the association of foundation trusts and trusts NHS providers

NORTHUMBRIA HEALTHCARE: RECONFIGURATION OF EMERGENCY SERVICES

Summary

In June 2015 Northumbria Healthcare NHS Foundation Trust (NHCFT) completed the build of a new Specialist Emergency Care Hospital, the culmination of over nine years of strategic planning and engagement work. The purpose built Hospital in Cramlington will provide true specialised care as a seven day, consultant led service.

Key facts

- The programme has established a new health network across Northumbria Healthcare Foundation Trust's base sites, which has been designed to ensure patients are seen in the right place, by the right senior specialists, at the right time and that this is met for both elective and emergency pathways of care.
- This programme has been based on in-depth clinical engagement in the design of the service, and extensive out reach programmes to ensure the local population, G.Ps and local politicians have had full and early sight of the proposals and are convinced by the benefits for patients and the local health economy.
- Alongside the significant health benefits, the hospital is a major boost to the local economy; representing an investment of £2.7m per month and employing around 1,000 people through the two year build on the site.
- The project will realise benefits for patients via improved emergency care pathways as well as better planned elective care in surrounding district general hospitals. Additionally, this will provide better training facilities for staff thereby improving recruitment and retention. The project is expected to demonstrate improved efficiencies and better outcomes for patients.

The challenge

In the early 2000s, shortly after NHCFT was formed in a merger between two existing Trusts, it was facing escalating urgent and emergency care pressures. This was partly due to the unique geographic and demographic challenge NHCFT faces. It covers the largest area of all the NHS Trusts in England. Within this, three quarters of the population reside in just a one third of the space, meaning that there are considerable areas with a very low population density (the Trust's northern region), combined with a large and closely packed urban population to the south.

Additionally NHCFT had been delivering seven day services for a number of years, attempting to ensure that patients were able to see a specialist as early as possible in their care pathway. However, the previous model before this project had mixed provision (planned and unplanned) of care types across the Trust's three main general hospital base sites, which has made the delivery of focused specialist seven day care more difficult to achieve.

Therefore to realise the full benefits of this model of working, a system wide care solution was needed that allowed people to get the best emergency care they could possible receive, but without compromising

the planned care closer to communities in the more remote areas that the Trust serves. The model also allowed 7 day speciality based care to be delivered for non-elective admissions – the next natural step to the 7 day model already in place at the Trust.

The proposed solution

The solution proposed was to create a new single centre for emergency care in Cramlington, to the north of Newcastle. This centre - the Northumbria Specialist Emergency Care Hospital – has been constructed, and opened in June 2015.

When the Trust achieved foundation status in 2006 it was then able to propose this more strategic and ambitious solution to reinforce its seven day working practices and to help cope with its rising urgent and emergency care pressures.

HOW IT WILL WORK

The new centre will have opened from June 2015. It will have consultants leading the following non elective services seven days a week:

- Acute care
- Maternity
- Orthopaedics
- General surgery
- Cardiology
- Respiratory
- Paediatrics
- Obstetrics & gynecology
- A&E
- Ambulatory care
- Critical care
- GI and elderly

It is the first Trust in England to cover all of these services in a single area as part of delivering seven day services. In addition the new hospital will provide 24/7 consultant presence in the emergency department.

The opening of the Northumbria Specialist Emergency Care Hospital as the region's centre for unplanned care will also mean that the remaining general hospitals in NHCFT – Hexham, North Tyneside and Wansbeck will be free to focus on the provision of diagnostic, sub acute and elective care services, supported by NHCFT's six community hospitals. The new hospital will provide specialist care and decision making as early as possible in unplanned patient care pathways. It will incorporate 210 beds (as well as beds for paediatric and maternity services), an intensive care unit providing specialist critical care for up to 18 patients, clinical diagnostic support and six operating theatres as well as a range of support facilities. The new hospital is expected to treat around 60,000 patients each year.

Planning and delivering the new site

Creating the new site has taken several stages over a period of several years. Broadly, these stages have consisted of planning, internal and external engagement, formal consultation and construction.

