

Your
NHS

Right Care, Right Time, Right Place



2013

Short Guide

Proposals for change
Maintaining high quality, specialist services

Maintaining high quality, specialist services

The need for change

The NHS in Gloucestershire is working together to develop innovative plans which will help to address the challenges facing the NHS locally.

We are committed to providing as many services as possible close to the patient's home, but where very specialist care is needed in the larger hospitals, we continue to look at how best to organise services to maintain quality, ensure safety of patients and achieve the best possible health outcomes for these individuals.

Feedback from local people in 2012 on the Health and Social Care Community's five year Strategy for Care: 'Your Health, Your Care' showed a high level of support for our vision for services in the future. This included:

- Supporting people in their communities – further development of joined up (integrated) community teams to support people in their own homes, including GPs, as well as social care, nursing and physiotherapy
- Development of a 'co-ordinator' role to support people with long term conditions and ensure they receive the advice, support and services they need.

These, and other developments, will help to reduce the traditional reliance on hospital based services.

There was also strong support for maintaining high quality specialist health services in the county.

During the 2010 and 2011, 'Your NHS' engagement process, we put forward proposals for changes to major trauma services, stroke services, emergency paediatric (child) assessment and outpatient breast care services.

There was real recognition of the need for the changes put forward to make the most of the specialist staff, skills and equipment available in the county.

There are a number of benefits to this kind of change including:

- Bringing certain specialist staff together and reducing the risk to patients by having robust medical cover at all times
- Speeding up assessment for patients and decision making about their treatment and onward hospital care
- Improving the links between related services to improve the patient experience and make services more joined up
- Improving the patient environment and developing services and facilities

that are better suited to the needs of the patient

- Clinicians seeing enough patients to maintain their skills. The more frequently a doctor performs a particular treatment or procedure the better the outcome for the patient
- Ensuring consistency of care 24 hours a day, 7 days a week.

Local history of service change

Gloucestershire has a history of successful site and service changes for specialist hospital services. This includes:

- Neutropenia Service (for people suffering severe side effects of cancer treatments) to Cheltenham General Hospital (CGH) 1994
- Interventional Cardiology Service (pinhole surgery for heart conditions) to CGH 1996
- Specialist Ear, Nose and Throat services to Gloucestershire Royal Hospital (GRH) 2000
- Ophthalmology (eye surgery) to CGH 2000
- Paediatric (child) inpatient care to GRH 2006
- Obstetrics (maternity services for women considered 'high risk' during pregnancy), neonatology (care for premature babies) and benign gynaecology (treatment of conditions related to the female reproduction system) to GRH 2011
- Inpatient Urology (treatment of urinary conditions and conditions related to the male reproductive system) to CGH 2011
- Paediatric (child) emergency assessments to GRH 2011
- Major Trauma (multiple, very serious injuries) to Bristol (Trauma Centre) and GRH (Trauma Unit) 2012
- Stroke and Transient Ischaemic Attack (mini strokes) to GRH 2012
- First outpatient Breast Care appointments for symptomatic patients, Thirlestaine Court, CGH 2012
- General and Old Age Medicine (GOAM) – both sites 2012.

There is also a commitment to centralise inpatient vascular surgery (surgery to treat conditions in arteries and veins) to CGH in 2013.

These changes have resulted in bringing together specialist expertise and have improved outcomes for the patient.

For example, since the recent centralisation of Stroke and TIA services, the Hospitals Trust now consistently meets quality of care targets, which were frequently unachievable before.

2013

We have new proposals for change in 2013 to the following services:

- Emergency and urgent medical care
- Medical specialties – Gastroenterology & Hepatology, Cardiology and Respiratory (or thoracic medicine)
- Paediatric day cases.

Each of the proposals has been developed by clinicians working within the services and managers.

As well as this short guide, we have also developed a full engagement booklet, which contains more detailed information (see end of this guide for details on how to read a copy).

Principles

Throughout this guide (and the full engagement booklet) you will see the following symbols that highlight important principles that local clinicians and managers believe are key to the development of services. These symbols represent:



Alternatives to hospital admission



Clinical Benefit



Improving Access and Reducing Unnecessary Delays



Improving Health Outcomes



Patient Safety



Value for Money.

Feedback

We would value your feedback on the proposals described in this guide and we would encourage you to read the full engagement booklet.

You can share your views by completing the Feedback Form at the back of either booklet or you can visit the 'Your NHS' web page at **www.nhsglos.nhs.uk**.

