

# Merger of Hinchingbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust



**Full Business Case**  
Summary version  
September 2016

Better

Safer

Local



## Summary of the Full Business Case

This document is a summary of the Full Business Case.

It sets out the clinical and financial reasons why a merger is being proposed.

The Full Business Case was approved by the boards of both Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingbrooke Health Care NHS Trust in their meetings at the end of September 2016.

The Full Business Case explains how patients in Huntingdonshire, Greater Peterborough and South Lincolnshire will benefit from the services provided by our 6,000 staff working in one single hospital foundation trust, based on three hospital sites: namely Hinchingbrooke, Peterborough and Stamford Hospitals

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## Foreword by Chief Executives

### Lance McCarthy and Stephen Graves

We are pleased to deliver the Full Business Case for the proposed merger of Hinchingsbrooke Health Care Trust and Peterborough and Stamford Hospitals NHS Foundation Trust.

The Full Business Case contains the latest information on the clinical and financial benefits of merging, compiled following extensive engagement between the clinical and administration teams in both organisations. It examines what this means for both patients and staff. It does not recommend changing services at any one of the three hospital sites, but it does highlight the risks of the organisations not collaborating at all, which could have a negative impact upon some services for patients, particularly in Huntingdonshire.

We believe the merger of Peterborough and Stamford Hospitals NHS Foundation Trust and Hinchingsbrooke Health Care NHS Trust will help to improve clinical and financial sustainability in our three hospitals and provide exceptional opportunities to deliver a step change in the strength and depth of many of the patient services currently provided. These opportunities will arise as a combination of the increased catchment population and critical mass of clinical specialists.

The strategic directions of both trusts are aligned, and the vision, as articulated by each organisation, fit well with each other.

The combined trust will deliver robust services that are currently unsustainable, and people living in the Hinchingsbrooke area will have access to some services which cannot be provided without merger.

The newly-formed trust will be significantly more attractive to prospective job applicants and clinical leaders which, in partnership with primary care, community and specialist partners, will improve services for the patient population.

The merger will deliver £9m efficiencies which will contribute to the required system-wide savings. Reductions will be in back office and corporate costs, although this will result in minimal redundancies.

For those clinical services that will continue to provide 24/7 emergency cover, and those



Lance McCarthy



Stephen Graves

The Sustainability and Transformation Plan, published by the Cambridgeshire and Peterborough health and care system in July 16, gave assurances that the following key services will remain at Hinchingsbrooke:

- 24/7 A&E services, seeing minor injuries and major cases
- 24/7 obstetric-led maternity and paediatric services.

where there are significant national recruitment challenges, there will initially be some opportunities to make improvements. Over time clinical services will benefit from an increase in team size which will further improve overall quality and performance standards from the current CQC 'Good' ratings.

The first 18 months of the merger, while challenging, will be an exciting time in which to establish the level of ambition for the combined trust. During that time, we will further develop the clinical vision described in this summary document. The right culture will be fostered to provide clinical and managerial leaders and teams with sufficient autonomy and freedom to take advantage of the available opportunities.

Throughout this business case, the steps being proposed have been informed by the lessons learned from previous NHS mergers.

*Lance McCarthy and Stephen Graves*  
**Chief Executive Officers,  
Hinchingsbrooke Health Care NHS Trust &  
Peterborough and Stamford Hospitals  
NHS Foundation Trust**





## The headlines, at a glance

- A merged organisation will deliver clinical, financial and organisational sustainability to both trusts and improve the sustainability of some fragile clinical services at Hinchingbrooke Hospital
- Clinical services will continue to be delivered as currently at all three hospital sites - Hinchingbrooke, Peterborough City and Stamford Hospitals
- Our goal is to ensure patients will need to travel less for treatment – not more
- Together we can improve our patients' experience by recruiting and retaining the best specialists with shared rotas that are robust and with more training and educational opportunities
- Hinchingbrooke patients and people of Huntingdonshire will have a greater say in how their hospital is run, by becoming members or governors of the merged Foundation Trust
- The merger will not affect any plans to redevelop Stamford Hospital or the Health Campus at Hinchingbrooke
- The PFI costs of Peterborough City Hospital does not, and will not, impact upon patient care across any of the three hospitals.
- There will be redundancies as we integrate back office staff, but these will be kept to a minimum. Staff will be supported throughout the process to merge our hospitals
- The boards of each Trust recognise that we need to give full consideration to how the cultures in Hinchingbrooke, Peterborough and Stamford Hospitals are integrated to develop a merged organisation that delivers the best of both for our patients and staff.
- Doing nothing is not an option for either Trust

## Next steps

The Full Business Case was approved by the boards of both Trusts in their meetings held in public at the end of September 2016. Their approval was subject to consideration of feedback from:

- The independent local Clinical Senate on the integration of clinical services, and;
- Staff and public engagement sessions held in October and early November 2016.

