

## **OSC, 2<sup>nd</sup> November**

**Anne Eden, Chief Executive  
Graz Luzzi, Medical Director  
Jean O'Driscoll, DIPC  
Damian Eustace, Divisional Chair of W&C**

## **Shaping Health Services**

**Graz Luzzi, Medical Director**

## The original SHS case for change

- **Service sustainability**
  - Nationally recommended that many services require population base of 500,000
  - Increasing need to provide safe 24/7 emergency cover
  - Surgery: need to strengthen through developing single unit with larger population base
  - Paediatric inpatients
  - Special Care Baby Unit - particularly NICU cots
- **Workforce pressures**
  - European Working Time Directive
  - Training accreditation and capacity
  - Shortage of specialist nursing staff
- **Increasing sub-specialisation**
  - Surgery, cardiac, respiratory medicine, stroke
- **Access to services**
  - Need to reduce waiting time in A&E
  - Improve access to elective surgery and reduce cancellations
- **Keeping the NHS local**
  - Trend towards increasing care in the community
  - Patient Choice

## The benefits of Shaping Health Services

**The Shaping Health Services reconfiguration was designed to develop services for Buckinghamshire that:**

- **Were provided locally for most healthcare needs**
- **Provided a safe emergency assessment and treatment service**
- **Were based on the best available evidence and of high clinical quality**
- **Offered rapid access to specialist care when it will be of benefit to the individual patient**
- **Reduced the need for numerous hospital visits or lengthy hospital stays by providing more comprehensive primary care-based services**

## The benefits of Shaping Health Services

The Shaping Health Services reconfiguration was designed to develop services for Buckinghamshire that:

- Provided equity of access for all
- Incorporated strong links between different parts of the health care system
- Were sustainable and affordable
- Were provided in a high quality environment

## Shaping Health Services – where are we now?

### Surgical Services

*Reorganised in September 2005*

- Outpatients and diagnostics continue on all 3 hospital sites
- Day surgery provided at Wycombe and Stoke Mandeville
- Treatment centre opened at Wycombe Hospital for all inpatient planned surgery
- Emergency surgery and trauma care provided at Stoke Mandeville
- Emergency patients can attend Wycombe A&E and will be transferred to Stoke Mandeville if they need to see a specialist

## Shaping Health Services – where are we now?

### Medical Services

*Reorganised in April 2006*

- **Specialist cardiac, respiratory and haematology units developed at Wycombe Hospital**
- **Emergency medical patients can attend Stoke Mandeville A&E and will be transferred to Wycombe if they need to see a specialist in the above areas**
- **Gastroenterology, stroke and rehabilitation services continue to be provided at both Wycombe and Stoke Mandeville**
- **Summer 2007 – specialist cardiac angioplasty service developed at Wycombe Hospital, previously patients has to be transferred to the Hammersmith Hospital**

## Shaping Health Services – where are we now?

### Women and Children's Services

*Service changes to be implemented by 2008*

- **Outpatient and diagnostic antenatal and children's services to continue at all 3 hospital sites**
- **Women and children's centre to be opened at Stoke Mandeville to include:**
  - **Specialist consultant maternity unit**
  - **Neonatal intensive care unit**
  - **Consultant-led emergency inpatient children's service**
  - **Children's planned surgery unit**
- **Emergency care children's day unit to be developed at Wycombe Hospital**
- **Midwife-led birthing centre to be opened at Wycombe**

## Strategic review of emergency care

- **Undertaken by Finnamore Management Consultants**
- **Brief to review the changes to acute services implemented as a result of the Shaping Health Services Consultation**
- **Reported in May 2007**
- **Reviewed clinical data and interviewed over 30 clinical and managerial staff**

