



*The NHS in Darlington,  
Durham and Tees*

## **Better Health Programme – a framework for the future**

### **Introduction**

The Better Health programme is about how the NHS in Darlington, Durham and Tees can improve outcomes and experience for patients when they need care, especially in an emergency.

The programme is being led by senior consultants from all of our hospitals and GPs across the area because of their ambition to offer the highest standards of emergency care and making sure there is access to a permanent senior clinical workforce around the clock.

The programme is likely to result in significant changes to improve the way services are provided to patients, and to enable our staff to work more effectively.

We want to share with you some of the reasons why change will be better for patients and the public, and to seek your views in helping us develop the way ahead, particularly on the sections marked "YOUR VIEWS".

**Dr Boleslaw Posmyk, General Practitioner, BHP Clinical Lead**

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## **Our changing needs**

We are living longer and have different conditions and health needs: dementia, obesity and cancer, as well as alcohol-related disease, have become major challenges.

More of us will have one or more long-term health conditions, especially as we get older and frailer and need support and management, sometimes for many years.

In the past, much of the care offered by the NHS was in hospital. Caring for long term conditions needs a different approach, with more community based support and services provided by the NHS and social care partners.

Where patients need to be admitted to hospital, they often require care from a range of professionals with specialist skills.

## **Providing better treatment**

In the past, most hospitals could offer people the best treatment available at the time for most conditions. However, clinical practice has taken great strides forward in the last four decades.

As healthcare is becoming increasingly specialised it is becoming more difficult to have that level of expertise available in every hospital for every service.

This is partly due to specialist skills being in short supply and the need to make the best use of this highly specialist resource. But it is also by seeing large numbers of patients with similar conditions that specialist staff can maintain and develop these skills.

The medical evidence shows that where patients are admitted to specialist centres with staff seeing a high volume of patients with similar problems, and meeting high clinical standards, the outcomes for patients are much improved.

Forty years ago, heart attacks were treated with bed rest. The survival rate was about 75 per cent. Today, as a result of advances in medical science, we now mechanically unblock the artery which was causing the heart attack. This treatment has seen survival rates increase to 95 per cent. But this improvement has required very expensive diagnostic equipment and cardiologists with special skills.

The treatment of strokes has also evolved. Effective treatment requires rapid transfer to a highly specialised unit with expensive diagnostic scanners and clinical expertise so that drugs can be given to minimise the brain damage that occurs.

This highly effective, advanced treatment of serious heart attacks and strokes cannot be provided by every hospital

The recent national reorganisation of major trauma services which resulted in the designation of 25 major trauma centres has produced, in its first year, a 20%

increase in survival despite increased travel time for patients who now bypass A&Es that previously treated only a handful of these very serious and complicated cases.

Our clinicians believe there are other patients who would benefit from treatment in a specialist environment, where there is senior staff on duty seven days a week in the emergency departments, medicine, maternity, neonatal intensive care gynaecology, paediatrics, emergency surgery, orthopaedics and intensive care, supported by diagnostic services (Radiology, Laboratory and Endoscopy) and therapists and social care.

Despite these developments, there are still patients who are being admitted to hospital as emergencies unnecessarily, because there is not an alternative NHS service available in the community.

### **Implementing the national vision**

The national vision, which we want to implement locally, is:

- To provide highly responsive, effective and personalised services outside of hospital for people with urgent but non-life threatening needs These should deliver care in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families
- To make sure people with more serious or life threatening emergency needs are treated in centres with the very best expertise and facilities in order to reduce risk and maximise their chances of survival and a good recovery.
- To provide planned care in an environment, separate from emergency care, which avoids unnecessary delays and cancellations.

This national vision has been developed by engaging with the Royal Colleges, front line clinical staff, and with patients and the public.

As part of the Better Health programme, around 100 experienced clinical staff from the local NHS – including hospital consultants and GPs - have been looking at how we implement this vision locally.

### **Improving standards of care**

They have identified 700 standards developed by the Medical Royal Colleges and other organisations which could improve care.

These standards primarily relate to availability of senior staff across seven days to assess, treat and review patients, including availability of diagnostic tests. Our local services meet around two thirds of these, but the last third cannot be achieved without changing the way we deliver care.

