

Case for Change

Northern Staffordshire Community Hospitals

Options Development

Tuesday 23rd January 2018

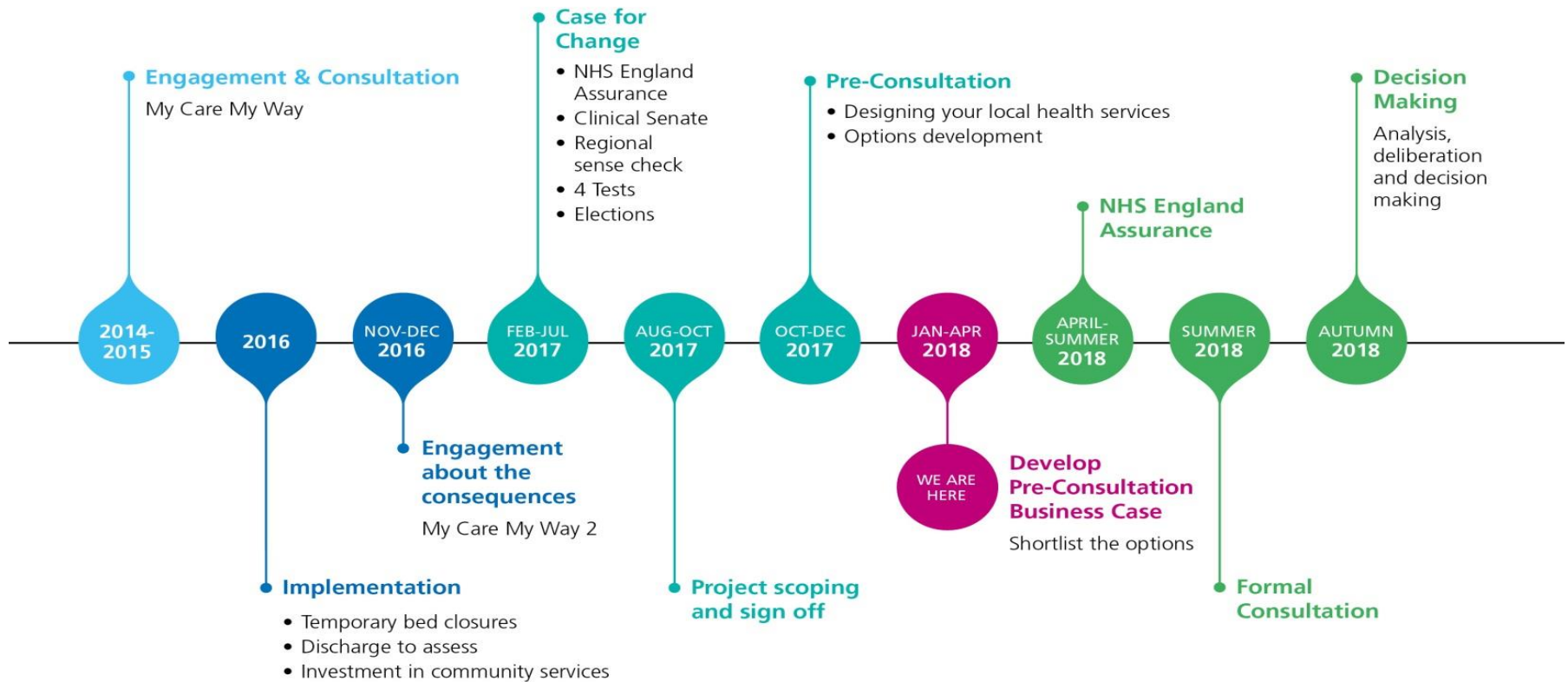
**North Staffordshire and Stoke on Trent CCGs
In partnership with the community and partners**

Marcus Warnes

Accountable Officer

Staffordshire Clinical Commissioning Groups

Where We are Now



What we are here to do



Context within the STP

- The STP articulates clear priorities:
 - transforming primary care
 - sustaining general practice
 - effective utilisation of our community hospitals and community bed bases
 - redesigning our approach to supporting patients with long term conditions
- Evidence indicates that our community and primary care interfaces need alignment including the most effective use of our more fixed assets such as the community hospitals.
- Many of the areas above are interdependent and inextricably linked in terms of drivers and outcome dependencies.
- The Discharge to Assess and the Community Hospital programme have been aligned into a single STP portfolio to ensure we deliver care closer to home aligned with need and utilising national best practice frameworks and national mandates to inform our future proposed models of care.