## Review conclusions

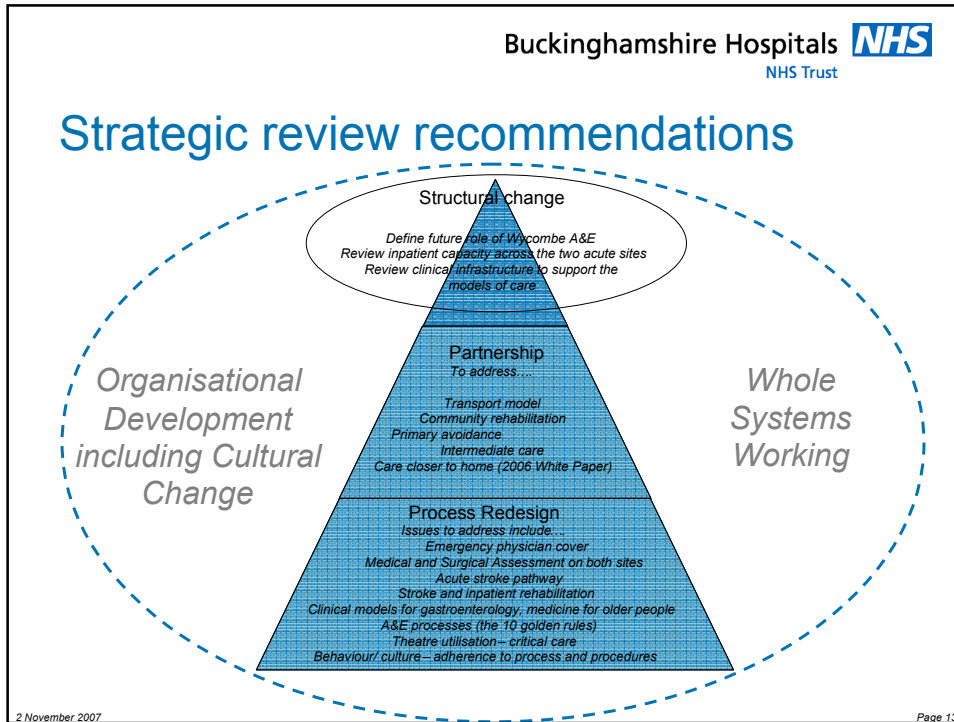
- ***General Surgery*** – elective surgery working well
- ***Elective orthopaedics*** – working relatively well
- ***Cardiac*** – working well but capacity issues and further service redesign required
- ***Acute stroke*** – further service redesign needed
- ***Stroke rehabilitation*** – whole systems approach to be taken forward
- ***Respiratory Medicine*** – working well but capacity issues
- ***Haematology*** – working well

## Review conclusions

- **Acute Medicine** – further service redesign needed
- **Rehabilitation** – review of this service model
- **Gastroenterology** – review of models of care across the two sites
- **Women and Children's** – planned SHS changes to be taken forward
- **Critical care** – capacity imbalance across the sites – needs to be addressed
- **A&E** – absence of trauma and emergency surgery support on Wycombe site - review of urgent care needed in context of Trust wide strategic planning for both sites and to provide clarification to the public

## Key message

- **Elective care** – generally working well
- **Emergency care** – concern amongst clinical and managerial staff interviewed
  - Need to prevent major trauma attending Wycombe
  - Need to more clearly define Wycombe A&E; patients are going elsewhere as they don't know what services are offered
  - Need to enhance Wycombe's reputation as a specialist medical centre



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## Emergency Medical Centre for Wycombe Hospital

- **Proposal developed in partnership with Buckinghamshire PCT and GP collaboratives**
- **Aim to enhance emergency services available in Wycombe and to provide greater clarity to the public on service availability**

2 November 2007 Page 14

## National Context

- “Direction of Travel for Urgent Care” published in October 2006 by Department of Health
- Paper highlights need to move away from generic accident and emergency departments and develop emergency care services that are:
  - more responsive to people’s needs
  - more efficient in the way they deploy resources
  - take account of changing public expectations and technological and medical advances.