The web page also includes information on a series of Public Drop In events, which will be held over the next few months at locations across the county. You will be able to find out information and talk to NHS representatives about the proposed changes. You can also speak to someone about the events by calling: 0800 015 1548.

Proposals for change

Proposal 1: Emergency and urgent medical care



Our priority is to ensure that the sickest patients are seen by very skilled specialist staff when they need to be.

To do this, we need to ensure that those specialist staff are available to respond to patients and the public 24 hours a day, 7 days a week.

The Hospitals Trust is facing increasing pressures as nationally, recruitment into emergency medicine remains extremely challenging.

Despite numerous attempts, the Trust has not been able to recruit close to the number of recommended doctors in emergency medicine (emergency care consultants and 'middle grade' doctors) it needs to maintain services the way they are currently set up in the county.

From August 2013, there is no guarantee that the Trust will have the number of doctors they currently have so they need to plan responsibly to ensure patient safety.

The changes we are proposing to make at this time relate to services at Cheltenham General Hospital (CGH), at night time only.

Night time is the time when medical staffing levels are the most difficult to deliver and it would be particularly beneficial to bring specialist emergency medicine doctors together on one site.

As part of the proposal, the Emergency Care Centre (within the current Emergency Department) at CGH would be run at night by specially trained nursing staff who are capable of treating the vast majority of walk-in patients.

Doctors (Acute Physicians) would continue to be on site at CGH to receive patients who had previously been reviewed by a GP. However, patients with a critical illness and injury who need treatment from emergency medicine doctors would go to Gloucestershire Royal Hospital (GRH) at night.

If a patient with a critical illness or injury arrives as a 'walk-in' at CGH, they will be assessed in the Emergency Care Centre, receive initial treatment and a decision will be made on whether they can be admitted in to hospital (CGH) under the care of an Acute Physician (Doctor) or transferred by ambulance to GRH.

With this proposal as a whole, the vast majority of patients would continue to access services in the way they do now.

Based on current planning, it is estimated that on average around 16 patients with critical illness or injury would be diverted from CGH to GRH at night time.

By bringing together specialist emergency medicine staff at GRH at night time, the Trust will be able to ensure:

- Early senior assessment and decision making, which will benefit the sickest patients
- More robust senior medical cover, round the clock.

The reason for concentrating our resources at GRH at night rather than CGH, is due to the critical links to other services which are based there, such as children's services, high risk maternity services and stroke care.

“We believe this proposal strikes the right balance between providing excellent specialist clinical care in an emergency and maintaining local access to services whenever possible.”

Emergency Medicine (A&E) Consultant, Dr Tom Llewellyn

Proposal 2: Selected Medical Specialties



These proposals relate to the following specialist medical services:

Gastroenterology and hepatology – care of patients with problems with their digestive system and/or liver

Cardiology – care of patients with heart problems

Respiratory (or thoracic) medicine – care of patients with breathing and lung conditions such as Chronic Obstructive Pulmonary Disease (COPD), commonly referred to as emphysema.

Currently, both inpatient (when patients stay in hospital) and outpatient (when patients have treatment or see a specialist and then return home) services for these medical specialties are provided at both Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH).

The interventional cardiac investigations service (pinhole surgery for heart conditions) is based at CGH only, in the Hartpurpy Suite.

These proposals, summarised below, do not include centralising any of the

services completely and do not apply to outpatient services which would remain the same as they are today.

Gastroenterology

- The proposal is to concentrate the majority of beds for planned (non-urgent) inpatient care at CGH, whilst keeping a service for patients with bleeding from their gastrointestinal tract (gut) and other critical conditions in a single emergency bay at GRH.
This will free up beds at GRH for increased emergency medicine and trauma cases and retain the key parts of the gastroenterology service required there for those emergencies. Concentrating the majority of beds at CGH will support the bringing together of specialist expertise.

Cardiology

- The proposal is to improve the facilities in the county's cardiac intervention unit at CGH by providing more beds in the unit, which will reduce the delays to patients needing these complex procedures.
The Trust would also be able to improve the patient experience through more privacy and dignity for patients as the extended unit would have separate male and female facilities.

Respiratory Medicine

- The proposal is to concentrate the service for the majority of long term respiratory conditions (e.g. lung cancer or lung disease) at CGH. A number of beds would be required at GRH for patients with emergency respiratory conditions, such as those requiring ventilation.
This will free up beds at GRH for increased emergency medicine and trauma cases and retain the key parts of the respiratory service required there for those emergencies. Concentrating a greater proportion of beds at CGH will support the bringing together of specialist expertise.

“It's an opportunity to further improve the quality of care for our patients and develop a leading edge service by bringing together specialist skills and expertise.”