Current Position

- Some rehabilitation beds are temporarily closed to new admissions
- All other services at the community hospitals remain open
- Roll out of Home First / D2A model and track and triage
- Clinical Senate endorsed the D2A model with recommendations
- Agreed Better Care Fund plans - national signed off
- Change in scope of the work to extend to the wider range of facilities provided in community hospitals
 - Including a range of extended specialist bed based services such as stroke and a wider range of community based services, from diagnostics such as x-ray and ultrasound, walk in centres through to outpatient medical and surgical care.
 - Services are operated by a range of providers and vary from hospital to hospital.
- No decisions have been about the future services to be provided

Stoke on Trent City Council Referral to Secretary of State for Health - Independent Review Panel

- We acknowledge that we have to rebuild trust, confidence and integrity
- PCBC has an extended scope of work to include non-bed-based services
- CCGs are moving forward with the revised scope against the timeline
- Scope of the work and pre-consultation engagement now extends from intermediate bed based care to a wider range of services provided in the community hospitals community based services, diagnostics such as x-ray and ultrasound, walk in centres/minor injuries and outpatient medical and surgical care
- Pre-consultation undertaken between October 2017 and January 2018
- Co-production of future services:
 - Review and reduce the long list to a shorter list - 23rd January.
 - Finalise solutions and to produce a set of viable options – 14th February
- Pre-consultation business case to be signed off by governing bodies meeting in common and then put forward for Regional NHSE assurance.
- The Consultation Institute have been commissioned to quality assure the process.

Delivery so far – what have we achieved

- 183 community hospital beds temporarily closed to new admissions
- Additional bed based capacity commissioned in line with need – e.g specialist EMI assessment capacity and shared EMI and physical health beds.
- Significant improvement in Delayed Transfer of Care (DToC). Between 13th November and 9th January there has been a 73% improvement in bed days lost to unmet demand
- Average wait for a patient now requiring Home First at 15th January, 1.2 days from point of MFFD and addition to the unmet demand list
- Average wait for a patient now requiring bed based assessment in the community at 15th January is 1.3 days from point of MFFD and addition to the unmet demand list

What is required to deliver D2A?

Capacity Requirement	Capacity Commissioned
<ul style="list-style-type: none">• 5203 hours/week of Home First capacity.• 132 community assessment and rehabilitation beds.	<ul style="list-style-type: none">• 6622 hours/week Home First capacity.• 132 community assessment and rehabilitation beds.

- In addition, over winter to support the transition, the CCGs have committed to a further 107 community beds which has had no demonstrable impact upon A&E performance or 12 hour breaches.
- The system recognises, supported by the Capita that there is an acute bed base deficit of 130 beds. This has in part been mitigated by UHNM utilising 63 beds at Bradwell Hospital which are run and staffed as acute capacity.

Quick Q&A



What you said

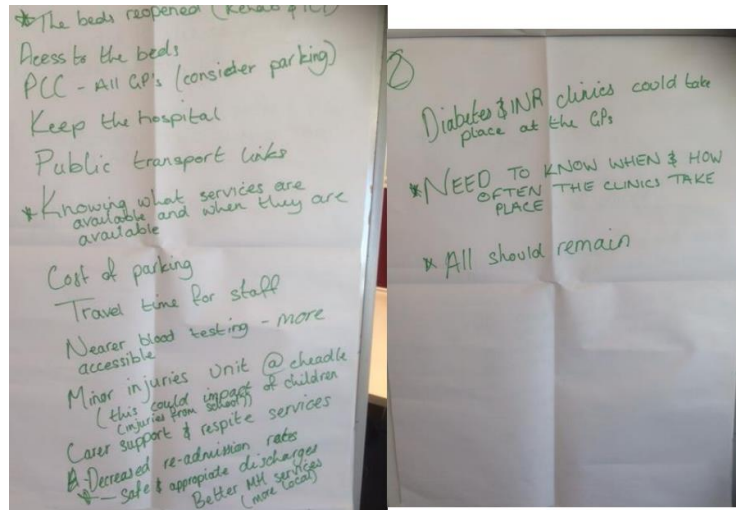
Dr Lorna Clarson
Clinical Director, Partnerships & Engagement
North Staffordshire and Stoke-on-Trent
Clinical Commissioning Groups