## Principles of Urgent Care

- 6 principles described in national paper, used to underpin the development of emergency services at Wycombe

One	My <b>voice</b> as a service user or carer is clearly heard and acted on.
Two	I <b>know</b> how to access services if I have an urgent need.
Three	If I have an urgent need I can access care <b>quickly and simply</b> .
Four	My <b>safety</b> is paramount to everyone who cares for me.
Five	I can <b>rely</b> on getting the right care (including support for self-care), <b>whenever</b> I need it and <b>whoever</b> I am.
Six	The care I receive meets my needs <b>appropriately, taking account of the urgency and value for money.</b>



## What is an Emergency Medical Centre?

- **Provides access to doctor-led, emergency medical services and minor injuries service 24 hours a day, 7 days a week**
- **Surgical patients able to access care at Wycombe hospital but will be transferred to Stoke Mandeville as currently happens**
- **Patients with severe trauma will be taken directly to Stoke Mandeville by the ambulance service**

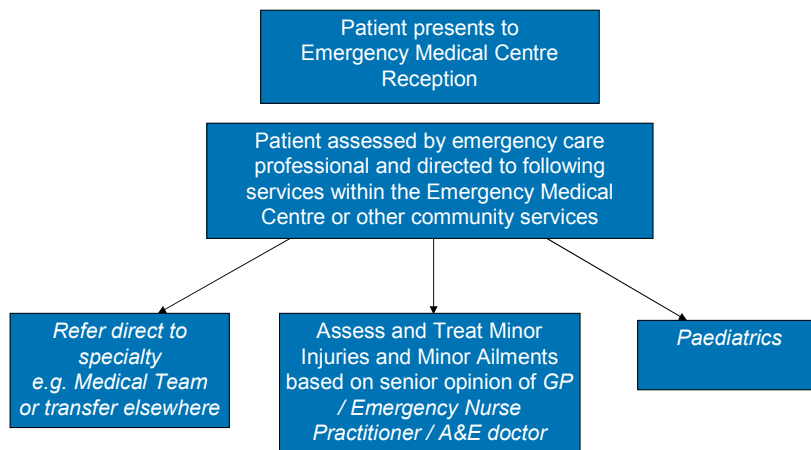
## The benefits of the Emergency Medical Centre

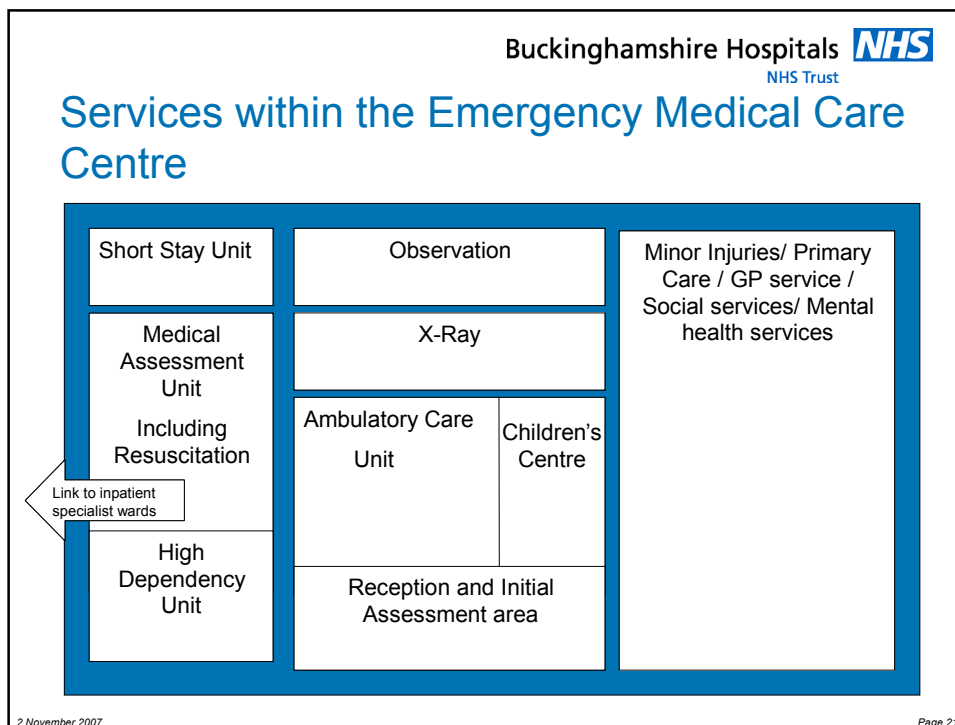
- **Integration of primary care with acute care services**
  - **40% of patients who attend the A&E have primary care needs**
  - **A GP will be available in A&E**
  - **Improved access to services that facilitate discharge home**
- **Fast track referral to specialist medical care**
  - **If a patient needs specialist medical care e.g. cardiac, respiratory or stroke care, they will be seen directly by the specialist and not via a generalist A&E doctor**

