The Future of Local Health Services in Northern Staffordshire

Reference Group

Options Appraisal Event

Handout Slides

25 May 2018

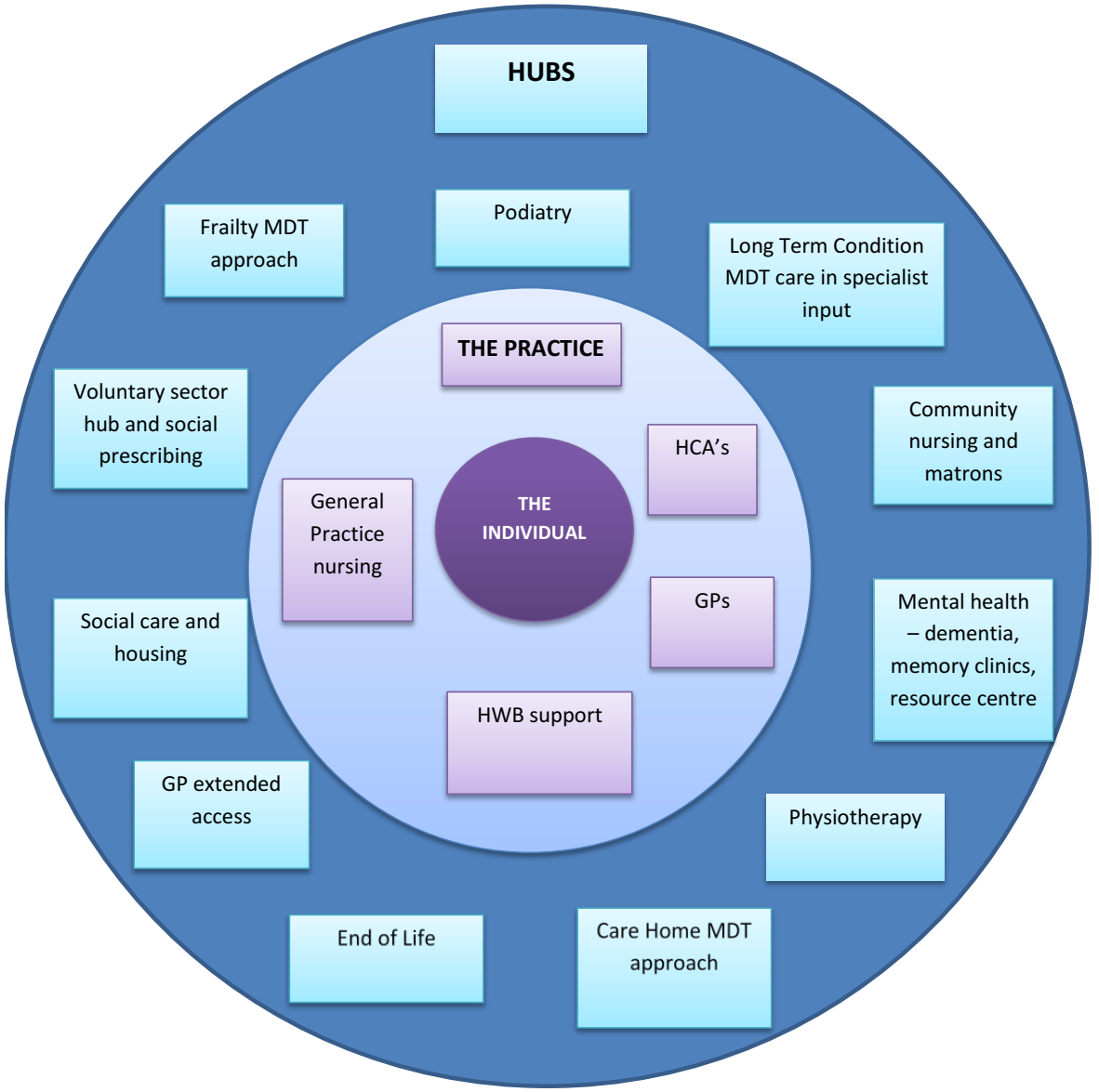
Proposed draft hub services have been developed against a number of principles

- **Key principles include:**
  - Provision of services at scale
  - Community centred care
  - MDT approach
  - Extended access to GP practices
  - Coordination of cross sector services
  - Holistic and based on patient needs

- **Core service offering (outlined on next slide)**

Hub services

The service will be delivered through localities and primary care hubs moving forwards under a multi-disciplinary approach, utilising risk stratification to identify those patients requiring proactive management and support across a team of specialist nurses, therapists, mental health professionals, pharmacists and social care professionals supported by the overarching governance of specialist consultants where required.



