

Borders NHS Board



NHS BORDERS CLINICAL SERVICES REVIEW – INPATIENT SERVICES: HEALTH IN YOUR HANDS

Aim

This paper aims to provide the Board with an update on the work of the Clinical Services Review and the *What Matters to You* engagement exercise.

Background

People across the UK are living longer and life expectancy in the Borders is the longest in Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term health conditions, which will increase the demand on Health services. The fact of having an increasing elderly population, the availability of new technology and better treatments and medicines are to be welcomed. Nonetheless these represent challenges at a time of public funding constraint and we need to carefully consider, with the people of the Borders, whether the way our services are delivered should be adapted and indeed improved.

The purpose of the review, starting with inpatient services, is to consider what needs to change to achieve the vision of everyone being able to live longer healthier lives at home, or in a homely setting, and with seamless provision of service across health and social care.

NHS Borders has launched the *What Matters to You* engagement exercise alongside the Clinical Services Review. We are committed to working with people who use our services to ensure that future delivery of services meets the needs and expectations of our communities. We recognise the valuable contribution that our public can bring and this engagement exercise will serve not only to inform specific workstreams of the Clinical Services Review but also to invite feedback and discussion around all areas of interest to our communities.

Summary

This section will give an update on the progress of the three current workstreams of Health in Your Hands.

WHAT MATTERS TO YOU – ENGAGEMENT EXERCISE

“A mutual NHS is a vision based on a shift that sees people and the NHS staff as partners who have real involvement, representation and a voice that is heard.”

(Better Health, Better Care, Scottish Government 2007)

We recognise that our communities should be seen as co-owners and partners in our NHS rather than as service-users. We are committed to the concept of mutuality and co-

ownership with the people of the Borders and will strive to improve inclusion and public involvement in designing and improving services.

The *What Matters to You* engagement exercise was launched at the NHS Borders Annual Review on September 17th. It consists of 3 key questions around which we will be actively engaging groups, individuals and communities in conversation.

1. What matters to you about your health and health services?
2. What can we do together to improve health services for our communities?
3. How can we communicate and work more effectively with patients, families, carers and our communities?

The Annual Review process involved an 'Ask the Board Live' session with staff, focus group sessions with carers and GPs, and the public Annual Review session itself. All of these sessions provided an opportunity to capture feedback from different groups around the *What Matters to You* theme.

In October, NHS Borders will be attending the Scottish Borders Community Councils Network Seminar held at Scottish Borders Council. This annual event brings together representatives from all the Community Councils in the Borders. We will use this as an opportunity to promote the community engagement work done by NHS Borders and in particular to promote *What Matters to You*. This will allow us to not only gather feedback from individual community council members on issues relevant to their areas but also to identify further engagement opportunities within our communities.

November sees our first engagement activities taking place in the community. One day a week has been reserved for NHS Borders' Chief Executive Jane Davidson to go out and hold 'coffee and conversation' sessions in various venues across the Borders. These sessions will provide an informal opportunity for members of the public to meet and have a conversation with Jane about what they expect from health services in the Borders.

An engagement plan is being developed to build on these sessions and further engage with each of our localities. This is a live document which we be updated as we progress to allow us to be flexible in adapting to feedback as we go. In the first instance we will be focussing on communities in the Eildon locality, with other localities to follow. We will engage with people around our 3 key questions and also using this as an early opportunity to speak to key stakeholders about the development of the Eildon Community Ward project. In planning our development sessions we will be cognisant of the Strategic Plan consultation planned for October – December.

In order to capture feedback from all engagement sessions a database is being designed to collate and sort responses into key themes that will highlight areas of particular interest and can be acted upon if necessary.

This workstream remains on target to move into an Evaluation and Analysis stage in January 2016, with the opportunity for more targeted and focussed engagement in the period February – April 2016.

EILDON COMMUNITY WARD PROJECT

Aims:

- To develop community ward capacity (to be known as Eildon Community Ward) outwith BGH that supports Central Borders patients who are unable to access local community hospital services to receive the care they need at home or within the local community setting.
- To improve patient safety and experience.
- To demonstrate the benefits of a locality based model of care and inform the future function and development of community hospitals and their operational policies.