## The benefits of the Emergency Medical Centre

- **Rapid access to diagnostic tests as needed - diagnostics will be reorganised to ensure patients receive appropriate tests without waiting**
- **Direct access to specialist trauma services at Stoke Mandeville**
  - **Affects approx 10 patients per year**
  - **Taken directly to specialist centre**
  - **Evidence demonstrates this gives better outcomes**
- **Clearer public understanding**
  - **Evidence that many residents believe Wycombe A&E has closed**
  - **Wycombe is a specialist medical centre - public need to be aware**
  - **By describing the services more accurately - those needing surgical services will be encouraged to attend Stoke Mandeville directly**

## Accessing services in the Emergency Medical Care Centre



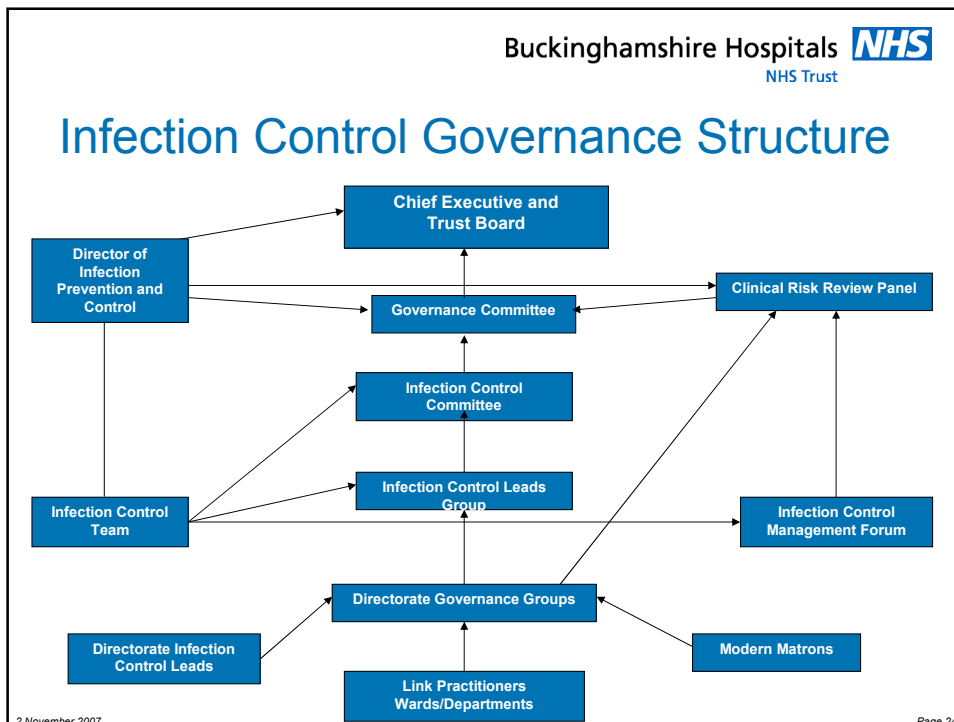


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- ## The Future is Bright for Wycombe Hospital
- **Emergency Medical Care Centre**
  - **Treatment centre for planned operations**
  - **Birth centre**
  - **Specialist cardiac, haematology, stroke, and other medical services**
  - **Specialist cancer services**
  - **General outpatients**
  - **Early access diagnostics e.g. radiology, pathology and pharmacy**
- 2 November 2007 Page 22