Pre-consultation – gathering your views

- 5 Community Listening events – 306 participants
- 2 Councillors events – Stoke-on-Trent and Staffordshire
- Voluntary sector event
- Online survey – 146 responses
- Bespoke events eg Hayward Users Group & Leek Parish Councillors
- Patient Congress
- MP briefings
- Local Equality Advisory Forum
- GP Locality engagement
- LMC event
- Alliance Board
- CCG Members event

Transparency & Independent Analysis

- All feedback published online
- Press release after every event to feedback the key themes
- Data independently analysed



What You Said about local services

- The broad themes from the stakeholder listening events and pre-consultation include:
 - Community beds for rehabilitation between hospital and home care
 - Walk-in-Centre/A&E
 - MIU – extended skills to treat wider range of injuries
 - Existing outpatients clinics to remain and additional outpatients clinics required
 - Dementia care
 - Access to mental health services (i.e. memory clinics, day care centres)
 - Phlebotomy
 - X-ray services
 - Voluntary Sector hub and signposting to support services
 - Elements additional to health services - long term care, extra care housing/care

What You said – Themes

- **Accessibility:** Community transport is key particularly given rural areas. Ability to travel due to health conditions (e.g., anxiety, physical disability). Availability and cost of parking at UHNM is a problem. Travelling time and distance to receive healthcare is an important factor. Public transport links are poor and reducing. Choice is important for those who can travel. Local health care would be better for the environment with less pollution. Visiting patients in community hospitals is less stressful and more time efficient than visiting UHNM.
- **Facilities:** Keep facilities updated to support patient recovery and support staff to complete their job efficiently. Maximise recent refurbishment and utilise buildings to full capacity. Maximise use of facilities. Consider which services could be mobile. Bring community services together.
- **Resources:** Lack of funding/budget cuts. Funding withdrawn from some mental health services. 15-minute calls/appointments are not long enough. Public want more out of hours services. Important to maintain all local services in order to reduce demand on UHNM. Some individuals are prepared to travel for specialist services. Social care is underfunded. Concerned that there are not sufficient services in the community to support carers/family members. Need to look at the demand and need in local areas and match to services. Option of using online resources more.

What You said – Themes

Staffing: Appropriate training and experience is important. Suggestion that staff morale needs to be improved and adequate support provided. Multi-disciplinary skill-mix providing quality service is important. Empathy and care to patients remains paramount. Continuity of care and knowing the patient is important to the public. Recruitment of health professionals considered to be an issue, particularly GP's. Voluntary groups might be under-utilised.

Reputation: Understanding local people and their needs is key. Continuity of care that is effective and efficient. High quality and safety of care are of particular importance to those who completed the survey. Friendly and welcoming local services wanted. Trust and confidence in the service is important. Local services currently delivered to a high standard of care should not be compromised by funding cuts.

Prevention/Education: Educate communities about health and self-management to reduce demand on emergency services. Signposting and raising awareness of all local services to maximise their usage. Use social media to raise awareness about prevention.

Communication: Coordinated approach to care planning. Services available and clinic times need to be publicised more widely. Lack of awareness. Share information between services and hospitals. Learn from previous closures/reduction in service and the impact on the community.

