

Goole and District Hospital: Going Forward

Clinically Driven, Locally Led

Proposals for the future of Goole and District Hospital

**Feedback period:
6 April 2011 – 30 April 2011**

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1. INTRODUCING THE PROPOSALS

1.1 Introduction

In October 2010 Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLaGFT) established the Goole and District Hospital: Going Forward project.

The remit of the project was to develop a coherent set of proposals for the future of Goole and District Hospital and formulate an action plan to translate these proposals into reality.

The need to undertake this piece of work was agreed by the management and clinical community of NLaGFT and with NHS East Riding of Yorkshire.

This document sets out a number of proposals for the future of Goole and District Hospital. The proposals have been developed in conjunction with the Goole Community Engagement Forum, following discussion with forum members, and Trust staff over recent months.

The proposals are set out in section 2 and are centred on 10 key themes.

Your feedback on these proposals is welcomed; details of how to provide this feedback are included at section 3.

1.2 Context

The NHS White Paper, *Equity and Excellence: Liberating the NHS*, sets out the Government's long term vision for the future of the NHS. As part of this, it is envisaged that Foundation Trusts will have increased freedoms, enabling innovation to improve care for patients.

A number of specific initiatives provide NLaGFT with significant opportunities for the future. These include:

- Reducing fragmentation of services
- Improved working across organisational boundaries, including local authorities and between hospitals and general practices
- Breaking down the barriers between health and social care funding
- Improving the management of long term conditions
- Improving end of life care

There is a growing sense that there are positive advantages to be derived as Goole and District Hospital is well aligned with the national policy focus to care for patients closer to home.

1.3 Involving patients, carers and the public

The Goole and District Hospital: Going Forward Community Engagement Forum was established in December 2010.

The membership of the forum consists of representatives from the following:

- Trust Public Governors and Members (Goole and Howdenshire)
- NHS East Riding of Yorkshire (commissioners, practice based commissioners and community providers)
- Member of Parliament for Brigg and Goole
- Local Authority (members and officers)
- East Riding Local Involvement Network
- East Riding Voluntary Action Services
- League of Friends

The purpose of the Forum is to represent stakeholder views to the Goole and District Hospital: Going Forward project.

Relevant stakeholders have been provided the opportunity to contribute and feed their views into the project to develop a set of proposals for the future of Goole and District Hospital.

The forum is chaired by a Trust Non-Executive Director and has met on two occasions; in January 2011 and February 2011; a further meeting is planned for April 2011.

Trust staff have been engaged in the project through a series of open discussion forums held at Goole and District Hospital. All staff have been encouraged to participate in the discussion forums and put forward ideas for the future of the hospital.

Trust staff representatives attended the East Riding Overview and Scrutiny Committee in January 2011 to outline the project brief.

Trust staff representatives met with representatives from NHS East Riding in October and November 2010 to outline the project brief.

1.4 What you've told us

It is clear that there is overwhelming support for Goole and District Hospital; it is highly valued by staff, patients, carers and all stakeholders.

All stakeholders have been keen to be involved in discussions to identify opportunities for the future of Goole and District Hospital; there is a real commitment and enthusiasm to maintain and develop services for the local population.

1.5 How your involvement has influenced our vision

Discussion with a wide range of stakeholders has reinforced the Trust's vision to improve the quality and breadth of services that can be safely provided at the Goole and District Hospital site.

The involvement from a wide range of stakeholders has highlighted some key priorities for the future development of services and has also introduced a number of new ideas for consideration.

2. OUR VISION FOR THE FUTURE

2.1 Introduction

The Trust is committed to supporting the clinical community to improve the quality and breadth of services that can be safely provided at the Goole and District Hospital site.

In parallel with this work the Trust will work with Commissioners to create the financial flexibility to enable the recommendations that emerge to be translated into an implementation programme.

