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Stockton Scrutiny Forum

Service Transformation

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Julie Gillon

Chief Operating Officer/Deputy Chief Executive



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Overview

- Decision Drivers
- Momentum; pathways to healthcare
- Service transformation is required
- Clinical case for change
- Safety Quality, financial and operational effectiveness and performance
- Going Forward





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Key Drivers - The Contextual Picture



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Strategic Aim

To deliver a patient centred and clinically driven local NHS, responsive to the needs of local people, delivering the best quality care available in an integrated and efficient way, in first rate facilities, as close to home as possible, by well trained professionals using state of the art knowledge and equipment.



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Philosophy

The Momentum philosophy is one of

- Quality
- Accessibility
- Integration
- Responsiveness
- Efficiency
- Fits nicely into QIPP and health and social care agenda



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Key Elements of Momentum

- *Element one:* Transforming services
- *Element two:* Primary and community care capital planning project
- *Element three:* The hospital capital planning project



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Transforming Services

- Cellulitis and DVT pathway enable IV antibiotics to be given at home
- Routine anticoagulation care now done at GPs surgery
- Rheumatology patients have methotrexate via healthcare at home
- Use of Telehealth to monitor patients at home
- Non face to face follow up appointments
- Ambulatory Care
- Day Surgery- 70%+ patients
- Community Enhancement and Integration
- Enhanced Recovery
- Palliative Care
- LEAN methodology



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Primary and Community Planning Project

- One Life Hartlepool: *complete*
- Billingham Health Centre: *due for completion 31st March*
- Clarence Street: *4 PCT rooms available for use*
- Lawson Street: *rationalisation has freed 5 clinical rooms*
- Yarm Health Centre: *complete with 4 PCT rooms available for use*
- Thornaby Health Centre: *requires refurbishment but has clinical space*





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New Hospital

- The Trust has entered the procurement phase
- The 3 bidders have been selected
- Next Steps
 - Three months of design discussions with clinical teams
 - Further evaluation at which stage 2 bidders are selected
 - Further design dialogue
 - Trust will announce preferred developer
 - There will be a parallel competitive dialogue to identify a funder



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Transport

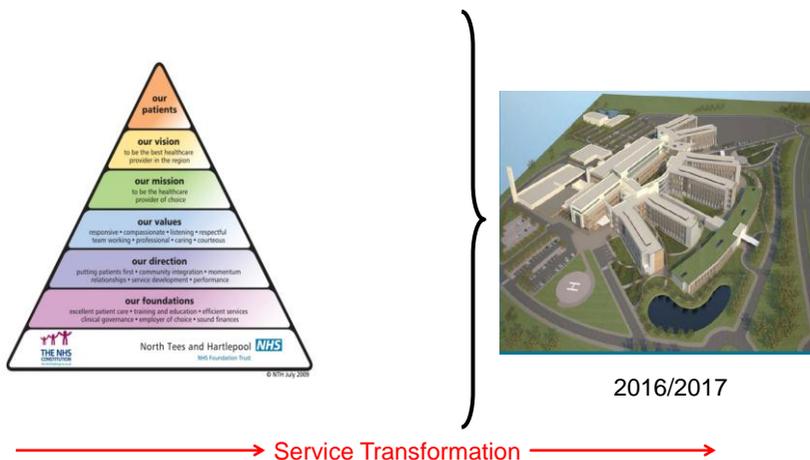
- £10.7 million has been allocated to contribute to improving the existing road network at Wynyard
- Responsibility for this is shared between the local councils and other businesses who use this network





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Strategy – New Hospital



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Contextual Timescale and Progress

- Hospital is now due to open in 2017
- Sustainability of services during the interim period
- QIPP and efficiency drive
- Service Transformation - Clinical case for change
- The bigger picture



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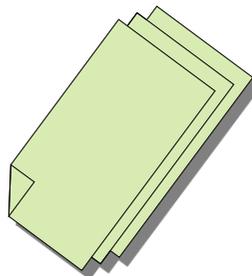
Clear and Credible Plan 2012-2017

- Sets out the commissioning vision of the CCGs
- Takes into account the key health challenges of Hartlepool and Stockton in response to the JSNAs
- JSNAs highlights cardiovascular disease, cancer, smoking related illnesses such as COPD and alcohol related illness as areas to focus upon
- Plan to work in partnership to transform services
- Commission sustainable, safe, high quality and cost effective services as close to the patients home as possible
- Tackle variation in treatment outcomes by ensuring all services follow agreed pathways determined by the most up to date evidence