Meanwhile, the Full Business Case has been referred to our regulator, NHS Improvement, to review.

The boards of both trusts will meet again, separately, at the end of November 2016 to review all feedback to ensure it is reflected in the Full Business Case and the accompanying implementation plan. They are then expected to ratify the Full Business Case in readiness for the merger to take place on 1 April 2017. In the interim, both trusts will work together to provide safe services, particularly in areas identified as being unsustainable. Some benefits will be achieved by April 2017, with full benefits delivered by Autumn 2020.

**6** *We recognise that in bringing the two organisations together we need to fully consider how we integrate the cultures in Hinchingbrooke, Peterborough and Stamford Hospitals.*  
**- Stephen Graves, Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust**

## PART 1:

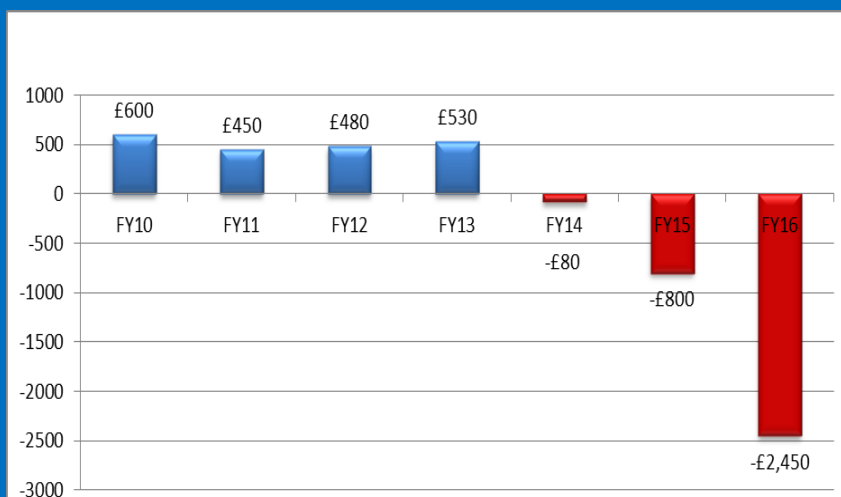
### The bigger picture - national and local case for change

A&E attendances across the UK increased by 35% to 22.3 million between 2004 and 2016.

Increased demand from an ageing population and requirements for above average efficiency have placed significant pressure and financial constraints across the entire NHS.

In 2014 the NHS reported its first deficit. Two years later the total deficit for NHS trusts was £2.45bn. Now, 89% of acute trusts are reporting a deficit.

NHS trusts end of year financial results 2009/10 - 2015/16



### Our local health system - rising demand from a growing population

The Cambridgeshire and Peterborough population is forecast to grow by 10% between 2016 and 2021. Peterborough is growing by 11%, while Huntingdon's 'over-65s' age group is set to increase by 17%. People belonging to this group are most likely to experience multiple illnesses, disability and frailty as time goes on. This means both Hinchingsbrooke and Peterborough and Stamford Hospitals can expect higher demand for their acute services in the near future.

The financial impact is expected to be high. In the last financial year our local health care system had a collective deficit of £150m - one of the highest in the country. In the next five years, if things continue as they are, the deficit is forecast to reach £250m.

Meeting future demand on services, while managing clinical sustainability within a tight budget, means health service providers need to work together and work differently. Across the country, clinical commissioning groups have developed Sustainability and Transformation Plans.

The Sustainability and Transformation Plans led by Cambridgeshire and Peterborough clinical commissioning group involved both Hinchingsbrooke and Peterborough and Stamford hospital trusts.

In November 2015, our trusts agreed to work together to explore four levels of collaboration.

These were:

- Option 1** - do nothing for now
- Option 2** - shared back office function
- Option 3** - as option 2, but with two boards, one executive team and one operational organisation
- Option 4** - one organisation

After publication of the Outline Business Case, in May 2016, both boards agreed that one organisation was the best option to pursue.