Planning

Since the decision to create the new site was clinically led as an extension of the seven day service model, a high level of internal clinical support was present from the start of the project. Clinical staff were formally incorporated into the governance and decision making processes and led the initial decision to create the new site and reconfigure the services. Numerous discussions were held with clinicians as well as with members of the Trust board to discuss means by which the quality and safety of care could be further improved.

This was discussed further by the board and a short-list of 5 proposals produced:

- Option1- Do nothing;
- Option 2- Enhance services at the existing major hospitals;
- Option 3- Consolidate major emergency services at Wansbeck;
- Option 4- Consolidate major emergency services at North Tyneside;
- Option 5- Build a new acute care hub hospital between North Tyneside and Wansbeck.

The Trust board proposed moving to a system where seven day services were delivered from a single site between North Tyneside and Wansbeck.

The funding for the project was based on the Trust being able to borrow £75m from the Foundation Trust Finance Facility to account for a 25 year mortgage for the creation of the new site. The remainder of the budget came from Trust reserves, and future budgeting was planned against the modelled efficiency gains that would result from the creation of the new site and the improvement to the base sites, including estate rationalisation, reducing capital charges and greater working efficiency. Improvements to Wansbeck and North Tyneside general hospitals would be made by having more single rooms and fewer beds in wards, and there would be significant rebuild work at the community hospitals in Berwick and Haltwhistle.

The upgrades to the base community hospitals and district hospitals will allow them to provide the following services.

- Urgent care / Walk-in services
- Oncology
- Outpatient clinics
- Ambulatory care
- Diagnostic tests and scans
- Day surgery
- Care for patients transferring from the new specialist emergency care hospital (sub acute)
- Planned/elective inpatient treatment

This proposal was possible due the Trust's ability for strong financial management and extensive local and clinical engagement. Particularly with the introduction of Tariff, and the change to Foundation status, the Trust was able to receive funding in line with its actual activity and create additional capital for large scale projects such as the specialist emergency care hospital.

External engagement

One of the key aspects of delivering the model was to ensure that the general public and wider stakeholders bought into the redesign of services necessary as part of the reconfiguration.

The Trust held, over the course of 2 months in 2009, 60 public engagement events across the NHCFT region. These events were held in public venues such as village halls, schools and leisure centres, and allowed local residents to attend and gather information and ask questions about the proposed changes from the Trust. In order to ensure that the public were suitably informed about these events, the trust wrote to 65,000 public members informing them about the briefing sessions. As well as this the Trust ran extensive publicity in local papers and radio to publicise the changes and highlight how the public could feedback their comments to NHCFT.

Local G.Ps were present at these events and were able to reassure people that the changes being made would provide them with real benefits in their treatment. There was direct primary provider engagement through the development of the new model, which helped make GPs strong advocates of the reconfiguration.

The Trust commissioned polls to gauge public opinion on the proposals. More than half (53%) of the people asked at random, who were not attending the briefing events supported the plans, just less than one in five people (19%) opposed them. After people attended a member's meeting they were considerably more likely to be in favour with 72% expressing support for the plans and less than one in 10 people (8%) opposing them. In particular for those in favour of the plans when asked, they highlighted the benefit of being treated by a specialist doctor, and said they would rather travel further to a hospital if it meant seeing a specialist sooner.

However, the polling also showed that people wanted to understand the impact on their local hospital. They wanted assurances that services at their local hospital (other than the ones outlined in the plans) would not be affected. They also wanted confirmation they would still be able to go to their local hospital for most of their planned treatment. This helped tailor NHCFT's further communications with the public to provide this reassurance.

In conjunction with this engagement senior trust staff involved in the development of the project routinely spoke with local MPs to convince them of the need to change, as well as presenting the findings of the public consultation to reassure them that this was not an issue that would be going against the prevailing opinion of their constituents. Additionally regular briefings were issued to key local stakeholders as the building plans and clinical model were developed.

Formal engagement and build

Subsequent to the engagement of key stakeholders, the project went through formal consultation which was led by local commissioners. This included an assessment of the plans by National Clinical Director for Emergency Access as well as costing and practical assessment by KPMG and Monitor.

