compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

Proposal for the Reconfiguration of Cardiology, Respiratory & Elderly Medicine Hospital Services

Scrutiny Briefing November 2017

compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

Introduction / Background

- The current dual site model of hospital services provided by CHFT does not, and cannot, meet national guidance.

- In 2016 the Trust's care of older people and respiratory medicine services were reviewed by the Royal College of Physicians (RCP). The RCP recommended that action should be taken to enable cardiology and respiratory services to be co-located on the same hospital site and for the care of older people to be located on a single hospital site. The RCP queried whether the Trust could afford to wait five years for these services as proposed in the wider reconfiguration of hospital services particularly given immediate concerns over the fragility of the services and workforce.

- In 2016 the Care Quality Commission (CQC) inspected Medical Services as part of their inspection of the Trust. Medical Services were designated as good in all domains excluding Safety. For the Safety domain medical services were designated as Requires Improvement

- In the interests of protecting and improving quality, safety and patient outcomes the Trust has therefore been working to develop proposals for the interim reconfiguration of cardiology, respiratory and elderly care services across the two hospital sites. Since early 2017 there have been a number of discussions and meetings with staff, patients, CCGs and YAS to discuss development of these plans.

Information provided

The briefing document provided to Scrutiny in advance of this meeting covers the following:

- Current Service Model
- Case for Change, including the case for urgent change
- Staff and Public Involvement & Engagement
- Community Services
- Proposed Service Model
- Impact & Benefit of the Proposed Interim Configuration
- Benefits & Risk
- Patient stories

compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

Proposal developed & strategic narrative agreed:

'We give good care, but we know we can give better to patients and want to do this as soon as possible. Working with patients, families and care providers changing these services will allow us to:

- *Make sure we can offer the same high standard of care to every patient, where ever they live.*
- *Get better at assessing and supporting patients to avoid admitting and keeping them in hospital unnecessarily*
- *Give the best care for patients by making sure they are admitted into the most appropriate specialty bed or day case area*
- *Ensure patients receive same care and input wherever they enter the service, whatever day of the week'.*

compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

The Case for Urgent Change

- We were told in 2016 by the two Royal colleges and CQC to address issues of Safety. We have developed an action plan to address this, the reorganisation of services is one of the final steps.
- Patients are not admitted to specialty bed base
- Patients do not receive appropriate/timely specialty review
- Unable to provide consistent 7 day senior review of patients
- Unable to provide Respiratory or Elderly medicine specialty rota
- Unable to substantively recruit to meet the rotas of the two sites, difficult to recruit Consultant workforce
- Challenges to staff retention and need to increase Consultant numbers
- Expert peer review (RCP) has told us the current service model is fragile and needs to change quickly
- ECIST feedback has raised concern regarding lack of Comprehensive Geriatric assessment & LOS impacts
- Old fashioned Model, outlier regionally and nationally - most hospitals have consolidated services
- Significant variation between sites
- Longer length of stay has negative clinical and organisational impact
- PCI & Day case rate is inefficient and risks adverse clinical impact
- There are adverse outcome risks for patients that need to be admitted to additional flexible inpatient bed capacity
- Impact on nursing workforce capacity from additional demand for services (across all specialties)
- Changes are essential to strengthen the resilience of the hospital and the wider system services for Winter 2017/18

compassionate care

Calderdale and Huddersfield NHS
NHS Foundation Trust

Assumed Quality / Service Benefits - KPIs

Quality Improvement	Target	Benefit
Reduced LoS: Reduced to best Av LoS 16/17 :	Cardiology: 5.3 days Respiratory: 7.7 days	1577 bed days 1789 bed days Avoids additional bed capacity in winter – safety and financial benefit
Improved time to diagnostic/ intervention. • % of NSTEMI patients receiving a coronary angioplasty within 72 hours of admission • Patients do not have to travel for PCI	60% all pts (BPT) 95% medically fit pts (NICE) 0 pts requiring cross site transfer	Patients outcomes improved Improved pts safety.
Improved patients flow: • Increased planned discharges before 12pm. • Reduce DTOC	Average 30% across each discipline 3.5% of overall delays or patients who are deemed medially fit-	Improved flow through ED/ AMU & access to Specialist bed
A sustainable workforce: • Less reliance on agency staff as the roles become more attractive • Establishment of specialty Rota	Reduce agency Reduce vacancy rates Elderly rota Q4	Stability of staffing and consistency of review improves patients outcomes (ISR) CGA within 48hrs of admission, reduced LOS, improved outcomes
Admission Avoidance	Increase activity through frailty & ambulatory care	Reduced admissions, improved outcomes

Recommendation

The proposed interim reconfiguration of cardiology, respiratory and elderly medicine inpatient hospital services will improve clinical outcomes and deliver a better patient experience of care.

These changes are essential to strengthen the resilience of the hospital and the wider system services for Winter 2017/18.

Scrutiny are requested to note the proposed changes and that these are implemented at the end of November 2017.