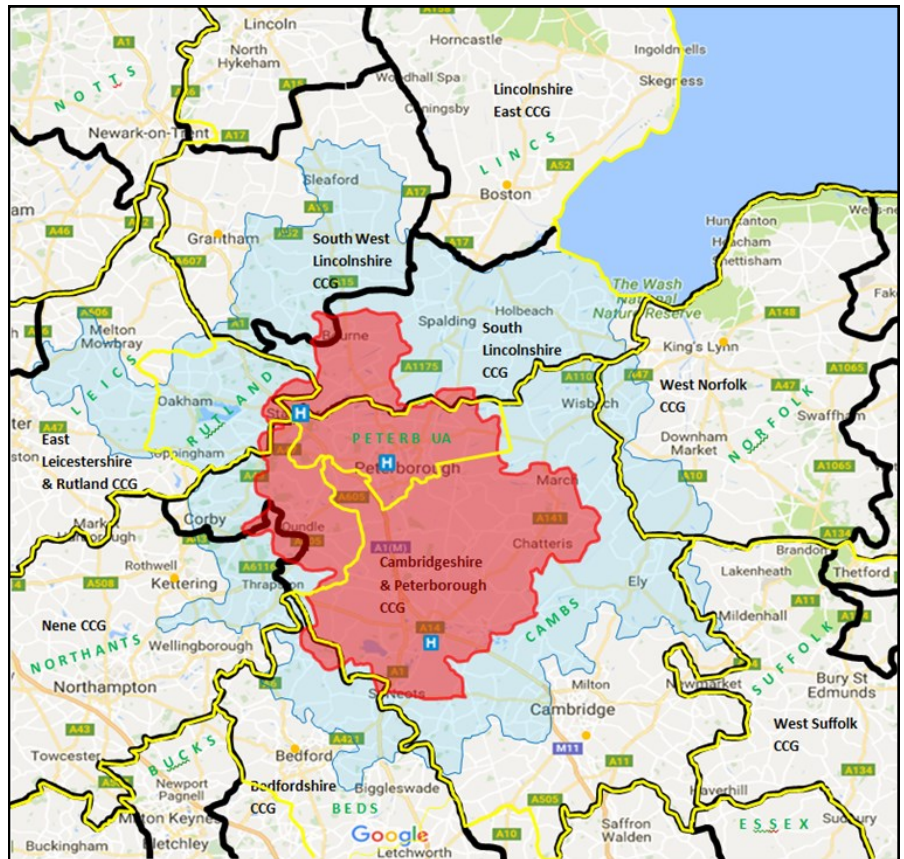
In July 2016 the trusts signed a memorandum of understanding to agree to work together to develop a Full Business Case to show patients and staff the benefits of a merged trust.

## PART 2:

### Focus on our trusts

Currently Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford Hospitals NHS Foundation Trust serve a diverse and growing population of around 700,000 people, some of whom live in the most deprived areas of the country. Some areas are forecast to experience significant growth in the over 65 age profile, particularly in Huntingdonshire and Rutland.

#### Key:



**This map shows the combined area served by both trusts**

Hinchingsbrooke Health Care NHS Trust (HHCT) provides care to 193,000 people from Huntingdon and the surrounding area. Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) serves a total population of over 500,000 people, including Peterborough, South Lincolnshire and the wider area.

Hinchingsbrooke and Peterborough City Hospital are district general hospitals, whereas Stamford Hospital is smaller and has more of a community hospital feel.

Of the two trusts, Peterborough is the larger and delivers a broader range of clinical services. Following revisits by the Care Quality Commission, both trusts have been rated as 'Good' overall.

Most of the inpatient services at PSHFT are delivered on the Peterborough City

Hospital site. Significant outpatient services are provided at Stamford Hospital, such as the pain management service, which is one of the largest in the region.

Hinchingsbrooke delivers both inpatient and outpatient services from its site.

Both trusts work closely with neighbouring teaching hospitals, particularly Cambridge University Hospitals (Addenbrooke's), to provide specialist services, such as cancer surgery, major trauma and specialist paediatrics. When Papworth Hospital moves to the Addenbrooke's site in 2018, its specialist cardiac centre will move with it.

All trusts are facing an ever-increasing drive for efficiency while delivering improvements, developing seven day services and fulfilling the requirement to meet key service and performance standards.

**We are mindful that we are acting in the interests of a joint population of 700,000 patients and 6,000 staff. This is why feedback from our staff and the public is so important.**

**- Lance McCarthy, Chief Executive, Hinchingsbrooke Health Care NHS Trust**

# The trusts at a glance

HHCT = Hinchingsbrooke Health Care NHS Trust  
PSHFT = Peterborough and Stamford Hospitals NHS Foundation Trust

Here is a list of services currently provided by each trust.

Service	HHCT	PSHFT	Service	HHCT	PSHFT
Accident & Emergency	✓	✓	Obstetrics	✓	✓
Acute Medicine	✓	✓	Oncology	✓**	✓
Ambulatory Care	✓	✓	Ophthalmology	✓	✓
Audiology	✓	✓	Oral and maxillofacial		✓
Breast Surgery	✓	✓	Pain	Acute pain only	✓
Cardiology	✓	✓	Paediatrics	✓****	✓
Clinical haematology	✓	✓	Palliative care	✓	✓
Diabetes and Endocrinology	✓	✓	Pathology	✓	✓
Diagnostic imaging	✓	✓	Plastics and dermatology	✓	✓
Ear, Nose and Throat	✓	✓	Radiotherapy		✓
Endoscopy	✓	✓	Renal	✓**	✓
Gastroenterology	✓	✓	Respiratory	✓	✓
General Medicine	✓	✓	Rheumatology	✓	✓
General Surgery	✓	✓	Stroke	✓****	✓
Geriatric Medicine	✓	✓	Therapy services	✓	✓
Gynaecology	✓	✓	Thoracic Medicine		✓
Lower GI	✓	✓	Trauma and Orthopaedics	✓	✓
Lymphedema		✓	Upper GI	✓	✓
MacMillan centre	✓	✓	Urology	✓	✓
Neonatal	✓***	✓	Vascular	✓*	✓*

