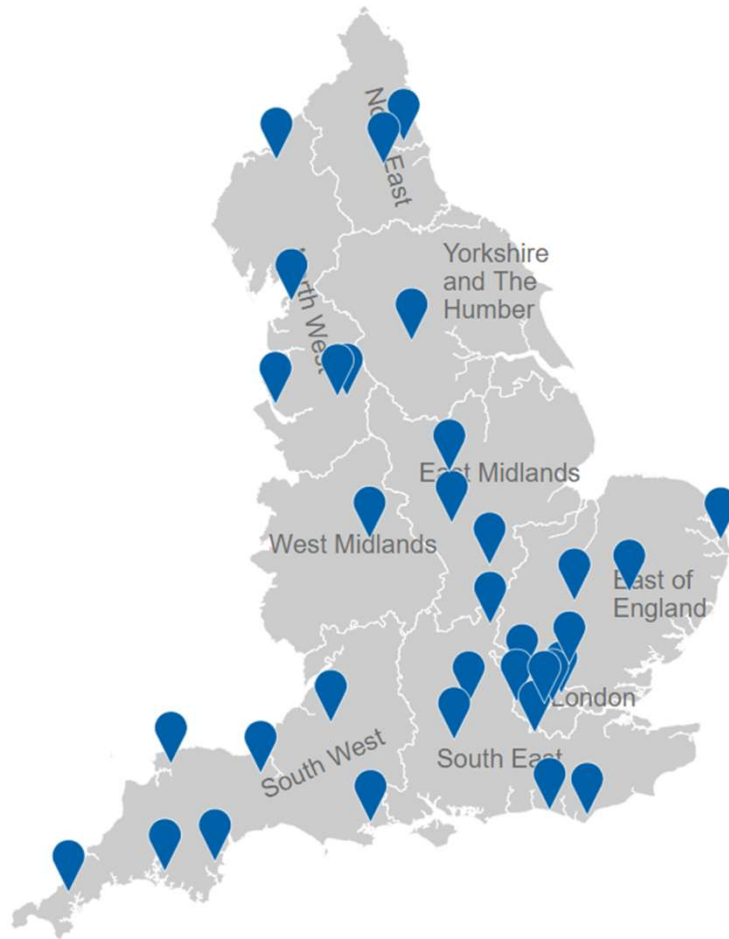




# Shotley Bridge Community Hospital Services

Adult Health and  
Wellbeing Overview and  
Scrutiny Committee  
October 2021

# New Hospitals Programme



- The Government committed to build 40 new Hospitals by 2030 and released £3.7bn of initial capital funding to support activity between April 2021 and March 2025. In addition, the Prime Minister announced an open competition for 8 further schemes by 2030.
- The Shotley Bridge Scheme is classed as an agile scheme – already in the process with the aim of a timely delivery.
- The Shotley Bridge project has a modest budget in comparison to many of the other schemes i.e. major acute facilities.
- We know that overall costs for materials and construction costs have increased with a risk that schemes project an overspend on budgets. On average costs have increased by 20%.

## Principles of project

- Clinically led
- Ongoing patient and public engagement
- Ongoing stakeholder involvement
- Working as part of the County Durham system
- Future proofing model of care and estate solutions
- Honesty and transparency

## Condition of Current Estate

- The two main parts of Shotley Bridge hospital building, the “Podium” and the “Tower Block”, were built in 1950 and 1969 respectively.
- The NHS have expended circa £1.5m of capital undertaking re-active repairs over the last 3 years with circa £1 million over 2021.
- Almost three times too large for our current requirements
- Risks are being managed at Shotley Bridge daily and compliance levels are currently being maintained however this is not sustainable for the longer term without significant investment and major asset replacement.
- The current site is compliant but vulnerable.

## Condition of Current Estate



External Elevation - Horizontal concrete banding visible in poor condition



Flat Roof above the medical records to the lower ground floor, causing damp internally.

## Condition of Current Estate



External The concrete canopy is in poor condition with localised spalling



External Timber shiplap cladding is in a very poor condition and in a dilapidated state. There are several areas of timber decay visible to cladding

## Condition of Current Estate



The boilers in a poor condition for their age and in need of replacement.