Planning permission for the Specialist Emergency Centre was granted by the county council in 2011, with building starting in November 2012. The design of the building incorporated the views of clinical staff to ensure that care at the new site was fully optimized, with clinical teams working with the design team to put forward their views on

how the building should be arranged. It has been designed around the clinical flow of patients so that patients can get “to the right place at the right time”. This helped lead to an ‘exploded tree’ ward design – circular wards with centrally located work stations so that clinical staff could see into patient rooms easily, unlike in traditional hospital designs where patient rooms are spaced along linear corridors. In addition, the circular design ensured clinical adjacencies of departments and specialties.

THE DESIGN OF THE NEW EMERGENCY HOSPITAL IN CRAMLINGTON

Benefits

There are a range of benefits that will result from this project:

- There is compelling evidence that chances of surviving and recovering from an emergency will improve dramatically if a patient is seen and treated by the right specialist quickly, which the new emergency care centre will provide. The way that this service was structured has led to it aligning with the urgent and emergency care recommendations as outlined in the Keogh Review – it is a tier 2 level major emergency centre provider (Specialist Emergency care Hospital) that can provide the best care for people with more serious or life threatening emergency care needs, who need to be treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery.
- Patients will be able to see specialist A&E consultants first for diagnosis and a treatment plan – any time of day or night – whereas before the working structure across the sites meant treatments would sometimes be started by a junior doctor before transfer to the relevant specialist consultants.
- The seven day model of working has realised distinct benefits for the training and retention of staff, which will be realised further by the consolidation through the construction of the new urgent and emergency care centre. The training for F1 doctors at Northumbria means that are able to be ‘hot housed’, spending their medical time in the acute admissions area. Instead of working through different specialities in a traditional rotation method, they now do 4 months ‘front of house’, 4 months on specialty wards and theatres, and 4 months working in their chosen speciality area. This has allowed a very intensive training programme for F1 Trainees, with all F2s able to support their F1 colleagues through the same process. This system is already in operation, but will be made considerably more efficient when the physical separation of emergency and planned care is fully established through the new site. This will also allow senior staff to provide more hands on training to junior staff.

- Having more dedicated centres for patient care needs rather than mixed provision will build more efficiency into the system, streamlining where patients get referred to for non emergency referrals. There will also be reduced waiting times in A&E for walk-in injuries or illnesses at all three of the existing general hospitals.

Enablers & Barriers

There were a range of practical and strategic barriers and enablers that contributed to the development and completion of this project.

Strategic barriers

- The costs of this project have, necessarily, been substantial, and the planning and building time has been lengthy, even with the project coming in on time and in budget. Gaining access to the funding, designing the building to high clinical specifications and the actual build at Cramlington has taken a total of 7 years.

Practical barriers

- Although the engagement process with the general public, staff and politicians was successfully implemented, the scale of the consultation process demonstrates the considerable time effort and resource that is needed to successfully persuade or reassure stakeholders when such large scale change is proposed.

Strategic Enablers

- The project was based on the creation of new sites that adapt to a new way of established working rather than the other way around. This meant that many of the cultures and practices that will be needed to for the new ways of running the new sites were already in place. For example the separation of A&E and elective was already being undertaken, so this will not now require a significant recalibration of the working patterns of staff. The thinking behind the changes – that centralised emergency care improves clinical outcomes – led to most clinical staff supporting the proposals.

Practical enablers

- Local G.Ps have been able to see what the benefits are of the new model of care which in turn has lead to them being actively engaged in persuading the public about the benefits of the proposal.
- The Trust achieved foundation trust status in 2006. This allowed them the autonomy to take advantage of the new system of working that has already been implemented, and were able to propose significant change.
- £75m from the Foundation Trust Finance Facility. This injection of capital helped to fund the new build at Cramlington via a 25 year mortgage. This allowed the site to be created without replying on other forms of financial provision such as PFI.

Conclusion

The new Specialist Emergency Care Hospital is a result of a facility that was built to fit a new way of seven day consultant led working, rather than the other way around. As a large scale and very public change it required a considerable amount of engagement with the local population, but because of the clear benefits that could be demonstrated to patients, via advocates such as G.Ps and clinical evidence / research, there were high levels of public agreement with the project in comparison to other health economies enacting large scale change. In addition, the fact that it was clinically led and driven by a Trust with a secure financial position meant that practical challenges were more easily addressed.