A Strategy for Community Hospitals in County Durham & Darlington

November 2008

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1 Introduction

'Deliver excellence today for a healthier tomorrow'

We have clearly set out our vision for the delivery of local health services in our strategic plan - *Your Health, Your Choice, Your Care Our Commitment: A Five Year Strategic Plan for Improving Health And Healthcare in County Durham and Darlington.*

Our aim is to deliver a significant improvement over the next five years in by:

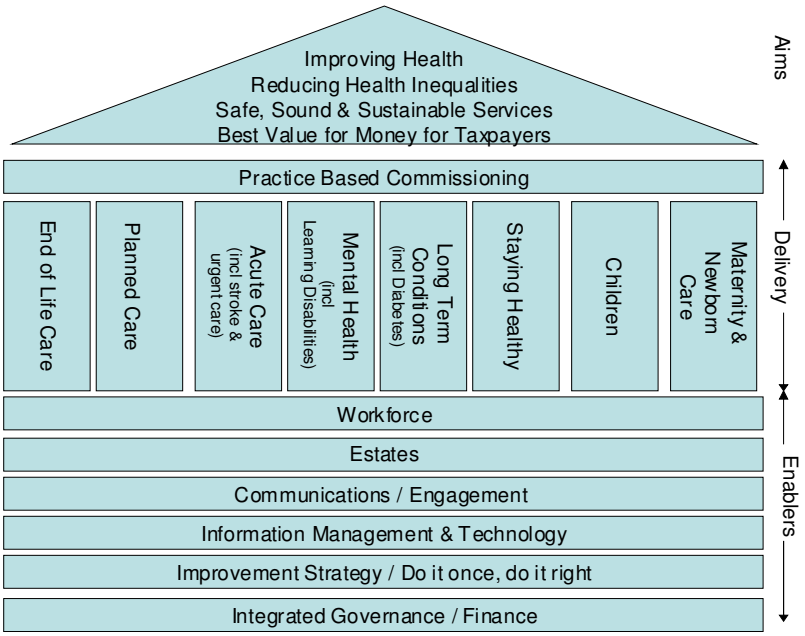
1 improving health
2 reducing health inequalities
3 ensuring services we commission are:
   - fair
   - personalised
   - effective
   - safe
2 provide best value for money for taxpayers

To measure our achievement against these aims we have selected ten key outcome indicators, which will have the greatest impact on achieving pour ambitions and which will be delivered through the eight clinical pathways outlined in *Our Vision, Our Future...*

In pursuit of our vision, we will:

1 improve health, and contribute to the physical and mental wellbeing of the people of County Durham and Darlington
2 work closely with clinicians and partner organisations across our patch to fulfil the ambitions in *Our Vision Our Future*
3 achieve best value on all commissioned and jointly commissioned services
4 ensure local patient, carer and public involvement is linked and fully engaged with practice based commissioning (PBC) to develop services around local patient needs
5 provide a locally based flexible healthcare service, wherever this improves health outcomes and provides value for money
6 develop a choice of providers including NHS, independent sector and third sector providers through proactive commissioning and market management.
7 shifting the balance from treatment to prevention
8 level up across County Durham and Darlington to ensure that everyone is at the level of the best
9 achieve and exceed national targets as milestones towards real service and health improvements

Our community hospitals will be a vehicle to support the delivery of our ambitions. We will use an integrated approach through practice based commissioning, and the eight clinical pathways of *Our Vision, Our Future,* which will be supported by the enabling strategies which make up the steps to the temple as shown below.



This strategy has been prepared to support the delivery of the PCTs ambitions and is inextricably linked to other strategies. It sets out a plan for the long-term future provision of community health services, and establishes a framework for development of community hospitals to meet the needs of the people of County Durham.

NHS County Durham believe that community hospitals are integral to the provision of primary care services and will help the PCT in its specific aim of expanding primary care, improving intermediate care and reducing the growth in demand for secondary care services, especially in acute hospitals.