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Clinical Services Strategy





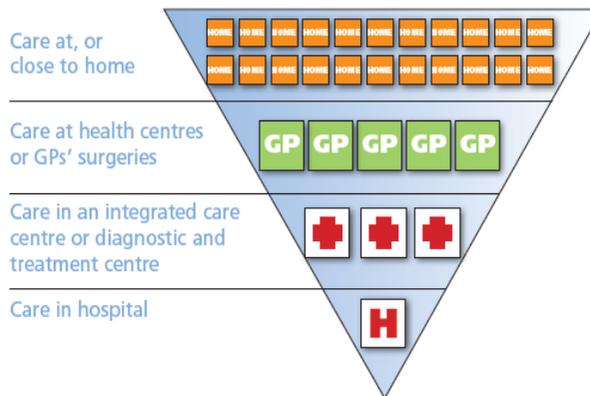
Service Transformation

- Specialist Clinical Care
- Case mix more complex
- Demographics
- Disease Profile
- Clinical Standards – Safety and Outcomes
- Recruitment and Retention – Specialist vs Generalist

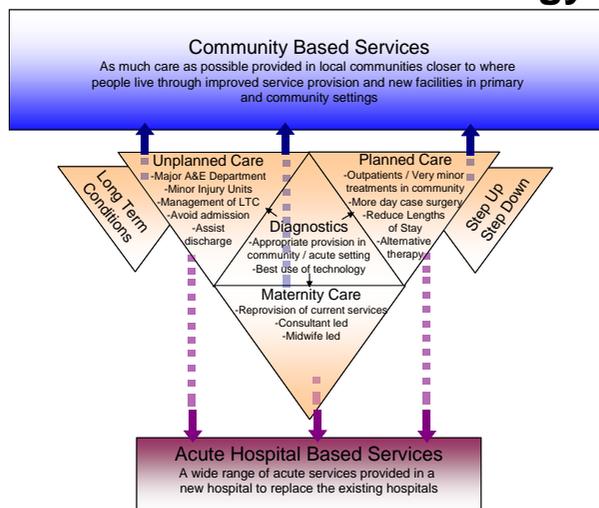


Clinical Services Strategy

Momentum: where healthcare could be provided



Clinical Services Strategy



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Community Renaissance

What does it mean ?

- New service models moving the organisation of care from silos to multi professional and multi agency teams based around practice populations
- (Teams around the Practices)
- Majority of care delivered by competent generalists
- Recognising the importance of all clinicians working together
- Greater information sharing
- Measurable and transparent performance and benefits
- Delivering sustainability and QIPP