**Consultant in Thoracic (Respiratory) Medicine,
Dr Ananthakrishnan Raghuram**

The doctors and nurses providing these services have identified opportunities to improve quality of care by bringing together the specialist staff skills currently split across sites.

The proposals are also in response to the proposed changes for emergency and urgent medical care.

Since the number of emergency patients going to GRH is likely to increase as previously described, other services will need to adjust to ensure there is the space available to meet the needs of these patients.

The changes to medical specialties will help us manage this increase by ensuring that patients with clearly diagnosed medical conditions are admitted directly to the relevant specialist team at CGH.

As well as these proposals, the NHS in Gloucestershire is also developing community services which are helping to reduce reliance on hospital services – providing care in the patient’s own home or close to home.

This includes development of a Community Respiratory Team and there is also a comprehensive countywide service in place specialising in community cardiac rehabilitation and heart failure management.

Proposal 3: Paediatric Day Cases



This proposal relates to elective (non-urgent) care for children who need a test or procedure that doesn’t involve an overnight stay in hospital, but which cannot be carried out during an outpatient appointment.

The service includes day surgery and procedures such as tests and infusions (delivering drugs by drip) and tests under sedation.

There are comprehensive outpatient services at Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH) for children to be assessed and receive the majority of simple tests, such as blood tests, which, under the proposals, would stay the same as they are today.

The proposal is that all elective (non-urgent) paediatric day case surgery (excluding ophthalmology) and medical investigations are based in a purpose designed paediatric day unit on the Gloucestershire Royal Hospital site.

We are proposing these changes for a number of reasons:

- There is a shortage of specialist doctors and nurses to care for children. Bringing together the day case services will ensure we have a sustainable model for the future, with consistent quality of care for all children and their families wherever they live in the county

- The Trust currently has a Care Quality Commission red rating against 2 standards. These relate to the number of surgeons and anaesthetists carrying out a small number of procedures/treatments per year on children aged 29 days to 12 years – the more frequently a clinician carries out a procedure or treats a particular condition, the better the outcome for the patient
- The proposal would reduce the need for children to travel after their operation if they needed specialist follow up care and an overnight stay
- The proposed new day unit would be staffed only by children’s doctors and nurses and play specialists in a child and family friendly environment, totally separate from adult facilities
- It’s an opportunity to establish a dedicated paediatric theatre with a dedicated paediatric team made up of surgeons, anaesthetists and nurses.

The majority of services for children in the county are based at GRH at the Children’s Centre, including emergency and overnight inpatient care.

We believe it would be better for the new day unit to be on the same site, so that children don’t have to travel after their procedure if there are complications. Locating the services together means we make the best use of scarce expert resources.

“Bringing together the day case services will ensure we have a sustainable model for the future.”

Consultant Paediatrician, Dr Miles Wagstaff

Feedback

The questionnaire which follows is one of a number of ways in which people can express their views as part of the engagement exercise.

This questionnaire is intended to capture a broad view of the response to the proposals set out in the engagement booklet. You may not want to feed back on every proposal, so you need only respond to questions you are interested in.

There are number of other ways in which you can have your say. Full details can be found at: **www.nhsglos.nhs.uk**. You can:

- Complete this questionnaire online at: **www.nhsglos.nhs.uk**
- Send your comments by email to: **consultation@glos.nhs.uk**
- Write to: Caroline Smith, Community Involvement Manager,
NHS Gloucestershire
Freepost RRY Y – KSGT – AGBR
Sanger House, 5220 Valiant Court
Gloucester Business Park, Brockworth GL3 4FE.

If you are a member of NHS staff, please use the internal post system and return to the Patient and Community Involvement Team at Sanger House.

- Visit the Information Bus when it visits a location near you.
To view the the Bus schedule visit:
www.palsglos.org.uk/userfiles/docstore/pdf/Schedule.pdf.
- Attend a public 'Drop In' event.

If you would like assistance to complete this questionnaire or to express your views in any other way please call the Patient Advice and Liaison Service (PALS) on Freephone **0800 015 1548**.

Questionnaire

Please take some time to read through this guide before you complete the questionnaire below.

There is also a full engagement booklet and this is available from: NHS Gloucestershire, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth GL3 4FE, via the website **www.nhsglos.nhs.uk** or call **0800 015 1548** for a copy.

It will help us to capture your views accurately if you mark your answers clearly in a dark coloured ink. If you choose to add your own comments at the end of this questionnaire, please can you ensure that you write clearly and concisely.

