
Right Care Right Here

Delivering better care for patients
in Sandwell and West Birmingham



Urgent cardiology services



Emergency surgery and trauma assessment

Why are we reviewing services?

National best practice shows:

- Specialist emergency and hospital services are best provided in fewer but bigger centres to deliver the best patient care
- Services should be located on one site (specialist centres) to deliver:
 - Faster access to treatment
 - Skilled care from specialist teams (with a minimum number of patients)
 - Consultant led services 24 hours a day, 7 days a week



We can deliver better care for patients

Why are we reviewing services?

Midland Met Hospital

- Opens in 2018
- Brings together hospital services onto one site
- We need to prepare for the new hospital, by:
 - Gradually bringing services together on one site
 - Managing a smooth transition



**We don't want to wait
three years to
improve quality**

- 10 year partnership
- Local health and social care organisations
- Committed to improving people's health and the quality of health and social care services by:
 - Delivering a new **specialist acute hospital** in Smethwick
 - **Care closer to home-** greater provision of services in the community
 - Ensuring people have the opportunity to benefit from **healthier lifestyles**
 - Ensuring that services are **extensively redesigned** to meet the needs of the local population



Our journey so far

- 2006 public consultation
- £150million invested in new first class facilities
- New health centres developed
- More services provided in the community
- 2011 improved maternity services
- 2013 improved stroke services- located at Sandwell Hospital



Still to come

- Wednesbury health centre
- Langley Rood End health centre
- 2018 Midland Met Hospital opens
- Sandwell Hospital intermediate care beds

For over 10 years health and social care organisations have worked together as the Right Care Right Here partnership

Our vision for 2018



What do cardiology services look like now?

- Provided 24/7 at both Sandwell and City hospitals
- Teams work across two sites
- Currently a specialist cardiology centre



Cardiology services need:

- **Two cardiac laboratories-** (these are currently split across two hospitals, which is not ideal)
- **Coronary care unit-** specialist cardiology wards

Our cardiology laboratories are experiencing increased breakdowns- and need to be replaced

Proposed changes

- Locating services for heart attack patients at City Hospital.
This means:
 - 2 new cardiac laboratories located next to each other
 - Coronary Care Unit
- All patients requiring treatment in a cardiac laboratory or on coronary care unit (whether as an emergency or planned) will receive this at City Hospital
- Sandwell Hospital would no longer have a cardiac laboratory or coronary care unit. Some patients with heart conditions not requiring a cardiac laboratory or coronary care unit will still be cared for at Sandwell Hospital and be seen there by a consultant cardiologist

**We want to
locate urgent
cardiology
services at
City Hospital**



What are the benefits of working on one site?

- **Faster access to treatment;**
Ambulance crews are able to take patients direct to the cardiology team
Increased cover- specialists are no longer working on two sites
- **Delivering better quality care;**
Clinicians are treating more patients- which helps **maintain their skills**
Senior cardiology doctors can be on site 24/7
- **Fewer cancelled appointments;**
New **state of the art laboratories** will mean fewer breakdowns- with less cancelled appointments for non-emergencies
- **Continuity of care;**
Reduced transfers between hospitals for patients, if a laboratory breaks down
- **Investing in the latest technologies and treatment;**
Reduced duplication of equipment and costs
- **Recruit and retain the best staff;**
One site working is more attractive to staff

Why locate services at City Hospital?

- **Direct access-** ambulance crews can directly access the cardiac services- avoiding the need for patients to spend time in the emergency department
- **Direct access and safety** - the two laboratories can be located next to each other, near to the cardiology wards and emergency department
- **Achievable-**
 - City Hospital needs less refurbishment
 - We can change services with less disruption for other emergency patients. This is not easily achievable at Sandwell Hospital



Clinicians are supportive
of the changes

A small number of patients may go to **Sandwell A&E** with chest pains:

- They will be assessed and quickly transferred to City Hospital by ambulance
- The specialist team will be expecting the patient
- This will ensure patients are still treated within the recommended 120 minutes

We already have experience of transferring emergency cases between hospitals-stroke services

Cardiology services remaining on Sandwell Hospital

- Daily ward rounds
- Dedicated beds in the Acute Medical Unit (less urgent cases)
- ECG
- Follow up appointments for pacemakers
- Full range of outpatient services

Outpatient services

will also continue at:

- City Hospital
- Rowley Regis Hospital

What do emergency surgery and trauma services look like now?

- **Initial diagnosis and treatment** of emergency patients with general surgical and trauma conditions
- If you need an emergency operation or longer stay in hospital you are transferred to Sandwell Hospital
- **General Surgery and Trauma and Orthopaedic inpatient services** (wards) were moved to Sandwell Hospital in 2009
- This was recommended by **an Independent Review Panel** in 2007

The most serious trauma cases are taken by ambulance to the **Major Trauma Centre at Queen Elizabeth Hospital**



Proposed changes

- Locating assessment services for emergency patients with general surgery or trauma conditions at Sandwell Hospital.
 - 24/7 on site specialist medical teams
 - A Surgical Assessment Unit (SAU)
- Ambulances will take patients, likely to require general surgery or trauma treatment (e.g. abdominal pain and serious broken bones) to Sandwell Hospital
- Any patients who take themselves to City Hospital Emergency Department will be assessed and if appropriate will then be transferred by ambulance to Sandwell Hospital
- Some patients with less serious conditions may receive initial treatment from the ED team at City Hospital and then be given an appointment to come back for further specialist treatment



The most serious trauma cases will still be taken by ambulance to the Major Trauma Centre at Queen Elizabeth Hospital

What are the benefits of working on one site?