The purpose of this strategy is to assist the PCT and local people in deciding how community hospital services should be developed to meet the needs of the local population in the coming years.

Vision for Community Hospitals in County Durham

2.1 The future of community hospitals has clearly been identified and reinforced in many policy documents including Lord Darzi's *High Quality Health for All: NHS Next Stage Review Final report* and *Our Vision for Primary and Community Care* (July 2008). The national strategic context for Community Hospitals is reinforced in the policy guidance, the White Paper *Our health, our care, our say' & 'Our health, our care, our community: investing in the future of community hospitals'* (2006), as well as the Department of Health (DH) announcement in July 2006 that £750m additional public capital would be available for investment in community hospitals in the NHS in England.

2.2 This sets out a vision to provide people with high quality and responsive NHS services in the communities where they live with a focus on bringing services closer to people's homes and shifting care safely away from hospitals. Modern community hospitals are seen as being helpful in achieving shifts in care delivery from hospital to closer to home, where modern technology can support a range of procedures and interventions which would have been

done in an acute setting, but can now take place in the community.

The guidance sets out 4 main goals:

1 Better prevention and earlier intervention;

2 More choice;

3 Tackling inequalities and improving access to a wider range of community services;

4 More support for people with long-term needs.

2.3 Community Hospitals are a significant component of the architecture for the NHS, and will provide an ability to expand the current services delivered and the development of new services from a range of providers. Community hospitals will also support a range of community hospital services and facilities that integrate with social care. The national policy drivers put community hospitals at the heart of reform agenda.

2.4 It is necessary to acknowledge that it is essential to set out clearly what a community hospital can contribute to a patients pathway, and when care needs to be delivered in a more appropriate/ specialised environment. It has been identified that a community hospital does **not** carry out:

1 Care that could be carried out in a patient's home;

2 Care that could be carried out in a GP practice;

3 Care that needs to be carried out in an acute setting

2.5 **So What Should Community Hospitals Do?**

2.6 The model above demonstrates a care delivery system using the inverted triangle, with the broad base uppermost representing the majority of the population, and the narrow tip representing the relatively few who need the most intense care. The model clearly identifies where community hospitals fit, and demonstrating the type of care that could be appropriately provided at each of the bands. Where care is delivered from a community hospital the appropriate support services, for example – diagnostics (plain film x-ray) should be available.

On this continuum of care the following has been identified as being appropriate patients/care pathways for a community hospital:

1 Lengthy, complex, MDT interventions for patients who require assessment and stabilisation (where this does not require acute admission);

2 Long-term care;

3 Health improvement.

2.7 The unique features of community hospitals are:

Diverse range of local care

1 Ability to reduce the need to attend an acute hospital
2 Ability to provide in a One Stop Shop approach with streamlined processes with complete assessment, diagnostic and intervention in one place/attendance.
3 Ability to match facility to process and acuity, dedicated bespoke service/facility as in MIU, multi-disciplinary assessment and intervention.
4 Rapid multi-disciplinary integrated assessment, able to flex to match patient needs
5 Range of professionals and organisations working together
6 Co-location and concentration of expertise to improve cost effectiveness
1 Reduced organisational barriers: social care, health care, mental health, acute; by integration and localised scale
2 Balance of local access, cost effectiveness and patient safety
3 Ability to provide a link to and within the whole health economy; being a hub for community teams, GPs, outreach services, social care and primary care; and being a link between acute care and all of these.
4 Providing an economy of scale of a level of expertise and resource required for patients who cannot be cared for in own home or via primary/community care; and do not require acute service provision.

Background & Context

3.1 County Durham has a population of 496,000 and the significant health challenges faced in County Durham provide the local context within which the PCT works.

3.2 In County Durham:

1 life expectancy is below the national average with local authority

rankings ranging from 212th to 413th worst for men and 116th to 416th for women,

2 death rates from coronary heart disease (CHD) and cancers are above the national average,
3 levels of smoking are higher than the national average,
4 the percentages of adults who binge drink and are obese are significantly higher than the national average,
5 teenage pregnancy rates are higher than for England,
6 there are major health inequalities for example; life expectancy for men in Easington is 73.7 years for men while in Teesdale it is 76.7 years (against a national average of 76.6). If current trends continue, the national target as applied to County Durham for narrowing the gap for life expectancy will not be met,
7 significantly fewer 15 year olds achieve at least five good GCSE passes than the England average.

