

**Appendices A and B to Minutes of the Health Scrutiny Sub Committee
Meeting, 11th July 2012**

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Minute Annex



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

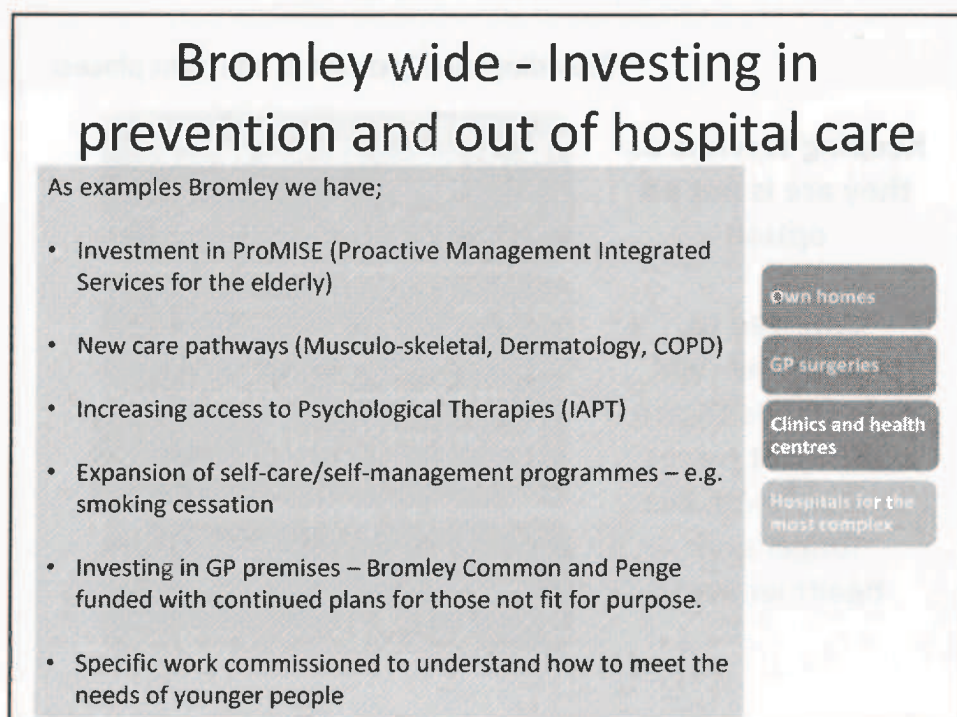
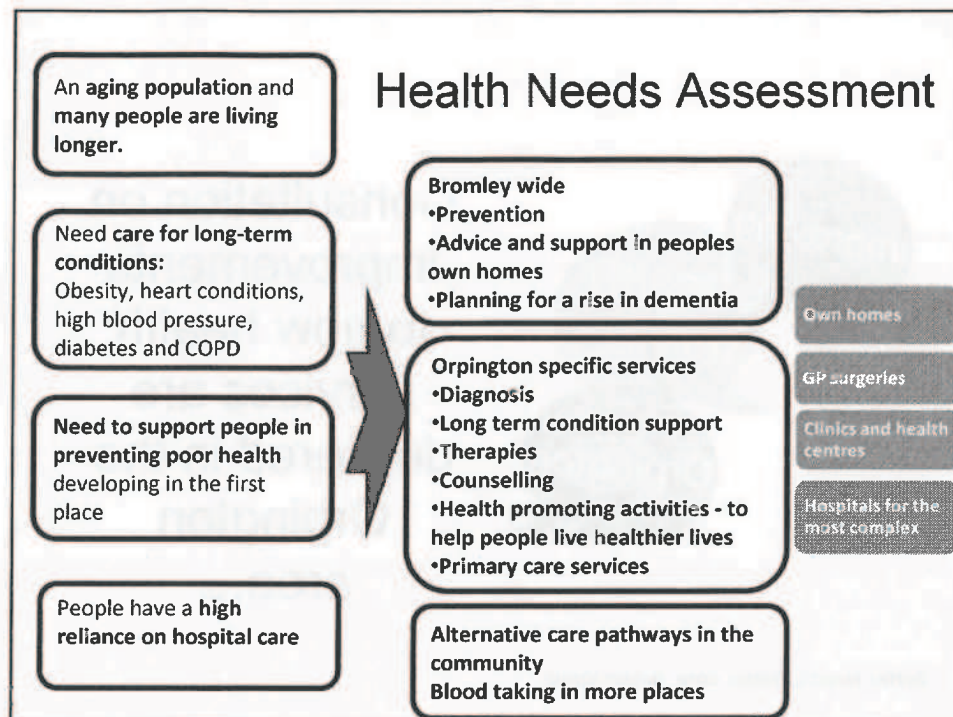
We need to provide the right kinds of healthcare in the best places, so people can live longer and healthier lives

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)



Meeting Orpington residents health needs

Own homes

GP surgeries

Clinics and health centres

Orpington GP Practices



GP surgeries

- 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?

