

Darlington Memorial Hospital
Hollyhurst Road,
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Dear

Thank you for your queries in relation to the Shotley Bridge Community Hospital redevelopment which were tabled at the Adult Health and Wellbeing Overview and Scrutiny Committee on the 2nd October 2023.

Please see below responses, we are currently in a re-design process to meet the budgetary requirements for the scheme and as such the answers are relevant to the current position which is yet to be agreed by our partners in the New Hospital Programme.

Question 1

The presentation mentions "removing future expansion plans for services".

However, In Feb of this year, Richard Holden MP for NW Durham shared a Shotley Bridge Hospital update, announcing that "we're now looking at a c. £50 million project with enhanced services across the board". This update included plans to double bed capacity from 8-16, Increase capacity for gynae procedures (with additional colposcopy provision), the addition of 2 urgent treatment centre rooms to boost capacity, an increase in Echocardiography provision (with an area created for mobile CT/MRI), and additional chemotherapy bays.

What impact will "removing future expansion plans for services" have on those plans for 'enhanced' services?

Response

Wherever possible the programme team has sought to protect existing services and realise expansion provision (whilst reducing cost) via improved space utilisation, use of technology and some estate change. In relation to these specific services mentioned, the following accommodation remains within the new design scope:

- Bed capacity will be maintained at 16 beds
- An additional gynae procedure room will be maintained
- Urgent care facilities will not accommodate additional rooms, this is mainly due to the observed move to more virtual appointments following COVID
- Echocardiography will maintain its expanded footprint
- There will be an area for mobile CT/MRI maintained

- Chemotherapy will have 2 additional therapy chairs – 25% increase on existing, with a recognition of the need to move more therapy to home/outreach care.

Question 2

A recent report by the National audit Office warns that underlying assumptions in the New Hospital Program, may be over optimistic and may result in hospitals that are not big enough for future needs and the ability to deal with unexpected shocks and health crises.

Will plans/modelling for the new hospital be based on those assumptions?

Those Assumptions are:

- **model of care shifts'**, presumes that patient care will increasingly shift out of hospitals into adult social care, outpatient services, community healthcare services and digital healthcare. NHP's MVP model assumes a recurring 1.8% reduction each year in the need for hospital capacity because of these shifts. The 1.8% compounds over 60 years – the assumed life of new hospitals – to reduce expected demand by 66%. This more than cancels out the assumption of demand increasing due to a growing and ageing population. This may be unrealistic. Although DHSC and NHS England want to shift care increasingly out of hospitals in future, they do not have a funded strategy to deliver such reductions in the use of hospitals. NHS England told us that this will depend on the outcome of the next spending review.
- **New Hospital Programme assumes building future hospitals with only single-bedded rooms**, instead of open wards, will enable them to run at 95% occupancy and with average patient stays reduced by 12%. England already has one of the highest rates of bed occupancy and one of the shortest lengths of stay per patient in the Organisation for Economic Co-operation and Development (OECD). Currently, 95% occupancy is viewed as highly undesirable and indicative of crisis, and NHS England has a priority to reduce it to 92% across the NHS in 2023-24. There is a risk that running hospitals very full in future may affect their smooth operation and reduce the amount of spare capacity for coping with normal variations in demand, unexpected shocks and health crises. Specifically, the assumed 12% reduction in length of stay looks high. A recent systematic review of the effect of single beds on length of stay, funded by NHP and published in the British Medical Journal Open, found “the evidence was highly mixed with no clear benefit”.

Response

Modelling for Shotley Bridge Community Hospital is based on up-to-date demand and capacity modelling, overseen by our local Integrated Care Board, informed by County Durham and Darlington Clinical Service Strategies and sense checked by local Trust Clinical Directors and clinical teams.

The inpatient ward will have a mix of single rooms and 4 bedded bays.

I hope these responses answer your queries and give re-assurances that we are working incredibly hard to deliver the best possible Community Hospital Services to the population of Derwentside whilst ensuring budgetary responsibility.

Yours Sincerely,

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