3.3 Life expectancy at birth across the county is tabulated below and compared to the national average:

	Male		**Female**	
	Life expectancy	Rank	Life expectancy	Rank
Teesdale	76.7	212	81.9	116
Durham	76.4	251	80.4	297
Chester-le-Street	75.8	301	79.6	365
Derwentside	75.5	325	79.5	368
Darlington	74.7	368	79.9	349
Sedgefield	75.1	345	78.9	402
Wear Valley	74.7	369	78.5	411
Easington	73.7	413	78.3	416
England	76.6	-	80.9	-

3.4 The reasons for the differences in health between County Durham and Darlington residents and the rest of England, and within County Durham and Darlington, are complex. They can be summarised as:

1 Inequalities in opportunity – poverty, family, education, employment and environment (the wider determinants of health).
2 Inequalities in lifestyle choices – smoking, physical activity, food, drugs, alcohol and sexual activity.
3 Inequalities in access to services for those who are already ill or have accrued risk factors for disease

Action to address these public health priorities is set out in the PCT delivery plan. This document sets out the vision for the future role of community hospitals in County Durham which will support the PCT ambitious programme for improving health and reducing inequalities

3.5 County Durham has a number of community hospitals which can be developed into a network of community hospitals linked to larger more specialized acute hospitals. In re-designing services in a community hospital also creates the opportunity for such a facility to provide the hub around which the local populations well being prevention and health and social care

support can revolve.

The community hospitals in County Durham are:

1 **Sedgefield Community Hospital** (Sedgefield)
2 **Weardale Community Hospital** (Stanhope)
3 **Richardson Community Hospital** (Barnard Castle)
1 **Shotley Bridge Community Hospital** (Shotley Bridge)
2 **Peterlee Community Hospital** (Peterlee)
3 Chester le Street Community Hospital

For more detailed information of the community hospital portfolios and the services that are currently being delivered for all the above hospitals see Appendix A

Community based services e.g. GP out of hours/ urgent care are also delivered from:
1 Bishop Auckland General Hospital
2 University Hospital of North Durham (*All owned by County Durham and Darlington NHS Foundation trust*.)

3.6 **Community Hospital Activity**

Admissions to Community Hospitals January 2007-December 2007

	Admissions	**Total Length Of Stay**	**Average Length Of Stay**
Chester le street	275	11494	41.8
Shotley Bridge	1914	10849	5.67
Weardale	87	1815	20.86
Richardson	175	3383	19.33
Sedgefield	134	4230	31.57
Total	2585	31771	12.29

NB *448 of the SBCH admissions were for endoscopic procedure*

Outpatient Attendances at Community Hospitals January 2007- December 2007 *

	New	**Review**	**Total**
Weardale	44	129	173
Sedgefield	206	525	731
Richardson	129	617	746
Shotley Bridge	1188	3074	4262
Total	1523	4216	5739

**Outpatient data is poor data not available for Peterlee CH*

Attendances at Urgent Care /Minor Injury Services January 2007-December 2007

	Attendances
Shotley bridge	10093
Peterlee UCC	43128
Seaham UCC	5048
Darlington UCC	37796

Total	96005

There is currently no pressure on the outpatient and clinic space at Sedgefield and Richardson Community Hospitals. Very few rooms are used fully, every day and in some cases rooms are left empty for part of the week. There are examples where rooms and facilities could flexibly be used. Weardale community hospital is constrained given the availability of space

An analysis of current services delivered from County Durham community hospitals (Appendix B) has demonstrated a wide, comprehensive scope, and capability of provision of services. The current provision reflects many of the aspects of the characteristics outlined within the new wave of Community Hospitals described in the White Paper "*Our Health, Our Care, Our Say: A new Direction for Community Services*". This provides a strong foundation of core services upon which future community hospitals for County Durham could be based, and further services developed.