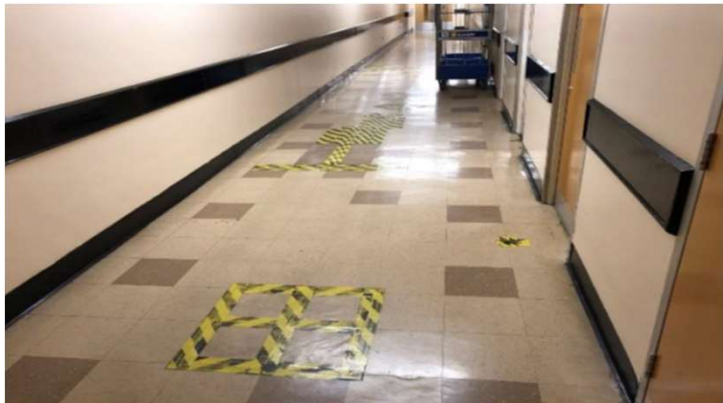


Internal Walls within medical records area in poor condition large areas of damp, staining and plaster damage.

## Condition of Current Estate



Suspended ceiling exposed as part of ACM removal works suspended ceilings have reached end of useful life.



Floor Finishes Vinyl floors in poor condition heavy areas of straining and missing floor tiles



## Aims of Clinical Model




- Focus on reducing health inequalities and prevention
- Part of integrated acute, community and primary care model
- Maximising opportunity in a community hospital setting
- Delivering care from modern, fit for purpose facilities
- Using digital solutions to support and enhance care

# Process of defining clinical model

- Robust clinical engagement
- Ongoing public engagement
- Utilising most up to date clinical guidelines and standards
- Ensuring the model forms part of the broader health and care system

# Clinical Model

Service	Impact
Outpatient services	Continuation of current service offer, including cardiology, haematology, oncology, gastro, ENT, diabetic eye screening
Women's services & sexual health	Continuation of current service offer
Urgent care	Continuation of 24/7 service accessed via 111
Minor surgical procedures	Facility to deliver minor skin procedures
Rehabilitation/therapies	Continuation of current service offer
Diagnostics	Continuation of ultrasound and x-ray with potential of mobile scanning in addition
Inpatient rehabilitation unit	Step up and step down rehabilitation beds with additional capacity – total 16 beds
Chemotherapy and Medical Investigations	Proposal for two separate units both with increased capacity
General surgery	Clinically unviable to deliver in community setting
Endoscopy	Clinically unviable to deliver in community setting

-  Reprovision of current service
-  Enhancement of current service
-  Clinically unviable service offer

# Involvement

Engagement	Consultation
Ongoing process of two-way dialogue	Statutory requirement where potential change is <b>substantial</b>
Conversations start at project initiation	<p>“Substantial” can include impact on;</p> <ul style="list-style-type: none"> <li>• Access – significant impact on accessibility due to location</li> <li>• The wider community – negative impact on regeneration, employment etc</li> <li>• Patients and carers</li> <li>• Service delivery – method of delivery</li> </ul>
Ensuring local voices form part of project development	Timelines have to outlined from outset
Ability to be flexible and adapt conversations based on feedback received	Scope has to be defined and only <b>viable</b> options can be included
Engagement with public, staff and other stakeholders	Consultation with public, staff and other stakeholders
Feedback on outcome of ongoing engagement “you said, we did”	Feedback on outcome of consultation “you said, we did”

# CCG Duties

NHS commissioners and providers have duties in relation to public involvement and consultation, and local authority consultation (NHS Act, 2006 and H&SC Act 2012).

