Sherwood Forest Hospitals NHS
NHS Foundation Trust

NHS
Newark and Sherwood
Clinical Commissioning Group

NHS
Mansfield and Ashfield
Clinical Commissioning Group

Newark Hospital

Vision and Strategy, 3 years on

Sustainable local solutions for a cherished healthcare facility

September 2016

Contents

Summary:

- The Newark Healthy Communities group was convened to review and refresh the 2013 vision and strategy for Newark Hospital
- The review concluded that the overall scope of services for safe and sustainable care remains relevant and appropriate
- The MIU/Urgent Care Centre will be named the Urgent Care Centre as the current level of service best fits the new national for urgent and emergency care. Primary care will increasingly work with hospital staff in the Urgent Care Centre and will take on a greater leadership role. Some additional minor/moderate cases will be able to be safely diagnosed and treated at Newark Hospital. This will be maintained and increased where possible.
- Day case surgery has increased at Newark Hospital. This will be maintained and increased where possible. Additional procedures are proposed for introduction. More definitive plans will be developed with NUH as part of the amalgamation of the Trusts.
- The use of inpatient beds will be reviewed as further community services are put in place to care for people at home. There will be increased hospital focus on rehabilitation and recuperation in line with the Fernwood Unit

2013 Vision and strategic direction

The development of a vision and strategic direction for Newark Hospital in 2013 had the aim to bring clarity about the future of the facility. It followed reviews by a team led by Professor Sir Bruce Keogh, Medical Director of NHS England, looking into the quality and safety of services run by Sherwood Forest Hospitals. It was triggered by the high Hospital Standardised Mortality Ratio (HSMR) in the Trust at the time. There were also local concerns about the future of the hospital. - The review concluded that some of the services provided at Newark were not safe, and specifically recommended that in-patient surgery should cease.

The 2013 strategy defined the future model of care for the hospital within the boundaries of safe and sustainable clinical services. It made the following key recommendations:

The Minor injuries Unit/Urgent Care Centre should continue to be open 24/7 as a place where minor injuries and minor illnesses could be treated effectively, avoiding the need for people to travel significant distances to A&E departments at other hospitals;

The GP out of hours service should become increasingly integrated with the MIU/UCC and GP input and presence there should increase;

The hospital should offer the broadest possible range of outpatient, diagnostic and non-complex planned surgical and medical care as possible, to avoid local people having to travel significant distances to hospitals elsewhere;

The beds at Newark Hospital should continue to be used flexibly to provide sub-acute care for people being discharged from acute hospitals elsewhere, and to accommodate "step up" care from the community where appropriate;

Protocols should be developed to ensure that people coming to the hospital with major injuries or major illnesses (e.g. major fractures, strokes, heart attacks) should be taken as quickly as possible to a fully equipped acute hospital, and that nobody from the community with such conditions should be brought to Newark Hospital by ambulance.

Progress since 2013 and the 2015/16 strategy refresh

Since 2013, Newark and Sherwood Clinical Commissioning Group (CCG) and Sherwood Forest Hospitals, with input from other partners and stakeholders, have continued to pursue the aims set out in the strategy. Some good progress has been made. Minster Ward has been developed as a day case unit, encompassing surgical and medical procedures; ambulance protocols are effective in ensuring that seriously ill or injured people go straight from the community to a fully equipped acute hospital; the Fernwood Community Unit has become well-established as a focus for rehabilitation and re-ablement and there has been an increase in the range of diagnostic tests and day case treatments available at the hospital.

However, in September 2015 following a Care Quality Commission (CQC) inspection, there remained a perception that progress was too slow and the hospital was therefore not maximising the care and treatment for Newark and Sherwood residents in their local hospital. This perception was expressed by some staff and stakeholders. Moreover, the CQC raised concerns about safety in the MIU/UCC and in Sconce Ward, suggesting that there was continuing ambiguity about their role in urgent and acute care. It was reported that people may be continuing to seek care and treatment that the hospital was not equipped to provide safely, and/or the Trust was attempting to provide care that it was not appropriately equipped to provide.

As a response, and in order to accelerate progress, a group was convened to oversee a renewed focus on the purpose and direction for Newark Hospital and health and social care for Newark and Sherwood residents as a whole. The Newark Healthy Communities Partnership Group (NHCPG) was established as a multi-stakeholder reference group. Membership of the group comprises all the statutory NHS/Local Authority health and social care providers, town council representatives, third sector bodies and representatives of local stakeholder interest groups. The group has met on a regular basis since October 2015.

