

Designing Your Future Local Health Services in Stoke-on-Trent and North Staffordshire

How you have been helping us to shape the solutions

North Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) are in the process of gathering the views of local people in the design of high quality, accessible and affordable local health services that meet your needs in and around the Community Hospitals.

This is a much broader picture than just the hospital buildings at Bradwell, Cheadle, Haywood, Longton Cottage and Leek Moorlands as it is about making sure the right services are in the right place at the right time, whether these services are provided from the hospital location, GP Practices or other health service providers.

We are in the process of working with local stakeholders to develop a pre-consultation business case with viable scenarios for each location on which we will formally consult later in the year.

Background

Over recent years we have been talking to you about the proposed model of care of providing care closer to home. Since October 2018, we have been on a journey, gathering your view on how we could deliver the best services to all patients to meet their changing health needs. We have also commissioned the Consultation Institute to help us to make sure we get this right and use best practice in the way we do this.

We have been working with local people, stakeholders and clinicians to understand the information and data we have about local health needs and the services that should be provided to meet those needs. We want to take an opportunity to let you know what we have been told so far, how we are listening to your views and what we will do next.

What has been happening over the past few months?

The information and ideas you provided in a public survey and feedback from the Listening Events we held from October to December was independently analysed by the Centre for Health and Development.

We used this information, along with a lot of information about the services currently provided at the Community Hospitals and analysis of local health needs at an Options Development Event on 23rd January.

The event was attended by over 70 people, including representatives from provider organisations, Local Authorities and GP Localities, as well as patient representatives and the voluntary sector.

Working in groups, people reviewed the information about each location and reduced the long list to a shorter list and considered the criteria against which the list will be evaluated.

What we did



From the perspective of each location and a whole population perspective

Local Health Needs

Based on the data available to us from a variety of different sources, we produced data packs for each location which told us about the local population's health needs, the use of current services, travel and equality data.

Based on this information, we asked participants to provide their opinions of which services should be provided at each Community Hospital.

The core set of services to emerge were:-

- Walk in Centre / Minor Injuries Unit / Urgent Treatment Centre
- Out of Hours Services
- Outpatients – Current provision plus tailored services based on local needs
- Beds – slightly differing provision by site
- Diagnostics eg X-ray, ultrasound ,ECG
- Mental Health –crisis care, counselling , day care, clinics
- Dementia Services – ranging from memory clinic to a Centre of Excellence
- Phlebotomy – based on required demand in each locality.
- Hub - wellbeing - voluntary sector - social prescribing - Care navigators
- GP Services – Differing provision by site

At a second event held on 14th February, we presented this information back and used exercises to understand the preferences and choices that people would make given the scenario that we cannot provide everything from every location and that we will have to make difficult choices about the best place to locate the services to meet local needs. The aim of the event was to understand the choices local people make with regards to how far they would travel for community hospital services and to understand the choices they make for each service offer. The services they considered included community hubs, beds, urgent treatment centres, diagnostics such as x-ray and ultra sound and dementia services.

Next steps

During April, we will discuss what you have told us with clinicians and commissioners to see how viable each of the solutions might be. Some of the services suggested are not commissioned by Clinical Commissioning Groups and so we will have to discuss these with providers, partners and the wider NHS, Public Health and Local Authorities. We will hold reference groups to provide feedback on these discussions and will present a view as a whole health economy with some proposals for further consideration.



Once the scenarios have been developed further, they will be included as part of our Pre-Consultation Business Case, Which we will submit to NHS England for their consideration and to go through their assurance process to make sure that we have considered everything that we need to and that our proposals meet their tests. This process is likely to take a couple of months.

Only when that process has been completed will we be able to formally consult on the proposals and no decisions will be made until this process is complete.

We will keep you updated as we work through the process. We will be open and transparent throughout and will publish all of the information you need here:-

<https://www.stokeccg.nhs.uk/stoke-get-involved/consultation-engagement/designing-your-local-health-services>

and

www.northstaffscg.nhs.uk/get-involved/consultation-engagement/designing-your-local-health-services