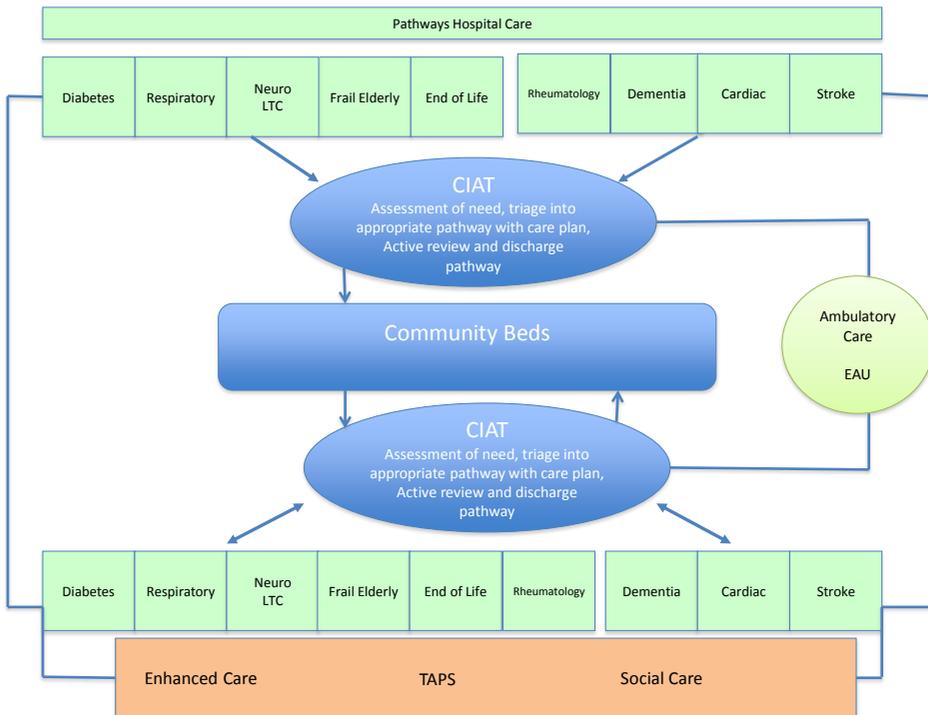




Community Renaissance

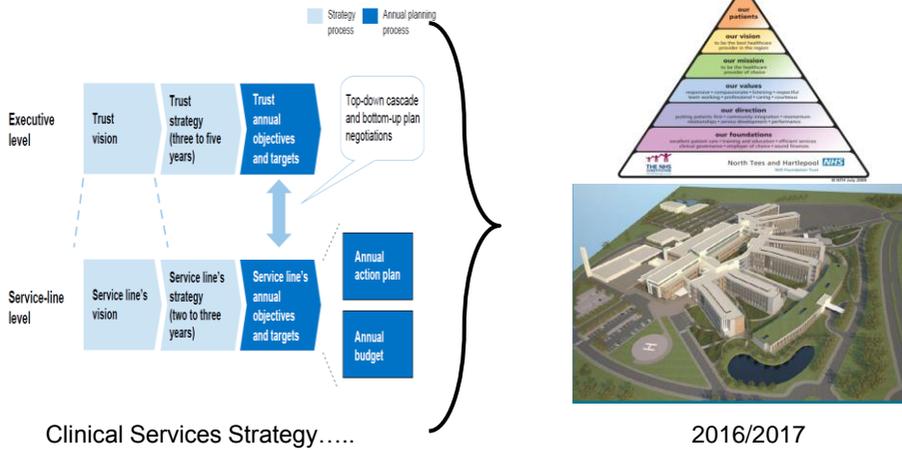
How will it be delivered ?

- Teams around Practices
- Single Point of Contact
- Enhanced Care
- Telehealth/Telecare
- Mobile Working
- IT based electronic record solution





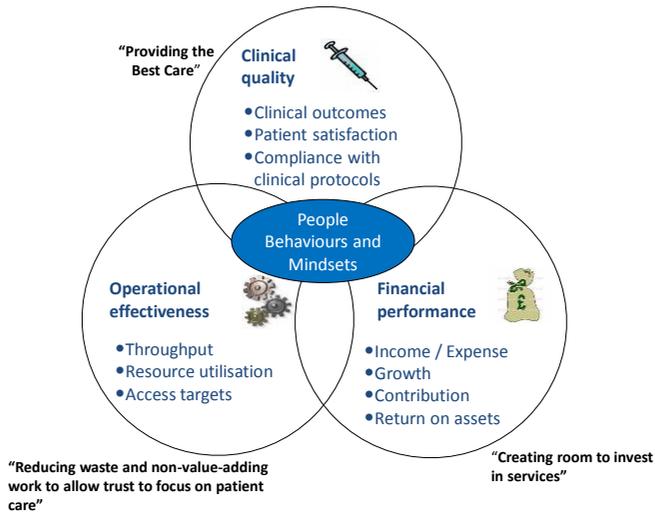
Strategy – New Hospital



Clinical Services Strategy.....



Operate on a Model of Quality, Financial and Operational Effectiveness and Performance





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Clinical case for change

- Future care standards for acute medical conditions
- Growing disparity of service
- Staffing challenges – recruitment, retention, morale
- Training challenges – locums, Deanery
- Compromise on the quality offered
- Reputational challenge
- Demography, socio economic and disease profile.
- Patient presentation and pathways.



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Out Patients

- Outpatient services form part of the overall Momentum Programme
- The plan is for outpatient services to continue to be provided in the Hospital where there is a complex nature to the pathway
- By the time the new hospital is open, we could expect approximately half of outpatient appointments to take place in the community and the remainder, more complex pathways in the hospital.

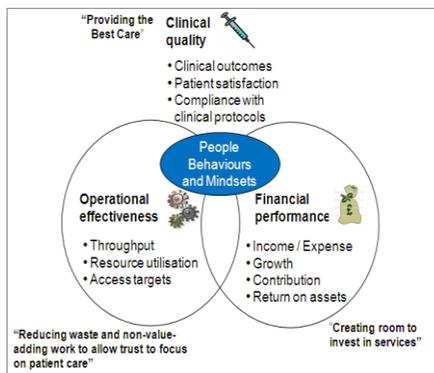




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Quality Legacy Document

- PCTs will be abolished from 1 April 2013
- Existing functions separated
- Quality handover document to ensure quality and safety is not at risk
- Quality profile



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Next steps

- Continuous engagement with stakeholders
- Uphold and deliver the vision to ensure transition to new hospital
- Quality review (NCAT)

– National Clinical Advisory Team (NCAT)

- Clinical advice to the process of reconfiguration
- Part of the assurance process
- Gateway team (visit 0)
- Plans sensible and clinically justifiable?
- NCAT helpful in making a case for change





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Summary and Conclusion

- The vision for the future remains the same
- Patient outcomes are more important than buildings
- Service transformation is being driven nationally
- Services can not remain static in the run up to the new hospital
- There is a need to maintain and improve clinical services in line with professional standards and national guidance
- Services will be commissioned on patient outcomes, safety and quality of provision
- Service changes will require investment
- Further scoping work
- A health service fit for the future

