

Scrutiny Call for Evidence for the Meeting: 15 March 2010

Focus: Additional Services

1. What new services will be provided and how will they be paid for?

o What services are currently available at Newark Hospital, in particular:

o Outpatients

Specialty	Clinic purpose
Anaesthetics	PRE-OP ASSESSMENT
Breast Surgery	BREAST F/UP
Cardiology	CARDIAC REHAB CARDIOLOGY DIAGNOSTICS CARDIOLOGY F/U CLINIC GENERAL MEDICAL RAPID ACCESS CHEST PAIN
Care Elderly	CARE OF ELDERLY GENERAL MEDICINE-STROKE CLINIC PARKINSON'S
Clinical Haematology	HAEMATOLOGY NURSE LED CLINIC
Dermatology	DERMATOLOGY DERMATOLOGY INITIATIVE CLINIC NURSE SPEC F/U CLINIC NURSE SPECIALIST CLINIC SKIN CANCER CLINIC
Diabetic Medicine	DIABETES
Endocrinology	GENERAL MEDICINE
Ent	ENT INITIATIVE CLINIC SKIN PRICK TEST
GastroEnterology	BREATH TESTS GASTRO NEW 7 F/UPS GASTROENETROLOGY GASTROENTEROLOGY GEN. MEDICINE
General Medicine	GENERAL MEDICAL INITIATIVE
General Surgery	AD-HOC CLINIC CODE GEN. SURGERY INITIATIVE GENERAL SURGERY NURSE LED CLINIC GENERAL SURG VARICOSE VEINS VASCULAR & GENERAL SURGERY
Gynaecology	BLADDER PRESSURE F/U CLINIC GYNAE GYNAE NEW & F/UPS GYNAECOLOGY
Midwifery	OBSTETRIC CLINIC-MIDWIFE

Neurology	NEUROLOGY
Obstetrics	OBSTETRIC-MIDWIFE
Ophthalmology	OBSTETRICS OPHTHALMOLOGY OPHTHALMOLGY OPHTHALMOLOGY OPHTHALMOLOGY F/U OPHTHALMOLOGY ORTHOPTIST
Paediatrics	NEW BORN EXAMINATION CLINIC PAEDIATRIC PAEDIATRICS PAEDS
Pain management	ACCUPUNCTURE CLINIC
Plastic Surgery	PLASTIC SURGERY
Podiatry	PODIATRIC SURGERY PODIATRIC SURGERY- INITIATIVE
Respiratory Medicine	AD-HOC RESPIRATORY CLINIC GENERAL MEDICAL GENERAL MED-LUNG CLINIC RESPIRATORY SLEEP CLINICS RESPIRATORY
Rheumatology	RHEUMATOLOGY RHEUMATOLOGY NURSE SPECIALIST
T&O	AD-HOC CLINIC CODE FRACTURE FRACTURE CLINIC NEW & F/U ORTHO. INITIATIVE ORTHOPAEDIC ORTHOPAEDIC INITIATIVE ORTHOPAEDICS TRAUMA & ORTHO TRAUMA & ORTHOPAEDIC TRAUMA & OTHOPAEDIC
Urology	INITIATIVE NEW PATIENTS ONE-STOP HAEMATURIA CLINIC UROLOGY UROLOGY NEW PATIENTS

Day Case Operations

Between August 2008 and July 2009 records show 6,476 day case spells at Newark Hospital across 10 specialty's.

Additionally the Trust offers a range of elective care such as knee replacements and hysterectomy. This is based on low risk patients as the hospital does have a Intensive Care Unit. Patient who are considered above low risk have to be treated at main acute sites so they have access to the full range of back up

services. This is in line with national best practice.

○ Diagnosis Services

A variety of diagnostic tests and procedures are available at Newark hospital such as x-ray, bloods, scans (including CT scanning) and screens. We estimate that on an average month Newark Hospital carries out approximately 1,200 diagnostic assessments.

○ Cancer Services

○ What new services could be available: Recovery/Rehabilitation Beds/Long Term Condition Beds

Recovery & Rehab: Under the Next Stage Review and in line with the Audit Commission Report (Jan 2010) patients requiring specialist acute care for episodes such as heart attack, stroke and major trauma will be taken to large specialist acute hospitals.

