Developing local hospitals

Welcome and Introductions

Pete McGrane
Clinical Director, Older People's Services
Oxford Health NHS Foundation Trust

Developing local hospitals

Aims of today's workshop:

- Explain our ideas for a model of care to support frail elderly patients
- Share emerging thoughts on the future role of community inpatient beds to help deliver this model
- Explore with you what this could mean for potential options we need to develop
- Get your thoughts and feedback on these possible options and discuss with you what criteria we might use to assess them
- Get your thoughts and feedback on other services and where they may be located.

Developing local hospitals

Today is not about:

- Finalising a shortlist of options
- Deciding on the best option for inpatient or care closer to home
- Deciding on the best option for outpatients, maternity or community health services

What are we currently working on?

Between July and October, we will be:

- Further developing the models of care for all areas, not just for frail elderly patients
- Identifying potential options with clinicians and other interested parties – including you
- Producing detailed activity and capacity plans
- Carrying out full benefit, risk and financial assessments of the options – looking at clinical, operational and financial sustainability, service quality and access
- Ensuring the benefits are assessed and a business case is written
- Agreeing the content of the public consultation
- Launching the consultation in October (which will run for 3 months).

Any questions?

The emerging model of care to support frail elderly patients

What we know about Oxfordshire's changing health needs

- The population has grown by more than 10% in the last 15 years and it is expected to continue growing, due to increases in life expectancy and more people moving into the county
- The 85+ population is set to increase by around 7,800 people by 2026 (48%)
- In 13 wards, the proportion of older people is more than 25% of all residents
- The ageing population will be increasingly ethnically diverse, which means the pattern of disease will change
- We are seeing an increasing complexity of need amongst our frail elderly patients.

What do we know about how care is currently provided?

- An emergency admission to hospital can be a disruptive and unsettling experience, particularly for older people
- The longer older people remain in hospital, the greater the risk of picking up infections and losing their confidence to be independent
- Many elderly patients needing urgent care are admitted to an acute hospital and, if they need further care, are then transferred to a community hospital for rehabilitation
- Many of our community hospital buildings are not fit for modern healthcare
- Difficulties in recruiting enough clinicians (all professions)

Our vision

- Care provided to patients as close to their homes as possible
- Health professionals, working with patients and carers, with access to diagnostic tests and expert advice quickly so that the right decision about treatment and care is made
- Ensuring, as modern healthcare develops, our local hospitals keep pace, providing high quality services to meet changing demands – with doctors on site 24 hours a day to deliver the quality of care patients need
- Preventing people being unnecessarily admitted to acute hospital or using A&E services because we can’t offer a better or more local alternative

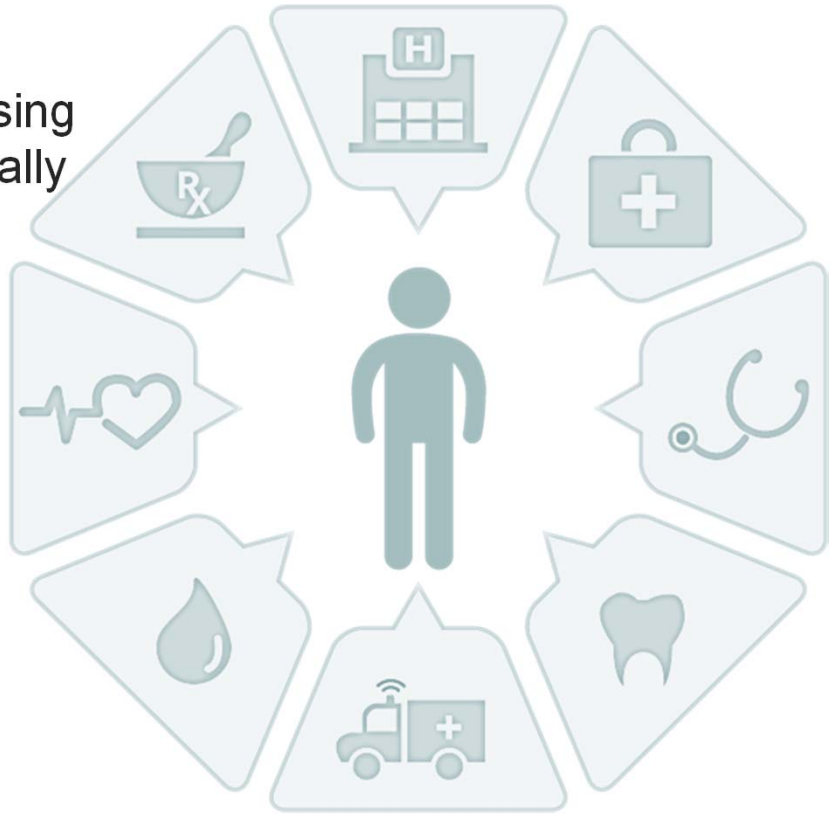
The model of care

The best bed is your own bed

multidisciplinary teams assessing patients and treating them locally and/or at home

Extended use of intermediate care beds

with centralised medical support for patients with low rehab/slow recovery needs



Expanded local hospital services

emergency multidisciplinary units (EMUs) across the whole county, available 7 days a week

direct admission to a local hospital wherever clinically possible

specialist inpatient rehabilitation

increased palliative care

The evidence base indicates this is deliverable for a population catchment of between 200,000 and 250,000 people.

What would need to change?

Own Bed	Inpatient Care	Other support
EMU-type function at every local hospital **More nursing, therapy and domiciliary care** in community **Acute consultants** working as part of local hospital and community multidisciplinary teams	**24/7 medical presence** for inpatient beds Access to **more diagnostics** to enable full assessment and treatment; CT scanner, echo, extended provision of x-ray	**Improved access to primary care** (long term conditions and urgent care) **Joined-up** community health, social care and primary care **Increased palliative care** support at home **Rapid access** to consultant-led advice / treatment

What are the other questions we need to ask ourselves when thinking about options for local hospitals?

Will this give patients the best outcomes and experience?

Will this be safe? responsive? caring? effective?

Can we reliably deliver this?

How many sites will provide the optimum:

local, safe care based on population need and demand

resilient workforce (including training placements)
and

Where should local hospitals be sited?

Can we afford it?

Is this affordable (capital and revenue)?

What delivery model offers best value for money?

Will it meet future demand within resources as well as today's?

Does it really bring care closer to home?

What does it mean for people living in different parts of Oxfordshire?

The Options Being Explored

- **Stay as we are** (patients are admitted first to acute – then some are transferred to a community hospital)
- Have only **one site** for whole county
- Have **two sites** *(Horton, Oxford / South on A34 corridor)*
- Have **three sites** *(Horton, Oxford, South on A34 corridor)*
- Have **four sites** *(Horton, Oxford, South on A34 corridor, Witney)*
- Have **six sites** (one for each GP locality)

We can only consult on options that are feasible

Table discussions

1. Are these options the correct ones to work up in detail to put forward to consultation? Are there others we should be working up? If so, why? Are there any on the list we should be excluding and why?

2. For each option which locations do you suggest we should consider?

3. What are the key issues we need to take into account in terms of other services that could be within local hospitals or other locations? For example:

outpatients	local diagnostics
maternity services	primary care led locality services
urgent paediatric care	integrated locality teams including social care
mental health	learning disabilities

Table discussions

4. What are the criteria that should be used to assess the benefits of any option? At the moment we are thinking of:

- Will this give patients the best outcomes and experience?
- Can we reliably staff it?
- Can we afford it?
- How does it impact on travel and access to services?

Are there any others we should consider and what order of priority should they be?

Wrap up and next steps

Thank you