

Consultation on improvements to how health services are delivered in the Orpington area...

Better Health, Better Care, Better Value

Providing the right care in the right places:

Keeping services as they are is not an option

We need to provide the right kinds of healthcare in the best places, so people can live longer and healthier lives

People's **own homes**, for rehabilitation, expert advice to manage your health and nursing care for housebound people

GP surgeries for family healthcare, regular check-ups and non-emergency health concerns

Clinics and health centres for ongoing healthcare tests, and wellbeing services

Hospitals for the most complex health needs and emergencies (alongside urgent care centres)

Health Needs Assessment An aging population and many people are living longer. **Bromley wide** Prevention Need care for long-term Advice and support in peoples conditions: own homes Obesity, heart conditions, ·Planning for a rise in dementia high blood pressure, diabetes and COPD **Orpington specific services** Diagnosis Long term condition support Clinics and health centres Need to support people in preventing poor health Therapies Counselling developing in the first Hospitals for the most complex ·Health promoting activities - to help people live healthier lives Primary care services People have a high Alternative care pathways in the reliance on hospital care Blood taking in more places

Bromley wide - Investing in prevention and out of hospital care

As examples Bromley we have;

- Investment in ProMISE (Proactive Management Integrated Services for the elderly)
- New care pathways (Musculo-skeletal, Dermatology, COPD)
- Increasing access to Psychological Therapies (IAPT)
- Expansion of self-care/self-management programmes e.g. smoking cessation
- Investing in GP premises Bromley Common and Penge funded with continued plans for those not fit for purpose.
- Specific work commissioned to understand how to meet the needs of younger people

Own homes

GP surgeries

Clinics and health centres

Hospitals for the most complex

Meeting Orpington residents health needs

Own homes

GP surgeries

Clinics and health centres

Orpington GP Practices





- Move 3 GP practices improving their facilities so they offer:
 - o A wider range of services
 - o Full accessibility for disabled people
 - o Appropriate space for patient care
 - o Improved patient experience.
- The Practices are Tubbenden Lane, Knoll Rise and Sevenoaks Road Surgeries (latter two merged on 1st July to be Knoll Practice).
- Potential for space available for all GP practices to use.

Community Health & Wellbeing Centre



Offers a comprehensive range of services and one-stop approach:

- Diabetes clinics
- Blood testing, x-rays and ultrasound
- Space for all Practices to use
- 3 x GP Practices requiring improved clinical space
- Physiotherapy (MSK/acute)
- Contraception services and colposcopy (non complex)
- Health promoting activities, voluntary sector advice
- Admission avoidance approaches.



Local Health Centre



Local Health Centre with the following services provided onsite:

- Diabetes clinics
- Blood testing
- Care for people with COPD
- 3 x GP Practices requiring improved clinical space
- Contraception services

Other services delivered from Hospital sites (Princess Royal mostly, Queen Mary's Sidcup) or Beckenham Beacon and dispersed through a mix of primary care, community and hospital services.



What's the difference between the two proposals and services currently offered at Orpington Hospital?

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Both proposals offer local people all of the essential health services needed in the area.

However, the Community Health & Wellbeing Centre aims to bring many more outof-hospital services together under one roof.

Must consult on the service shape BEFORE we can secure a location as otherwise preemptive - we have viable options.



Meeting Bromley residents needs for specialist healthcare



Under both proposals...

- Moving hospital outpatient clinics from Orpington Hospital to the PRUH, QMS or Beckenham Beacon
- Creating a specialist Dermatology 'centre of excellence' at QMS to deal with more complex skin conditions
- Moving hydrotherapy to a range of suitable sites (e.g. QMS, Phoenix Centre)
- Delivering more Intermediate Care in the community and reducing the number of intermediate care beds from 62 to 42 to take account of this.

Own homes

OR surgeries

Clinics and health cesitives

Hospitals for the most complex

Outpatient Services The hospital lacks all of the right equipment so some patients have to go to different places for the variety Better equipment (max-fax and of tests and services they need. colposcopy). - Specialists can't collaborate as they More dignified setting aren't co-located. inadequate curtains and rooms not fit - Some services can now be offered for purpose (colposcopy and maxoutside of the hospital (e.g. community dermatology). - Need a hospital pharmacy on site so you can get the particular drugs (rheumatology). Less wasted trips for extra tests — Cardiology and max fax. - Doctor, nurses and other clinicians making better use of their time.