2.2 Why change is needed

There are a number of perceived weaknesses in terms of safe clinical provision in the services currently delivered at Goole and District Hospital characterised by:

- The inability to provide the full range of District General Hospital services as some facilities are not available, such as an intensive care unit (ICU), high dependency unit (HDU), paediatric inpatients
- The lack of clarity within the local health community as to the current range of services provided at Goole and District Hospital and the potential detrimental impact on elective referrals and acute admissions via the Ambulance Service
- Patient and public views that increased activity could be undertaken at Goole and District Hospital and that this would better meet the needs of the local community and health economy

The net effect of this is that:

- Patients are sometimes referred or taken to other hospitals when services could be safely be provided at Goole and District Hospital
- The opportunities afforded by the recent White Paper are not being proactively assessed and driven
- The relationship between the local health economy and its population is being adversely affected by the current issues and perceived direction of travel.

There is a growing sense that there are positive advantages to be derived from the identified perceived weaknesses as Goole and District Hospital is well aligned with the national policy focus to care for patients closer to home.

There is a need therefore to reach a broad consensus across the Trust, GPs and Commissioners and the community about the current issues facing Goole and District Hospital together with an initial view of the drivers for these issues and how they can best be addressed.

2.3 Proposals for consideration

The proposals for consideration focus on ten key themes that have emerged; each of these is described in more detail in the sections below.

(i) Cancer and End of Life

This proposal focuses on the development of cancer and end of life services at Goole and District Hospital and includes the following:

- Explore the provision of cancer treatments, such as chemotherapy, on site at Goole
- Improve and increase the palliative care facilities at Goole and establish fundraising for palliative care facilities and equipment
- Develop links to services, such as Macmillan and Marie Curie, to better support patients and carers
- Offer day care and/or respite care for patients and carers

- Review the existing oncology outpatient services to ensure a high quality service is provided with sufficient capacity to meet the needs of the local population
- Develop outreach nursing services or link to existing community nursing services for cancer and end of life patients to provide care and support in the patients own home
- Ensure adequate pain management services are available for cancer and end of life patients

(ii) Diagnostics

It is acknowledged that Goole and District Hospital has good diagnostic facilities with highly trained and enthusiastic staff. To further enhance the diagnostic services provided it is suggested that access to MRI facilities is essential. This could be provided in a number of ways, for example a permanent MRI on site, a mobile MRI unit for a number of sessions each week or through the development of links with another local provider such as Pontefract.

Given the location of Goole and District Hospital, with excellent transport links, it has been suggested that the diagnostic services could be developed on site which a number of local providers could then utilise. This would, of course, be in addition to any other services provided, it is not suggested that the site becomes a solely diagnostic centre.

Another proposal is to harness new technologies to enable near patient testing; this would reduce or eliminate the need for samples to be sent off site for testing which would reduce transport costs and improve the timeliness of results.

(iii) Planned Care

A number of proposals relating to planned care are suggested. These include reviewing the capacity and demand for services across all specialities to ensure a wide range of services with sufficient capacity to meet the needs of the local population can be provided.

There are also opportunities to increase the overall level of activity undertaken at Goole by repatriating activity from Hull and increasing market share from Doncaster and Wakefield.

It is acknowledged that theatre sessions at Goole run efficiently; therefore the Trust could consider undertaking more of the routine surgical activity at Goole and utilising capacity at Scunthorpe and Grimsby for more complex cases.

Some work has already started to offer day services and nurse led services at Goole. This could be further increased by offering services such as PEG feeds, NG tubes, IV antibiotics, rheumatology procedures and haematology treatments.

There has been recent investment in endoscopy equipment at Goole to enable a local service to be provided. With minimal additional investment interventional as well as diagnostic endoscopy could also be provided locally. However, it should be noted that JAG accreditation may be required to support this.

Working with local commissioners there is opportunity to review the service model for some services, such as musculoskeletal services, pain management and dermatology. There is also scope to continue to innovate at Goole and explore the option to maximise one stop services and outpatient procedures.

(iv) Unplanned Care

A number of proposals have been suggested relating to the minor injuries unit; these range from the development of a Consultant led Emergency Medicine service to the development of a nurse led minor injuries unit.

Opportunities have been identified for improved working with the existing GP out of hour's service which is based at Goole and District Hospital; this could include integration with the minor injuries unit.

The need to review the criteria for ambulance services bringing patients to Goole has been highlighted to ensure patients are taken to the most appropriate setting to meet their needs and to ensure local patients are taken to Goole whenever this is clinically appropriate.

The medical ward capacity for non-elective activity should be reviewed to ensure sufficient bed numbers are provided to meet the needs of the local population.

