

Re-development of Berwick Infirmary Health & Wellbeing Overview and Scrutiny Committee – 4 September 2018

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Catchment area

- South of the Scottish border, West to Cornhill and South to Wooler – including Belford and Bamburgh.
- Also includes some people living in Scotland with a Northumberland GP.





- 5 GP practices in the North (Cheviot Medical Group, Glendale Surgery, Well Close, Union Brae and Belford)
- Approx. 25,000 patients on their lists
- 27% of these patients are aged over 65
- 12% are aged over 75
- Berwick one of the highest concentrations of older people in the North East

Berwick Infirmary Overview

| Services provided | Description | | | | | |
|-------------------|---|--|--|--|--|--|
| Inpatient beds | Step down, consultant led rehabilitation and palliative care beds. Some step up provision limited to palliative care and done via a | | | | | |
| | nurse to nurse pathway. | | | | | |
| Outpatients | Outpatients is a overall term for a number of clinics, day case treatments and diagnostics. This includes: Day case treatments Outpatient clinics (led by both NHCFT and NUTH) Specialist areas for example minor procedures, oncology, | | | | | |
| Minor Injuries | audiology and radiology A minor injuries service is provided 24 hours a day 7 days per week. | | | | | |
| Maternity | Maternity provides midwife support for some low risk births. This is within a separate building on the Berwick infirmary site. | | | | | |
| Physiotherapy | A gym and individual bays are used to provide assessment, treatment and rehabilitation. | | | | | |
| Offices | A number of community and hospital based staff have offices available within the site. | | | | | |

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Commissioning process to date

- A project group reviewed past plans
- The group comprised clinicians and operational and commissioning managers from the CCG and NHCFT
- Analysis of activity over the previous 3 years informed future commissioning intentions for services
- Thinking was also informed by national healthcare direction of travel, potential future medical advances and the need to deliver sustainable/future proofed services for local people

- The vast majority of the previous services needed to be retained
- All potential opportunities were fully explored

Current and proposed services

| Service | Current | previous plans | 2018 proposal | |
|--------------------------------------|----------------|----------------|-----------------------|--|
| Endoscopy | × (Alnwick) | ✓ | ४ (Alnwick) | |
| Gynaecology | × | | \checkmark | |
| Dental/Oral Surgery | 1 | 1 | 1 | |
| Plastic Surgery (lumps and bumps) | 1 | ✓ | ✓ | |
| Gastroenterology | × | 1 | 1 | |
| Haematology | ✓ | 1 | ✓ | |
| Minor procedures | ✓ | 1 | ✓ | |
| Oncology | ✓ ✓ | 1 | ✓ | |
| Radiology | ✓ | 1 | ✓ | |
| Maternity | ✓ | 1 | ✓ | |
| Physiotherapy | ✓ | 1 | ✓ | |
| Primary Care | × | ✓ | ✓ | |
| Minor injuries | 1 | ✓ | ✓ | |
| Inpatient beds (20 + 4 escalation) | | ✓ (30) | ✓ (16) | |

Current and proposed services

| Service | Current | previous plans | 2018 proposal | | | | | |
|---|------------------------|----------------|---------------|--|--|--|--|--|
| Newcastle Upon Tyne Hospitals Outpatients | | | | | | | | |
| Dermatology | 1 | 1 | 1 | | | | | |
| ENT | ✓ (Union Brae) | 1 | 1 | | | | | |
| Ophthalmology | 1 | 1 | 1 | | | | | |
| Audiology | Audiology (Union Brae) | | 1 | | | | | |

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Proposed changes

Number of inpatient beds

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Endoscopy

Inpatient beds

Occupied bed days - Modelling

| Year | Occupied bed days (per annum) | LOS (mean) | Change in LOS from previous year | Beds needed (93% occupancy) | Actual occupancy |
|--------|----------------------------------|---------------|--|-----------------------------------|---------------------|
| Mar-13 | 8207 | 33.6 | NO data | 24 | 71.6% |
| Mar-14 | 7790 | 31.9 | -1.7 | 23 | 72.7% |
| Mar-15 | 7920 | 29.5 | -2.4 | 23 | 72.3% |
| Mar-16 | 7110 | 28.1 | -1.4 | 20 | 73.1% |
| Mar-17 | 6625 | 27.7 | -0.4 | 20 | 75.4% |
| Mar-18 | 6929 | 27.2 | -0.5 | 20 | 79.1% |

- 75.8% Average occupancy since 2016 (20 beds)
- Based on the above, 16 beds would be sufficient to comfortably meet demand.
- Future care models will further reduce Lengths of Stay (LOS) and therefore free up additional bed capacity
- Considered that future bed use profiling will allow for spare capacity in times of surge

Endoscopy

 Recent demand from the Berwick population has dropped significantly – linked to improved clinical assessments and referral processes.

2015/16 - 119 cases 2016/17 - 72 cases 2017/18 - 30 cases

- Berwick service suspended in 2017 due to equipment decommissioning
- No increases in waiting times and all patients moved to Alnwick or Wansbeck General Hospital (WGH) based on patient choice
- Pre-assessments for colonoscopy will continue in Berwick
- Complex patients will only be able to access the procedure at WGH
- Alnwick provides full pathway resulting in one appointment and procedure rather than two and closer proximity to other services if required
- Current review of options for people where transport is a challenge, as appointments are early, for example – accommodation near WGH, visitor and patient transport scheme from Berwick to Wansbeck and The Northumbria.

Benefits

General

- Modern innovative design / flexible and efficient use of space.
- Design principles will include colour schemes to support visual impaired and ensure dementia friendly approach.
- A new building enables the use of virtual / digital clinics to be further developed following the success of virtual fracture clinic.
- Increase to number of pre assessment clinics

Integrated development

- Physical activity benefits people's health and well being.
 - Reduces risk of falls, heart disease, type 2 diabetes, breast and colon cancer, depression and anxiety.
- Patients maybe more likely to use facilities supported by hospital staff
- Staff may use services, healthier happier staff provide better care for patients.

Summary

- This is new investment for Berwick, providing an innovative and sustainable model of healthcare.
- All services currently provided will continue to be provided so no significant service variation.
- In addition one primary care practice have indicated that they would like to move into the new development.
- The development will have a positive impact on recruitment and retention of staff.
- Integrated model enables economies of scale, back office/corporate services which allows more investment in frontline services.

Clinicians commissioning healthcare for the people of Northumberland



Thank you

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