\*Networked service provided by CUHFT; \*\*Outpatient service only;

\*\*\*Provided on the HHCT site by Cambridgeshire Community Services \*\*\*\*Stroke rehabilitation only, no acute care

	HHCT	PSHFT
<b>Main commissioners</b>	Cambridgeshire and Peterborough CCG	Cambridgeshire and Peterborough CCG, plus South Lincolnshire CCG
<b>Populations served</b>	193,000	507,000
<b>Turnover 2015/16</b>	£112.3m	£260.8m
<b>Surplus/deficit 2015/16</b>	-£17.1m	-£37.1m
<b>Surplus as % of turnover</b>	-15.2%	-14.2%
<b>Number of beds</b>	235 + 21 day case in Treatment Centre	611 + 22 intermediate care at Stamford Hospital
<b>Staff (whole time equivalent)</b>	1,553	3,665
<b>CQC overall rating</b>	Good	Good



## PART 3:

# Our current clinical and financial sustainability

### Hinchingbrooke Health Care NHS Trust

#### Clinical sustainability

Despite the passion, commitment and hard work of hospital staff, HHCT is not clinically sustainable in its current form. The hospital is too small for the continued delivery of high quality modern healthcare. The Hinchingbrooke trust board recognises that alternative solutions are needed to ensure all existing services continue to be delivered from its hospital site. Hinchingbrooke is struggling to provide some key services. Those most affected are clinical haematology (blood disorders), the emergency department (ED) and stroke services.

Recruiting permanent consultants for these services is the main reason for their unsustainability. The trust's ED is the fifth smallest in the country and relies heavily upon locum doctors to provide a safe service. This cannot be sustained in the long term. Other services, such as ortho-geriatrics, neurology, cardiology and end of life care are also significantly challenged due to staff shortages. In addition, the size and mix of patient health issues means Hinchingbrooke is likely to face further clinical service issues in future.

#### Financial sustainability

The financial challenge at Hinchingbrooke is also significant. National efficiency work led by Lord Carter identified Hinchingbrooke as the country's second most financially inefficient hospital. It has one of the country's largest deficits as a proportion of turnover - £17.1m on a £112m turnover. The Trust has a five year financial recovery plan. This relies upon an ambitious cost reduction programme, additional revenue from a new Strategic Estates Partnership Health Campus development and collaboration with other organisations to reduce back office costs.

However, even if delivered fully, the clinical sustainability issues remain.

### Peterborough and Stamford Hospitals NHS Foundation Trust

#### Clinical sustainability

PSHFT also has clinical challenges in specific service areas such as gastroenterology and diagnostic imaging.

#### Financial sustainability

Despite its track record of delivering above average cost improvements for each of the past four years, Peterborough and Stamford's financial position on 31 March 2016 was a deficit of £37.1m. In its current form, it will not be able to deliver a balanced budget for the foreseeable future.

The trust has a recovery plan based on three main areas:

- delivering above average cost improvements
- savings made by working with Hinchingbrooke
- agreement from the Department of Health to fund an additional £15m to cover the PFI cost

External analysis has identified additional savings, including Lord Carter's review which highlighted further opportunities to reduce bank and agency costs.

In 2015 the former NHS regulator Monitor (now NHS Improvement) identified potential combined savings of £10m by Peterborough and Stamford working collaboratively with Hinchingbrooke through the reduction of back office and corporate costs.

Experts, including the National Audit Office, the Contingency Planning Team and PriceWaterhouseCoopers, have all identified that an additional £25m ongoing tariff subsidy is required to meet the additional costs of the PFI. The Trust currently receives £10m subsidy from the Department of Health towards this, so a further £15m is required. A combination of all three will return the trust back to a position of financial surplus.



Better

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Local

## Commitment to provide services that are better, safer and local

Both trusts are passionate about providing services that are better, safer and delivered locally and there is joint commitment from both trust boards to ensure the ongoing delivery of safe, sustainable core acute services from Hinchingbrooke Hospital.

This cannot be a guarantee that things will never change, as it is possible our commissioners may want to see services delivered differently in the future. However, any significant changes to the way clinical services are delivered would require full public consultation.

Merger would join all clinical teams together under a single operational management structure. This would result in larger teams, with medical staff working equitably across locations with a shared workload, rotas

and out of hours cover.

Merger would also lead to single governance arrangements, greater opportunities for staff through training and 'sub-specialist' care, recruitment and retention. It would also reduce the use of agency staff and create clinical consistency through shared best practice.