The brief determined by the NHCPG was to:-

- Re-visit the parameters for safe and sustainable care laid out in 2013 and determine whether they remain relevant and appropriate for the future;
- Develop an evidence base to determine how/whether utilisation of the hospital has improved since 2013 and how we are going to monitor progress in the future;

- Update and re-state the strategic direction for the hospital overall and the different components of care offered there, in the context of overall status of the Better Together programme and the Nottinghamshire Sustainability and Transformation Plan as well as the planned merger of NUH and SFH;

- Go on to develop a detailed implementation plan to further refine and build the service offer and optimise the use of the facility to fulfil the health and care needs of its communities.

Strategy refresh – key outcomes and conclusions

The Group has had extensive discussion on a broad range of health and social care issues relevant to Newark and Sherwood citizens. There has been a prime focus on the role and function of Newark Hospital as a part of this picture. However, it must be acknowledged that this is a dynamic picture. The Better Together programme has seen the introduction and development of out-of-hospital services such as Local Integrated Care Teams, Call for Care, Transfer to Assess and Self-care hubs that were not available in 2013. Self-Care provision was seen as an immediate development Self Help UK were provided with access to accommodation on the hospital site delivering support to the patients and awareness training on self-care provision to the staff.

The Group were advised of the current development of a mid-Nottinghamshire strategy for end of life care. The Strategy aims to deliver high quality end of life care to the population of Newark and Sherwood. It will enable those who have an advanced and incurable illness to live as well as possible until they die, regardless of condition. It will support them and their carers/families through early identification, assessment, advanced care planning and pain management. The CCG has an ambition to increase the number of people dying in their preferred place of care because people say they want to be cared for in their own home where possible. This will require local services to work in partnership and to co-ordinate care. The Mid Notts CCGs want to develop community capacity to provide reliable, sustainable alternatives to hospital. This has been explored in workshops over the last 12 months with providers and the output from these workshops have been incorporated into a new service specification which will be procured to start in April 17.

Mental health was another service area that was discussed. The hospital cares for mental health patients who present at the Minor Injuries Unit/Urgent Care Centre (MIU/UCC) or who are an inpatient and have secondary or contributing conditions such as dementia. It was agreed that this area not be specifically addressed by this strategy but the development of the commissioning approach to meeting the Five Year Forward View on Mental Health would take into account the issues raised. Mental health had also been included in the Better Together Programme. The CCG are seeking to make system changes that enhance services that support people earlier, reduce the escalation of conditions and develop robust crisis response to assist and support people coping at home.

One of the key determinants of how the hospital will operate in the future is the future model of primary care provision in Newark and Sherwood, and the extent to which patients will be able to access practice-based primary care throughout the week. There is an emerging primary care

strategy and the model for the MIU/UCC needs to be described and developed as an extension to this strategy.

The overall conclusion is that the parameters for safe and sustainable care that were established in 2013 remain relevant and appropriate now and for the future.

We have been successful in developing an evidence base and some key performance indicators that can demonstrate how utilisation has changed and is changing over time. Some headline improvements:

Outpatients (OP)

- There were 34,622 OP attendances from December 2014 to May 2015 and 37,660 OP attendances from December 2015 to May 2016, a rise of 9%.
- For patients with a Newark postcode there were 26,702 OP attendances from December 20 14 to May 2015 and 29,383 OP attendances from December 20 15 to May 2016, a rise of 10%. Overall utilisation of clinics has increased marginally.

Theatres

- A total of 3,203 procedures were undertaken at Newark Hospital between December 2014 and May 2015. For the period December 2015 to May 2016, a total of 3522 procedures were undertaken at Newark Hospital, an increase of 10% on the previous year.
- 2,198 patients from the Newark area had procedures undertaken at Newark Hospital in the first period December 2014 to May 2015, which equates to 62.4% of all the procedures undertaken in Newark Hospital Theatres and the Minor Operations room.
- In the second period December 2015 to May 2016 this had risen to 2,413 patients, an increase of 215 patients or approximately 10% and a rise in the proportion of all patients to 68.5%.

Minor Injuries Unit (MIU)

- There were 10,716 attendances at Newark MIU/UCC from Dec 2015 to May 2016 compared to 10,160 attendances in the same period in 2014/15, a rise of 556 attendances equivalent to an increase of 5.5%.
- The number of children seen at Newark MIU/UCC also increased over the two periods analysed.

Population Growth

A consideration the Group identified was one of impact of growth given the potential increase in the number of housing developments in and around Newark in the next five to ten years. The CCG is already working in partnership with the District Council on the planning assumptions associated with these developments. Together the approach is to look at managing any increased demand in general practice and hospital care by ensuring full utilisation of existing capacity and accommodation.

Where it is clear there will be an impact which increases the demand contributions have and will be sought to support service delivery in the existing health estate or public sector estate. The development plans will be reviewed on an on-going basis as not all housing developments happen or happen in the time frames indicated. The planned growth is unlikely to significantly change the direction of travel for Newark Hospital

The service offer at Newark Hospital provides a broad and balanced portfolio of services for the local population, capacity and demand is managed according to need to ensure wherever possible, patients do not need to travel. The recent improvements in the urgent care centre at Newark include an expansion of clinical consultation space to future proof the service for the increasing demand for primary care led urgent care services.