Faster access to ultrasound scans

Working on one site will enable us to have dedicated slots for radiology

Recruit and maintain skilled staff

Working on one site will be more attractive to clinicians and staff- we can be less reliant on agency staff

Timely access to assessment and treatment

All members of the emergency team are on one site- meaning faster treatment for patients

Faster access for GP referrals

Patients can be given a timed appointment by their GP for urgent referrals

- On average around nine patients a day will need to transfer from City Emergency Department to Sandwell Hospital for emergency surgery
- Patients will be stabilised in City ED and then transferred to SAU or a ward at Sandwell
- Many patients do not need emergency surgery, and can be given an appointment for urgent planned surgery (usually within a week)
- Outpatient clinics will still be provided at both hospitals

We already have experience of transferring emergency cases between hospitals-stroke services

Gynaecology services

- Women with suspected gynaecology or pregnancy conditions will be taken by ambulance to City Hospital
- If after assessment a gynaecology condition is discounted, they will be transferred to Sandwell Hospital for treatment under the general surgery team

Equality impact assessment

- Patients at risk of **cardiovascular disease**
- **Older people**
- Area has higher levels of **deprivation**- impact of increased travel costs
- People with **pre-existing disabilities**
- **Ethnic groups** who may be more prone to cardiovascular disease and associated conditions, including some black and minority ethnic groups (South Asian men are 50% more likely to have a heart attack or angina, diabetes prevalence is five times higher amongst Bangladeshi and Pakistani population groups, young south Asian men at high relative risk of CHD at a younger age)
- **Carers**: possible impact on time and travel costs
- Some **pregnant women** with abdominal pain may require a transfer between sites after initial assessment to rule out gynaecology pathology before referral to general surgeons.

Travel analysis

West Midlands Ambulance Service

- Working closely with the Ambulance Service throughout the programme
- The service has confirmed they can support the change in activity levels between sites (subject to funding)
- Additional funding is being reviewed by the CCG to support the proposed activity changes
- The flow of patients will be closely monitored throughout the implementation phase
- Emergency patients who phone 999 will be taken directly to the right hospital
- If a patient self-presents processes will be put in place to ensure they are transferred quickly (via the Ambulance Service for emergencies)

We already have experience in transferring patients- through the previous stroke reconfiguration

Travel analysis

Public transport

- A key theme throughout the listening exercise
- Optimum travel time of 30 minutes or less for access to main hospitals
- The majority of the Sandwell and West Birmingham population can access either hospital in a public transport journey time of 30 minutes or less
- We recognise that areas on the CCG boundary that are not able to achieve this same level of accessibility (Cradley Heath, Tipton, Perry Bar, Camp Hill and Moseley)
- Sparkhill and Moseley are not able to reach either hospital within a 30 minute journey time (however currently primarily access the Queen Elizabeth Hospital or Heartlands Hospital and are likely to continue to do so)

Travel analysis

- Most emergency patients with heart conditions arrive at hospital by ambulance and so the main impact in relation to longer public transport times would be on the visitors
- The trust is exploring options to provide assistance to visitors in these circumstances such as some form of bus service between the City and Sandwell hospital sites that visitors can use at key times.
- After the first few days patients can be transferred back to their nearest hospital to recover
- A communication plan is being developed to ensure patients know where to go
- Retaining outpatient clinics at both City and Sandwell hospital sites would help to ensure local access for many patients

Listening exercise activity

- A 10 week listening exercise was conducted from 12 January - 20 March 2015
- At least 17,810 people were reached through electronic/ postal mailings and the distribution of materials within local communities
- Discussions took place at 74 engagement activities with approximately 1,274 attendees
- 179 survey responses were received and further anecdotal feedback was captured during wider discussions

We will be feeding back the listening exercise findings over the next few months

Listening exercise key messages

- **64% agreed that change was needed**
- **Single site working was supported** by three quarters of respondents
- Concerns were raised around **increased distances** for some patients and **potential travel times** and congestion around City Hospital
- Despite survey scores, the comments suggested a general preference for services to be at the **nearest hospital**
- Impact on **patient choice** was also a frequent concern
- **Communication and information** was important to patients
- Smaller percentages stressed the need to **listen to patients and relatives** and also talked about costs both for parking and travel (by public transport, taxi and car)
- Respondents said that the most important factors were:
 - **Treatment by expert clinicians**
 - **Direct (faster access) to specialist teams.**

Listening exercise recommendations

- Working closely with **West Midlands Ambulance Service** to ensure there are no delays or adverse impacts on journey times
- Working with **transport providers** of hospital to hospital transfers
- Working with **public transport providers** to ensure good accessibility to both Sandwell and City hospital sites
- Using the feedback to help shape the **key performance indicators** (measures)
- Keeping all participants, stakeholders, patients and the general public informed:
 - Sharing the outcome of the listening exercise
 - Sharing the final decision taken
 - Ensuring that if the proposals are implemented, **engagement remains a key focus during implementation**
 - Ensuring that if the proposals are implemented, **services are monitored regularly**

Next steps

Recommendations to be reviewed by:

- CCG Governing Body 1 July
- Hospital Trust Board 2 July
- Joint Health Overview and Scrutiny Committee 1 July

Proposed implementation

If approved, proposed implementation would take place:

- Urgent cardiology model at City Hospital in early **August 2015** (to align with new clinicians starting)
- Emergency surgery and trauma assessment model at Sandwell Hospital alongside the inpatient beds in **Autumn 2015 (tbc.)**

Communication and engagement

Communication and engagement will be essential throughout implementation to ensure patients are informed of the changes

Right Care Right Here

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THE END