There is a compelling case for clinical collaboration to address service vulnerability, particularly for the population of Huntingdon, which is disproportionately disadvantaged.

Clinical collaboration would strengthen the provision of a number of services across both sites to ensure long term, sustainable, high quality health services for the populations of Cambridgeshire, Huntingdon, Peterborough and South Lincolnshire.



## PART 4:

# Return to financial sustainability

Creating a single organisation will reduce overall expenditure on corporate and back office services, without impacting upon front line services.

The merger will save at least £9m recurrently. That's £9m of savings every year, year on year. The cost of merging the trusts is in the region of £13m. This is a non-recurring 'one-off' cost. This includes expected redundancy costs and the cost of purchasing new IT systems that will be required in a single organisation. The hospitals will be linked by a shared computer system which means consultants in Peterborough could, for example, review the results of a patient they had seen in a clinic at Hinchingbrooke earlier in the week and vice versa.

From year three post merger, we will start to see the financial benefit of merging and by then will also have identified opportunities for further future savings. This will lead to

reduction in deficit support for both organisations and ultimately, financial sustainability.

The £9m of projected savings from the merger does not include any that arise from integrating clinical services. All financial savings achieved from clinical integration will be used to reinvest in services, and to meet the annual improvements in efficiency and cost reduction. The core focus of clinical integration is to deliver services that are clinically sustainable, however there are significant opportunities to reduce the use of locum medical staff.

### Reduction in posts

Board-related savings will be achieved through a reduction in the number of executive and non-executive director positions across both trusts.

The posts lost will generate a saving of around £6.8m of the £9m total in recurrent savings.

## Breakdown of reduction in corporate and back office functions

Department	Reduction in agency	Reduction in posts
CEO department		✓
Finance	✓	✓
HR	✓	✓
Nursing		✓
Facilities	✓	✓
Ops		✓
IT/IS	✓	✓
Clinical Support	✓	✓



## PART 5:

### Why 'doing nothing' is not an option

Unsustainable services identified	Unsustainable	
	Now	Medium term
Accident & Emergency	✓	
Acute Medicine		✓
Cardiology		✓
Clinical haematology	✓	
Diagnostic imaging / Interventional radiology		✓
Gastroenterology (PSHFT issue)		✓
Renal dialysis		✓
Neurology		✓
Ortho-Geriatrics (part of orthopaedics)		✓
Palliative care		✓
Spinal surgery (part of orthopaedics)	✓	
Stroke	✓	

For both trusts, 'doing nothing' is not an option. We have identified clinical services that face challenges at both trusts, and currently HHCT faces the greatest challenge. In the past 12 months, services such as pain medicine, spinal surgery and dermatology are no longer offered at Hinchingsbrooke.

The Outline Business Case described 12 services that are unsustainable now or in the medium term if there is no change to the immediate situation or approach. They are highlighted in the table above.

We have identified six priority areas that require immediate attention. They are:

1. Stroke
2. Emergency Department
3. Diagnostic Imaging
4. Cardiology
5. Respiratory Medicine
6. Clinical Haematology

The clinical teams of both trusts have examined why these services are unsustainable and how integration will address issues and improve quality.

For some services, such as Clinical

Haematology, progress will be rapid, with services in place and benefits demonstrated by the time the trusts formally merge in April 2017. For other services such as Stroke, Cardiology and Respiratory, a merger will provide the clear opportunity to move to substantial service improvements and enhancements by the end of the first full year of merger. Benefits will be gained from working as a single service across more than one site and better local access to high quality services.

For Diagnostic Imaging and both emergency departments, progress is likely to be slower due to the national challenge of recruitment to consultant and middle-grade posts and the shortages in qualified ED nurses.

However, even at an early stage, it is clear that there are opportunities to work together on the aspects which will make the new organisation more attractive to prospective candidates, such as training and development and sub-specialisation. We will also be able to progress joint approaches to accreditation, emergency planning, equipment and IT connections.



## PART 6: Sustainable services Better for patients, better for staff

In this section we examine at the six priority areas and how they would be improved by merging

### Stroke Services

#### Current patient experience

Care for patients who have suffered a stroke (damage to the brain tissue caused by either a bleed or blockage of blood supply to the brain) is generally defined in four phases:

1. Hyper-acute – the first 24 hours
2. Acute – days 1-3
3. Sub-acute – 3-7 days
4. Rehabilitation – around 30 days in a hospital, with ongoing care in the community

Peterborough City Hospital has a specialist hyper-acute stroke unit. There are four full-time consultants, two of which are locums, supported by four neurologists, currently running the service. There is currently no specialist stroke provision at Hinchingbrooke Hospital and there is reduced provision for vascular treatment. There are currently staff recruitment challenges at both sites. At Hinchingbrooke Hospital there are no specialist stroke consultants. This means patient rehabilitation is not overseen by a specialist. There is also no psychology support for stroke patients. Community provision is also weak. There is no discharge support pathway at either site and patients are unable to access rehabilitation at home as early as best practice recommends. Therefore patients are staying longer in hospital.

