Briefing: shifting care closer to home – first steps

This briefing outlines a series of developments which are being implemented to streamline our pathways of care and improve quality of care for patients.

We know that we have a longer than average length of stay.

We know that we have patients in hospital beds who either did not need to be admitted, are awaiting discharge, or who could be discharged earlier if our processes were improved.

The challenge for us now, and our clinical teams in particular, is to take advantage of these developments and make them work for patients, reducing delays in discharge, reducing the amount of time we keep patients in hospital, and reducing our average length of stay while continuing to provide high quality care.

Some of this we can do on our own. Other aspects we will need to take forward working with local partners in health and social care. We will be taking this agenda forward in discussion with them over the coming weeks.

Stephen Eames
Chief Executive

Service developments

We are implementing some exciting new service developments over the summer, which will improve the care we offer to patients and increase the range of services we provide as an alternative to hospital admission.

Many of these developments were identified by clinical staff at an emergency care summit, held in May, to discuss improvements to the emergency pathway.

- **Estimated date of discharge to be in place across all wards**

Patients are given an estimate date on which they will be discharged when they are admitted. This means that their care will be planned across their stay with that date in mind. This has now been implemented in most areas.
Lead - Dr Neil Munro

- **Direct admission to base wards**

Emergency medical patients are usually admitted to the medical admissions ward, and subsequently transferred to a specialty base ward. In the case of patients who are likely to have a longer stay, it may be more beneficial for them to be admitted directly to the base ward, and reducing pressure on the admissions ward.
This approach is being piloted during June and July.
Lead - Dr Neil Munro

- **Establish RAMAC at Darlington and Durham**

RAMAC means rapid access medical assessment clinic. This is a service that allows GPs to refer patients for specialist opinion and treatment, without unnecessary admission to a hospital bed. RAMAC was proposed for Bishop Auckland as part of Seizing the Future, but Professor Alberti's review of the proposals recommended that RAMAC should be in place on the acute sites.

RAMAC is now in place in Durham and Darlington. At Durham, we plan to convert an area of Ward 2 into a permanent location for the new RAMAC and medical investigations unit. These will be adjacent to the discharge lounge. In combination this will mean more patients can be treated as day cases, and we can separate chemotherapy and other treatments, which will be an important quality improvement.
Lead – Gill Findley

- **Extending discharge lounges**

The plan is to extend the opening hours of the discharge lounges at Durham and Darlington to include patients from the wards who are awaiting tests etc. This is now in place in Darlington, and is used by 3-5 patients each day.
Lead – Gill Findley

- **A&E observation area**

Redesign work in the A&E in Durham has increased the number of spaces available. This follows work carried out to increase capacity following Seizing the Future.
Lead – Jean Fruend

- **Stroke**

Hyper-acute stroke will remain on Ward 2 UHND, mirroring the provision on Ward 52 at DMH, with rehabilitation taking place in the specialist unit at Bishop Auckland, in line with the Seizing the Future consultation. A new consultant is joining the team over the summer, and further appointments are being advertised. 6 acute care physicians are being trained in administering thrombolysis to support the emergency role of the stroke physicians.
Lead – Dr Bernard Esisi/Lisa Cole

- **GP beds at Bishop Auckland**

Six GP beds are now available at Bishop Auckland Hospital, following a proposal put forward by Dales GPs during Seizing the Future.
Lead – Sarah Perkins

- **Neuro-rehabilitation services**

We are discussing with partner organisations a plan to move the neuro-rehabilitation service on Ward 17 at Bishop Auckland out of hospital and into patients' homes.
Lead – Lisa Cole

- **Services at Chester-le-Street Community Hospital**

We are looking at the profile of services we provide at Chester-le-Street. We plan to relocate a number of medical outpatient clinics to Chester-le-Street, and expand the use of the day hospital for local residents. This will improve local patients' access and convenience.
Lead – Lisa Cole

- **Development of an elective Short Stay Unit at DMH**

Move of beds from base wards on 3rd floor to develop a Short stay unit at DMH, planned for July. To improve the quality of care for patients and develop a more efficient model for the management of elective surgical patients.

- **Review the pathway for Surgical Assessment Units**

The surgical division is planning to explore the potential for a clinical decision unit at DMH, with a plan to rollout to the UHND site. This work will link with A&E and base wards to ensure patients are managed in the appropriate clinical area and reduce reliance on admission to a bed.

Women and Children Services and Surgery are also looking at bringing together aspects of inpatient gynaecology and female surgery, to support more effective use of surgical facilities.

Resourcing these changes

As outlined above, we plan to implement these developments now.

There is an opportunity to shift resources into these new services, during the summer, when pressure on services is relatively reduced, and our experience over recent bank holiday weekends shows that we have the capacity to do so.

We therefore have agreed to resource these changes by reducing our medical bed capacity at UHND and DMH.

12 beds on Ward 2 at Durham will be converted into the new RAMAC, as outlined above, and staff redeployed in to stroke.

On Ward 52 at Darlington , staff from the 20 medical beds will be redeployed into other wards areas and planned developments such as the newly developed rapid access medical assessment centre.

The stroke unit will continue to operate as normal.

Issues for staff

We believe these developments will present opportunities for staff to develop their skills and experience.

Discussions with staff in the above areas are taking place around the opportunities arising from these developments. Where roles do change, the normal Trust organisational change policy and procedure will apply, with full and proper consultation and engagement of staff representatives.

There will be no staff redundancies.

For more information contact Edmund.lovell@cddft.nhs.uk