Local Needs Assessment

Colin Fynn, Intelligence & Assurance Manager

**Dr Ruth Goldstein
Public Health Consultant**

**Dr Susie Roberts MFPH, MRCGP
Public Health Specialty Registrar**

Public Health Outcomes compared to England

Area of public health	Indicator		Staffordshire Moorlands Compared to England	Newcastle Compared to England	Stoke compared to England
Sexual and reproductive health	Teenage pregnancy	Under-18 conception rates per 1,000 girls	Similar	Worse	Worse
	STI Rates	Chlamydia diagnosis (15-24 years) (rate per 100,000)	Lower	Lower	Similar
Substance misuse	Alcohol	Alcohol-related admissions (narrow definition) (ASR per 100,000)	Similar	Worse	Worse
Smoking	Smoking in pregnancy		Worse	Worse	Worse
	Smoking prevalence (18+)		Lower	Worse	Worse
Physical Activity	Physical activity in adults		Worse	Worse	Worse
	Physical inactivity in adults		Worse	Worse	Worse
Obesity	Childhood	Excess weight (children aged 10-11)	Lower	Lower	Worse
	Adults	Adults who are overweight or obese (excess weight)	Worse	Worse	Worse

Time to do some work....

Pater Dartford
Lay Member for Patient & Public Involvement
North Staffordshire CCG

Assessment Criteria

- Delivering quality care
- Clinically sustainable
- Meets need
- Accessible
- Fits with national and local strategy
- Affordable

What you said is important about your health care

When considering hospital services in general, the key points that participants reported to be most important included:

- Having **local** services available
- Easily accessible services that people can **travel to** and **park safely** at
- Appropriate and compassionate **staff** providing **safe** and good **quality** care

Availability	Delivery	Specific Services
Enough professionally trained staff	Affordability	Walk-in-Centre; Minor Injuries; A&E
Access to GPs and clinicians	Stress free	Phlebotomy
Availability of appointments	Consistency	X-rays and scans
Shorter waiting times	Cleanliness	Respite/recovery care beds
Longer opening hours	Safety	Dementia care; Day care
Variety of services	Clear information and communication	Physiotherapy
	Clinical excellence	District Nurse Service

Group Discussion

- What do the criteria mean to you?
- What else should we include?

Take a Break



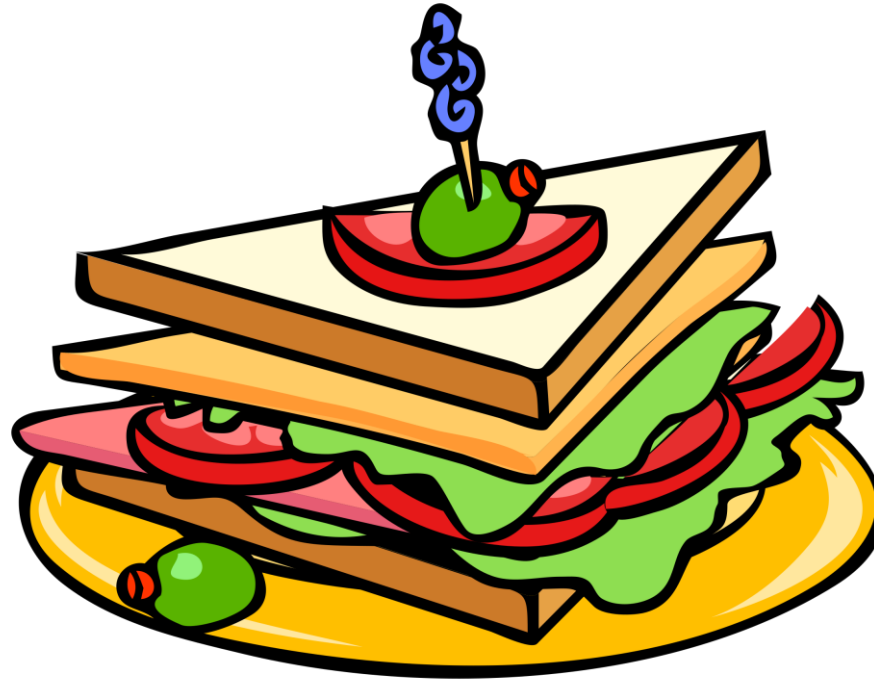
Let's refine the local offer

Margy Woodhead
Lay Member for Patient & Public Involvement
Stoke-on-Trent CCG

Local Services from a local needs Perspective

- Consider the data packs
- From the perspective of the local health needs – which services would you provide from the local community hospital and local health services to meet those needs?
- Feedback from your table