#### Patient experience under a merged trust

A merged trust would provide all patients with a fully integrated stroke service with strengthened rehabilitation and community links. This reflects the ambition that rehabilitation services for stroke patients should be delivered locally. This integrated service will benefit Hinchingbrooke stroke patients in particular, as they will see the greatest improvement in

patient care and outcomes, and reduced length of time spent in hospital.

As defined in the four phases of care for stroke patients in the column on the left, all stroke patients will continue to receive treatment for acute stroke at the specialist stroke units at either Peterborough City Hospital or Addenbrooke's Hospital to ensure they receive timely treatment delivered by specialist stroke staff. Once discharged, they will undergo a period of rehabilitation at whichever hospital is local to where they live. As the merged trust will be in a position to rotate four full-time stroke consultants across the combined area, Hinchingbrooke patients undergoing rehabilitation will benefit from the care of a specialist stroke consultant who will oversee their recovery, improving their outcomes. Another major benefit to Hinchingbrooke patients is that specialist stroke consultants will provide seven-day cover across both sites. This also means that patients from the Huntingdon area who have suffered a TIA (also referred to as a 'mini-stroke'), will receive treatment at Hinchingbrooke Hospital. Stroke services will develop further as part of the wider local health system plan. Future developments are expected to prioritise rehabilitation at home, so patients can leave hospital as quickly as possible. These improvements will not all happen overnight, as they will be partly dependent upon filling existing vacancies, however this should be easier to fill within a merged trust.

#### Additional benefits:

The trust will be in a position to meet clinical standards for stroke care and time to treatment. We can reduce reliance on the current 'tele-medicine' service and provide additional consultant resource for 'tele-medicine' service. As a merged trust there will be increased research and development opportunities. We will be in a better position to attract, recruit and retain specialist stroke staff.

# Sustainable services

## Emergency Department Services

### Current patient experience

The Emergency Department at Hinchingsbrooke Hospital is the fifth smallest in England. On average, it sees 132 patients per day, of which 29 patients require admission. During the first quarter of 2016, the department at HHCT saw 11% more patients than last year. The increase in A&E attendances is now a national trend. Due to its size, some specialist services are not provided (such as trauma, heart problems and stroke). Patients presenting with these types of illnesses are treated at Papworth, Peterborough City or Addenbrooke's hospitals. Hinchingsbrooke is struggling to recruit and retain emergency consultants due to its size, as well as being affected by the national shortage of emergency consultants and nurses that all hospitals are experiencing. It currently has two full-time consultants and one part-time consultant out of the six it requires. These consultants are supported by locum doctors which impacts upon the continuity of care received by patients. These challenges are expected to continue if the trusts do not merge. Following the Care Quality Commission inspection in August 2016, which recommended that Hinchingsbrooke should come out of special measures, the ED was rated '*requires improvement*'. The ED is not considered sustainable in its current form. Peterborough City Hospital has made good progress in recruiting consultants, with 11 out of 12 permanent posts filled. However several middle-grade vacancies are still covered by locums, and there is an over-reliance upon agency nursing.

### Patient experience under a merged trust

Both Hinchingsbrooke and Peterborough City hospitals will continue to provide urgent care services to their local populations 24 hours a day. The minor injuries unit at Stamford Hospital will continue to operate Monday to



Friday between 9am and 5pm. Patients who require treatment for severe trauma or complex illnesses will continue to be referred to specialist centres, such as Addenbrooke's Hospital.

Hinchingsbrooke patients will experience the greatest benefit from a merged Emergency Department. They will see an enhanced quality of service as they are treated by a larger number of experienced consultants, nurse practitioners and junior doctors, who will rotate shifts between the two hospitals. This will provide a safer service and ensure staffing levels meet patient demand.

One development for Hinchingsbrooke patients will be the growth of support for frail and elderly patients and the increase in emergency and advanced nurse practitioner roles. These nurse practitioners have already proved to be very popular with patients and they help free up senior medical staff so they can spend more time with patients who have the most serious conditions.

### Additional benefits

The merger provides greater opportunity to improve the recruitment, development and retention of skilled doctors, nurses and other health care professionals. This will mean patients at Hinchingsbrooke Hospital will have better access to permanent staff, which brings with it greater continuity and quality of care from a settled team.

By rotating emergency staff between the two hospitals, consultants will provide training and teaching sessions to ensure staff can develop their skills. Together this will provide attractive prospects for all grades of emergency staff.

# Sustainable services

## Cardiology Services

### Current patient experience

The cardiology service at Hinchingsbrooke Hospital is unsustainable due to the size of its clinical team. At the moment patients are seen by one permanent consultant, two locum consultants and two visiting consultants who provide outpatient clinics. The department requires three permanent consultants.

