

Horton Vision Workshop - 11 January 2011

Introduction

1. A workshop was held on 11th January 2011 in order to:
 - Continue to develop a shared understanding of the opportunities and issues facing services provided for the people of Banburyshire.
 - Develop a workplan for the preparation of a vision for the Horton.
 - Continue to strengthen the process of stakeholder engagement.
2. A list of those attending the workshop is at Appendix 1.
3. The workshop reviewed progress to date on developing the vision, considered the outputs from the 'Invitation to Innovate' process held as part of the Better Healthcare Programme and heard the results of a survey of commissioner and provider strategies relating to the Horton General Hospital. Progress on key service issues, such as Paediatrics, Anaesthetics and Obstetrics and Gynaecology was also discussed.

Key Themes

4. Following these discussions, a plenary session reviewed the 'themes' which had been identified within the vision for the Horton. These were:
 - 24/7 Acute Cover
 - Development of Tertiary Services
 - Secondary/Primary Care Interface
 - Intermediate Care
 - Education and Training
 - Research and Development
 - Patient and Public Involvement
5. The workshop concluded that the theme of 'Secondary/Primary Care interface' should be extended to include social care, so the final list of themes was:
 - 24/7 Acute Cover
 - Development of Tertiary Services
 - Secondary/Primary/Social Care Interface
 - Intermediate Care
 - Education and Training
 - Research and Development
 - Patient and Public Involvement

6. The workshop then split into 4 working groups to consider the themes and to identify the top 3 priorities within each theme, and the key people who should be involved in the development of the theme. The results of that exercise were as follows:

Group 1

24/7 Acute Cover

Development of Tertiary Services

The top 3 priorities/issues within the themes are:

24/7 Acute Cover

- 'Hub' of skills and expertise 24/7. Medicine/anaesthetics – support other specialties.
- Work with GP colleagues (not in silos)
- Holding bay for investigations
- Need enhanced access to diagnostics
- Back door – getting people out, in order to get more in, reduced delayed transfers

Development of Tertiary Services

- Identify those most required/needed (recent GP survey)
- Surgical specialties outpatient clinics at HGH could be expanded further

The key people to involve in the development of these themes are:

24/7 Acute Cover

- Hospital Consultants – hearts and minds, working differently
 - Medicine
 - Other specialities
 - Diagnostics
- GPs/PML/community services/Social care

Development of Tertiary Services

- GPs
- Consultants
- Patients/public – ask them what they want, eg dialysis

Other Points to Note:

- Historic training structures are no longer relevant or sustainable
- Identifying patients suitable for Horton
- Quality – get senior opinion early

- How do you deal with out of hours specialty-specific problems? – e.g. access to specialist option and on-call from home.
- GPs 'holding tank'
- Link with 1^o/2^o care group

Group 2

Secondary/Primary/Social Care Interface Intermediate Care

The top 3 priorities/issues within the themes are:

Secondary/Primary care interface (including interface with social services)

- Communication between primary and secondary care and joined up thinking about services
- Implementation of good pathways both in and out of hospital. Too often GPs experience such difficulties in getting suitable community care and support for patients that they end up admitting them to hospital as the only safe option for care. Equally need to make sure that support is available for after discharge.
- Cross-county boundary issues with social services (ie getting in hospital social services for South Northants and Warwickshire)

Other issues:

- The management of boundaries with organisations.
- Policy differences between different PCTs and social services were highlighted. It was suggested that having a Care Co-ordinator post who would be aware of the different policies and people to negotiate with might improve efficiency and be better from the patient's point of view.
- Timings of discharges (Friday afternoons are not a good time to set up care packages and make sure district nurses are fully informed).
- Communications with district nurses generally.
- Lots of good work has been done on good pathways but is it all being implemented?
- Education of junior doctors about what services are available in the community (some overestimate, some underestimate!). Ongoing work needed in terms of education about primary care for junior doctors.
- Financial pressures on social care in Northamptonshire and Oxfordshire are already having serious implications for primary and secondary care.
- There is apparently £123million of DH money for managing people in the community in innovative ways (eg movement sensors in patient's homes). Are we bidding for this money?
- Who is suitable for early discharge? Should there be more joined up decisions between GPs/hospital doctors and social services? Ward rounds together?
- Tertiary services: GP commissioning will make it easier to reflect patients' desires from South Northants to get their tertiary services in Oxfordshire.

Top 3 Priorities

Intermediate Care

- Communication between secondary and primary care
- Who provides the medical care? GPs reluctant to take on further burden.
- How do you define intermediate care – how much nursing care?
- Identifying patients for early discharge to intermediate care

Other issues:

- Step-down beds for children. There is no intermediate care for children who will not get the care they need at home to recover but who are no longer in need of hospital care.
- Administrative advantages to having a community hospital in an acute setting. But is it to the patient's advantage? Is there a temptation to discharge patients from acute to intermediate care sooner than might otherwise have done?
- TTOs issue in discharge of patients

The key people to involve in the development of these themes are:

Secondary Primary Care Interface

GPs (cross-county)

Charities/voluntary organisations involved in providing care

Health visitors

Practice nurses

District nurses

County council social services

Ward nurses

Social services in the hospitals

Care agencies/nursing homes

Patients

Parents

Children's Centres

Care agencies/nursing homes

Junior doctors

Gerontologists

Intermediate Care

Patients

Occupational therapists

Physiotherapists

District nurses

GPs

Other Points to Note:

- Prioritisation through patient public involvement
- Learning from others (not re-inventing the wheel)
- South Northants/Cherwell working together. Cross-boundary working can be done!
- Is this the care I would want for a member of my family?
- Opportunities to improve things during the move to GP commissioning
- Communication between primary and secondary care and joined up thinking about services
- Implementation of good pathways both in and out of hospital. Too often GPs experience such difficulties in getting suitable community care and support for patients that they end up admitting them to hospital as the only safe option for care. Equally need to make sure that support is available for after discharge.
- Cross-county boundary issues with social services (ie getting in hospital social services for South Northants and Warwickshire)

Group 3

Education and Training

Research and Development

The top 3 priorities/issues within the themes are:

Education and Training

- Teaching those involved in care (eg nursing homes) to develop their skills – integration of social and acute education
- Understand why doctors trained/specialism versus holistic and physiological
- Horton great place for training (postgrad) doctors working with community rather than absolute numbers of patients – developing doctoring skills – and social dimension
- How can training link to developing services at Horton (define what is needed)
- Define function of services and links to training
- Insight into community needs and agenda
- Integration of health education across whole community services (health, social, community, educational)

Research and Development

- Components of Richard Leaman paper (stable population rather than more transient population) – could this create a different environment for research. (Evolved from small rural society to relatively large conurbation with stable populations) (140k – 180k). Unique resource for education and research opportunity.
- Research about healthcare delivery – small but geographically tight population – integrating community/primary/hospital

Oxford Radcliffe Hospitals

- Maintain GP profile into acute services – nature of Horton
- Research activity done in Oxford/can be done in Horton.

The key people to involve in the development of these themes are:

Education and Training

- Healthcare professionals
- Community
- Public/primary sector providers
 - Public – social/ educational
 - Private – care homes
- Commissioners of healthcare education

Research and Development

- University (include department of primary care)
- Large charitable initiatives – other bodies funding research
- BRC/NIHR
- Links to Abingdon pilot

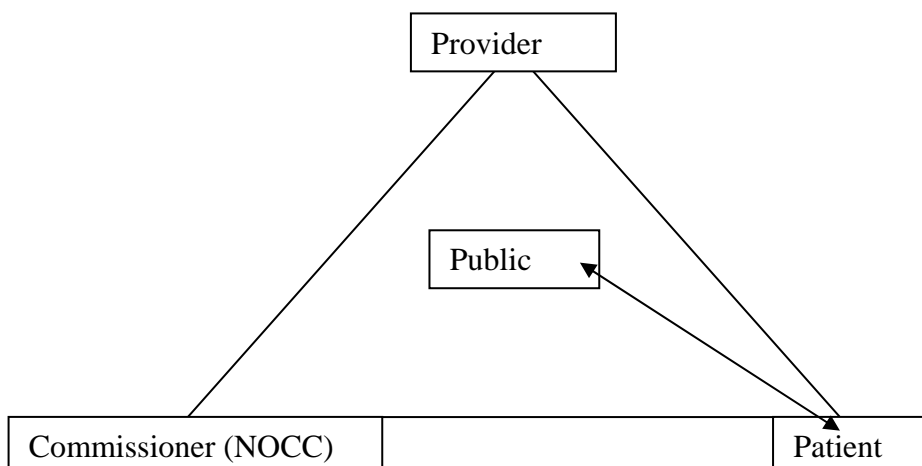
Group 4

Patient and Public Involvement

The top 3 priorities/issues within the theme are:

- Communication
- language for different audiences
- Change in culture
- PPI needs to be in the context of the health economy

The key people to involve in the development of this theme are:



- Existing CPF – as a platform for engagement

Other Points to Note:

- Harness community energy
- Community map of who are key leaders in the community
- Cherwell District Council/South Northants = glue to 'hold' it all together
- Clean slate with new paediatricians to embrace the ethos of PPI

Next Steps

7. The 'next steps' identified in the process of developing a vision for the Horton General Hospital were:

- Development of a work programme.
- Integration of the work programme into the refresh of the Trust's clinical services strategy, Integrated Business Plan and Long Term Financial Model.
- Continued stakeholder involvement.

8. The timetable for this work envisages that an initial framework strategy will be produced in March/April and a draft Integrated Business Plan /Long Term Financial Model will be developed in July/August, as part of the process of becoming a Foundation Trust.

Mr Andrew Stevens
Director of Planning and Information

Appendix 1

Workshop Attendees

Sir Jonathan Michael
Paul Brennan
Professor Ted Baker
Geoff Salt
Susan Brown
Dr Tony Ellis
Dr Graham Walker
Andrew Stevens
Mr Stephen Kennedy
Gwen Hunt
Karen Hin
Cariad Hazard
Chris Ringwood
Councillor George Parish
Dr Charles Perrott
Emma Clancy
Dr John Harrison
Councillor Rosie Herring
Dr Peter Fisher
Dr Gwyneth Rogers
Ian Davies
Julia Cartwright
Tony Baldry MP
Dr John Walton
Dr Hugh Gillies
Ally Green
Sumit Biswas
Anita Higham
Calvin Bell
Rob and Jenny Jones
Dr Judith Wright
Ken Hawtin
Jill Edge

Don Wilkes

Val Strange for Kate Barker

Councillor Gillian Roache

Lynda Atkins (facilitator)