Northumbria Specialist Emergency Care Hospital

Transforming Emergency Care Services in Northumberland and North Tyneside

www.northumbria.nhs.uk
Northumbria – who are we?

Foundation Trust – 10 hospitals
TCS – Community Services
Delegated Adult Social Care – Northumberland
2 CCGs

Demographics = Ageing population
Stable workforce = 10,000+ staff
Pre-existing Hospital Infrastructure

Northumbria Healthcare
NHS Foundation Trust

Outpatients
Diagnostics
Day cases
Elective Surgery
Sub acute in-patients
A&E Emergency Admissions
Acute in-patients
Minor injuries

Outpatients Diagnostics Day cases Elective Surgery
Sub acute in-patients
A&E Emergency Admissions

Acute in-patients
Minor injuries

North Tyneside

Wansbeck

Blyth

Rothbury

Ainwick

Berwick

Haltwhistle

Wallsend

Hexham

Northumbria Healthcare
NHS Foundation Trust
Focused around 3 major “emergency site”

What we changed

- Outpatients
- Diagnostics
- Day cases
- Elective
- Surgery

Sub acute in-patients
A&E Emergency Admissions
Acute in-patients
Minor injuries

“hot” diagnostics

- Acute in-patients
- A&E Emergency admissions

Outpatients
Diagnoses
Day cases
Elective
Surgery

Acute in-patients
Minor injuries

Outpatients
Diagnoses
Day cases
Elective
Surgery

Acute in-patients
Minor injuries

North Tyneside

Hexham
Developing our emergency care model - how did we get here?

• 10 + year journey

• “Built a building around our ways of working”

• Culture and 7 day emergency working
First Opportunity to Reconfigure Emergency services in 2004

- Opportunity to participate in junior doctor Foundation pilot
- Introduction of Hospital at Night
- Consultant led model of acute care provision (ACP)
- Concept of single door entry
- August 2004 FOH and BOH split – overnight!
Clinically driven model supporting 7/7 and specialist input into acute presentations

- Access to specialists as soon as possible
- Reducing reliance on junior doctors
- Because these ensure the best possible treatment for patients to give them the best chance of recovery
  - Evidence based effective treatment earlier
  - Reduced mortality and improved outcomes
- More efficient use of resources
- A service which won’t require on-going change and will be sustainable
- Supported by a strong engagement strategy public and stakeholders
Specialist Emergency Care – Concept

- Engagement commenced in 2005 with evidence base:
  - Early senior decision making / Consultant specialty presence 7/7

- Medical training changing – consolidation of rotas / less reliant on junior workforce. Provide excellent training opportunities

- Base hospitals responsive – community – provide local services and centres of elective excellence

- Engagement / Consultation process – clinicians heavily involved
- Communication campaign

www.northumbria.nhs.uk
The Challenge

- Engage and communicate with 10,000 staff
- Work with teams across Northumberland and North Tyneside on three general hospital sites – same specialty, different cultures, different ways of working
- Change elective and emergency pathways
- Change the working environment, team structure and working arrangements of approximately 1200 staff
- Continue with the day job! - Maintain all services in 3 DGH sites, 6 Community Hospitals and all Community Business unit sites at the same time
Our leadership model

Strong culture of medical managers

Business Unit Directors 50:50 clinical

Leadership development

• New consultants programme
• Trustwide – leadership pairing of clinicians and managers as business unit and specialty leaders
Communication and Engagement

'It was very much a clinical consultation’

'We got a lot of challenging questions and we were quite realistic about what some of the issues might be for people’

'We were introducing the specialties to each other, showing them how they were going to work together, and people really enjoyed that’

'It’s a two-way thing: you’re getting invaluable information from clinicians that you can feed into the building design and giving them ownership’
The Learning

• Be simple and be consistent. Make it easy to communicate and understand
• Give staff autonomy to make their own choices where possible
• Keep the communication channels open
• Communicate, Communicate and then Communicate some more!!
What’s in the building…

- 6 operating theatres
- Maternity – consultant and midwifery led unit
- Special Care Baby Unit
- 210 beds - medical and surgical wards
- 18 bedded Critical Care Unit
- Paediatric unit
- Ambulatory care units – medical and surgical
- A&E department with 36 treatment rooms and 4 bed resuscitation
- Radiology department - 2 CT scanners and an MRI
- Cardiology / Cath lab
- Restaurant
- Teaching / seminar rooms with IT facilities
- Office space
- Pathology
Front Line – Since 15th June 2015

• Resident 24/7 Emergency Care Consultants
• Acute Care Physicians
• Surgery x 2 / Orthopaedics x 2
• Cardiology / GI / COTE / Respiratory / Stroke
• ITU / Anaesthetics
• O & G
• Paediatrics
• + Nurse practitioners
• + Pharmacists
• H2H and community services input to support early discharge
• Direct and protected access to diagnostics – particularly imaging and reporting
• Urgent care centres at general hospitals – medical cover 09:00 – 22:00 7/7. GPs embedded within the team (17:00 – 22:00 M-F and 09:00 – 22:00 w/e)
NSECH model

- A&E – speciality ward – discharge home, or transfer to base site or transfer to community hospital
- A&E consultants working 24/7 – providing senior cover and support
- Consultant working 7 days, 12hrs a day for all specialty wards / ward areas
- GIM consultant presence till midnight
- Pharmacy and other support services - 7 day working
- Diagnostic services 7 days a week, 12 hrs a day
- Ambulatory care and surgical assessment unit
- Critical care
- Some elective, high risk surgery
- Birthing Centre
Base sites

- Elective wards
- Sub-acute medical and rehab wards
- Palliative Care units (potential direct admit)
- Elderly assessment centres (potential direct admit)
- Ambulatory care – follow up or protocol based nurse led
- Diagnostics
- Outpatient
- Urgent Care Centres
- Opportunities for colocation of other services eg council, voluntary sector
- Refurbishment of wards – 4 bedded bays
The Learning – 2!

• Just because you opened, doesn’t mean you’ve finished
  – Don’t walk away too early and assume it’s done
  – Maintain continuity of the project leadership team

• Being involved in the planning and implementation for some staff groups, isn’t the same as properly understanding how things will work in reality.

• Monitor, monitor and monitor some more
  – Hold the line
  – support to nurture the new model is vital
  – ‘Learn to walk’ in the new environment before making changes. Baby steps