At present NHS Borders has four community hospitals supported by different models of medical cover. NHS Borders' discharge policy has been revised over recent years in order to make effective use of available bed capacity across the system. This has meant that in some cases patients, once they are able to move on from acute care, have to be managed in community hospitals outwith their local community. Local GP practices, upon which NHS Borders depends to sustain viable community hospital services, find this unworkable and feel that it does not provide an equitable or sufficiently patient-focussed service.

There is currently no central borders community hospital facility, therefore, it is proposed to develop a model of care, initially in central Borders, which will provide a clinical bridge across primary and secondary care as well as with Social Work and other partner agencies. It will focus on supporting patients in their local community, preventing admission where appropriate and enabling rapid-return from acute care to the patient's own home or community. It will aim to improve patient experience and safety and will be person - centred, utilising anticipatory care planning and care continuity.

Eildon Community Ward will be patient-focussed and will be flexible enough to provide care and support wherever it is most appropriate for the patient.

- A step-down / step-up 7 day service which links with BGH specialties and works closely with the Emergency Department and Borders Emergency Care Service as well as Social Work.
- Appropriate eligibility / admission criteria.
- Resilient anticipatory care planning processes and care escalation policies.
- In-reach to BGH to "pull" patients from acute care – with the potential to consider direct care by the Eildon Community Ward GPs and/or Allied Health Professionals.
- Multi-disciplinary assessment within 48 hours of admission to the Ward.
- The capability to manage IV therapy in the Ward.
- A level of flexible training and education potential through rotations / placements to support the development of a pool of staff with consistent skill sets across the system.

The following outcomes are anticipated once Eildon Community Ward is implemented fully:

For the Eildon locality:

- Reduced admissions;
- Reduced readmissions;
- Reduced number of GP home visits;

- Reduced Length of Stay;
- Reduced number of out of locality placements;
- Reduced number of delayed discharges.

Wider:

- Reduced LOS in other community hospitals;
- Improved patient, family and carer satisfaction;
- Improved staff satisfaction.

A project brief has been submitted to the Integrated Care Fund steering group with initial costings identified. Similar projects in other Health Boards have been researched to inform the development of this project.

A snapshot taken on Friday 7th August showed that there were 7 patients across the BGH and Community Hospitals from the Eildon area that were inpatients in the BGH despite being medically fit for discharge or were inpatients in a Community Hospital outwith their locality. Although this was only a snapshot in time it shows that there were 7 people who could have benefitted from an Eildon community resource to help provide their care closer to home where possible. Furthermore, this data does not include people who are being cared for in the community by existing services or those who would benefit from additional support to prevent admission or readmission to inpatient services.

A stakeholder session is being planned to identify what services already exist in the community and what is missing. We will use this information combined with learning from the experience of other Boards to shape what our Eildon Community Ward should look like. This project will link in closely with the *What Matters to You* workstream and the engagement planned in the Eildon locality. The planned engagement will be utilised and supplemented to ensure that the principles of co-production underpin the project moving forward.

This project has experience some delays in identifying project management capacity, once the stakeholder event has been arranged the project group will be ready to move into the 2nd phase.

0 – 3 months:	analyse information; analyse evidence from other areas; engage & discuss with key stakeholders; establish Project Board.
3 – 6 months:	confirm the model; recruit where necessary.
6 – 18months:	trial model using PDSA methodology
18 – 24months:	evaluation & write up of final report

REVIEW OF CRITICAL CARE SERVICES

This review aims to ensure the future stability and sustainability of Critical Care Services in the Borders by answering these key questions identified by Clinical Strategy Core Group:

1. Is there a redesign of our multi critical care areas that would deliver safer & more effective high quality services to our patients?
2. Should we bring all services together to provide a combined critical care area and if so how would we do this?
3. How do we realise the right footprint, level of beds & staffing requirements, and future sustainability of the service?

Progress to date:

Review of literature

A review of literature and national guidelines has been completed giving a framework within which to work. This has identified some of the particular challenges faced by a relatively small district general hospital in providing critical care services in relation to sustainable staffing levels.

Collection and analysis of data exploring current provision

We have identified substantial data on the functioning and activity of ITU/HDU and the Critical Care Outreach team, and have identified the need to understand more about the type and dependency level of patients admitted and discharged from Ward 5. Resource is being identified to allow the collection and analysis of this data.

