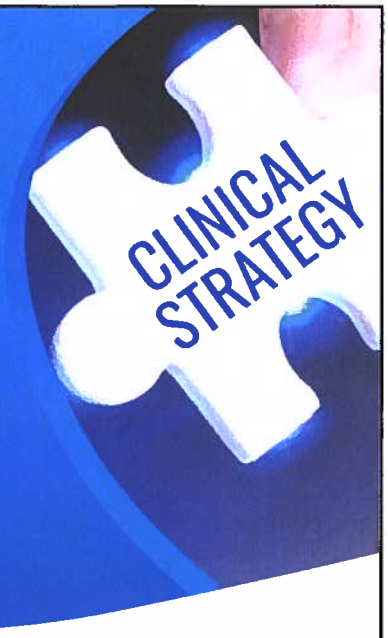
DEVELOPING OUR NEW CLINICAL STRATEGY

January 2020



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Barking, Havering and Redbridge NHS University Hospitals NHS Trust

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OUR HOSPITALS

Queen's Hospital, Romford

King George Hospital, Goodmayes

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WHAT IS A CLINICAL STRATEGY?

It is a plan that will describe what we think our services should look like in years to come.

It will help to ensure everyone in Barking and Dagenham, Havering and Redbridge has access to safe, high quality and sustainable healthcare.

We are developing our clinical strategy with staff, patients, residents and healthcare partners.

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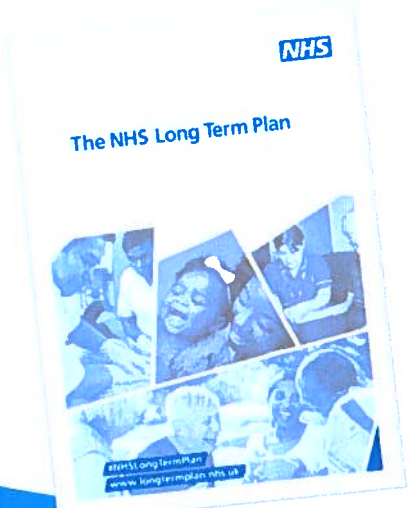
OUR LOCAL CONTEXT

NHS Long Term Plan



North East London Integrated Care System

Working together with NELFT

NELFT NHS
NHS Foundation Trust

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WHY DO WE NEED TO CHANGE?

Our population is growing (expected to increase by 100,000 in 10 years) and changing

Our maternity unit is one of the largest single site units in the country. We care for around 8,200 women each year, and this is set to grow

Some patients could be more appropriately seen by other services. Around 90% of patients arriving by ambulance at King George Hospital are discharged the same day, meaning they could have been seen by a less specialist service

Many patients are waiting too long for treatment. We are not meeting national standards for waiting times

We could make better use of our capacity, for example our beds, appointment slots and theatres

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WHY DO WE NEED TO CHANGE?

We want to make sure we work in the most effective way – based on the latest evidence

We can't recruit enough specialist staff in some services, which affects our ability to deliver consistently good, resilient services

We could treat more patients currently using other NHS or private hospitals, which would boost our income

Some services could be improved if they were based at fewer locations, saw more patients or had more staff

We can improve our use of technology and digital innovations, and make better use of our current buildings and infrastructure

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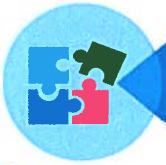
OUR EMERGING PRIORITIES TO IMPROVE PATIENT CARE

Our work is focused on three different themes

Work to improve services that can begin immediately

Potential consolidation of some services onto fewer sites where there is evidence this would benefit patient care and make services more sustainable



Work to build partnerships with other organisations to provide the best possible specialised services for our population

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THEME ONE: WORK TO IMPROVE, AND OPTIMISE OUR SERVICES, FOR EMERGENCY AND PLANNED CARE, FOR ADULTS AND CHILDREN

The following case studies are based on:

- Urgent and emergency care
- Planned care
- Maternity care
- People with ongoing care needs
- People with complex needs
- Cancer care

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URGENT AND EMERGENCY CARE: NOW AND IN THE FUTURE

Pooja is 45 years old and lives in Redbridge. She has had asthma for many years. Over the last two days she has developed a nasty cough and is having difficulty breathing. Her husband takes her to Queen's Hospital's emergency department.