Appendix 1: Suggested Services by Location

Leek
Urgent and Diagnostic: Stakeholder Suggestions
<ul style="list-style-type: none"> • GPs under one roof • Need an urgent care offer in Leek • Current services need to be integrated – Minor Injury Unit etc. • Moorlands fragmented - no local access point for GP Out of Hours in Leek or Biddulph, have to go to Campbell Road, some referred to A&E – a lot of travel required if got transport • Minor Injury Unit do not cater for patients under 5 years old so quite varied on what can be prescribed etc. • Need to improve urgent care offer in Leek – need think differently / need to tweak what is already there - Minor Injury Unit closes at 8pm in Leek – travel to Stoke – no public transport, 45 minutes travel time – concern for elderly which is the nature of the population in Leek • Need prescribing ANPs in Leek • Diagnostics to be available to match the Minor Incident Unit 8am-8pm seven days a week • Phlebotomy services needed e.g. 6 days in Leek • X-ray and ultrasound • Baby ultrasound • Medical presence daily (including weekends) (GP) • Up to date scanning and X-ray facilities – extended opening times • Extra care facilities
Community: Stakeholder Suggestions
<ul style="list-style-type: none"> • Respiratory offer including chest therapy / MDT approach / mental health offer / dementia • Integrated team Hub – Leek – counselling, pharmacy, small number of palliative beds • Physio • Podiatry • COPD • Asthma • CHD • Diabetes • Stroke • Care Navigator – Health and Social Care • Previous Public Health services – smoking sensation, sexual health, • Well persons clinics to promote good health • Hub base for the integrated, community team • Primary Care led - GPs, District Nurses, Health Visitors, social care, voluntary sector
Mental Health: Stakeholder Suggestions
<ul style="list-style-type: none"> • Need a help hub to offer support, but not inpatient care cost • Dementia Centres needed in Leek • Value in having NHS dementia hub • Crisis Centre / mental health patients • EMI

Planned Care Stakeholder Suggestions
<ul style="list-style-type: none">• Specialist outpatient clinics in more remote locations• Smarter access to outpatient appointments e.g. one stop shop• Same services that there is now with proper IT
Beds Stakeholder Suggestions
<ul style="list-style-type: none">• Step Up facilities• Short term step up facilities• Rehabilitation and step up beds• Beds need provide various uses step up, rehabilitation, end of life

Bradwell

Urgent and Diagnostic: Stakeholder Suggestions

- Look at priorities for Bradwell, may not require a full diagnostic service and maybe off-set against other priorities such as physio and OT to support frail/elderly.
- Surgery offer some diagnostic services
- Consideration for other services in the area
- Walk in Centre
- Surgery – offer some diagnostic services
- X-ray services in Newcastle
- Expert faculties into community hospitals to strengthen Hubs e.g. CT scans
- MIU / Walk In Centre
- Hub
- X-Ray
- Phlebotomy
- ECGs
- GPs under one roof
- EOL – bolt into localities – more consistent approach
- Pharmacy

Community: Stakeholder Suggestions

- Sexual health clinic
- Combine Lymebrook for specialist care and GP extended access for weekends
- Wellbeing Hub
- extended GP access at weekends
- Care Navigation – Social Prescribing + carer support (including LTC)
- GP Hub – out of hours and weekends (Extended Access to Primary Care)
- Prevention services Hub (alcohol, smoking) + related f/o services – linked back to Public Health indicators
- Wider community Hub – integrated Voluntary / Community Sector (bereavement services) + local assets (Schools etc.) / wider carer support (including respite) – addressing key determinants of health.
- Asthma
- COPD
- Diabetes
- Lifestyle services i.e. co-located with maternity / stop smoking ke
- Chronic disease outreach
- Keep all outpatient clinics

Mental Health: Stakeholder Suggestions

- Physio First, Pharmacy First + Mental Health First
- Mental health services (shouldn't be bed-based)
- Mental health (integrated model) (including LTC)
- Dementia services

Planned Care: Stakeholder Suggestions
<ul style="list-style-type: none">• Investment in integrated + Intermediate Care• Chronic disease• Outpatient clinics in place currently remain including phlebotomy• Primary care Hub• Multi-disciplinary teams in community
Beds: Stakeholder Suggestions
<ul style="list-style-type: none">• Palliative Care• Respite - potential support by the third sector such as respite• Step up beds• Step down• Rehab• Reablement

Haywood
Urgent and Diagnostic: Stakeholder Suggestions
<ul style="list-style-type: none"> • Minor Injury Unit / ailments / GP offer • X-Ray • Phlebotomy • UTC, enhanced diagnostics • Walk-In wait see GP supported by ANP / Pharmacy • GP onsite / prescribing ANP • GP practice • Complete Walk –in centre – fracture clinic – needs to be really good – hours open – X-ray, Phlebotomy • GP service here, Primary Care Centre e.g. referred Hanley Walk-in Centre • ECG
Community: Stakeholder Suggestions
<ul style="list-style-type: none"> • COPD • Diabetes • Respiratory / COPD / LTC clinics 'the pathway' • Podiatry • Physiotherapy • VCS Hub (prevention + education) • Drug and alcohol services • Community nursing services / Health Visitors • Health and Wellbeing Centre v's hospital – community medical facility • Voluntary Groups • District Nurses
Mental Health: Stakeholder Suggestions
<ul style="list-style-type: none"> • Memory Clinic • Mental Health Services • Mental Health officer – EMI – dementia • Cognitive Behavioural Therapy to much higher need • Dementia – more community based • Centre of excellence
Planned Care: Stakeholder Suggestions
<ul style="list-style-type: none"> • Rheumatology and MSK physio • Offer outpatient services at Community Hubs – need to ensure utilised fully • Chronic disease clinic • One stop shop – prevention / education – UCC – managing LTCs • Other Out Patient Department services – bring the consultants out e.g. Gynaecologists more local specialists pharmacy for public • Wheelchair service

