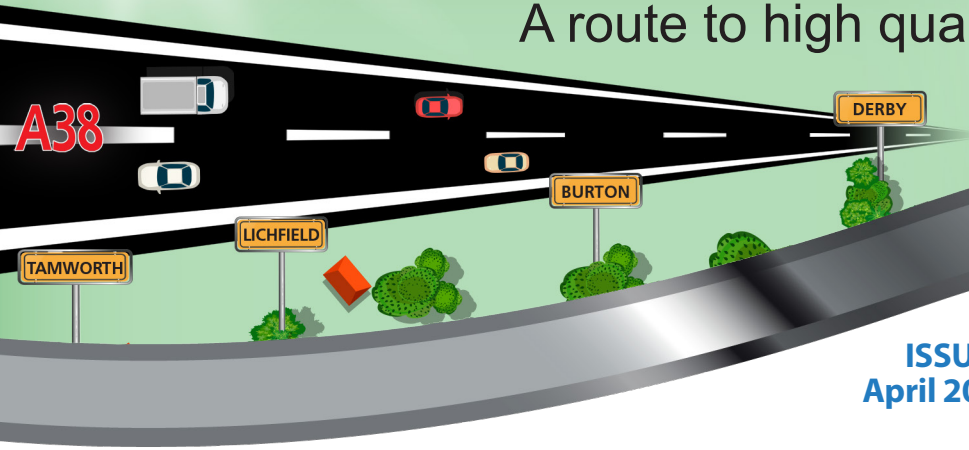


Burton & Derby Collaboration Update

A route to high quality sustainable services



ISSUE 2
April 2017



Welcome

Welcome to the second issue of our newsletter aiming to keep you informed about how Burton Hospitals and Derby Teaching Hospitals are planning to work more closely together. Burton and Derby Hospitals have a history of successful joint working, and during 2016 discussions took place about developing this further.

These discussions aimed to answer three key questions:

- *Would a partnership between Burton and Derby improve the quality and scope of services for both populations?*
- *Would a partnership improve the financial position of both hospitals?*
- *What type of partnership would be the best way to deliver these improvements?*

The two Trusts are now looking at the proposals in more detail, and will produce an Outline Business Case which will be reviewed by both Trust boards in early April 2017, with a decision currently planned for May 2017.

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Benefits for Patients and Staff

Like much of the NHS across the country, both hospital Trusts are facing a number of challenges relating to finance, staff and increasing demand for our services. Despite the passion, commitment and hard work of our staff these challenges cannot be solved in isolation.

Doctors and nurses at the Trusts have identified some real benefits for patients and staff of working more closely together, which are significant and exciting. Collaboration would allow us to:

- Share learning and best practice
- Secure high quality services in Burton
- Provide Derby's specialist services to a larger population
- Make better use of our community hospitals in Tamworth, Lichfield and Derby
- Reduce unnecessary duplication

Here are just a few examples of what this could mean for patients and staff, with comments from some of those who have been involved so far.



Radiology

At Burton Hospitals, Advanced Practice for radiographers has been in place for some time. This means radiographers can deal with a wider range of conditions, leaving the radiologists to focus on more complex specialist areas. Working together means that this level of practice will also benefit the Derby radiology team.

Barbara McCaffrey, Head of Diagnostic Imaging at Burton commented, "Both teams have been clear that to make the benefits of collaboration real, we need to communicate and work well together. We've embraced the opportunity across Derby and Burton, which has meant we have also been able to influence how things might work in the future."



Oncology

The aseptic unit at Burton is being decommissioned due to the age of the equipment. The unit is used to prepare chemotherapy to treat oncology (cancer) patients. Through the oncology review with Derby, a spare isolator at Derby has been identified which will allow the flexibility to make urgently required chemotherapy items for Burton patients and also help minimise any waste from buying in short-dated ready to use products.

Lis Street, Chief Pharmacist at Burton, said, "Use of these facilities has given our aseptic team the ability to retain their aseptic preparation skills that would otherwise have been lost by decommissioning our own unit. Whilst this process is only in the early stages, initial feedback from the team who have been over to the Derby site is very positive. They have enjoyed being part of the team there, having insight into different ways of working and are feeling positive about future working collaboration."

Home Dialysis

More patients could access home dialysis for renal services. Derbyshire currently has the highest levels of home dialysis in the country and there is potential to extend this to East Staffordshire.

Clinical Technical Officer at Derby Hospitals, Christopher Swan, commented, "Patients who have home dialysis can work it around their life. They will feel better as they are having more dialysis, which means less medication and less restriction in some foods and fluids due to the more regular dialysis. Patients also tend to have fewer inpatient days which is beneficial all round."



Cardiology

Combining populations across Burton and Derby would help to improve the patient experience. For example, patients with heart disease could receive diagnosis and treatment in the same session, instead of having two appointments at two different sites and having to travel to Birmingham or Stoke.

Dr. Damian Kelly, Consultant Cardiologist in Derby commented, "Both Burton and Derby cardiology teams have a longstanding record of collaboration, with Dr. Aftab Gill already participating on the Derby Primary angioplasty rota. Clinicians held several meetings prior to the formal collaboration process and there is great enthusiasm about working towards a vision of collaboration whereby patients from the wider Burton-Derby areas can have a greater number of cardiac investigations and treatments locally."



A Partnership of Equals

We have always stressed that this plan is about a partnership of equals and every care is being taken to ensure this is reflected in our ongoing discussions. Both organisations 'bring something to the party' and both have good practice and excellence to share with each other.

There are three options within the emerging Outline Business Case for how the two organisations may wish to work together. These will be reviewed by both Trust boards in April.

One of these options is a full merger, along with something called a 'group structure' which is an arrangement where both Trusts keep their organisations intact, but share a committee of leadership for making big decisions on things like safety, quality, finance etc. The third option is that a formal collaboration is not carried forward, but in this scenario, both Trusts would still work together and with other partners to achieve the ambitions outlined for both organisations.



Next Steps

Both organisations are on a journey to delivering outstanding care. And we believe we can achieve it together, with both Burton and Derby being strengthened through a partnership of equals.

The two Trusts are now looking at the proposals in more detail, and will produce an Outline Business Case which will be reviewed by both Trust boards in early April 2017. A decision on the Outline Business Case will be made in early May, once both boards have had sufficient time to consider this important document, and the decision will be published along with the full document after this point.

If the Outline Business Case is agreed, a Full Business Case will then be developed, with engagement and input from staff, governors, patients and the public, during the months that follow, for consideration in late autumn 2017.

Alternative formats

If you have difficulty in reading this newsletter, please let us know. We can provide it for you in large print, Braille, in another language or other formats. Contact us on 01283 593110 (Burton) or 0800 783 7691 (Derby).