Question 1: How have you obtained information about the proposed changes? *(Please select all that apply)*

- | | | | |
|---|--------------------------|----------------------------------|--------------------------|
| read the short guide | <input type="checkbox"/> | read the full engagement booklet | <input type="checkbox"/> |
| attended a Community Event/Public drop-in session | | | <input type="checkbox"/> |
| local media | <input type="checkbox"/> | NHS website | <input type="checkbox"/> |
| Information Bus | <input type="checkbox"/> | word of mouth | <input type="checkbox"/> |
| other (please give details) | | | |

Question 2: Do you have any suggestions about how else we could make this information available?

Question 3: Having read this guide (and the full engagement booklet) do you think you have been provided with the right information to help you to understand and form a view about the proposals for change?

Proposal	Completely	Partly	Not at all	Don't know
Emergency and urgent medical care				
Selected Medical Specialties				
Paediatric Day Cases				

If you felt that other information would be useful, please say what else you would like to know (in the box below)

Question 4: Do you agree with the views of clinicians and managers about the proposals for change?

Proposal	Completely	Partly	Not at all	Don't know
Emergency and urgent medical care				
Selected Medical Specialties				
Paediatric Day Cases				

Question 5: Please give us your views about the proposals for change?

Proposal	Your views
Emergency and urgent medical care	
Selected Medical Specialties	
Paediatric Day Cases	

Any further comments?

Please use the space below to make further comments you may have.
Please ensure that you write clearly and concisely.



About you

These questions are optional, but to help us ensure we reach a good cross-section of the local population, we would be grateful if you could complete the following:

Are you:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Age group:

Under 18	<input type="checkbox"/>	36-45	<input type="checkbox"/>	66-75	<input type="checkbox"/>
18-25	<input type="checkbox"/>	46-55	<input type="checkbox"/>	Over 75	<input type="checkbox"/>
26-35	<input type="checkbox"/>	56-65	<input type="checkbox"/>		

What is the first part of your post code? e.g. GL1 GL20

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Which group do you fall into (please select the one which best reflects the capacity in which you are completing the form)?

NHS or Social Care staff	<input type="checkbox"/>
Elected representative e.g. MP, councillor	<input type="checkbox"/>
Member of the public	<input type="checkbox"/>

Overall, how would you rate your health during the past 4 weeks?

1	Excellent	<input type="checkbox"/>
2	Very good	<input type="checkbox"/>
3	Good	<input type="checkbox"/>
4	Fair	<input type="checkbox"/>
5	Poor	<input type="checkbox"/>
6	Very poor	<input type="checkbox"/>

Do you consider yourself to have a disability?

1	Visual impairment	<input type="checkbox"/>
2	Hearing impairment	<input type="checkbox"/>
3	Physical disability	<input type="checkbox"/>
4	Mental health problems	<input type="checkbox"/>
5	Learning difficulties	<input type="checkbox"/>
6	Long-term condition	<input type="checkbox"/>

Do you look after, or give special help to anyone who is sick, has a disability, or is an older person, other than in a professional capacity?

1	Yes, I care for a person in my own household	<input type="checkbox"/>
2	Yes, I care for a person in another household	<input type="checkbox"/>
3	No	<input type="checkbox"/>

To which of these ethnic groups would you say you belong? (Tick ONE only)

a. WHITE

1	British	<input type="checkbox"/>
2	Irish	<input type="checkbox"/>
3	Any other White background	<input type="checkbox"/>
(Please write in box)		

b. MIXED

4	White and Black Caribbean	<input type="checkbox"/>
5	White and Black African	<input type="checkbox"/>
6	White and Asian	<input type="checkbox"/>
7	Any other Mixed background	<input type="checkbox"/>
(Please write in box)		

c. ASIAN OR ASIAN BRITISH

8	Indian	<input type="checkbox"/>
9	Pakistani	<input type="checkbox"/>
10	Bangladeshi	<input type="checkbox"/>
11	Any other Asian background	<input type="checkbox"/>
(Please write in box)		

d. BLACK OR BLACK BRITISH

12	Caribbean	<input type="checkbox"/>
13	African	<input type="checkbox"/>
14	Any other Black background	<input type="checkbox"/>
(Please write in box)		

e. CHINESE OR OTHER ETHNIC GROUP

15	Chinese	<input type="checkbox"/>
16	Any other ethnic group	<input type="checkbox"/>

Thank you for taking the time to share your views.

At the end of the engagement period, all feedback received will be collated, analysed and presented in an Outcome of Engagement Report. This Report will be published on the Gloucestershire Hospitals NHS Foundation Trust website at **www.gloshospitals.org.uk**