This analysis has identified the core services, which should be provided in a community hospital setting to meet local needs and national targets, including services which are best co-located. These include those services already on site, new clinical services which could come on site, and non-clinical services which could appropriately be co-located on site to support the provision of core services New ways of joint-working, integrating and co-ordinating services on site which would improve efficiency along redesigned patient pathways and make best use of available resources (facilities, staff, capacity, equipment) to deliver the key benefits. This could potentially free up space if more space is required to accommodate new or extended services.

STRATEGY

4.1 The NHS Next Stage Review (2008) is aimed at ensuring a properly resourced NHS, clinically led, patient centered and locally accountable.

The vision for the NHS is that it is:

1 **fair** – equally available to all, taking full account of personal circumstances and diversity,
2 **personalised** – tailored to the needs and wants of each individual and providing access to services at the time and place of choice,
3 **effective**- focussed on delivering outcomes for patients that are among the best in the world,
4 **safe** – as safe as it possibly can be, giving patients and the public the confidence they need in the care they receive.

In pursuit of this the PCT has committed to:

1 Improve the health and contribute to the physical and mental wellbeing of County Durham residents

2 Work closely with partner organisations across the county to fulfil this ambition

3 Achieve best value on all commissioned and jointly commissioned services

4 Ensure local patient, carer and public involvement is linked and fully engaged with practice based commissioning (PBC) to develop services around local patient needs

5 Provide a locally based flexible healthcare service, wherever this improves health outcomes and provides value for money

6 Develop a choice of providers including NHS, independent sector and third sector providers through proactive commissioning and market management

7 Achieve and exceed national targets as milestones towards real service and health improvements.

The PCT has set out an ambitious programme of work to support this which includes the following eight clinical pathway groups:

1 Staying healthy
2 Long term conditions
3 Mental health
4 Acute care
5 Planned care
6 Maternity & newborn care
7 Children's services
8 End of life care

4.2 Local community hospitals are a vehicle to deliver the ambitions of the PCT the services that could be provided in the community hospitals in County Durham are as follows.

4.2.1 **Staying Healthy**

One of the primary drivers for County Durham PCT is to improve the health of the community and reduce health inequalities in line with national and regional policy on improving the regions health and wellbeing. To this end the emphasis is shifting from commissioning services in acute and community provision but to invest in the future health of the population. There is an extensive programme of activity that the PCT in partnership with other agencies to deliver the priorities identified. Community hospitals can support some of this activity.

Elements Of Staying Healthy	Examples Of Services Types Of Services
•1 Hub for providing support for healthy lifestyles, ill health prevention and supporting those with illness to maintain and improve quality of life	•1 Smoking cessation programme
•1 Offer general, specific and local information on activities and services available to support health and wellbeing	•2 Healthy eating programme
•2 Where there are facilities opening hours can be expanded to accommodate gym and exercise programmes	•3 Weight management services
•3 Access to health trainers	•4 Cardiac rehabilitation programmes
	•5 Exercise referral programmes
	•6 Contraceptive clinics
	•7 Substance misuse services
	•8 Some screening programmes

4.2.2 **Long Term Conditions**

4.2.3 **Mental Health**

As the local mental health services reconfigure the inpatient facilities across the county the need for expansion of community based services is essential to offer modern safe sound and robust mental health services local community hospitals.