Now	Future services
Pooja is reviewed by multiple professionals before a decision about her treatment is made. This results in delays and duplication of effort by staff	An initial assessment is done virtually by a consultant and Pooja is referred to the same-day emergency care centre in Queen's Hospital
Pooja is admitted to the medical assessment unit for tests and due to her existing long-term condition, she needs to stay in hospital	Tests show that Pooja has mild pneumonia. She goes home the same day with antibiotics and an appointment to see a lung specialist at the rapid access clinic in two days
After two days of antibiotics, she is discharged home from hospital back to the care of her GP	Pooja is much better when she visits the rapid access clinic. She is discharged back to the care of her GP who has access to a specialist through an advice line should it be required

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PLANNED CARE: NOW AND IN THE FUTURE

Albert, 76 years old from Havering, is active and regularly plays golf. He has hip pain which is getting worse and hasn't been helped by physiotherapy or steroid injections. The pain is affecting everyday life so his GP refers him to an orthopaedic specialist at Queen's Hospital

Now	Future services
At the first outpatient appointment the surgeon thinks a hip replacement may be needed and refers Albert for a CT scan, and organises a second outpatient appointment	The orthopaedic team review Albert's referral and arrange for a CT scan and an appointment with the surgeon to take place on the same date
Albert has his CT scan	At the appointment, the surgeon reviews the CT scan and recommends hip replacement surgery. Albert completes the necessary forms for surgery, and agrees discharge plans and follow-up treatment
At the second outpatient appointment, hip replacement surgery is agreed	Albert's operation is successful. He stays in hospital for three days and then goes home with pre-arranged care in place. Albert's GP is advised of his surgery should any problems occur
The surgery is successful, but Albert stays in hospital longer than needed as care needs to be organised at home. Albert's GP is advised of his surgery should any problems occur	The consultant checks on Albert by phone within 72 hours. As he is recovering well, they organise a Skype appointment in six weeks. In the meantime Albert completes his physiotherapy exercises at home
Albert completes the exercises the physiotherapist gave him at home. He has a hospital appointment six weeks later to check on his recovery	

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MATERNITY CARE: NOW AND IN THE FUTURE

Oni is 26 years old and lives in Barking. She is pregnant with her second child. As a single parent she is concerned about being at home as much as possible to care for her two year old son.

Now	Future services
Oni completes an online booking form and meets a midwife to develop a care plan. Oni's risk is assessed by a clinician and it is decided her birth can be midwife led. She has antenatal support throughout her pregnancy	Oni had anaemia during her first pregnancy so she visits the pre-conception service for a check-up before she tries for another baby
	Once pregnant, Oni completes an online booking form and meets with a midwife to develop a care plan. Oni's risk of complications is assessed using a decision-making tool and she and the midwife agree her care can be midwife led. Oni has both individual and group antenatal appointments where she meets other mums-to-be.
When Oni goes into labour she calls the midwife led unit to let them know. She is advised to go in to hospital when she feels she needs more support or help with pain relief. Oni gives birth at 3pm and needs to stay in hospital with her baby overnight as there is no one to discharge her in the evening	When Oni goes into labour she calls the midwife led unit to let them know. She is advised to go in to hospital when she feels she needs more support or help with pain relief. Oni gives birth in the unit at 3pm. Because there is a 24/7 care coordinator she and her baby are able to go home at 7pm
Initially, Oni receives postnatal care at home and then starts to visit the baby clinic regularly for support with her and her baby's wellbeing	Initially, Oni receives postnatal care at home and then starts to visit the baby clinic regularly for support with her and her baby's wellbeing
At one of her clinic visits, Oni raises that she is feeling low. Oni is advised to visit her GP to discuss how she is feeling	At one of her clinic visits, Oni raises that she is feeling low. The clinic team give her details of a virtual support group which Oni joins and finds helpful. Her GP is also made aware in case the low mood develops into postnatal depression

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PEOPLE WITH ONGOING CARE NEEDS: NOW AND IN THE FUTURE

Arjun, 19 from Dagenham, was diagnosed with type 1 diabetes when he was 17. He has been able to control it well with insulin injections, but over the last month his blood sugar levels have been very high in the morning which is causing him concern.