	A Health & Wellbeing Centre	Local Health Centre	Current system - Community Hospital
Primary Care (GPs, Nurses, Physiotherapists, etc.)	✓	✓	✓
CT/MRI	✓	✓	✓
Diagnostic Imaging (Ultrasound)	✓	✓	✓
Physiotherapy, Diet, and Dental	✓	✗	✓
Long term illness and screening	✓	✗	✓
Health screening services	✓	✗	✗
Community mental health services	✓	✗	✗
Community pharmacy	✓	✓	✓
Health Café	✓	✗	✓
Health Information Hub	✓	✗	✗
Self-referral services (e.g. physio, podiatry, etc.)	✓	✓	✗
Physiotherapy	Various sites*	Various sites	✓
GP referral services	See page 16	See page 16	✓
Community services	Community setting in Bromley	Community setting in Bromley	✓

✗ Will be delivered from Hospital sites (Queen Mary's, Victoria, Queen Elizabeth Hospital) or dispersed through links of GP practices, community and hospital services
 *Example: GPs, Nurses, School and Private Centre
 *Acute only
 *Also complex endoscopy
 *Tuberculosis Clinic (1 mile from Orpington Hospital) *End Bow (0.2 miles from Orpington Hospital)
 *Supermarket (0.5 miles from Orpington Hospital)
 *Also Elmwood Nursing Home

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 out-of-hospital services together under one roof.

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



Meeting Bromley residents needs for specialist healthcare

- Expert homes
- GP surgeries
- Clinics and health centres
- Hospitals for the most complex

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

GP surgeries

Clinics and health centres

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 of tests and services they need.
- Specialists can't collaborate as they aren't co-located.
- Some services can now be offered outside of the hospital (e.g. community dermatology).

- Better equipment (max-fax and colposcopy).
- More dignified setting – inadequate curtains and rooms not fit for purpose (colposcopy and max-fax).
- 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



Own homes
GP surgeries
Community health centres
Hospital for the most complex

WHY CHANGE??

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

- 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.

Intermediate Care

Own homes
GP surgeries
Community health centres
Hospital for the most complex

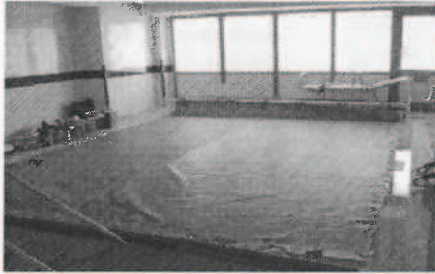
Patient Episodes 10/11



■ IC Beds (Step Up)
■ IC Beds (Step Down)
■ CARTS (Step Up)
■ CARTS (Step Down)

- 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

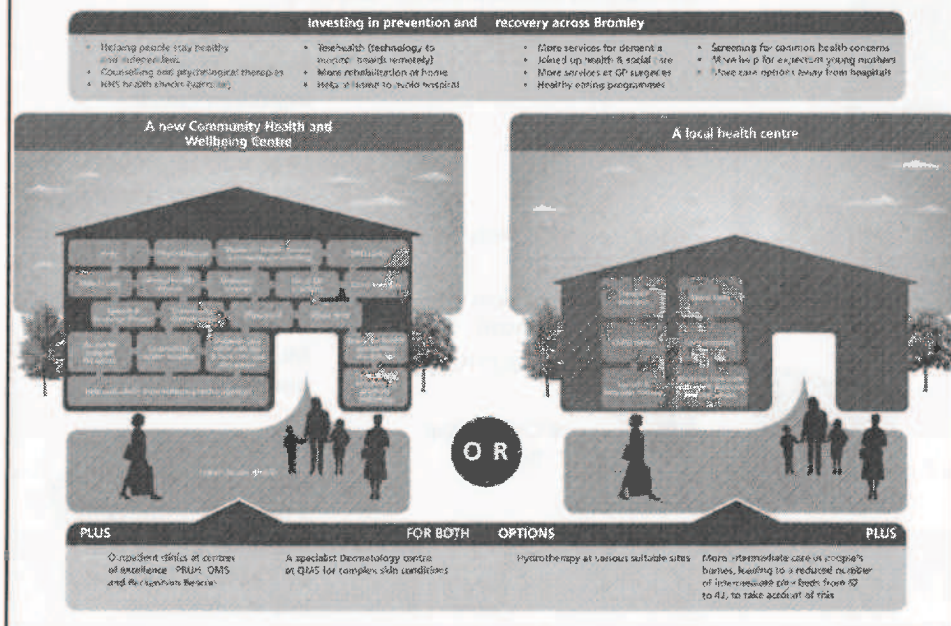


Why change:

- More physios are offering non-hospital clinics.
- Less people are using local hydrotherapy pools.
- Research evidence has shown that using land-based 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.