Elements Of Mental Health Care	Types Of Services
•1 Bases for integrated community mental health teams assertive outreach and crisis intervention across the spectrum of care - children's and adolescent mental health services (CAMHS), working age adults and older persons mental health services	•1 Day hospital facilities
•2 co-location with urgent care centre services for assessment in times of crisis	•2 Emergency assessment services when individuals and families are in crisis
•3 Information and signposting on mental health services	•3 Wellbeing resource centres
	•4 Psychological therapies e.g. cognitive behaviour therapy (CBT)
	•5 Counselilng
	•6 Access to other agencies employment advisors

4.2.4 **Acute Care**

There is a major role for our community hospitals, in the delivery of urgent and unscheduled care. The County Durham & Darlington PCT Urgent Care Strategy sets out the vision for the delivery of urgent care. There is a commitment to increase the number of integrated Urgent Care Centers providing urgent/ unscheduled care from community hospitals as well as other community facilities across the county. These facilities will offer access to services 24 hours, 7 days a week. The co-location of emergency social services mental health services is a possibility to be considered.

Elements of Acute Care	Types of Services
•1 Multidisciplinary assessment	•10 Integrated Urgent care centre
•2 Access to diagnostic facilities plain film x-ray and ultrasound connected to PACS	•11 Early pregnancy assessment & Pregnancy Assessment Service.
•3 Access to biomedical and haematological tests	•12 Frequent fallers (e.g. Day Hospital service)
•4 Older peoples acute assessment from Primary care/ community care (step up)	•13 Exacerbation of COPD
•5 Older peoples acute assessment from acute care (step down)	•14 Children's Emergency assessment and treatment (A 'Watch and Wait' service)
•6 Rapid assessment of patients with chronic conditions.	•15 Emergency Mental Health Assessment
•7 Admission rights for GPs	
•8 Access to diagnostics which prevent the need for admission to an acute facility	

working. This activity in the main is provided from local Children's Centres.

However, children and their families will always need access to expert assessment and treatment services. Children's hospital admission rates have risen, but the length of stay has fallen in the majority of cases acute episodes have zero length of stay. The development services will offer support and reassurance for parents with the ability to transfer to acute units when necessary

Elements of children's services	Types of services
•16 Multidisciplinary assessment •17 Access to diagnostic facilities plain film x-ray and ultrasound connected to PACS. This prevent the need for admission to an acute facility •18 Access to biomedical and haematological tests •19 Children's acute assessment services •20 Information and signposting for local services	Children's facility within the integrated urgent care service offering assessment and treatment of minor ailments minor injuries Children's assessment unit with a decision making facility – 'watch and wait'

4.2.9 **End of Life Care**

The national policy for cancer services are being reconfigured into Centres of Excellence, this is to ensure the best outcome for patients. However, there is considerable scope to provide more service closer to home maximizing convenience for patients and their families. Community hospitals can become the focus for much of this localised care.

Elements Of End Of Life Services	Types Of Services
•1 Diagnostic services with direct access from primary care (plain film x-ray USS endoscopy) this will aid rapid diagnosis. •2 Assessment facilities either face to face or via telemedicine •3 Follow up and review services •4 Rehabilitation services for cancer patients accessing therapy services •5 Coordination of care centres •6 Information centres for patients and families who have been diagnosed with cancer •7 Respite care and in patient care for patients at the end of their life who cannot be	•8 Direct /rapid access diagnostic services •9 Multidisciplinary assessment, treatment, review and follow up clinics •10 Therapy services for rehabilitation and palliative care •11 Pain management services •12 Community based chemotherapy services •13 Day hospice facilities •14 Macmillan & Marie Curie teams to support the wards and patients families at home •15 In patient beds for respite and end of life care.

specific disease management and case management.

In the transfer of some services from the acute setting it is essential to support the transition of some hospital staff and teams into the community. Changing the mindset will not occur overnight, a challenge will be getting the focus on delivery of the service and not on bricks and mortar. The development of a comprehensive organizational development programme can support this process setting.

5.4 **Engagement**

The PCT is committed to involve the local population in the development of services. Effective involvement can only support the case for change. It is essential to involve in the early planning stages at a local level in particular when assessing local needs and formulating options and in the process of decision making.

5.4 **Technology**

Technological advances have meant that the potential to site diagnostic telecare and telehealth capabilities in community hospitals has never been greater. The picture archiving and communications system (PACS) is installed in community based diagnostic services however there is far greater scope to develop and shift services from acute hospitals to community facilities to patient's homes.