The specific conclusions from the strategy refresh were to focus on three key areas in the hospital as follows:

- Urgent Care including the primary care offer
- Elective or Planned Care
- Bed Base

Urgent care

The conclusion reached in 2013 that the MIU/UCC and the GP out of hours service should be brought closer together has been re-affirmed and taken forward.

There is also a need to take into account the Urgent and Emergency Care standards 2016. These standards, including common terminology relating to department names, were reviewed as a self-assessment exercise for Newark by local clinicians. It was felt that the most appropriate representation of the Newark service would be that of an urgent care centre. This is further supported by a national comprehensive Urgent and Emergency Care review into how urgent and emergency care services in England are organised, undertaken by Sir Bruce Keogh, which articulated the need for a common service name (NHS England, 2013).

A capital works scheme has been in progress since February 2106. This will be completed in September 2016. The opening of the new facility in full gives a real opportunity to describe the level of service delivery, in keeping with national guidance the MIU/UCC will be formally named as an Urgent Care Centre. This recommendation will be reviewed and ratified through the organisational governance routes in September 2016, and considered for approval by the SFH Board of Directors and CCG.

Our collective ambition is to create a primary care led model for urgent care at Newark Hospital in which the Urgent Care Centre acts as an extension to primary care provision at practice level. We envisage a model in which primary care has overall “ownership” and oversight of the Urgent Care Centre. The new model will deliver a single streamlined service with an integrated team.

The clinical team development sees the continuation of the nurse/emergency care practitioner led minor injuries service and the development of these roles to deliver a minor illness service.

The urgent and emergency care standards outline the requirement for an agreement between partner organisations relating to the safe transfer of patients. A review of the current EMAS transfer protocol has been undertaken, and communications established between partner organisations relating to the need for prompt transfer when there are inappropriate presentations or deterioration of patients in the urgent care centre.

A working group has been meeting regularly to define the future range and scope of the service offered from the Urgent Care Centre, and the staffing model that will support this. It has confirmed that a small number of diagnostic and treatment pathways for minor illnesses can be safely introduced in Newark, preventing patients from needing to travel to other hospitals. It is acknowledged that the staffing model will evolve over time.

The first step will be to introduce greater GP presence into the Urgent Care Centre on at weekends, as part of a closer integration with GP out of hours services and a review of home visiting arrangements.

The hospital will become a consolidated primary care hub during the hours of the day/days of the week when practices are closed, and it is envisaged that over time there will be increasing input from GPs and other members of the primary care team every day of the week, with less input from specialist doctors.

A component of this work has involved an analysis of the utilisation of the Urgent Care Centre. Whilst the utilisation of the facility has increased overall over time – broadly in line with national trends in attendances at such facilities – there are different demands seen across the time of day. Very few people attend the Urgent Care Centre in the period between 2200 and 0800 for example. Whilst the economics of service delivery have not been within the scope of the work of the NHCPG, it should be acknowledged that there needs to be a consideration of the workforce cost associated with operating the unit 24/7. A matching of skill mix to need and the use of technology solutions such as Telehealth are approaches that will be considered to ensure that the clinical model is maintained. The future strategy of the hospital is a move to 7 day services, with a broader range of ambulatory services available at times of the day and on days of the week that match forecasted demand profiles.

The clinical model has been developed to encompass a wide range of ambulatory pathways, some of which are already delivered in Newark. Working closely with community partners, pathways such as cellulitis and renal colic will be delivered in early 2017.

Bed Utilisation

The group has confirmed the view taken in 2013. This has also been reinforced by the CQC visits that have taken place in the intervening period. The ward-based beds at Newark Hospital must have the service delivery models and staffing arrangements in place to be able to provide safe care for all the patients admitted to these beds. As per the current service model, acute l admissions of moderately unstable patients are not suitable to be admitted directly to these beds, because the hospital infrastructure and multi-specialty medical staffing cover is not sufficient to provide a senior medical review within the required timescales. Sub-acute "step down" care is appropriate and some ongoing medical treatment can be accommodated, together with rehabilitation to enable people to return to their normal place of residence. "Step up" care is appropriate where GPs or members of the community Intensive Home Service feel that people will benefit from a short stay in hospital to avoid deterioration in their condition that might result in an acute admission to another hospital.

The utilisation of the bed base at Newark Hospital will take account of surrounding acute hospitals management of their acute medical patients and the way in which the community services that have come into existence as part of the Better Together programme operate in the future.

The guiding philosophy is that people who are admitted to a hospital bed anywhere should be enabled to return to their normal place of residence as quickly as possible. That is why we are describing a model in which the beds are used flexibly, with rehabilitation and reablement as their primary focus. Overall length of hospital stay has reduced significantly in Newark and Sherwood because of increased facilities in community settings.

