure and they meet the criteria, they will be offered the choice to be treated at the Hub. If patients elect to have their procedure undertaken in the Hub, their pre-assessment will be managed by the Hub. In approximately 90% of the cases this pre-assessment will be undertaken remotely.

Following their procedures any follow up required will be undertaken by the patients originating home Trust. Consultants from the current acute hospitals will be operating on their patients that chose to have their procedures in the hub to ensure continuity of care.

### 3. The key benefits

The proposed elective hub has the following key benefits:

- **Significantly improve patient care** – The hub will reduce the time some patients have to wait for their operation and in doing so will reduce the impact waiting can have on their physical and mental wellbeing. Capacity needs to be expanded to ensure that our patients can receive the right interventions, at the right time to achieve the best outcomes.
- **Strengthen clinical practice** – A single hub operating across the whole health and care system in Hampshire and Isle of Wight will draw on and feed into care pathways across all organisations. By acting as a model of best practice and evidencing the value of a standardised approach, the facility can add value to patient care that will extend beyond the hub.
- **Enhance resilience across the system** – The hub will provide additional capacity and so will be able to provide resilience when our hospitals and services are under pressure (such as during the winter period).
- **Deliver better value for money** – The hub will allow NHS organisations to make better use of their resources through higher levels of productivity and economies of scale. For example, it is hoped that clinicians will not have to cancel lists due to unexpected, unplanned demands.
- **Strengthen integration** – NHS organisations have been working together with partners to improve services and transform how we deliver care. As we have

formally established the Hampshire and Isle of Wight Integrated Care System, the proposed elective hub will expedite and add to the improvements already underway.

#### 4. Location

The proposed location for the new facility is on the site of the **Royal Hampshire County Hospital in Winchester**. Plans and designs are well underway, and the Programme is working with the contractor Integrated Health Projects (IHP) and AD Architects to develop the building specification. The plans involve refurbishing a floor within Burrell Building to create four theatres and a short stay ward and a five-storey building to house the inpatients wards, a new orthopaedic outpatient and x ray facility and associated plant.

#### 5. Timeline

NHS England are supportive of our plans in principle, and the next step is for the proposals to be formally approved following the submission of an outline business case and a full business case. We anticipate that we will know whether our plans can proceed by December 2023. A high-level timeline has been prepared (see page 5) which would enable construction to start at the beginning of January 2024 and anticipating the new facility being **fully operational by June 2025**.

#### 6. Seeking the views of local people on our plans

In preparing the plans for the Hub the programme has been working with the four Healthwatches across Hampshire and Isle of Wight who have supported us to seek the views of local people on the potential elective hub to inform the development of our plans for the service and the design of the building. This has included directly promoting the survey to those currently on waiting lists as well as more widely.

Over 2,100 local people shared their views which are being analysed. Highlighted themes are:

- Many people are prepared to travel to Winchester if they can be seen/receive treatment more quickly, including residents on the Isle of Wight who shared that to do this they would need some help from the NHS
- Many people felt the amount of time they will need to wait to be seen is okay/as expected  
There is acknowledgement/understanding of post pandemic delays and staff pressures
- Some respondents were given good, clear information and advice whilst they waited, such as condition specific information, support to lower their BMI, etc
- Many reported that long waits were causing anxiety, upset or deterioration in their condition
- Long waits are impacting on family, personal and working life
- Some respondents have decided to seek private treatment instead
- Some felt information they were given was irrelevant, too late or they didn't get any at all with many doing their own research
- Many cited delays in the referral process, not the wait for actual treatment

- When asked what the NHS could do to help with patients who choose to go to the elective hub, suggestions include providing support at the Elective Hub such as interpreters and carers if usual carer wasn't available, transport to and from the hub, help with cost of travel, easy/free car parking, clear information about the facility and staff, good wheelchair access, opportunity to meet staff before receiving treatment, appointment times that take into account travel time or need for a relative to drive to the appointment.

The feedback is being used to help shape the plans for the Elective Hub. We are also planning to hold several focus groups with local people to explore the feedback themes in more detail. The feedback will also be used to determine how we are supporting people whilst they are waiting and improvements, we can make to this.

## **7. Next steps**

We continue to develop our outline business case for submission which will then be followed by a full business case as detailed in the timeline overleaf.

