

The Future of Services at Bassetlaw Hospital

The purpose of the event on 15th July 2013 was to conclude the monitoring of the previous review of the Future of Services at Bassetlaw Hospital 2011/12. It was an opportunity to be appraised of current and future plans of the Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBHFT), Bassetlaw Clinical Commissioning Group (CCG) and Nottinghamshire Healthcare NHS Trust (NHT).

Looking Back

Members heard that all of the recommendations of the review had been implemented, these included:

- Commitment given for a Consultant-led Maternity Unit.
- Enhancements to the A&E Service to include a separate paediatric area
- Sharing of patients' summary care records to enhance patient experience
- Improved rotation of clinicians on the Paediatric Ward
- Recruitment of consultants in Paediatrics and Community Paediatrics
- Elective surgery is being increased at Bassetlaw and theatre capacity includes time for minor emergency surgery to be carried out each afternoon. Trauma and specialisms are transferred to other hospitals.

Achievements since the Review

- **New Strategic Direction** – The Trust has successfully attracted a new Chief Executive with local connections and a history of working in Bassetlaw. The Trust has set out a new strategic direction which takes into consideration the changes in the population, the lessons highlighted in the Francis Report and the changes to the workforce and medicine. The vision for the Trust is to become recognised as the best secondary healthcare provider, consistently performing within the top 10% nationally. The mission statement 'We care for you' is a commitment to the safeguarding of health and wellbeing of the community. The priorities of the Trust are underpinned by four main themes:
 1. provision of safe and effective care
 2. budget control
 3. innovation for improvement
 4. further development
- **Service Enhancements** – David Purdue - Chief Operating Officer is the lead for the Bassetlaw site and is responsible for co-ordination between the two sites. He meets weekly with Bassetlaw Senior Managers to discuss issues and to update staff when necessary. Changes to work patterns means that senior consultants are available seven days a week in the A&E Department on the Bassetlaw Site. The completion to the improvements of the A&E Department has provided a dedicated paediatric area. New services have been introduced such as the Cardiac Rehabilitation service, Abdominal Aortic Aneurysm screening and enhanced Breast screening clinics.
- **Efficiency Savings** – The Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBHFT) have managed to achieve efficiency savings in a number of ways without impacting on services. This included the reduction in the number of locums used, procurement collaboration and the introduction of robotics into the pharmacy.
- **Improved Communication** – Closer working and shared problem solving between the Hospital Trust and the Bassetlaw Clinical Commissioning Group (CCG) has improved

services e.g. A&E. Joint communication to the public has improved. The CCG is holding more discussions in public and now provides a regular briefing of their monthly Board of Governors meeting on their website. The Trust has improved communication between the two hospital sites with the Chief Operating Officer holding regular coordination meetings between the Bassetlaw and Doncaster sites.

- **Discharge Arrangements** – Integration of services when discharging patients is a key priority and changes have been made to improve this. Discharge arrangements start at the point of admission. Monthly meetings held with partners and reported into Integrated Care Board, which meets with commissioners and partners.
- **Increased Capacity** – The Trust is investing £7 million in additional nursing and is increasing capacity at its three hospitals by 80 beds (DRI 59 Bassetlaw 11 and Montagu 10).
- **Data Sharing** – A system is now in place so that patients' summary care records can be shared between clinicians and this has been successful. There has been work on open data access within the health community that would allow clinicians access to more patient information whilst ensuring data protection and this is to be implemented in the near future.
- **Improved Access to PALS** – Patient Advice and Liaison Service (PALS) at DBHFT is to reopen the Bassetlaw Hospital office that has been unmanned for the last eighteen months, since the service was centralised at Doncaster. The service is run by qualified nurses. Patients or relatives can approach them for advice, ideas for improvement and to report concerns. The service can refer serious issues to the ward manager and support patients and relatives through the complaints process when necessary.
- **Commissioning Arrangements** – The Clinical Commissioning Group is based on membership of the GP Practices. It focuses on quality, outcomes and patients. By working in partnership with the hospital, services have improved e.g. A&E, Assessment and Treatment Centre and work force levels. Similarly joint commissioning with other CCG's (East Midlands, Yorkshire & Humber) and shared resources enable the Clinical Commissioning Group to achieve goals.
- **Community Services** – Nottinghamshire Healthcare Partnership has had some successes in reducing pressure ulcers, working with care homes and improving community team's efficiency through the provision of laptops for onsite ordering and patient updates. Patient satisfaction and staff engagement is positive. The Community Matron in Reach Service was been expanded in April 2012, it includes Community Matron, Social Worker and Therapists. The aim of the service is to avoid unnecessary hospital admissions and the risk of readmissions by providing the support necessary in the community. The Community Diabetes Specialist Nurse Service has three specialist nurses based in Retford. The service focuses on educating and empowering patients with complex issues relating to diabetes, by working with the secondary care diabetes team and primary and community care to support patients.
- **Support for Carers** – Bassetlaw Health Partnership is working with the voluntary sector to get feedback from carers of the services they provide to ensure carers are getting the support they need. It was highlighted that there were hidden groups of carers that needed to be identified such as young carers. Carers at the Dementia Summit had given some good operational ideas, but the support carers needed would need to be tailored to the type of conditions they are dealing with. Work was on-going with certain groups of carers such as stroke patients and Palliative care.

