

Jersey Future Hospital Project

Outline Business Case

Appendix 9 – EY Interventions Modelling Report

Document Control

| Version | Date Issued | Summary of Changes | Author |
|----------------|--------------------|---------------------------|---------------|
| V1 | 29.9.17 | Document compilation | N Aubrey |
| V2 | 24.10.2017 | Template updated | T Nicholls |

Impact of interventions

+700 migration scenario

Impact of interventions

The following table display the impact of the interventions as at 2065 each option based on the +700 migration scenario.

| Area | Intervention | Description | Option 1 | Option 2 | Option 3 | Option 4 |
|------------|--|---|---------------------------|---------------------------|---------------------------|-----------------------------|
| Inpatients | New models for LTC | Implementation of new models for management of long term conditions identified using the Ambulatory Emergency Care (AEC) guidance. | - 1.7 Beds | - 1.7 Beds | - 3.3 Beds | - 3.3 Beds |
| Inpatients | Primary/Secondary Care Joint Working | Additional nursing in out of hospital services, would result in reduced length of stays within the hospital | - 0.9 Beds | - 0.9 Beds | - 0.8 Beds | - 0.8 Beds |
| Inpatients | Enhanced recovery for upper limb surgery | Enhanced recovery for upper limb surgery will result in a reduction in length of stay. | 0.0 Beds | 0.0 Beds | 0.0 Beds | 0.0 Beds |
| Inpatients | Palliative care provided OOH | Palliative or end of life care to be provided at home or at a hospice. | - 3.2 Beds | - 3.2 Beds | - 3.0 Beds | - 3.0 Beds |
| Inpatients | Step down facilities | Step down beds with effective reablement at Silverlea. | -12.8 Beds | -25.6 Beds | -33.1 Beds | -33.1 Beds |
| Inpatients | Reablement unit | Development of a reablement unit which is OT and physio led. | - 9.8 Beds | - 9.8 Beds | -13.7 Beds | -13.7 Beds |
| Inpatients | Admission criteria onto rehab | Implementation of an acceptance criteria for admission onto the rehab ward leading to a reduction in length of stay in patients who are not rehab patients. | N/A | N/A | - 0.4 Beds | - 0.4 Beds |
| Inpatients | Reduction in LoS for revision | Reduction in length of stay for revision patients due to antibiotics provided in the community until negative cultures for revision patients. | 0.0 Beds | 0.0 Beds | 0.0 Beds | 0.0 Beds |
| Inpatients | Telemetry | Remote telemetry links from standard acute inpatient beds to a critical care command station to reduce unnecessary admissions. | 3.5 Beds - 4.3 CC Beds | 3.5 Beds - 4.3 CC Beds | 3.0 Beds - 3.9 CC Beds | + 3.0 Beds - 3.9 CC Beds |
| Inpatients | BADS | Achievement of the British Association of Day Surgery (BADS) recommended day case rates. | N/A | - 1.2 Beds | - 3.6 Beds | - 3.6 Beds |
| Inpatients | PoLCE | Patients having procedures identified as a procedure of limited clinical effectiveness (PoLCE) not treated in hospital. | N/A | - 1.3 Beds | - 0.3 Beds | - 0.3 Beds |
| Inpatients | Birthing Centre | Development of a birthing centre for lower risk births and provision for home births. | N/A | - 4.4 Beds | - 4.4 Beds | - 4.4 Beds |
| Inpatients | Discharge to assess | Reducing the length of stay of emergency patients by one day of those who do not meet the AEC guidance. | -21.2 Beds | -18.9 Beds | -14.6 Beds | -14.6 Beds |
| Inpatients | Daily ward rounds | Daily ward rounds being introduced resulting in a reduction in LOS. | - 7.6 Beds | -15.2 Beds | -25.4 Beds | -25.4 Beds |
| Inpatients | EAU | Integrated EAU as part of the acute floor, focusing on the delivery of intensive short term assessment, observation or therapy. | N/A | N/A | 0.0 Beds | 0.0 Beds |
| Inpatients | PAU | Integration and colocation of the Paediatrics Assessment Unit (PAU) with ED. PAU to incorporate Paeds Ambulatory Care and be adjacent to Paeds inpatient beds for support of staff and patient pathways | N/A | N/A | 0.0 Beds | 0.0 Beds |
| Inpatients | Reduction in surgical LoS | Reduction in surgical LoS to peer benchmarks. | - 3.2 Beds | - 6.2 Beds | -12.7 Beds | -12.7 Beds |

Impact of interventions

The following table display the impact of the interventions as at 2065 each option based on the +700 migration scenario.

| Area | Intervention | Description | Option 1 | Option 2 | Option 3 | Option 4 |
|-------------|--|---|------------------------|-------------------------|-------------------------|-------------------------|
| Theatres | Lean theatre techniques | Theatres will be designed as flexible in use and will utilise lean/productive theatre techniques with effective timetabling | -49.6 x 3.5hr sessions | -102.0 x 3.5hr sessions | -209.7 x 3.5hr sessions | -209.7 x 3.5hr sessions |
| Theatres | Co-located theatres* | Co-located theatres to support efficient staff flows and shared / centralised accommodation. | n/a | n/a | n/a | n/a |
| Theatres | BADS | Achievement of the British Association of Day Surgery (BADS) recommended rates. | n/a | + 27.9 x 3.5hr sessions | + 55.8 x 3.5hr sessions | + 55.8 x 3.5hr sessions |
| Theatres | POLCE | Patients having procedures identified as a procedure of limited clinical effectiveness (PoLCE) not treated in hospital. | n/a | - 89.8 x 3.5hr sessions | -179.6 x 3.5hr sessions | -179.6 x 3.5hr sessions |
| Outpatients | Movement of prenatal clinics for low risk mothers to community | Movement of prenatal clinics to the community for mothers identified as low risk. | -320.5 clinics | -320.5 clinics | -320.5 clinics | -320.5 clinics |
| Outpatients | Reduction in FUPs | Reduction in the New:FUP ratio to achieve peer benchmarks for specialties based at Westaway. | n/a | n/a | -2,136.1 clinics | -4,697.8 clinics |