Beds: Stakeholder Suggestions

- Specialist beds
- Beds assessment and rehab
- Palliative beds
- GP led start (Step Up)

Cheadle

Urgent and Diagnostics: Stakeholder Suggestions

- Primary Care Access Hubs – Hub and spoke model. Extended GP Access
- Minor Injury Unit / ailments / GP offer
- Fracture clinic
- X-Ray Unit / Scan
- Out of Hours service
- Phlebotomy
- GP offer
- Basic diagnostics
- GP practices into onsite potentially
- GP under one roof / GP Care Hub
- Minor Injury Unit / X-Ray – GP provided Urgent Care – longer hours
- Pharmacy location at Cheadle – central location and impact on general practice

Community: Stakeholder Suggestions

- Hub for day to day / LTCs, frailty (over 60s)
- District Nurse
- Day care facilities
- CHD
- Diabetes
- Stroke
- Asthma
- Epilepsy
- Physiotherapy
- Wellbeing clinic
- Care Navigator – Health and Social Care
- GP practices / chronic disease management / working together
- Smoking
- Breastfeeding
- Audiology
- Cancer screening
- Counselling
- Maternity services
- Paediatric services
- Eye
- Family planning
- Age fitness support
- Dental
- Drug rehab
- Smear testing
- Voluntary Sector Hub – partnership

Mental Health: Stakeholder Suggestions

- Memory clinic
- Specialist dementia services = critical services need to retain local for this vulnerable group of
- Bed based facilities plays a part in Dementia Services e.g. Northfield
- Need to consider mental health in general also, for Leek as a location
- Group felt that clinical services are required in Cheadle for this vulnerable group
- Different service offer for the patient and their family
- Bed base facilities
- Mental Health crisis services

Planned Care: Stakeholder Suggestions

- Specialist outpatient clinics in more remote locations

Beds: Stakeholder Suggestions

- Limited number of step up beds
- Care home beds in Cheadle is limited

Longton
Urgent and Diagnostics: Stakeholder Suggestions
<ul style="list-style-type: none"> • Minor Injury Unit / ailments / GP offer • X-Ray • MIU / Walk In Centre • Phlebotomy • ECGs • Same day access for a GP (local GP) • Practices collaborate • Extension of core GP services • Pharmacy provision to on site – good local provision around LCN currently – use it in the right way
Community: Stakeholder Suggestions
<ul style="list-style-type: none"> • LTC offer • Social prescribing • Children’s services • Education • Dietetics • Exercise • Counselling • CHD • Diabetes • Hypertension • GPs under one roof • Care Navigator – Health and Social Care • Audiology • Physiotherapy • Podiatry • Drugs and alcohol • Diabetes, Respiratory, Cardiac – 3rd sector – education / self-care • Community rooms for groups ‘VCS Hub’ - open drop in e.g. loneliness • Multi-disciplinary team at Longton. District nurse community nurses physio and podiatry, phlebotomy, social worker and wellbeing • GP led • A social Hub that develops what are very deprived communities • Voluntary sector – lifestyle/a lot of services what is the contribution • Café • Counselling and support groups – massively deprived area (Blurton, Fenton, Normacot Bentlee etc)
Mental Health: Stakeholder Suggestions
<ul style="list-style-type: none"> • Access to CPNs • Mental health and perinatal – for patients / families – local holistic care / include 3rd Sector – including education – opportunities through Longton development • Need to be dementia friendly • Memory clinic – dementia café’s care or awareness

- Resource centre
- Carer support
- Early stage dementia
- Counselling, support groups

Planned Care: Stakeholder Suggestions

- Dependent on patient demographics in Longton
- Priorities on volume - Look at patient flows for high volume outpatient areas for the local area and then apply that
- One stop shop

Beds: Stakeholder Suggestions

- GP beds in the community
- Short term (Length of Stay 2-3 days) GP led Step up capacity
- Sub-acute with a view to growing community services to support (stepped change)
- Community beds – until D2A working properly
- Discharge to residential beds more than community hospital bed and care better in community hospital
- Beds – we would like beds that support ongoing rehabilitation (e.g. supported by intensive physio / OT). Share GP practices, sign-up/ respite beds
- Respite for carers if people are being cared for by families