5.5 **Choice**

The provision of more services in the community allows more local choice, for instance people will be able to use the NHS Choices system to help them see what specialist services are available at their local community hospitals as well as at the acute hospital. Commissioning new services provides the opportunity to test new clinical pathways and challenge pre-set ways of working.

5.6 **Practice Based Commissioning (PBC)**

The fundamental principles of PBC are to develop local services for the local population. Frontline clinicians have the freedom to redesign services to deliver more care locally and closer to home where appropriate. Practice based commissioners can develop a wider range of services which are delivered from community hospitals.

Conclusion

Community hospitals have the potential to make services of the NHS available and accessible to a large proportion of the local population. They are pivotal in the delivery of the national policy drivers and the local priorities for NHS County Durham. The vision for community hospitals is to act as a local community resource and provide a bridge between home and specialist hospital care, through delivery of both ambulatory, and/ or inpatient services closer to home.

The PCT is committed to developing the future role of community hospitals, by building on what is great, and developing new services from local community hospital facilities which are fit for purpose.

Next Steps

To take forward the Community Hospitals Strategy it is essential that-

1. A detailed delivery plan will be developed.
2. The strategy and delivery plan be shared across the organization and integrated into other related strategies
3. The strategy and delivery plan be shared with practice based commissioning clusters and commissioning teams, This will support, and inform commissioning intentions, which will feed into the Annual Operating Plan 2009/10 and beyond.

References

Delivering Care Closer To Home: Meeting the Challenge. Department of Health July 2008

High Quality Care for All: NHS Next Stage Review Final Report. Department of Health. July 2008

Narrowing the Gap in Coronary Heart Disease and Cancers- County Durham and Darlington: Annual Report of the Director of Public Health 2007/08

NHS Next Stage Review: A high quality workforce Department of Health July 2008

NHS Next Stage Review: Our vision for primary & community care. Department of Health. July 2008

Our health, our care, our community; investing in the future of community hospitals and services. Department of Health. July 2006

Our vision, our future: Our North East NHS. A strategic vision for transforming health and healthcare services within the North East of England. NHS North East. 2008

Review of Community Hospitals Services for the Derwentside Population Tribalgroup June 2007

Your Health, Your Care, Your Say, Our Commitment: A Five Year Strategy For Improving Health Care In County Durham 2008- 2012. County Durham PCT 2008

Appendix A

PROFILES OF COMMUNITY HOSPITALS IN COUNTY DURHAM

Sedgefield Community Hospital

The new community hospital opened in July 2002 under a private finance initiative scheme the facilities are shared with mental health who has both inpatient and day services facilities.

Of the 26 inpatient beds 16 are GP led which offer step up and step down and rehabilitation. 10 beds are medical consultant beds mainly for rehabilitation. The inpatient facility has dedicated physiotherapy and occupational therapy services.

The consultant in palliative medicine also utilizes the inpatient facilities she provides advice and supports the local GPs. The overnight palliative nursing care service works in collaboration with the Marie Curie service and work in the hospital as well as the community. The registered nurse have admitting rights to enable families in crisis be admitted to an appropriate setting.

Sedgefield community hospital has rehabilitation day hospital services 4 days, a week and is staffed by a multi disciplinary team of nursing staff physiotherapist occupational therapist dietician speech and language therapist orthotist

The palliative care day hospital services is delivered in collaboration with the Butterwick hospice once a week patients are reviewed and assessed as well having access to counseling services.

There is an x-ray department which undertakes plain film x ray and ultrasound investigations the department is connected to PACS.
There is an outpatients department which serves

1 Medical physicians
2 Rheumatology
3 Physiotherapy
4 Occupational therapy
5 Gynaecology GPSI services
6 Minor surgery
7 Paediatrics and enuresis
8 Audiology hearing screening and assessment
9 Palliative care.