Our Proposals



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 
NHS Trust



**Bromley
Healthcare**
better together

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Bromley Scrutiny Committee

11th July 2012

Who are we?

- Busiest ambulance service in the UK
- 1.6 million 999 calls last year
- More than 4,500 staff
- Just over 800 vehicles
- National ambulance demand is increasing by 6-7% per year

Call Categories

- Immediately life-threatening
- Not immediately life-threatening

Standards for patients waiting times

- Call connect: answering 999 calls within 5 seconds
- Cat A: 75% within 8 mins
95% within 19 mins (transport)
- Cat C1: 93% within 20mins
- Cat C2: 93% within 30mins
- Cat C3 and 4: Telephone assessments (within 20 and 60 minutes)

Bromley Demand

	Cat A incidents	Cat A incidents one year ago	% difference
April 2012	1293	1138	13.62%
May 2012	1377	1117	23.28%
June 2012	1346	1108	Month

Bromley Patient Waiting Times

April 2011 – March 2012

	CAT A	CAT A 19	C1	C2
Bromley	75.30	99.33	81.05	81.73
LAS	75.74	99.15	80.65	82.22
Demand	14988		1715	7947

Additional demand – C1/ 3577 calls and C2 / 7361

Total demand –April 2011 – Mar 2012 = 35,588

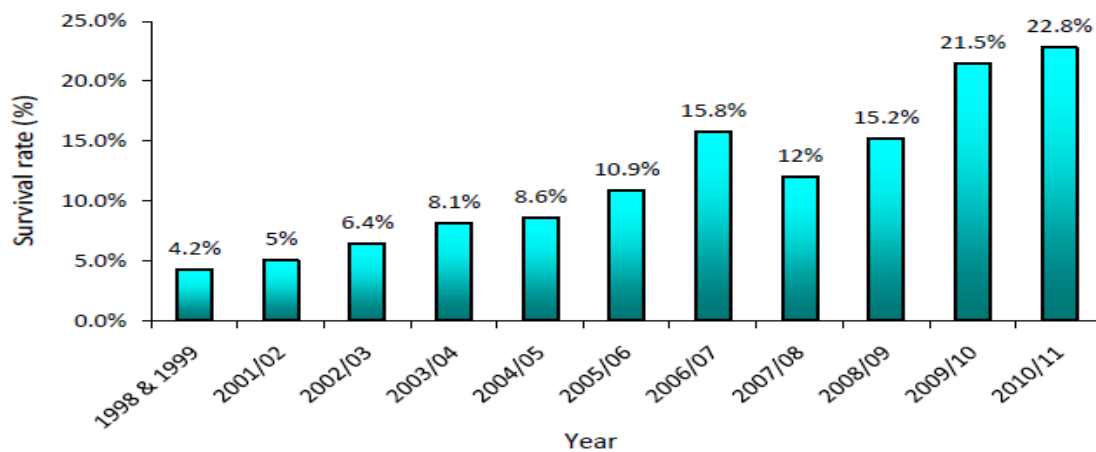
This year currently running at 76.4

Top 10 illness by PCT

Illness type	Bromley		
	Other medical conditions	824	11.5%
	Pain - Other	638	8.9%
	Abdominal pains	519	7.3%
	Generally unwell	483	6.8%
	Pain - Chest	446	6.2%
	No injury or illness	417	5.8%
	Dyspnoea	388	5.4%
	Head injury (minor)	349	4.9%
	Vomiting	307	4.3%
	Fracture/possible fracture	283	4.0%

Heart Attacks

- LAS have been bypassing A&E to convey STEMI patients to specialist cardiac centres since 2006
- Improved patient outcomes
 - Reduced length of stay
 - Reduction in occurrence of heart attacks
 - Reduced risk of stroke & major bleeding
 - Reduced incidence of death
- Associated long term cost saving



Cardiac Arrest Survival rate (London)

Bromley – Patient return of Spontaneous circulation – April 41% / May 21%

Tracy Pidgeon - Ambulance Operations Manager Bromley

David Gibson-Stark – Duty Station Officer Bromley