This means that, at the moment, we are not currently delivering access to specialist services for everyone 7 days a week, and where appropriate 24 hours a day. This means that currently patients experience variation in quality of care, depending on where and when they are treated.

## **Principles for the future – YOUR VIEWS**

These 100 clinicians have therefore devised an ambitious draft framework for how care should be provided in the future.

They now want to share this with patients and staff to seek their views on how this could be developed to provide all of our patients with the best care and the best experience, and the best outcomes in the future.

- Care should be delivered through a network of hospitals and community services
- More seamless care should be provided close to or in the patient's home where safe and effective, with access to urgent and community care 24/7
- Patients should only be admitted to hospital where it is no longer safe or effective for them to be cared for in the community
- There should be access to specialist opinion 24/7 where this improves outcome, for example, heart attacks, stroke, trauma, or internal bleeding
- Planned care should be organised so that there is no unnecessary waiting, no cancellations and patients are not exposed to risk of infections

Our clinicians have been clear that the Better Health programme is about quality and improving standards of care.

If supported, however, the framework of care would have to be implemented within our current financial resources. Although additional investment is being made available to the NHS, costs are also increasing and efficiency savings are required. Every pound we spend must offer value to patients by making sure that the services we provide are effective from a clinical as well as a financial point of view.

## **Education and training**

Training for healthcare staff is a vital part of the role of our health services.

Offering outstanding training and development opportunities to staff, helps them develop their specialist skills to support our services, but also encourages recruitment and retention of committed staff.

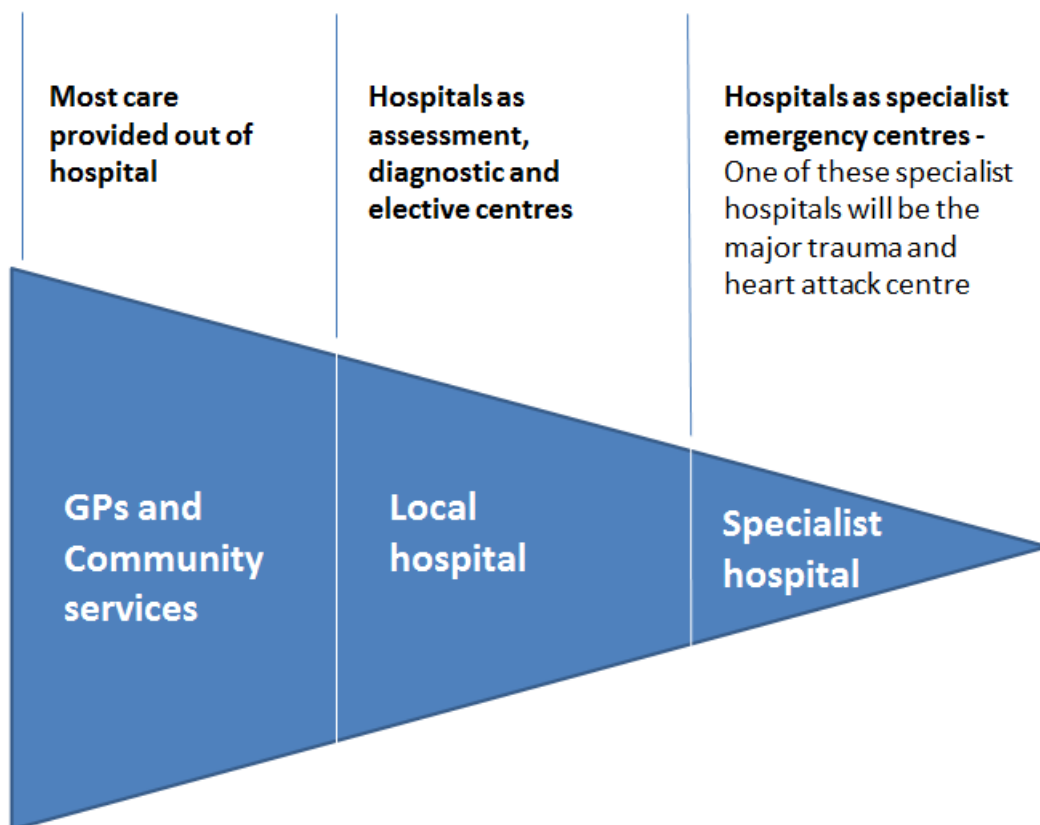
Our clinicians want to make sure that clinical placements for medical trainees exceed the requirements of the new junior doctors' contract, ensuring training remains a high priority.