The clinics are

1 Podiatry
2 Orthotics
3 Falls prevention
4 Lymphodema
5 Community Paediatrics
6 Child development
7 Well baby
8 Contraception and sexual heal services

Weardale Community Hospital

Weardale Community Hospital was a replacement for the former Horn Hall community hospital the new community hospital was opened in 2002, situated in

Stanhope.

The facility provides inpatient care via its 20 GP and nurse led beds for patients requiring step up and step down intermediate care rehabilitation and palliative care. the medical cover is provided by a local GP practice with the out of hours care being provide by bishop Auckland general hospital based service. There is medical consultant input (alternate weeks) to provide support and advice.
As well as the inpatient facility the hospital offers

1. Day hospice – palliative care consultant clinic
2. Clinics for
    - Podiatry
    - lymphodema
    - multiple sclerosis
    - joint assessment team
    - falls prevention
    - inpatient and outpatient physiotherapy
3. the hospital also has facilities for meetings and training
4. the community paramedics have a base at Weardale community hospital

Richardson Community Hospital
The Richardson Community Hospital is situated in Barnard Castle and provides access to range of services opened in 2007 as part of the LIFTCo programme which was set up to enable investment in new and improved primary and community health care facilities. The new hospital replaced the original Richardson hospital which was owned by the Robert Taylor Richardson Charitable Trust. The trust remains an integral part of the hospital within the local community.

The hospital has modern facilities with 48 GP and nurse led inpatient beds offering step up and step down, continuing health care and rehabilitation.
The medical cover is provided by a GP practice in Barnard castle in hours and the Urgent Care Centre at Bishop Auckland General Hospital

The community hospital is a base for

1. District nurses
2. Health visitors
3. School nurses
4. Community midwives

Services

1. Day hospital services for
    - elderly mentally ill (EMI)
    - Rehabilitation services
    - Neurological services
    - Day hospice services
2. Community dental services
3. Community mental health services
4. Antenatal and post natal community support services
5. Breastfeeding group

Clinics

1. a multitude of outpatient clinics
2. Falls prevention

3 Lymphodema
4 Podiatry
5 Audiology & Hearing Screening and Assessment
6 Well baby
7 Child development
8 Community paediatrics
9 Contraception and sexual health services
10 Smoking cessation

APPENDIX B

Services Currently Delivered from Community Hospitals in County Durham

service	Richardson	sedgefiled	Weardale	sbch	cls	Peterlee
Audiology	√			√		
Children's outpatients	√	√				
Clinical psychology				√		
Colposcopy				√		
Community dental services	√					√
Day hospice	√	√	√			
Day hospital	√	√		√	√	
Diabetes care dietetics				√		√
Elderly care medicine	√	√	√	√	√	√
endoscopy				√		
Family planning	√					
General medical outpatients	√	√	√		√	√
General surgery outpatients	√	√	√		√	√
gynaecology						√
In patient beds	√	√	√	√	√	
Macmillan nursing				√		
Maternity outpatients	√			√		√
Mental health outpatients	√			√		
Minor injuries/walk in				√		√
Occupational therapy		√		√		
paediatrics				√		√
physiotherapy		√	√	√	√	√
podiatry	√		√			
Smoking cessation	√			√		
Speech & language therapy		√		√		√
Staff offices			√			
Surgical day unit	√	√		√		
Thoracic medicine				√		√
Trauma & orthopaedics				√		√
Ultrasound		√		√		√
Urgent care/ OOH				√		√
Wheel chair services				√		
X ray		√		√		√

APPENDIX C

Overall SWOT Analysis

STRENGTHS

- 1 Local, accessible
- 2 Good infrastructure
- 3 Overall the community hospitals are in reasonable condition with modern facilities
- 4 Transport links good
- 5 Strong support from local community
- 6 Local employer
- 7 Trained skilled staff – living locally
- 8 Multiple services on most sites - PCT, GP

Weaknesses

- 1 Clinic DNA rates are reported as being high
- 2 Cancellation rates DSU are high (SBCH only)
- 3 Patients accessing services elsewhere across the patch.
- 4 Spare capacity – utilisation rates of facilities.
- 5 There will be some estates issues in