Now	Future services
Arjun books an appointment with his GP to discuss his blood sugar levels. The GP refers him to a diabetic nurse	Arjun was enrolled into the long term condition management programme when he was diagnosed. This means he can arrange a virtual appointment with a diabetic nurse when he needs to
Arjun and the nurse discuss his symptoms and the nurse provides advice to help manage it. He will continue to keep daily records of his blood sugar levels and they will discuss this at his next appointment. If Arjun has concerns before then he can contact the clinic direct to make an appointment to go and see a diabetic nurse	Arjun and the nurse discuss his symptoms, look at his shared care record and the nurse provides advice to help manage his blood sugar. The nurse also suggests Arjun joins a peer support group, so he can meet other people his age with type 1 diabetes. Arjun continues to keep daily records of his blood sugar levels to discuss at his next appointment or at another virtual appointment if he has concerns before then
In the future if Arjun struggles to manage his condition he would need to book an appointment with his GP to be referred to a diabetic nurse	In the future should Arjun struggle to manage his condition he has rapid access to specialist opinion through his GP who can contact specialists to advise on his care via a 24 hour hotline

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PEOPLE WITH COMPLEX NEEDS: NOW AND IN THE FUTURE

Pamela is 84 years old and lives in Redbridge with her husband. She has heart disease and is becoming increasingly frail. Over the last few months her mobility has reduced and she has had a couple of falls.

Now	Future services
When Pamela has a fall her husband calls an ambulance. The paramedic checks Pamela over and takes her to King George Hospital's Emergency Department	Because of her existing condition and frailty, Pamela has a care plan which she designed with her family and clinicians. The plan is regularly reviewed to make sure it is meeting Pamela's needs
Pamela is reviewed by multiple professionals before a decision about her treatment is made. This results in delays and duplication of effort by staff	When Pamela has a fall her husband calls the rapid response team. They assess her at home on the same day
Pamela is admitted to the medical assessment unit and has some tests to check her heart. The results of the tests are normal, however because Pamela is so frail she needs to stay in hospital while arrangements are made to have some mobility equipment fitted at her home. The hospital also starts to arrange transport and appointments for Pamela to have some intensive physiotherapy at the hospital	Pamela has some tests to check her heart and the results are normal. However the rapid response team clinician sees Pamela is becoming increasingly frail and needs some additional equipment installed at home to help her to continue to live independently. Pamela also needs some intensive physiotherapy to help her regain mobility
After a three day hospital stay the equipment has been installed at Pamela's home and the physiotherapy arranged. Pamela returns home and back to the care of her GP	The rapid response team arrange for the equipment to be fitted the next day, and for a physiotherapist to go to Pamela's home to start treatment. She is reviewed the following week and is offered the opportunity to join a seated exercise class to build on the physiotherapy in an enjoyable environment where she can also enjoy meeting new people

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CANCER CARE: NOW AND IN THE FUTURE

Doug is 58 years old and lives in Havering with his wife. Over the last months Doug has lost some weight and has noticed some blood in his stools. Doug books an appointment with his GP.

Now	Future services
The GP asks Doug about his symptoms and whether there is a family history of bowel cancer, and examines Doug. The GP also organises for Doug to have a blood test later that week	When Doug was 55 it was identified through his medical records that he is at a higher risk of bowel cancer. As a result Doug is sent a home testing kit each year so he can send off a stool sample to be tested for blood
Doug is seen by a consultant and is referred for an examination called a flexible sigmoidoscopy which is an internal examination of the bowel	Just after he turned 57 the screening test detected bowel cancer before Doug had any symptoms
Doug's sigmoidoscopy shows that he does have bowel cancer and he is referred for a CT scan. After the scan, the consultant explains to Doug that the cancer is at stage 2 and has spread to the layer of muscle surrounding his bowel. They discuss his treatment options and agree Doug will have radiotherapy and an operation to remove the cancer	Doug is assigned a key worker who communicates with him about appointments and develops his treatment plan with him. Doug and his family can also access a range of psychological, physical and financial support through an online portal
Doug has radiotherapy every day for a week and is then booked in for keyhole surgery. The surgeon removes the cancer and rejoins Doug's bowel. Doug is able to go home after five days	Doug has a CT scan and sees the consultant who confirms his cancer is at an early stage, stage 1, and is contained within the lining of the bowel. They discuss treatment options and agree Doug will have an operation to remove the cancer. He doesn't need radiotherapy as the cancer has been identified early
After a few weeks, Doug has follow-up tests at hospital which show the cancer has been successfully removed. Doug will have routine check ups for the next few years to check for signs of cancer	The surgeon successfully removes the cancer and rejoins Doug's bowel. Doug is able to go home after three days
	After a few weeks, Doug has follow-up tests at hospital which show the cancer has been successfully removed. Doug will be remotely monitored to check for signs of cancer