Lunch



From the whole health needs perspective

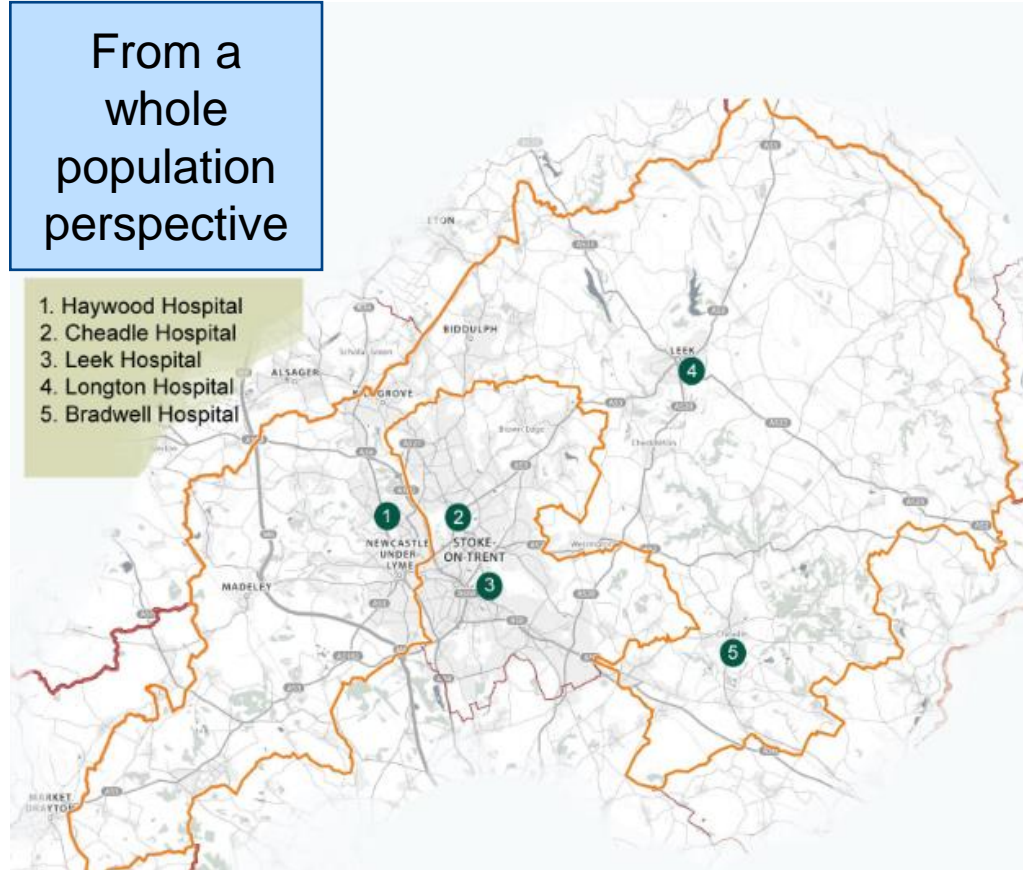
- Now re-consider the data packs

Q. From the perspective of the health needs of the whole population of Northern Staffordshire – which services would you now provide from the five local community hospitals and how have your thoughts and priorities changed?

Northern Staffordshire Community Hospitals

From a
whole
population
perspective

1. Haywood Hospital
2. Cheadle Hospital
3. Leek Hospital
4. Longton Hospital
5. Bradwell Hospital



Take a Break



Then feed back

Next Steps – Marcus Warnes

- We will take away today's work and consolidate your thoughts
- We will re-group on 14th Feb and we will discuss the work together
 - consider the art of the possible at each location
 - apply weightings to the criteria to develop viable alternatives
 - formulate the options on which we will consult
- Then we will:-
 - finalise and submit the Pre-consultation Business Case to NHS England
 - establish a local steering group at each location to take the work forwards
 - Keep you informed