Community beds - Quality metrics (1/2)

Clinical Effectiveness
New patients have the following undertaken on admission:
Continence Assessment
Falls Risk Assessment
Nutrition & Hydration Risk Assessment
Record of prescribed & administered medicines
Tissue Viability Risk Assessment
Existing patients have assessments reviewed monthly or sooner if there is a change in need:
Continence Assessment
Falls Risk Assessment
Nutrition & Hydration Risk Assessment
Record of prescribed & administered medicines
Tissue Viability Risk Assessment
Care plans reflect patient need and risk assessments

Patient Experience
Friends & Family Test: • % of patients would recommend • % of patients would not recommend • Sample size
Number of compliments received
Number of formal complaints received
Number of complaints referred onto the Ombudsman

Community beds - Quality metrics (2/2)

Patient Safety
Number of slips, trips and falls resulting in harm
Number of pressure ulcers acquired by grade
Number of medication incidents
Number of outbreaks (infection prevention & control)
Number of serious incidents reported
Number of deaths
NHS Safety Thermometer • % No Harm • % No New Harm
Residents deemed not to have capacity have had a Mental Capacity Assessment completed and consideration for Deprivation of Liberty evidenced
Number of safeguarding notifications made
Number of CQC notifications made

Workforce
Number of occasions <2 Registered Nurses on duty between 8am – 8pm
% days lost (sickness and absence)
% staff have had an appraisal in past 12 months
Number of shifts covered by agency staff

Community beds – Accessibility – Travel times across options

We undertook analysis to estimate the travel times (via car) from geographical locations within the area to each potential site, and compared these with the estimates travel times to the current locations of community hospital beds (i.e. with temporary closures in effect), and the previous locations (i.e. community hospital sites prior to temporary closures).

This shows the **average change in patient travel time and distance** across each of the 6 options.
For example, for option 1 (Haywood only), patients will have to travel on average between 8 and 10 minutes longer than with the current or previous configurations.

	Option 1 (Haywood)	Option 2 (Haywood and Leek)	Option 3 (Haywood and Longton)	Option 4 (Haywood and Cheadle)	Option 5 (Haywood and Bradwell)	Option 6 (Haywood and Care Homes*)
Total number of beds	132	132	132	132	132	132
Change in travel time (mins) – from current sites	8.02	6.04	2.59	5.3	5.08	0.07
Change in travel time - from previous sites	9.37	7.39	3.95	6.65	6.43	1.42
Average travel time (by car)	**18.66**	**16.67**	**13.23**	**15.94**	**15.72**	**10.70**
80th Percentile travel time	**26.31**	**23.74**	**18.25**	**22.14**	**22.95**	**14.37**

Average travel times range from 10 to 19 minutes depending on the option, and 80% of the population (80th percentile) could be able to access their closest site by car within 14 - 26 minutes depending on the option.

Across the options, Option 6 (Haywood and Care Homes) results in the shortest travel times, followed by Option 3 (Haywood and Longton). Option 1 results in the longest travel times.

*A procurement process will have to be undertaken if option 6 is deemed the preferred option, the result of which may affect the travel times. For the purposes of this analysis, we have used the locations of care homes which have been commissioned in the past.

Community beds – Accessibility – Bus and drive time between sites at peak time

The below shows bus routes between community hospital sites, as well as the estimated travel time (at peak times – 8am) an estimated travel time for car users is also shown.