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## Management of Hospital-Acquired Infections

**Jean O'Driscoll, Director of Infection Prevention & Control (DIPC)**

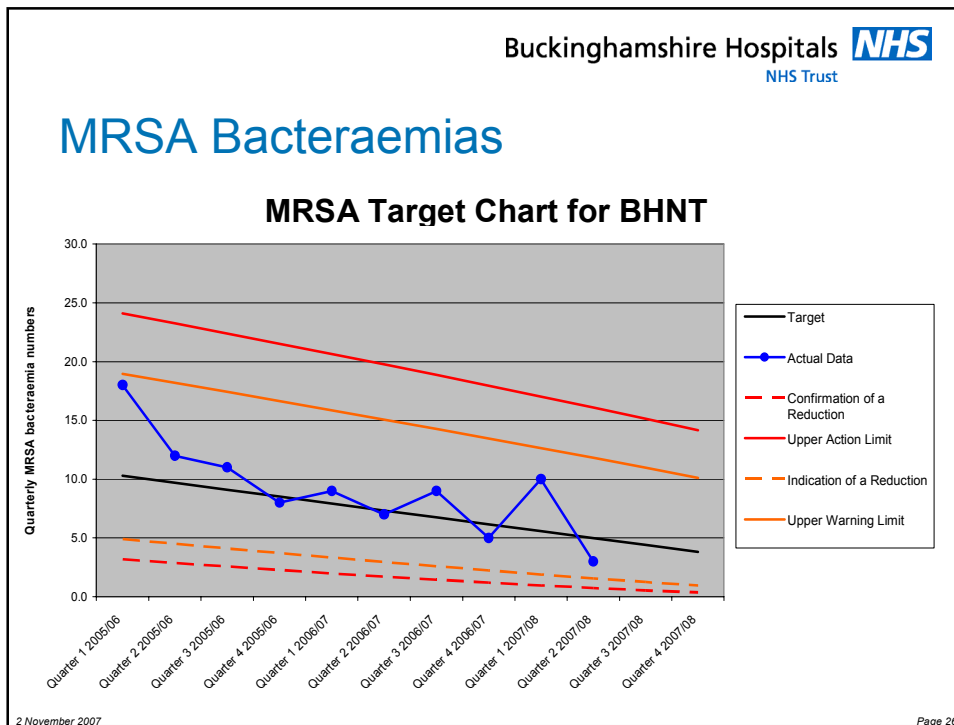


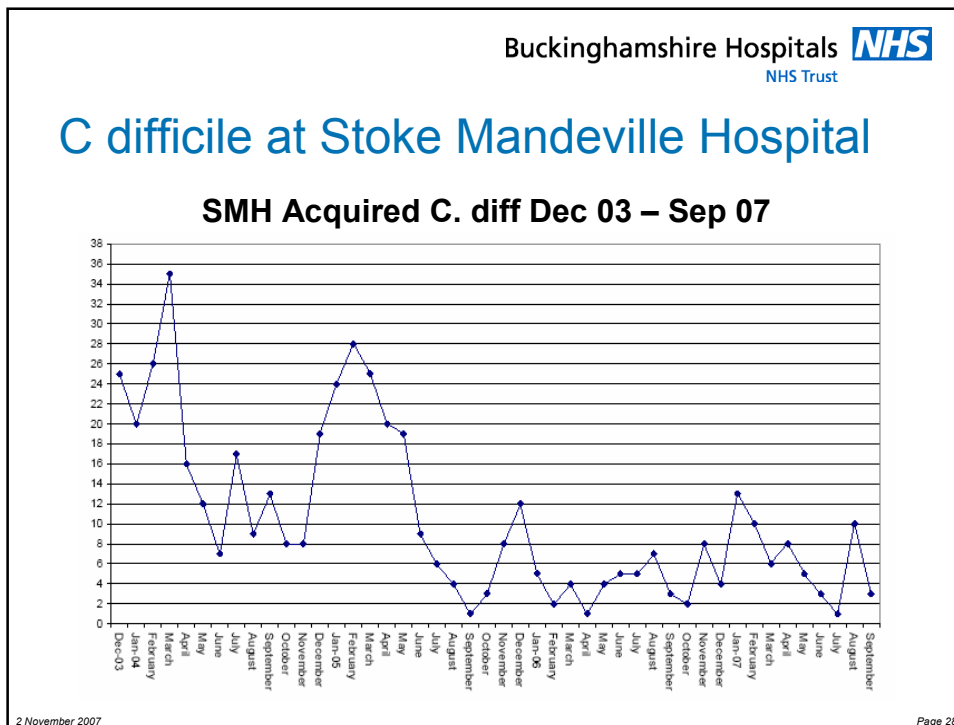
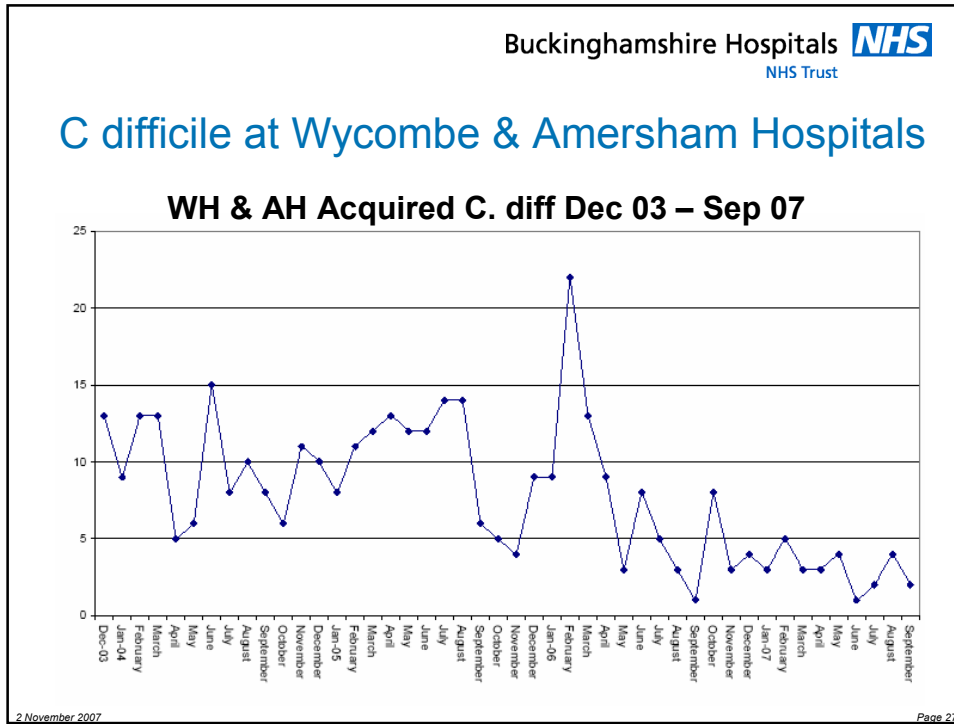
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## Relevant National Standards

- **The Health Act 2006 Hygiene Code**
- **Standards for Better Health**
- **HCC found Trust compliant for 2006-2007**

2 November 2007 Page 25





## Maidstone C diff Report - Findings

- **No effective surveillance system for C diff**  
*(An effective system is in place at BHT)*
- **Clinical management of cases suboptimal**  
*(Regular reviews take place at BHT)*
- **Overuse of broad-spectrum antibiotics**  
*(Very restricted use of these antibiotics at BHT)*
- **Poor management of IC Team**  
*(Cons Microbiologist is DIPC at BHT since Dec 06)*
- **Poor standards of cleanliness**  
*(Good standards of cleanliness at BHT – PEAT scores)*
- **Poor outbreak management**  
*(Good C diff Policies at BHT)*
- **Under-reporting of deaths due to C diff**  
*(Ongoing analysis at BHT)*
- **Too much focus on other Targets**  
*(Patient safety a key objective at BHT)*