Recruiting cardiology consultants is difficult for both trusts. For Hinchingsbrooke, this is due to its size, and for Peterborough, this is because some services are provided by Papworth, our local specialist heart hospital. Trainee posts at Hinchingsbrooke have been withdrawn while recruitment of consultants continues. There is also a need for ongoing close working with Papworth Hospital to develop new cardiology services.

### Patient experience under a merged trust

Patients will benefit from a combined and strengthened cardiology service across the area, supported by Papworth in preparation for the move to its new hospital on the Cambridge Biomedical Campus in 2018. For patients who have Hinchingsbrooke as their local hospital, the increased team will be able to provide an extended range of cardiology outpatient services and diagnostic tests locally.

There will be sufficient depth of consultant cover for patients across the combined area, which means we will be able to offer a wider range of procedures at Peterborough City Hospital, such as cardiac pacing. We will also be able to provide inpatients with greater access to specialist consultant opinions throughout the week.

Patients requiring the most complex procedures and care will still be referred to the world-class services of Papworth

Hospital.

## Additional benefits

We will be able to reinstate trainee doctors at Hinchingsbrooke, and there will be more support for innovations in heart surgery.

## Diagnostic Imaging Services

### Current patient experience

There is a concern that Diagnostic Imaging (such as X-rays and MRI scans) will become unsustainable at both sites. There is a lack of staff at Hinchingsbrooke Hospital, increasing reliance on costly locum cover and outsourced reporting. There are delays in reporting results which impacts on clinical decision making and for patients this means waiting longer to find out results of scans and X-rays. There is currently an inability to meet the demands of seven-day working.

### Patient experience under a merged trust

Under a merged trust, patients at all sites will benefit by being seen by members of one combined radiology team. The team will support all three hospital sites and will use a single reporting system. This will improve treatment times and patient outcomes as the department strengthens its staffing and technology.

Patients will experience shorter waiting times and be given the choice to attend for scans and X-rays at Hinchingsbrooke, Peterborough City or Stamford hospitals. Patients will also receive their results faster because consultants will be able to view images at either hospital site, seven days a week. Inpatients will have their scans reported in a more timely fashion, as there will be seven-day reporting of urgent scans. There will also be the opportunity for trainees to work across all sites, this presents attractive career opportunities for new radiology doctors and radiographers and will be important for ensuring sustainable radiology services are provided for the future.



# Sustainable services

## Respiratory medicine services

### Current patient experience

Respiratory medicine at both sites cannot be sustained as they are. There are two respiratory consultants at Hinchingbrooke and both of these posts are shared with Papworth. Continuity of care for respiratory inpatients is a challenge and the range of outpatient services is restricted.

Peterborough has five permanent consultants. The expectation is that diagnostics undertaken at Papworth will increase travelling time for both patients and staff when it moves to Cambridge.

### Patient experience under a merged trust

Merging the respiratory teams will enable the development of services locally so that patients who currently need treatment to be carried out elsewhere, can receive their treatment at Hinchingbrooke or Peterborough. This means fewer longer journeys for patients. A merged trust will see respiratory patients benefitting from the expertise of a larger team. This will benefit Hinchingbrooke patients as it will enable a greater range of planned,

diagnostic and outpatient services to be provided than currently offered. This will also strengthen support for inpatients.

Specialist clinics will be introduced for Hinchingbrooke patients providing treatment for tuberculosis, chronic obstructive pulmonary disease, lung cancer, asthma and oxygen therapy services.

Walk-in clinics will be established alongside both emergency departments at Hinchingbrooke and Peterborough to reduce urgent care demand. The respiratory physiology service currently based at Hinchingbrooke will be able to develop specialist imaging, interventional support and sleep studies.

Patients requiring the most complex procedures and care will still be referred to the world class services of Papworth Hospital.

### Additional benefits

The greater population area will be supported by the development of specialist services provided locally, so that patients will not need to travel further afield to Leicester or Addenbrooke's hospitals.

Patients can expect to see an improvement in out of hours and seven day services.



## Sustainable services

### Clinical Haematology Service

#### Current patient experience

Currently the Clinical Haematology service at Hinchingbrooke Hospital is run by two locum consultants who run outpatient clinics alongside permanent nursing staff. The service is configured to deliver less intensive chemotherapy. Patients who require more complex therapy are referred to other hospitals.

The specialist Haematology/Oncology Unit at Peterborough City Hospital has five permanent consultants.

Adult patients from the Huntingdon area diagnosed with acute Leukaemia (a severe, sudden and life threatening condition), have to travel to Peterborough City Hospital to receive not only their inpatient chemotherapy, but also their ongoing outpatient treatment, which is delivered by the specialist Haematology/Oncology Unit. This means that patients have to travel regularly to Peterborough, sometimes daily, for a period of up to five months for transfusions and doctor appointments.