	Longton Hospital	Leek Hospital	Cheadle Hospital	Bradwell Hospital	Haywood Hospital	Average duration
Longton Hospital		Bus 16 - change at Hanley onto Bus 6 Bus: 85 mins Car : 28 mins	Bus 32 - change at Hanley onto Bus 6 Bus: 90 mins Car: 16 mins	Bus 94 - change at N-U-L onto Bus Orange 1A Bus: 90 mins Car: 17 mins	Bus 7 - change at Hanley onto Bus 6A Bus: 75 mins Car: 22 mins	**Bus: 85 mins** **Car: 21 mins**
Leek Hospital	Bus 6 - Change at Hanley onto Bus 18 Bus: 90 mins Car: 30 mins		Bus 32 - change at Southlow Road onto Bus 16 Bus: 55 mins Car: 21 mins	Bus 4 - change at Hanley onto Bus 101 and change at N-U-L onto Bus 18 Bus: 110 mins Car: 37 mins	Bus 7A - change at Old Town Road, Hanley onto Bus 18 Bus: 63 mins Car: 25 mins	**Bus: 80 mins** **Car: 29 mins**
Cheadle Hospital	Bus 6 - Change at Hanley onto Bus 32 Bus: 80 mins Car: 16 mins	Bus 16 - change at Southlow Road onto Bus 32 Bus:65 mins Car: 22 mins		Bus 4A - change at Hanley onto Bus 32 towards Cheadle Bus: 95 mins Car: 30 mins	Bus 7A - change at Hanley onto Bus 32 Bus: 70 mins Car: 33 mins	**Bus: 78 mins** **Car: 26 mins**
Bradwell Hospital	Bus 6 - Change at Longton onto Bus Orange 1 and change at N-L-U onto Bus 4A Bus 85 mins Car: 19 mins	Bus 18 - change at Hanley onto Bus 4E Bus: 110 mins Car: 39 mins	Bus 32 - change at Hanley onto Bus 101 change at N-U-L onto Bus 94 Bus: 100 mins Car: 35 mins		Bus 7a - change at N-U-L onto Bus 94 Bus: 70 mins Car: 15 mins	**Bus: 92 mins** **Car: 27 mins**
Haywood Hospital	Bus 6 - Change at Hanley onto Bus 7a towards Biddolph Bus: 57 mins Car: 28 mins	Bus 18 - Change at Kidsgrove onto Bus 7 Bus: 65 mins Car: 27 mins	Bus 32 - change at Hanley onto Bus 7 Bus: 75 mins Car: 35 mins	Bus 94 - change at Hanley onto Bus 7A Bus: 60 mins Car: 13 mins		**Bus: 65 mins** **Car: 23 mins**

Wider community services – Accessibility – Travel times across options

- The table below shows estimated travel times and distances (by car) from geographical locations within the area to their closest proposed hub site.
- Given that hub services are not currently delivered at the same locations, we cannot compare the travel times against the current configuration of services (as we have done for the options on beds) – so we can only state the estimated travel times and distances.
- Our analysis shows that average travel time to each hub is on average approximately 10 mins, with 80% of the population (the 80th percentile) being able to arrive at a hub location within approximately 15 minutes.

	Option	Average Travel Time (mins)	Average Distance (miles)	80th Percentile Travel Time	80th Percentile Distance
Stoke South	(Option 1a) New site (ETTF)	9.91	2.67	13.28	3.52
	(Option 1b) Use of Meir LIFT	10.67	2.74	15.09	3.89
Moorlands	(Option 2a) Leek existing community hospital site	9.44	3.08	14.32	5.14
	(Option 2b) Kniveden	9.44	3.08	14.32	5.14
	(Option 2c) Cheadle existing community hospital site	11.51	3.67	15.13	5.19
Newcastle	(Option 3a) Bradwell existing community hospital site	9.95	3.14	13.77	3.95
	(Option 3b) Milehouse LIFT	9.05	2.84	12.13	3.59
Stoke North	(Option 4a) Haywood existing community hospital site	11.05	3.42	14.59	4.50

Wider community services – Accessibility – Bus and drive time between sites at peak time

The below shows bus routes between current community hospital sites, and the proposed hub locations as well as the estimated travel time (at peak times – 8am). An estimated travel time for car users is also shown.

