

Report to the Scrutiny of Health Committee

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Report Title: Harrogate District Foundation Trust update

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Introduction

This report is to update committee members on key developments at Harrogate and District Foundation Trust (HDFT). On the 1 April 2011 HDFT became an integrated care organisation, providing both acute hospital services and a range of community based services.

HDFT remains committed to providing high quality in all its services both in hospital and the community. The recent Care Quality Commission (CQC) unannounced visits and our staff feedback in the national NHS staff survey provide positive external assurance about the quality of our services.

Care Closer to Home

The national strategy for health and social care provision is to provide increasing amounts of support and care in people's homes and communities. Locally the North Yorkshire Review identifies the need for more services to be based in the community rather than in acute hospitals.

HDFT is actively working with other organisations to look at how we achieve this locally.

Discharge planning is an area where HDFT believes we can improve our planning and organisation to support patients leaving hospital to return home or to a more appropriate setting, with the correct information and support. This work should improve both the timeliness of a safe discharge from hospital and the individual patient's experience. There are a range of activities being taken forward including the provision of medication to take home, proactive planning with patients and their families and working even more effectively with partners in both social care and voluntary organisations.

Reablement is a national strategy to provide extra capacity to support people to stay in their homes. We are working with colleagues in the Clinical Commissioning Groups (CCGs) and social care to identify the most appropriate way to do this, but it is likely to include nurses, therapist and

support staff across health and social care and should be in place in the next few months. Within both the Harrogate and Ripon Hospitals and community services, we are supporting our care support staff to have more rehabilitation skills through formal training with Wakefield College. This will ensure that patients and families are able to develop the skills and confidence to support their independence after they are discharged from our services

Dementia is an increasing challenge for both health and social care. TEWV NHS Foundation Trust (TEWV) have undertaken a project in County Durham which has demonstrated that improved planning and organisation between acute health care, social care and mental health care can make sure that people admitted to hospital who also have dementia as well as other health issues, can be returned to their normal place of residence more quickly if the services are more integrated, which significantly improves the experience for the patient and carer. A joint project between TEWV, HDFT and social care to look at how we deliver this in the Harrogate and Rural area has just commenced.

Stroke services in HDFT have recently undertaken a proactive review, to identify the key developments for ongoing improvement. One of the key issues identified is that patients in HDFT stay in hospital longer than other areas because we did not provide specialist rehabilitation and support in the community. We are now recruiting to a community stroke team, which will be in place shortly. This will allow patients to leave hospital earlier and continue their rehabilitation at home.

These projects will support HDFT to provide a range of services in the community, with patients spending shorter periods in hospital. This will allow us to reduce the number of beds in Harrogate Hospital and invest in community alternatives. HDFT has undertaken a large consultation with all staff to look at the best way to configure our services moving forward. The process has been enlightening, with the final proposal being significantly different from the initial options, as staff identified key issues that have improved the proposal. Building works and staff consultation have now commenced to reconfigure our services, which will reduce the hospital by one ward in late summer, and change the configuration of a number of other wards.

These changes as always present significant challenges to many of our staff and we continue to be very grateful for their commitment and support to ensure we can provide the best range of services local people.

Ripon Community Hospital

The North Yorkshire Review has highlighted the need to ensure that Community Hospitals across North Yorkshire fully contribute to meeting health care needs of local communities. Working with the Harrogate and Rural District CCG, we need to develop a clear vision for Ripon Community Hospital.

Community Hospitals are key parts of the local community and we are keen to ensure that local knowledge and opportunities are embedded within our proposals. We commenced this piece of work with a “World Cafe” in Ripon on 7 March 2012. Many local people, health and social care professionals, GPs, politicians, local clergy, school children, voluntary organisations, patients and carers came together for an event hosted by HDFT and the CCG. We discussed “What matters to you about Ripon Community Hospital”. A wide range of thoughts and ideas were shared about how the hospital could support the community and how the community could support the hospital. The next stage is a smaller event in April which will consider the themes from the “world cafe”, alongside national and local strategies for health and social care. The aim is to describe a vision for Ripon Community Hospital.

A verbal update on the outcome of the April meeting will be provided to the committee.

GP Out of Hours service (OOH)

HDFT provides the OOH service across Craven, Harrogate, Hambleton, Richmondshire, Selby and York. During December 2011 and January 2012 we had an acute operational problem providing GP cover at the Selby OOH centre overnight due to unplanned vacancies and sickness. The GP in Selby usually sleeps at the hospital from 11pm – 8am and is woken by the York OOH service, (who answer all the telephone calls from patients in the Selby area), if a patient needs to be seen in the Selby centre or requires a home visit in that locality. During this period, to ensure we were able to provide a local service we were supported by Yorkshire Ambulance Service (YAS) who dispatched a paramedic to see these patients on behalf of the OOH service. The paramedics were in direct contact with the GP in York, and they jointly agreed the clinical plan for the patient. All the consultations’ undertaken by paramedics were reviewed by senior medical staff at both HDFT and YAS to ensure that patient safety was maintained. This situation has now resolved and we are providing the normal GP OOH service in Selby.

We are now having internal discussions about whether a formal pilot should be undertaken with YAS around the small OOH centres (Selby, Skipton and Catterick) where GPs do not answer the patient calls and are paid to sleep on site to ensure the availability of a clinician to see patients at the OOH centre or do home visits. These sites see very few patients and the YAS paramedics provided a very effective response in Selby. It is also a key issue for the North Yorkshire Review as the costs for these “sleeping centres” are disproportionate to the rest of the service.

No decisions have been made yet and we will ensure the committee is briefed on any proposals in a timely manner.

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