All junior trainees' work would be supervised and care delivered by trainees would be overseen by a designated supervisor. This will ensure Darlington, Durham and Tees is a place of excellence for training so that, post qualification, this is an area of the health service where doctors and surgeons will want to develop their careers.

### **The right care in the right place – YOUR VIEWS**

When we met with patients earlier this year, they told us about services they believed could be available closer to home, but they also recognised that, for some services, it is better to go to a specialist centre to get the best care. The public recognised how technology can make a positive contribution to more care provided locally, faster access to care and better outcomes by sharing appropriate information. Better access to primary care was encouraged.

Our clinicians are trying to balance these priorities in a draft framework of care on which they would like to hear the views of patients and staff:



- **More care provided out of hospital**

More care could be provided outside of hospital, and as close to the patient's home as possible.

There should be a clear single point of access to healthcare for the public by an improved NHS 111 service so that all patients can be assessed urgently by a skilled health professional.

GPs should focus on patients with complex needs and several long term conditions, supported by a wider range of community services.

An increasing amount of care could be available and provided in patients' homes. This could be treatment such as intravenous medicines including antibiotics.

By maximising use of technology, we could reduce unnecessary trips to hospital for appointments, improving waiting times, and reducing time spent between diagnostic tests and treatment

This would improve the patient experience as fewer patients would require emergency admission to hospital or if admitted, would return home quicker.

## **Each hospital would have a different range of services, depending on local needs**

- **Hospitals as assessment, diagnostic and elective centres**

All hospitals would provide diagnostic facilities and treatment for patients in their areas. This will help avoid many unnecessary admissions. Planned care should be organised so that there is no unnecessary waiting, no cancellations and patients are not exposed to risk of infections. Services may also include rehabilitation. They would work closely with GP's and community services to ensure that as much care as possible is provided in patients' homes or close to their homes. Urgent care centres which may be situated in hospitals or in the community would manage patients with illnesses and injuries that do not require hospital admission. They would be staffed by doctors, other health professionals or both.

- **Hospitals as specialist emergency centres**

Some hospitals may in addition be "specialist" hospitals that could provide emergency and planned care for adults and children who require admission. The staffing and facilities of these hospitals could be designed to deliver better outcomes. This would ensure that seven days a week there are senior staff on duty in the emergency departments, medicine, maternity, gynaecology, paediatrics, emergency surgery, orthopaedics and intensive care. They would be supported by the diagnostic services (Radiology, Laboratory and Endoscopy) and therapists. This would ensure that these specialist hospitals meet all ambitious clinical standards for healthcare.

One of these specialist hospitals would be the major trauma and heart attack centre. It would have the facilities and staffing of the other specialist hospitals. In addition it

would be able to manage patients who have had heart attacks and major trauma and are taken there directly by the ambulance service.

## **YOUR VIEWS**

We want to seek your views to help us in developing the way ahead. We have indicated two areas in particular where we would like you to share your thoughts on the draft framework of care.

We would like you to tell us:

- Do you support the principles of care as a reasonable direction of travel?
- Do you support the draft framework of care as a reasonable direction of travel?
- Any ideas or questions you have to enhance the draft framework for care, or issues raised?
- What are your priorities for improving care for patients and for decision making criteria?
- Any other comments/suggestions?

We can then use your feedback to help us develop the decision making criteria and the scenarios for how care could be provided in the future. The next phase of engagement is being planned for during June/July.

There are a variety of ways to share your views and these are:

**Email:** [necsu.betterhealthprogramme@nhs.net](mailto:necsu.betterhealthprogramme@nhs.net)

**Twitter:** [www.twitter.com/NHSBetterHealth](http://www.twitter.com/NHSBetterHealth)

**Facebook:** [www.facebook.com/nhsbetterhealthprogramme](http://www.facebook.com/nhsbetterhealthprogramme)

**For more information about the Better Health Programme:**  
[www.nhsbetterhealth.org.uk](http://www.nhsbetterhealth.org.uk)