Patients living in Peterborough have an easier experience because the distance they need to travel is less. In addition, Huntingdon patients aged 19-24 are not permitted to receive any cancer treatments at Hinchingbrooke Hospital. Instead they must travel to Addenbrooke's or Peterborough hospitals.

Peterborough patients in that age group have their treatment at Peterborough because the unit is one of three designated hospitals in East Anglia for teenagers and young adults with cancer, supported by staff from the charity CLIC Sargent, which can make this very difficult time in a young person's life a little easier.

Patients at Peterborough benefit from seeing the same member of the five-strong permanent consultant team, this offers them greater continuity of care, which is beneficial to their mental and physical health.

### Patient experience under a merged trust

Under a merged trust, the clinical haematology services at both trusts would combine. Adult patients at Hinchingbrooke will see the greatest benefit because they will have access to a wide range of haematology services at their local hospital, delivered by an expanded, permanent team. They will rarely need to travel to Peterborough, unless they require specialist care as an inpatient.

The expanded haematology team will run haematology clinics at all hospital sites, where they will deliver specialist medical and nursing expertise. This will give Hinchingbrooke patients access to a larger team of experts across the whole range of blood diseases at their local hospital. This also means that patients who have to make regular hospital visits will receive high quality care from specialists on long term contracts. This means they will be able to build ongoing relationships with their consultant.

Hinchingbrooke's Haematology patients in the 19-24 age range will be able to access the full range of CLIC Sargent services from the Hinchingbrooke site.

For Hinchingbrooke cancer patients, treatment will be provided in excellent modern facilities at the superb new Macmillan Woodlands Centre at Hinchingbrooke Hospital. Cancer patients from Peterborough and South Lincolnshire will continue to receive excellent treatment in the Oncology Department at Peterborough City Hospital.

#### Additional benefits

A larger team that offers a wider case mix of patients and different working environments will be a more attractive prospect for doctors in this field, eliminating the recruitment issues that have been faced by Hinchingbrooke.

The newly refurbished Macmillan Woodlands Centre is a great venue with a good reputation. This will also help attract new staff.

## PART 7:

# Our joint vision for a merged Trust

### Keeping services on site

Throughout our engagement with members of the public and staff, we have been clear that there are no plans to reduce any services at any hospital site.

The local Sustainability and Transformation Plan published by Cambridgeshire and Peterborough Clinical Commissioning Group in July 2016 gave assurances that 24/7 A&E and maternity services will remain at Hinchingbrooke Hospital.

### Enhanced services

Merging the trusts will help improve clinical and financial sustainability and will deliver exceptional opportunities to strengthen many of the patient services currently provided.

### Attracting clinical expertise

The merged trust will be significantly more attractive to prospective job applicants and clinical leaders which will lead to

improved patient services.

### Building relationships with community partners

As one trust we will develop durable relationships with our community partners to reduce pressure on the healthcare system.

#### Our Joint Vision

Delivering excellence in care in the most efficient way in hospitals where it is great to work

#### Our Joint Strategy

##### Clinical Excellence

Doing the very best for our patients

##### Financial Sustainability

Getting value for money for taxpayers for our services

##### Operational Sustainability

Making the most of our hospitals for the future

#### Underpinned by Our Values

Across the populations of South Lincolnshire, Peterborough and Huntingdonshire we will...

Provide safe and timely care for our patients

Ensure that our staff feel valued and have opportunities for development

Design our services to meet the changing needs of our patients

### Five-year vision

A clinical vision for the combined trust has been developed by the Clinical Advisory Group and the boards of both trusts. It sets out an overarching five-year vision to deliver excellent, efficient health care from our hospitals which is great for patients and great for staff.

We will deliver this vision by:

- Consistently delivering high quality services regardless of location or time
- Ensuring equality and ease of access for all services with minimal duplication and delay
- Being an organisation that is always learning and teaching
- Having a diverse workforce that is confident, competent, happy and able to meet our patients' needs
- Delivering patient care in the right setting and through innovations, such as the new Health Campus development in Huntingdon, to keep people out of hospital
- Increasing research to enable us to continually improve our services
- Comparing and benchmarking our quality and safety against others to learn how we can improve our services





## We want your views

We want to hear what you think about our plan to merge our trusts.

We also want your feedback on how best we can ensure Hinchingbrooke, Peterborough City and Stamford hospitals are fully represented within the new organisation by members and governors. In particular we want to know what you think to the proposal that the merged Foundation Trust membership constituency areas should be split into three, to represent the areas served by each individual hospital.

We also are looking for a name for the new organisation. As it will care for a wider catchment of patients across Cambridgeshire and in South Lincolnshire, a geographical name may not be suitable.

You can discuss this and give your feedback at our public and staff engagement events taking place in October and early November 2016. You can also email your thoughts to: [peh-tr.workingtogether@nhs.net](mailto:peh-tr.workingtogether@nhs.net).