Consideration should also be given to the development of a medical assessment unit or to the development of a medical assessment process to ensure timely assessment by an acute care physician for all non-elective admitted patients.

There is an opportunity to review medical staff cover for the wards at Goole and District Hospital; proposals relating to this range from Consultant on call cover for the site, development of an RMO model, integration with GP out of hours or development of a GP with a special interest post.

Interest has also been expressed in developing community nursing beds at Goole and District Hospital; this fits with the neighbourhood care team model in NHS East Riding.

Goole and District Hospital already provides excellent rehabilitation services; it is suggested that these could be further developed so that the capacity and capabilities are maximised.

Work is already underway in East Riding to develop a single point of access service; it is suggested that Goole and District Hospital is engaged with this work to ensure integration with any future community service developments.

(v) Maternity, Paediatrics and Sexual Health

It is proposed that the capacity and demand for children's outpatient services is reviewed to ensure the needs of the local population are met at Goole and District Hospital. Alongside this opportunities for joint working with children's community nursing should be explored.

Consideration should also be given to the development of a midwifery led unit to ensure a comprehensive local service is available to pregnant women.

It is suggested that the provision of local sexual health services be reviewed to ensure there is sufficient capacity to meet the needs of the local population.

(vi) Private Patients

Private patient services are already offered at Goole and District Hospital but it is proposed that both the range and capacity of private patient services could be increased although it should be noted that this should not be at the detriment to the provision of NHS services.

The potential to offer other private medical work has been proposed; this includes services such as occupational health schemes and medical services to local employers and developing links to health insurance schemes.

(vii) Therapies

Some cross boundary issues relating to speech and language therapy services have been highlighted. It is proposed that current service provision is reviewed to ensure patients are not disadvantaged.

It is proposed that occupational therapy advice and equipment could be provided to patients where the patient does not meet the criteria for equipment but may still wish to purchase equipment on a private basis.

(viii) Mental Health and Learning Disabilities

Opportunities for provision of mental health and learning disability services at Goole and District Hospital should be considered to ensure patients can access a local service.

(ix) Education and Training

Given the excellent transport links and existing facilities available it is suggested that Goole and District Hospital could be promoted as a training and conference venue.

It is suggested that existing links with the Hull, York Medical School be maximised to provide local training opportunities for a range of staff.

Nursing and Residential homes may also be interested in commissioning training and support from nursing and medical staff at Goole and District Hospital.

(x) Co-location Health Promotion, Third Sector, Social Services

It is acknowledged that there is capacity available at Goole and District Hospital and a number of proposals have been suggested for either co-location or provision of services on the site. These include

- Health promotion
- Day care and/or community centre
- Voluntary sector services/support groups/charities

3. RESPONDING

3.1 Public meetings and feedback timeline

Feedback is welcomed on these proposals from 6 – 30 April 2011.

A copy of the proposals will be circulated to all public members of the Foundation Trust and to the membership of the Community Engagement Forum. The proposals will also be discussed at the Community Engagement Forum on 7 April 2011.

The proposals will be discussed with the East Riding Overview and Scrutiny Committee and NHS East Riding during April 2011.

The proposals will be made available to all Trust staff via the intranet and a number of staff discussion forums will be arranged; details of these will be available on the intranet.

3.2 Who would we like feedback from?

Feedback is welcomed from a wide range of stakeholders including:

- Trust staff
- Community Engagement Forum
- Public Governors
- Public Members
- Local Authority Members and Officers
- Primary Care Organisations
- Local Member of Parliament
- Voluntary organisations

3.3 The outcome

All feedback received on the proposals will be shared with stakeholders and the Trust Board will receive the final report in May 2011.

Communication regarding the outcome of the report will be shared with all stakeholders following this.

An implementation plan will be developed to take forward the final proposals and an organisational lead will be identified for each key theme. Progress on implementation will be monitored via the existing project board arrangements and communicated to the Community Engagement Forum.

3.4 Have your say

We are interested to know your views on these proposals; please let us know what you think:

In writing to: Denise Smith
Deputy Director Service and Business Development
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Goole and District Hospital
Woodland Avenue
Goole
East Riding of Yorkshire
DN14 6RX

By email to: nlg-tr.GoingForward@nhs.net