	Longton ETTF	Meir LIFT	Leek existing community site	Kniveden site	Cheadle existing community site	Bradwell site	Milehouse LIFT	Haywood existing community site
Longton existing community site	Bus 6 Bus: 17 mins Car: 6 mins	Bus 6 Bus: 8 mins Car: 5 mins						
Leek existing community site			n/a	No Bus Service 0.5 miles walk Car: 3 mins	Bus 32 - change at Southlow Road onto Bus 16 Bus: 55 mins Car: 22 mins			
Cheadle existing community site			Bus 16 - change at Southlow Road onto Bus 32 Bus: 65 mins Car: 22 mins	Bus 16 - change at Southlow Road onto Bus 32 Duration: 75 mins Car: 24 mins				
Bradwell existing community site						n/a	Bus 4A Bus:25 mins Car: 8 mins	
Haywood existing community site								n/a

Wider community services - Quality metrics (1/2)

Overarching Expected Outcomes

- Reduction in the number of case managed patients accessing unscheduled secondary care resulting in a reduction in non-elective admissions;
- Increase in the utilisation of pharmacy staff within Integrated Care Hubs to optimise medications for patients under case management,
- Support for General Practice and the extended primary care team in the management of patients with Diabetes, Heart Failure and Respiratory conditions that makes patient care excellent and delivers individual patient outcomes in line with their management plans aligned with the new models of care
- Support General Practice in the incidence recording of Diabetes, Heart Failure and Respiratory conditions so that the recorded incidence of LTCs is aligned with expected prevalence as suggested by local Public Health and NHS England utilising tools such as the 'GRASP' tool
- Specialist integrated team knowledge and skills to impact positively and be evident in the care plans for patients being case managed
- Patients and the families of patients approaching the end of life are cared for in line with their wishes in their preferred place of care
- Identify and implement practices that empower patients so that they identify themselves as feeling confident to manage their long term condition(s) including an increase in number of patients who identify themselves as feeling confident to manage their long term condition
- Increase the use of Technology to support patients to manage their own conditions

Respiratory outcomes

- Reduction in the number of patients presenting with an exacerbation of COPD who are already diagnosed and under a management plan that are case managed through the Care Hub
- Minimum of 75% of patients who have a shared management plan
- 90% of patients offered pulmonary rehab in line with NICE guidance
- 95% of patients offered the pneumococcal vaccination
- Reduction in the number of hospital readmissions
- Increase the number of COPD patients who die in their preferred place of death
- Develop and fully implement discharge bundles for patients admitted with pneumonia and/or COPD
- Enhancement of care for advanced disease

Diabetes

- Improved CCG performance for the 8 care processes specifically for urine albium and retinal screening
- % reduction in eye related procedures for ophthalmology
- % decrease in non-elective admissions with foot ulceration procedures
- Reduced primary care prescribing spend on diabetes
- Increased self-awareness and better understanding of managing diabetes within the community
- Increased number of people with holistic personalised care plans to support and increase confidence to self-manage

Wider community services - Quality metrics (2/2)

Heart Failure

- To ensure that 100% of patients on practice heart failure registers had a confirmed diagnosis
- Develop discharge bundles for patients admitted with heart failure delivered by the Integrated teams within the Care Hubs
- To ensure that 80% of patients are on appropriate medical therapy and are titrated, or being titrated, to recommended dosages as tolerated (unless documented as contra-indicated)
- To provide heart failure education and a continuing rolling programme of education for all diagnosed patients
- Increase the number of heart failure patients who die in their preferred place of death

Frailty

- Through links with the falls service, deliver both a reduction in non-elective spend on hip fractures associated with a fall (per head of population over 65) and a reduction in falls related admission rates (per head of population over 65)
- Through links with the Palliative Care team, End of Life care will be anticipated and planned for, such that 100% of patients receive high quality co-ordinated End of Life care;
- 100% of identified patients are in receipt of an Integrated Care and management plan
- 100% of patients receive a Complex Geriatric Assessment
- Through the MDT approach to managing patients with frailty, it is expected that 33% of admissions to acute care could be avoided

End of Life

- To proactively identify all people considered to be in the last year of life at an early stage, to be able to give them pro-active person centred care in line with preferences
- To offer every identified person the chance to have an advanced care planning discussion with the person of choice
- To enable every person the opportunity to die in their preferred place of choice
- Number and percentage of people with Preferred place of care/death recorded
- Number and percentage of people who died in their recorded preferred place of choice
- Number of patients dying in their usual place of residence
- To reduce number of non-elective admissions for those patients who die in hospital
- Number and percentage of deaths in hospital