## Urgent Treatment Centres in Portsmouth and South East Hampshire

### **8. Introduction**

Across Portsmouth and South East Hampshire there are three Urgent Treatment Centres (UTCs), located at the following locations:

- St Mary's Treatment Centre (Portsmouth) provided by Practice Plus Group;
- Petersfield Community Hospital provided by Southern Health NHS Foundation Trust, and
- Gosport War Memorial Hospital provided by Portsmouth Hospitals University NHS Trust.

### **9. Joint Operations Team**

In recognition of the need to provide consistent, high-quality care for our residents across all our UTCs, a Joint Operations Team (JOT) has been established.

The JOT is collaborative across the three providers and the Integrated Care Board which works to standardise provision available to patients (in terms of the minor ailments and injuries managed on site, and standardised access to diagnostics). The JOT also work to stabilise demand and capacity across the sites and provide resilience support where required.

Recent work undertaken by the JOT includes proactive redirection from the emergency department (ED) at Queen Alexandra Hospital, for anyone presenting at ED with symptoms that are not life-threatening. This is still in operation with several patients per day being successfully navigated to a more appropriate service at an UTC.

## 10. Integrated Care

In order to improve patient experience, we are working with UTCs on how we can provide more integrated care and to simplify the pathway for patients. We are currently piloting a 'Patient Champion' role in Petersfield for when patients accessing the Urgent Treatment Centre would benefit more from an appointment with the GP Practice (for example, if the issue relates to a long-term condition and would benefit from the continuity of care provided by the GP practice team). Following an evaluation, this may be rolled out to other Urgent Treatment Centres.

The Patient Champion acts on behalf of the patient in contacting their registered GP and facilitates an appointment with the GP practice within a suitable timeframe for their presenting need (based on a trusted assessment undertaken at the Urgent Treatment Centre); this prevents patients being 'bounced' around the system, provides a better patient experience, and ensures the patient accesses the most appropriate care for their needs.

11. We are also currently investigating how we can better align UTC provision with Out-of-Hours primary medical care services, and the Clinical Assessment Service (which provides clinical input to the NHS 111 service). Audits have been undertaken to help inform potential pilots for more integrated provision.

## WaitLess

WaitLess is a smartphone app - expected to launch in the next few months - which shows patients the fastest and most appropriate place to be treated for urgent minor conditions in Hampshire and Isle of Wight.

The app gives patients a real-time view of wait times, patient numbers and pressures, and once live, will help empower patients to make informed choices when deciding which local or emergency care setting to go to for help.

The team currently anticipate that the WaitLess app will enter a testing phase at the end of the year, with the app expected to be available publicly in early 2023.

When ready, there will be a soft launch via social media, internal channels and system websites, encouraging people to download WaitLess for free from Apple and Google play stores. This will be followed later in the year (expected February/March 2023) by a hard launch encompassing paid-for media, posters, videos and more.

## GP Retention scheme

The National GP Retention Scheme is a package of financial and educational support to help eligible doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and that the practice is meeting its obligations.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support. Doctors applying for the scheme must be in good standing with the General Medical Council (GMC) without GMC conditions or undertakings – except those relating solely to health matters.

The scheme is managed jointly by Health Education England (HEE) through the designated HEE RGP Scheme Lead and the Integrated Commissioning Board, with the scheme is funded through the Primary Medical Care Allocation.

The scheme is open to doctors who meet ALL of the following criteria:

1. Where a doctor is seriously considering leaving or has left general practice (but is still on the National Medical Performers List) due to:

- a) personal reasons – such as caring responsibilities for family members (children or adults) or personal health reasons
- b) approaching retirement
- c) require greater flexibility in order to undertake other work either within or outside of general practice

2. And when a regular part-time role does not meet the doctor's need for flexibility, for example the requirement for short clinics or annualised hours.

3. And where there is a need for additional educational supervision. For example, a newly qualified doctor needing to work 1-4 sessions a week due to caring responsibilities or those working only 1-2 sessions where pro-rata study leave allowance is inadequate to maintain continuing professional development and professional networks.

Doctors must hold full registration and a licence to practice with the GMC and be on the National Medical Performers List.

In Portsmouth, there are currently four GPs working under the Retention scheme.

Yours sincerely,

Jo York  
Managing Director  
Health and Care Portsmouth

# Appendix A: Elective Hub Programme Timeline

## Programme Overview Timeline V6

**KEY**

- Milestone
- Deliverable
- Current Position