The government's four tests of service change are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners

Fifth test relates to reduction in beds – not applicable in this instance

- Assurance will be applied proportionately to the scale of the change being proposed, with the level of assurance tailored to the service change.
- Options need to be clinically viable, affordable and deliverable
- Where substantial development or variation changes are proposed to NHS services, there is a separate requirement to consult the local authority under the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny)

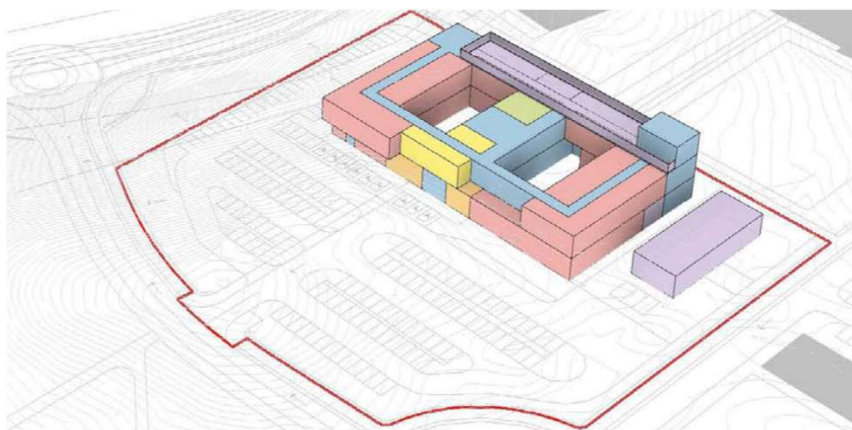
# OSC Duties

- The NHS within County Durham has a track record of engaging with OSC at the earliest opportunity.
- Regarding Shotley Bridge Community Hospital, the CCG and partners have brought regular updates and involvement from the AHWOSC.
- NHS bodies and health service providers have a duty to consult a local authority about any proposal which they have “under consideration” for a **substantial** development of or variation in the provision of health services in the local authority’s area.
- The definition of substantial variation is to be determined locally.
- As a local health system this development is deemed as having no negative impact on service delivery, accessibility and the community in general.
  - The service model proposed demonstrates no significant reduction or material change to current provision.
  - The proposed site for redevelopment is approximately 1.8 miles from existing site in a more accessible location.

## Scope of ongoing engagement

- Ongoing involvement to enhance and develop services
- To support the design process through public and staff engagement
- Ongoing member briefings and OSC reporting
- A series of presentations and ‘walk throughs’ of BC and plans to date
- Ongoing communication via existing platforms

# Proposal Summary



- Preferred site – Genesis (1.8 miles away from current site).
- Clinical model based on clinical suitability, affordability and ensuring long term viability.
- No substantial change to clinical model or adverse impacts on location of potential new site.
- Continue programme of ongoing engagement through outline business case and into full business case.

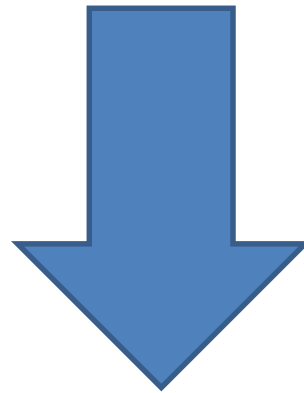


# Project risks

- Inability to deliver as an 'agile' scheme within the New Hospital Programme
- Costs of materials and contacting increasing – our scope could be impacted
- Viability of current site to continue into the medium term

## In conclusion

- Proposed location of future estate is approximately 1.8 miles from current site
- Proposed clinical model determines no significant variation in service provision, in some cases this is an enhanced offer



**MINIMAL SERVICE CHANGE – if we were to consult what would we consult on?**

# Proposed Next Steps

- Finalise Outline Business Case – Oct/Nov 21
- Development of full business case & approvals  
– Summer 2022
- Ongoing public engagement
- Construction start Summer 2022
- Construction completion
  - New build – Early 2024
  - Refurbishment of existing site – up to a year later

# Considerations for OSC

The local health system have assessed that the proposals do not result in substantial variation

Based on the proposals set out in the presentation do OSC feel this warrants substantial service change?

This would only include consultation of the proposed site as the clinical model has been defined through engagement. The proposed location is 1.8 miles from current building and is more accessible.

If OSC feel consultation is necessary, what would we actually be consulting on?

Ongoing engagement with public, clinicians, local members and OSC

Recognition of engagement to date and ongoing programme of involvement?

To reduce the risks outlined to ensure successful project delivery

Support for progressing the project at pace without the need for consultation?