Questions raised by Healthwatch North Tyneside, May 2015

Responses from Northumbria Healthcare NHS Foundation Trust

- What happens in major, but not immediately life threatening, emergencies (e.g. hip fracture)? Will there be choice for patients?

All serious emergencies will go to NSECH in the future, not just those that are considered life threatening. The example you describe would be considered serious.

If the emergency is not life threatening or serious you may be taken to one of the base sites, for North Tyneside residents, this will be North Tyneside District General.

NEAS will usually take you to the hospital that is closest and can offer the patient definitive treatment. For the vast majority of residents in North Tyneside, we expect this to be the new specialist emergency care hospital. In Emergency situations patients do not have a choice the paramedic crew would always make the over-riding decision but, if possible, would take into consideration any previous history of care at a previous location, proximity of the requested hospital (both in time and distance) and the seriousness of the patient’s condition. The crew will always work in the best clinical interests of the patient.

- If patients are discharged from A&E what are the discharge transport arrangements?

The discharge arrangements home, from the emergency department and wards at NSECH will remain the same as it is now for those patients currently attending North Tyneside Hospital.

Some patients will make their own way home with support from friends and family, others may require patient transport services which are provided by North East Ambulance Service (NEAS), but which the hospital will organise on behalf of the patient.

- Once patients have been stabilised / treated and no longer require NSECH level of support what will the arrangements be for ongoing care?
  - Inpatient care

Unwell patients (acutely ill) will be admitted to NSECH until the medical team feel that they are stable and fit to either be discharged home or transferred to a level of care that requires less medical input (sub-acute level) to one of our base sites. If a patient needs to be transferred by ambulance to one of our base sites this will be carried out by a new ambulance transfer service specifically procured by NHCT to transfer patients between NSECH, base sites and other facilities. For those residents of North Tyneside, this will be North Tyneside General Hospital. Patients will stay at North Tyneside Hospital until their
medical team feel that they are fit and well enough to be discharged. Whilst staying at North Tyneside they will continue to receive medical, nursing and other professional care should their condition require it.

- **Post discharge/outpatient review**

Those patients that are admitted to NSECH and then require post discharge follow up / out patient review will receive this at their local hospital – North Tyneside Hospital. There are no outpatient clinic facilities at NSECH other than trauma clinics and ambulatory care facilities.

- **In what circumstances (if any) would you want someone to take themselves to NSECH (rather than arrive by ambulance)?**

The ambulance service should only be called in an emergency situation and should not be used just for transportation when other options are more suitable and available. NEAS do need to ensure it retains its valuable resources for responding to those patients that require Paramedic intervention in emergency situations.

Some patients may attend their GP surgery for a consultation and their GP may feel that they need to go to hospital. In this instance the GP may ask the patient to take themselves (or relative / friend) to drive them to NSECH. The GP will only ask patients to do this if they feel that it is safe for the patient to travel in this way.

In addition sometimes people can feel very poorly or unwell at home, and either think that they themselves need to go to hospital as they have been unable to see their GP and feel that they are poorly enough to require hospital services. Not all people who fall into this category will need to call an ambulance and should only do so in emergency situations. If patients feel it is safe to do so, then in these cases they / or a friend or relative can take them to NSECH to have their medical condition addressed.

- **If people turn up at NSECH with serious but not life threatening injuries (e.g. fracture of major bone), what will be the procedure for deciding whether to admit? If they aren’t admitted, will they be expected to take themselves to another hospital?**

NSECH is an emergency hospital for serious conditions as well as those that might be considered life threatening. You rightly describe the example of a broken major bone as a serious condition and as such this would be treated at NSECH.

If someone attends NSECH with a very minor condition, for example a fractured finger, these patients will be seen at NSECH, but they will be advised that they may have a significant wait as those suffering from more serious conditions will be seen first. In addition they will be advised that their condition could be seen and attended to more quickly if they were to attend one of our base site walk in services at WGH or NTGH. If patients choose this
option then they would be expected to make their own way to the most convenient site.