A task and finish group has been working to determine the future service model for the bed base in the hospital, and the staffing model that should support it. A detailed audit has revealed that around 50% of the patients in Sconce Ward at any one time require a daily medical review and medical intervention. The group concluded that the aim is e to reduce the numbers of people on Sconce with ongoing medical treatment needs, because these will have been attended to in the acute hospital to which they were first admitted. However, they recognised that there are interdependencies with other system changes that will need to be delivered first before bed utilisation changes can be made at Newark Hospital. These include implementation of the Intensive Home Service. Implementation will, therefore, be a phased approach with the existing model remaining pending review.

This review will take into account the impact of the Better Together system changes to community services and how effective admission avoidance has been as well as the ability to transfer people directly back into their own homes after hospital care. Once new services are in place and we know their impact on hospital admission rates and length of stay, we will undertake further engagement as required.

Elective care

The 2013 strategic direction for elective care has also been confirmed by the Newark Healthy Communities Partnership Group. Surgical activity at Newark needs to be limited to non-complex procedures, carried out on people who are fit and healthy enough to tolerate their procedure and recover normally. Major surgery that is planned to require an in-patient stay is not appropriate for the hospital, because it is not possible to provide the anaesthetic and surgical back-up to open an emergency theatre 24/7 to deal with unforeseen complications and/or deterioration in the patient's condition.

Having re-affirmed that non-complex day case procedures will be the focus of elective activity at Newark Hospital in the future, we are committed to further increasing the range of surgical and medical day case services available at the hospital, together with diagnostic tests and outpatient consultations for a wide range of conditions. The merger with NUH presents great opportunities to do this.

The Newark Healthy Communities Partnership Group has been instrumental in providing feedback on patient experience of access to planned services at Newark which informed work that has already been carried out and completed in May 2016. The feedback highlighted the need to update the Directory of Services offered at Newark Hospital and a transition of clinical capacity from Kings Mill Hospital to Newark Hospital to offer more clinic and operating capacity for the non-complex procedures that can be delivered at Newark Hospital. This improved information has then allowed the Gateway process the ability to offer choice of appointment that correctly reflects these services available at Newark Hospital.

The improved utilisation referenced earlier in this document evidences the transitional changes made around service provision. Further work on the utilisation of the whole estate will support how expansion of current and new services can be accommodated which will take into account the phased changes planned around the Better Together system changes including the primary care offer.

Analysis of the current system demand demonstrates that there are some further opportunities to repatriate activity to Newark, particularly within day case surgery and endoscopy

In 2015 and 2016, new types of surgery were introduced, non-complex breast surgery being an example. The day case unit has diversified in their offer to deliver medical day case procedures such as infusions, blood transfusions, and injections to support people in managing long term conditions. These changes have resulted in increased numbers of patients treated at Newark, and better utilisation of our sessions and estate.

The opportunities that can be sought from the Nottingham University Hospitals and Sherwood Forest Hospitals will be explored further once the business case for the merger has been approved and the new organisation formed in October 2016. There is a real opportunity to make services at Newark Hospital more sustainable and relevant to the pathway development that is anticipated as a result of the merger and from the Better Together ambitions for the right care first time and care closer to home.

Implementation including monitoring

The implementation of the changed models of care will be detailed in an operational plan. The implementation will be overseen by both the SFH/NUH Trust Board and the CCG Governing Body with regular updates being taken to the Newark Healthcare Consultative Committee, and the Nottinghamshire County Health Oversight & Scrutiny Committee. The implementation will be measured against key specific outcomes of

- Workforce development: Improved capacity and capability, matching of skill mix to care needs and settings
- Utilisation of the estate: Improved utilisation and/or reallocation of use to support expanded services
- Market share as evidence of increased and maintained access for Newark and Sherwood residents plus wider access to support sustainability and range of service delivery

A communication and Engagement plan will also support the implementation plan which will seek to capture the views of the Newark and Sherwood populations on their understanding and experience of services at Newark Hospital coinciding with key milestones of delivery and as an on-going engagement process.

In addition there will be regular communications with the staff at Newark Hospital and continued engagement and involvement in the implementation of the new clinical models.

Epilogue

Newark Hospital is a facility that is much loved by the local population. This strategy refresh will serve to develop the hospital further as a hub of the community, providing a broad range of services that are high quality and safe. The ambition to deliver strengthened community intensive home services, will provide the opportunity for partners to work more collaboratively and ensure hospital services are only accessed when necessary.

The Newark healthy communities partnership group has shaped and supported the development of the Newark strategy, and it has been clear that all partners are committed to developing integrated services, ensuring best use of health and social care resources, and delivering the future vision of Better Together.