Future Challenges/Ambitions

During the review future challenges and ambitions were identified some of these are shared challenges. A summary of the challenges and ambitions is below:

Challenges/Ambitions	Who It Applies To
Ageing population	CCG/DBHFT/NHT
Public Health funding to move to the control of the Local Authority. What impact will this have on commissioning future services?	CCG/DBHFT
To become recognised as the best secondary healthcare provider, consistently performing within the top 10% nationally.	DBHFT
Pressure to treat patients in primary care setting.	DBHFT
On-going competition from the private sector.	DBHFT
Centralisation of NHS services to centres of excellence.	DBHFT
The Assessment and Treatment Centre and a new Endoscopy Unit are to be built.	DBHFT
Complaints/Patient Feedback – encourage feedback which may increase the number of complaints.	DBHFT
Review of Crisis Pathway for Mental Health Patients.	CCG/DBHFT/EMAS
Sustain local services and develop integrated care across health and social care.	CCG
Reliance on volunteer carers.	NHT
Creation of relevant support groups for carers.	NHT
Community Matron in Reach Service aims to: <ul style="list-style-type: none"> • Reduce the risk if Readmission • Avoid unnecessary hospital admission • Reduce excess bed days • Prevent 60 admissions a year/180 early discharges 	NHT
Increase the number of Health Visitors to 23.5 whole time equivalent by 2015.	NHT

Conclusion

This Review highlighted that a lot of work had taken place since the original review and that it was evident that all of those involved in health provision are passionate about the District and want to work together to provide the best possible services for Bassetlaw residents.

Key Recommendations

Code	Recommendation	Delivery Timescale	Overview Response
HPS13/14 1.1	Councillors to engage in the gathering of information from carers and the support they need.	On-going	

Code	Recommendation	Delivery Timescale	Overview Response
HPS13/14 1.2	Members are invited to feed in their views on specific health services in Bassetlaw to the Clinical Commissioning Group and to encourage constituents to share their experiences with partners.	On-going	
HPS13/14 1.3	To make sure relevant support groups are in place that meets carers' needs. We recommend that the Clinical Commissioning Group and Bassetlaw Health Partnership work with Bassetlaw Community Voluntary Service.	On-going	Not applicable – external recommendation
HPS13/14 1.4	BDC to support the Public Health Agenda particularly around Obesity – promoting physical activity and wellbeing-environment services, green open spaces and independent living – home adaptations.	On-going	
HPS13/14 1.5	The Health and Public Services Sub-Committee continue to work with health partners and integrate the scrutiny of health service delivery in Bassetlaw into the future work programme of the Committee	To be Confirmed	
HPS13/14 1.6	The Health & Public Services Sub-Committee receive a six monthly update on Bassetlaw Hospital from Bassetlaw District Council's representative on the Board of Governors	Six-monthly update to commence in new municipal year.	

Date of Review:	9 th September 2013
Date considered by HPS:	2 nd December 2013
Date endorsed by OSC:	17 th December 2013