- Has patient information been produced in other languages? Easy-read format? Audio or Braille format? Have community organisations been engaged to help distribute to vulnerable groups whose use of hospital services may be higher than average?

Patient Information is available in all formats as and when requested, and this is detailed in all patient appointment letters. In addition, and on the Trust website, we are fully compliant with best practice relating to the accessibility of information. We work with community groups continuously throughout the year. Any group wanting to engage with us are more than welcome, an example of this is recently we worked with a blind association relating to the provision of food to the blind in hospital.

- What would happen if patients where taken to the new urgent care hospital, could they then be sent all across the wider area including Alnwick for continued care? How would patients and visitors manage and would this create further pressure on ambulance services?

Following an inpatient stay at NSECH, if patients require further rehabilitation, then these patients will be sent to their nearest local hospital for on-going rehabilitative care, unless an alternate site is specifically requested. This is similar to what happens now for those patients requiring rehabilitation care. For most residents this will be North Tyneside general hospital. We would not expect to send patients from North Tyneside to Alnwick.

NHCT have procured another ambulance provider to manage transfer activity between NSECH and NTGH. This is to ensure NEAS is not affected by an increase in transfer activity over and above what is currently carried out within NHCT. Any transfers from NSECH, NTGH, WGH or HGH to our community hospitals would continue to be undertaken by NEAS patient transport services (NEAS PTS), as is currently the case.

- What agreements have been reached with the bus companies for new public transport services to and from NSECH?

The Trust has procured a new service that will commence from 1st June from Cramlington Bus centre direct to the NSECH site. In addition there are a number of services that now travel to Cramlington town centre from North Tyneside and Northumberland Park. The Trust website will be updated with local bus routes to help facilitate travel to the new site.

In addition the Trust is starting a free shuttle service that will run from North Tyneside Hospital to NSECH at visiting times – both afternoon and evening visiting times to help those
people to visit friends and relatives in hospital, who are unable to attend by car. It should be noted that car parking charges at NSECH are set at a flat rate of £1.

- **What is the impact of the new hospital on the Trust’s finances? Is there a risk that the funding will take resources away from other areas of the Trust’s work?**

The Trust has held a recurring reserve which funded the capital investment during the construction phase of the development. From 2015 this reserve will be utilised to fund the recurring revenue cost of the new hospital. There will be no impact on the other services.

- **What are the Trust’s plans for the future of the Rake Lane site?**

The Trust is keen to develop the North Tyneside Hospital as a hospital that is community facing and responsive to local needs. In the first year post NSECH the public will be able to see an immediate reduction in the number of beds on each of the wards. This will allow more space around beds for both our patients and staff to deliver care. In addition work will start on site to move our endoscopy unit (currently housed in fixed portacabins) into a purpose built, redeveloped space for the unit within the main NTGH building. There will also be changes made to the current A&E space so that it can house more of our community teams to aide joint working and improve patient discharge processes, and follow up in the community.

The Trust does have longer term plans as well to refurbish its wards and departments, but this will need to take place over a period of time given the number of wards that will be refurbished. The Trust is also keen to encourage other health partners to work from the site and the Trust is in discussions with both CCG and LA, to see whether closer links can be formed by joint location of services.

- **Does the Trust have any plans to move services from Rake lane to the new Hospital in the future? What guarantees can you give that Rake Lane will continue to operate as the local DGH for North Tyneside?**

There are some services that have moved from North Tyneside General Hospital to the new hospital (NSECH). For example critical care services will no longer be based at NTGH and all emergency admissions will go to NSECH.

In addition, the CCG consulted on closing the midwifery led unit at NTGH last year and as such, from June 2015, pregnant women will have the choice of giving birth at a birthing centre in the new hospital (midwifery led unit collocated with a consult led Obstetric service) or the RVI.

We are committed to North Tyneside General hospital remaining as a local hospital for the local population. Our plans are to see NTGH flourish into an elective centre of excellence and a hospital that is community facing and can provide on-going care needs for the local population.