Dermatology



 Creating a Centre of Excellence - pooling of nurse specialists and development of specialist services (currently goes to London).

- Rooms do not offer adequate theatre space and day treatment which is increasing.
- Cannot provide privacy and dignity or same sex accommodation.
- Clinic rooms cannot allow escorts, pushchairs, wheel chairs or teaching.
- 60% of new referrals can use local community clinic provision.

WHY CHANGE??

- Only more complex cases need hospital-based care.
- Current hospital based service cannot offer all of the modern treatments needed.

Intermediate Care • As a improve containing are Patient Episodes 10/11 IC Beds (Step Up) IC Beds (Step Down) CARTS (Step Up) CARTS (Step Down) CARTS (Step Down) For req

- As a result of improvements in community services – a large number of beds are no longer needed.
- 84.8% of users surveyed between Feb-Apr 2012 told us they preferred to be looked after at home.
- For those that do require bed-based care, a better environment is required to support privacy and dignity and infection control.

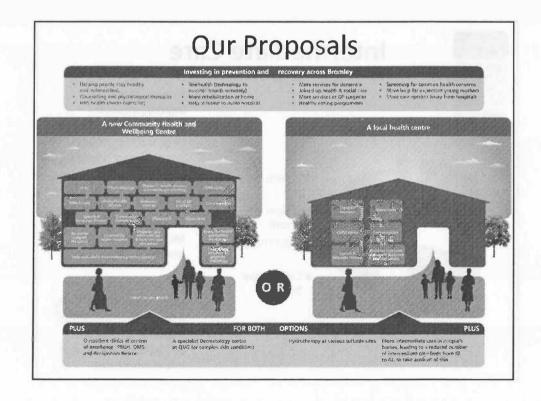
Hydrotherapy



Why change:

- More physios are offering non-hospital clinics.
- Less people are using local hydrotherapy pools.
- Research evidence has shown that using landbased therapies have equally good recovery from their condition.

- There are alternative NHS sites (e.g. Queen Mary's and Phoenix Centre).
- Hydrotherapy will continue to be offered to patients where recommended by their physiotherapist.
- We will be working with learning disability users to offer individual solutions to ensure their needs continue to be met.



Why not use the hospital?

- Must reshape the services need less than 1/4 of the hospital space
- · Refurbishment costs over £7 million
- · There would be two floors of unutilised space
- Lease costs of vacant space unattractive
- SLHT has no access to capital to undertake refurbishment
 expect the business case to fail
- £388k p.a. (Commissioning funds) needed above current level of funding to house services in Orpington Hospital.

Transport Implications for Outpatient Changes

- PRUH benefit for all transport users
 - · Parking is a known issue
 - Shorter journey for 78-81% of people using private transport and broadly neutral impact for public transport.
- QMS there are winners and losers; we need to understand more about anyone badly affected
 - · Average 8 minute increase
 - Greatest increase for private transport is 16 minutes and for public transport its 38 minutes.

Transport Implications for Community Health and Wellbeing Centre/ Local Health Centre Proposals

Viable site solutions include:

- · Accessible High Street location in a new or existing building, OR
- Rebuilding a suitable sized facility on the Orpington Hospital site.
 - Orpington High Street greatest number benefit from shorter journey times; plus more public transport and parking
 - Orpington Hospital Site GP practice populations would be slightly affected (0.6 – 1.2 miles from current surgery location).

Exploration continues and will secure approval on the capital business case once the service model is agreed following consultation.

How to provide feedback – when live

- Read the full consultation document and complete the questionnaire in print or online
- Consultation period 16 July to 29 October 2012
- Feedback received and evaluated independently by Opinion Leader
- · Report to be shared publicly
- Bromley Local Clinical Commissioning Committee (LCCC) to consider implications and make recommendations to PCT board on 29 Nov 2012.



www.selondon.nhs.uk/orpingtonconsultation

From 16th July 2012

South London Healthcare NIS



Bromley Healthcare better together