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THEME TWO: THE POTENTIAL TO BRING SOME SERVICES TOGETHER TO IMPROVE CARE

1. Our clinicians are reviewing multi-site services to see if care could be improved and services made more sustainable and efficient if they were consolidated onto fewer sites
2. Services not being considered are the Emergency Departments at Queen's and King George hospitals, the hyper-acute stroke unit at Queen's Hospital and radiotherapy and in-hospital chemotherapy at Queen's Hospital
3. When this work has progressed further:
   - We will provide information about the services that are being considered for potential consolidation
   - We will engage and talk with you - and all our partners, stakeholders, staff and local communities - about any services being considered
4. Proposals to consolidate services would require formal public consultation before any decisions are made. This would be led and planned by our local commissioners.

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THEME THREE: BUILDING PARTNERSHIPS WITH OTHER ORGANISATIONS TO IMPROVE SOME SPECIALIST SERVICES

1. We are working with our colleagues across north east London to see where it makes sense to work in partnership to improve the quality and outcomes of some specialised services
2. Specialised services are those best delivered over a wider catchment area. This makes sure our specialist staff see higher volumes and a range of patients to make sure they keep up their specialist expertise
3. Specialised services needing a large catchment area include neurosurgery (a surgical specialty dedicated to management of diseases of the brain and nervous system) and vascular disease (a disease of the blood vessels)
4. When this work has progressed further we will provide information and will engage and talk with you - and all our partners, stakeholders, staff and local communities - about any services being considered for improvement through partnership working
5. Some proposals may require formal public consultation before any decisions are made. This would be led and planned by our specialised commissioners.

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GETTING YOUR VIEWS

- We used an online survey to ask local people and Trust staff for their views about our principles, objectives, case for change and priorities to support the development of our clinical strategy
- We asked respondents to rank the principles, objectives, case for change and priorities in order of importance
- Some questions asked people to choose their top three most important issues and some asked people to rank every issue on the list in order of importance
- We will use the feedback of this survey to help inform the development of our clinical strategy.

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PRINCIPLES

The top three principles, from a list of seven, were:

Principle	% of people who put it in their top three
Having services that have enough capacity to meet demand, follow best practice and meet national standards, such as waiting times and can work within their budget	75%
Making sure everyone in Barking and Dagenham, Havering and Redbridge has equal access to consistent, high-quality services, regardless of where they live	67%
Making sure our clinical strategy is focused on the needs of patients and is in line with the wider aims of the NHS to better join-up health and social care and do more to prevent ill health	61%

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OBJECTIVES

The top three objectives, from a list of five, were:

Objective	% of people who put it in their top three
Ensuring we can provide a 24/7 consultant-led A&E department, with full resuscitation facilities at both Queen's and King George hospitals	81%
Using our resources effectively to improve the quality of patient care and staff experience; get the best value for money; and be able to deliver services within our budget	77%
Establishing ourselves as an effective partner with other NHS and care organisations in our area, embedding excellence, innovation and partnership working into our strategy to improve patient outcomes and experience	59%

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CASE FOR CHANGE

The top three most important 'case for change' issues, from a list of 11, were:

Objective	% of people who put it in their top three
We could make better use of our capacity (for example, beds, appointment slots, theatres etc)	54%
Some patients could be more appropriately seen by other services, particularly for emergency care	46%
Staffing challenges are affecting our ability to continue to deliver sustainable services	42%

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PRIORITIES

People were asked to rank 10 priorities in order of importance. The top five overall were:

No.	Priority	% of people who placed the priority in this position*
1	Make it easy to access the most appropriate urgent or emergency care service	54%
2	Develop joined up teams of health and care professionals to proactively care for patients with complex needs to help them stay as well as possible and avoid admissions to hospital	36%
3	Reduce variation in quality of care, and make the best use of capacity and resources by consolidating some services and developing centres of expertise (and keep A&E at each hospital)	25%
4	Redesign outpatient services to make best use of workforce capacity and resource	23%
5	Reorganise planned care (operations/treatments booked in advance) to make best use of capacity and resources, and become a provider of choice so patients choose treatment with us instead of private providers	33%

*i.e. the position that the highest percentage of people chose

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NEXT STEPS

Next few months
Continued engagement on the development of our clinical strategy, particularly on theme one and our potential immediate improvements

Spring
Immediate improvements agreed and clinicians start to implement changes

Beyond
Further engagement around themes two and three with some proposals undergoing formal consultation

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OVER TO YOU FOR QUESTIONS AND COMMENTS
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