Engagement and consultation with patients/families

Analysis of existing patient and family/carer feedback is beginning which will be used to inform the review priorities. As well as this existing dataset we will be making early contact with former patients and families who have previously agreed to be contacted. This valuable group of people will be used throughout the development of the project to ensure the outcome of the review meets the needs of our patients.

INTERDEPENDENT WORKSTREAMS

The table below provides an update on some of the workstreams which share links and interdependencies with the work of the Clinical Services Review.

Workstream	Information
Galavale Reprovision	<ul style="list-style-type: none"> • East/West Brigs ward in its current location carries some patient safety risks. The ward layout is split over two floors and two buildings resulting in challenges to effective patient observation. The buildings also lack sufficient therapeutic space which can impact on the quality of service provided to the patients. • At the August Board meeting NHS Borders Board approved the relocation of East/West Brigs Mental Health Rehabilitation Ward to Crumhaugh House in Hawick. Currently located on the Galavale site in Galashiels, East/West Brigs Ward is a rehabilitation inpatient unit for patients with long-term mental health problems. • An option appraisal process considered four possible locations for the ward and identified the ground floor of the currently vacant Crumhaugh House property in Hawick as the preferred location. The relocation aims to be complete by Summer 2016. Members of the public and representatives of people who use the services affected were part of the project team. There has been wide engagement over the proposal with Scottish Borders Council elected members, community councillors and the Teviot Area Forum. • Utilising the building for Rehabilitation patients will provide 13

	<p>inpatient beds, requiring a capital investment of £1.87 million, and will relocate 28 employees to Hawick making effective use of the vacant premises in the town.</p>
Frail Elderly Pathway	<ul style="list-style-type: none"> • A stakeholder event was held in July to bring together a range of partners from Health & Social Care, the Third Sector and Independent care providers. The knowledge and experience of those present was used to identify what an ideal frailty pathway would look like and what this would mean in practice. • The project team identified key actions from this event and are aiming to hold a follow stakeholder session in February 2016 to share progress and resolve any challenges.
Unscheduled Care	<ul style="list-style-type: none"> • This will include a review of our hospital services at the “front door” i.e. GP, OOH and MAU • A driver diagram has been developed mapping out the key workstreams and deliverables. • The recruitment of a second Emergency Department Consultant and an Acute Physician have been progressed with the new Acute Physician starting in the w/c 21st September. These appointments, working with the existing ED Consultant and other senior clinical colleagues will develop the future staffing model needed to support appropriate ED care and onward transition of medical patients.
Children and Young People’s Centre	<ul style="list-style-type: none"> • The development of a new build Children and Young People’s Centre at Borders General Hospital is on-going. This project has the potential to deliver a significant improvement in the patient experience, giving children a unique and distinctive space within the hospital campus. It will be linked to the main hospital but will have a separate entrance and will house a dedicated paediatric outpatient department, in-patient ward and ambulatory care department. • This one-stop shop for children, young people and their families will provide access to multi-disciplinary teams in an environment that is safe, age appropriate and family friendly. • The planned date for the submission of the Full Business Case to the Board is now February 2016. This additional time is being used to address issues that have arisen in the project to date and to allow a greater level of detail to be included in the business case. A funding request to the Scottish Government is also being explored.

The next priority for the Inpatient Review Core Group is to revisit the overall timeline for this programme of work and consider the next inpatient service area to be reviewed.

Recommendation

The Board is asked to **note** the update provided in this paper.

Policy/Strategy Implications	This review will further develop and implement the principles that were agreed as part of the NHS Borders Clinical Strategy. The Clinical Strategy set out the reason why NHS Borders needs to changes, and the work of this review will explore and recommend options to address many of the issues outlined.
Consultation	This will be subject to ongoing discussion with the Board Executive Team, Clinical Strategy Core Group, Clinical Boards, Support Services etc.
Consultation with Professional Committees	See above
Risk Assessment	Consideration of issues and risks will be a continuous process as part of a project management approach.
Compliance with Board Policy requirements on Equality and Diversity	The review will be delivered in line with Board Policy requirements on Equality and Diversity.
Resource/Staffing Implications	At present this is being supported within existing resources.

Approved by

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