Within the proposals this type of patient, once they have received their specialist treatment and are stabilised, if they still require ongoing inpatient care to complete their non acute recovery and rehabilitation, this will be made available at Newark Hospital.

This will enable:

- stable patients to receive care closer to home
- family and friends to visit more easily
- aid recovery of the patient
- increased convenience and decreased costs for family and carers
- direct impact on delivering against the communities concerns around travel and transport in a positive way, by reducing the number and length of journey required to visit patients.

Palliative & End of Life care: We will review the needs of patients who require beds for palliative care and end of life from both the hospice, hospital and potentially care home settings. If possible this will lead to increased local provision.

Step up/down beds (non acute): We will model the beds needed to provide step up/down beds for patients with long term conditions or who may need observation and/or treatment in a non acute setting. It is likely that we will have beds at Newark Hospital for this type of patient.

Outpatients

- What is the current demand for outpatient services?

The number of outpatients seen at Newark hospital between October 2008 and September 2009 was 18,520 first attendances and 38,998 follow-up attendances, a 9% increase on the previous year.

- How will capacity be reconfigured to make these outpatient services more accessible?

More clinic appointments in the specialty's listed above will be made available in line with population growth.

- What additional outpatient services will be provided at Newark hospital?

We will adhere to the principle that where it is possible we will commission care that is safe, of equal quality to other units, cost effective and demand/volume is consistent.

Growth of services will be dependent on actual population growth and the particular needs of that population. We will repeat the modelling work in 2011/12 to refine our plans.

Recovery/rehabilitation beds

- How many beds will be provided?

We are currently working with doctors to agree the final number of beds required under the different options. In the short term we will need fewer beds as acute care transfers to specialist centres (approx one ward).

- What will the demand for these be and how has it been calculated?

We are using modelling to determine potential demand on 3 different scenarios; natural growth in population, maximum and minimum. This will inform the actual number of beds required. We are interrogating the data to determine what types of patients and what diagnosis is recorded to plan against each scenario. We will then validate our findings with the doctors to ensure they are robust.

Day case operations

- What additional services or capacity will be introduced?

More day case and elective care in the specialty's listed above will be made available in line with population growth.

- How much will it cost?

For planned care the majority of activity is under a tariff or a local price and is available under the choose and book system. This means that the money follows the patient. If a Newark resident chooses another hospital for their planned care the money will go to that hospital.

Diagnostic services

- What is the current demand for diagnostic services?

A variety of diagnostic test and procedures are available at Newark hospital we estimate that on an average month Newark hospital will carry out approximately 1,200 diagnostic assessments.

- How will capacity be reconfigured to make these services more accessible?

We will model demand for same day/next day appointments for patients with long term conditions to avoid unnecessary admissions to hospital.

- What additional diagnostic services will be provided at Newark hospital?

The same range of diagnostics will be available and will adjust according to

demand and choice. Some specialist diagnostics will be available to support specialist acute care as they require specialist staff to deliver the service.

Long term condition beds

- What will the demand for these be and how has it been calculated?

We are using modelling to determine potential demand on 3 different scenarios; natural growth in population, maximum and minimum. This will inform the actual number of beds required. We are interrogating the data to determine what types of patients and what diagnosis is recorded to plan against each scenario. We will then validate our findings with the doctors to ensure they are robust

Cancer services

- How will these be streamlined and improved?

National guidance for cancer services are currently being refined for example provision of chemotherapy guidance has been revised. We will review and consider if there are further options for the Newark population.

2. How will GP services increase:

- What is the current ratio of GPs to population?

Newark: has 27 GP's so the ratio is 1:1,592.6

Newark & Sherwood: has 73 GP's so the ratio is 1:1,534.2

National guidance suggests that the ratio should be approximately 1:1,700.

- How many additional GPs could be provided?

Based* on the minimum projected influx of new resident (5,000 homes or 12,500 individuals) the minimum number of extra GPs by 2026 will be 7.4 wte; with maximum growth (8,000 homes or 20,000 individuals) we would have an additional 12 wte by 2026.

This is based on the recommendations from the RCP 1 GP per 1,700 approximately (the GP's would be recruited gradually and maximum number is anticipated under this review by 2026).

** This is estimated based on current projected growth in population this will increase gradually and in line with a growing population*