‘Better together...’

Our vision for shared care 2010
“The development of the Primary Care Partnership Board is a fantastic opportunity for primary and secondary care clinicians to make a difference. Patients deserve the best care that we can provide which needs all of us to work together to deliver joined up care.”

Dr Mike Scott, GP - Newburn and GP Clinical Advisor, Newcastle Hospitals
The challenges facing the public sector and the NHS over the coming years are significant and the need for efficiency and innovation is greater than ever, this being no more so than the care and support provided to the patient outside the traditional hospital environment. We believe our longstanding vision (circa September 2007) that is now refreshed, shall significantly improve quality and address value for money.

We have a team of GP Clinical Advisors who are working with us on developing a strategy which will be progressed by our Newcastle Hospitals Primary Care Partnership Board. We seek to improve services across pathways, enabling improved chronic disease management, earlier discharge and hospital avoidance where appropriate. We see our partnership with primary care colleagues as pivotal with regard to ensuring there is high quality, safe care, outside of hospital.

As well as progressing the ‘Transforming the Newcastle Hospitals’ Investment Programme we have plans to bring about conveniently sited fit for purpose modern facilities across the east, west and north of the city.

We are proud of our success as an NHS Foundation Trust and believe this has brought about a very strong platform to move forward in realising a longstanding ambition of ensuring city residents the best possible care and ongoing support in both hospital and home care settings.

Arising out of the positive signals from Government to bring about a more cohesive joined up NHS the time is now right for an NHS Foundation Trust such as Newcastle to do so. The Council of Governors have endorsed as a matter of distinct public interest the requirement to promote this opportunity.

I too have been encouraged by the most enlightened commitment of the Minister of State for Health Services in recognising the benefit that a successful community focussed NHS Foundation Trust such as Newcastle can bring to service organisation and essential betterment of our local NHS.

Kingsley Smith OBE
Chairman, Council of Governors
10th February 2010

Better together...

“The time beckons to bring about a joined up treatment, care and support pathway for our residents.”

Councillor David Faulkner
Deputy Leader Newcastle City Council
Non Executive Director, Newcastle Hospitals

‘Better together...’
Our City

This is a city of 285,000 people - many with differing healthcare needs:

• A quarter of residents are living with a limiting long-term illness.

• The challenges of an ageing population are enormous. The number of people aged 65-74 will grow by a third between 2008-2028. The biggest percentage increase is in the oldest people, those over 85. By 2029 the numbers will increase by over two thirds to 9,000.

• One in five of people are classed as obese.

• One in three are smokers - above the national average.

• Newcastle continues to have one of the highest teenage pregnancy rates in England.

• Newcastle is ranked 37th most deprived of 354 local authority areas in the 2007 Indices of Multiple Deprivation.

• Newcastle is the most ethnically diverse area in the North East.

• There is significant variation in life expectancy between different localities in the city.

One patient, one pathway... “there is a need for primary and secondary care to develop highly visible and clearly understood chronic disease pathways which ensure that the individual patient receives the right care in the right place at the right time from the right person.”

Dr Steve Turley, GP - Gosforth, GP Clinical Advisor, Newcastle Hospitals
Our responsibility of care

This thriving and vibrant city and its residents have a right to high quality healthcare, delivered in the most effective way possible. The Newcastle upon Tyne Hospitals NHS Foundation Trust (NuTH) continues to believe that this is best achieved by delivering seamless healthcare across primary and secondary care services through a single, integrated organisation. Most patients know that when they seek help for say a fractured limb in an A & E department, arrange a vaccination for their child at a clinic, require treatment for bronchitis at their GP surgery or have an insulin injection at home, they are using the national health service. What they are often unaware of is that it is made up of separate elements which have differing policies and practice and hence can communicate ineffectively with each other, duplicate work and in certain respects compete.

Currently, community healthcare and hospital care are delivered by distinct organisations and in rather different ways, all of which leads to variable standards in the quality of care, inefficient working practices and on occasion engendering confusion and frustration amongst patients and carers.

We seek to once and for all bring about a cohesive pathway of care for patients from home to hospital and home again. The decision as to how and where to treat patients will be based on their needs and preferences. The overriding requirement is to ensure that they are seen by the right person, with the right information, the right training, the right equipment, in the right place at the right time.

We know this is a challenge - but it is a challenge that NuTH believes it can meet in Newcastle upon Tyne. As an existing provider of healthcare locally, regionally and nationally, the Trust already has a long-standing reputation for the provision of quality healthcare. NuTH does attract some of the best healthcare professionals in the country and is committed to ensuring Newcastle residents can access this expertise at all times. Through its ongoing commitment to collaboration and partnership working the Trust has been able to develop good, robust relationships with local GP’s. This patient centred partnership approach will enable faster innovation, a move towards prevention as well as treatment and provide better care for less cost.

One patient, one pathway...

“The benefit of shared care is that service delivery is focussed on the patient and not the organisation.”

Jane Donnelly, Public Governor, Newcastle Hospitals

Better together...
Caring for our people
Community Care - the options

National Context

Providers of healthcare are required to improve the efficiency and quality of care as well as offering new forms of care and services.

What do national policy directories have to say in this context:

*The Operating Framework, 2010/11 (DH, 2009)* - the Operating Framework is supportive of “vertical integration” and all this entails as part of the overall drive to ensure greater focus on care and treatment outside of hospital and improved demand management. To ensure greater productivity and efficiency the vision articulated within the Framework will require care closer to home, fewer acute hospital beds, reduced unit costs, reduced variation and more standardisation of care pathways.

As outlined in the recently launched *‘NHS 2010 -2015, From Good to Great’, (DH, Dec, 2009)* there needs to be an increased focus within the public sector on productivity and efficiency. This raises many issues particularly with regards to organisational form and function. Vertical integration, integrated pathways of care and social enterprises are amongst the numerous structures being debated currently, all of which could assist in addressing these needs.

*Transforming Community Services, Enabling New Patterns of Provision, (DH, 2009)* - this national policy provides guidance and direction with regards to the separation of the provider and commissioner functions within PCTs. It identifies opportunities for new patterns of provision including a range of new organisational forms. This policy does not necessarily dictate who should provide the services but considers what types of organisations would best meet the needs of patients and local communities.

*Beyond Practice Based Commissioning* - The Local Clinical Partnership (NHS Alliance, 2009) - this recent paper describes progress to date with practice based commissioning and more importantly highlights opportunities for greater alignment between primary and secondary care clinicians via ‘local clinical partnerships’. It highlights the need for significant changes in the delivery of care in primary, community and hospital based settings reflecting the direction of travel we wish to see in Newcastle upon Tyne.

The Ministerial Challenge

“How can the opportunities for high performing Foundation Trusts to become involved [sic vertical integration] with community services be realised?”

Mike O’Brien, QC MP
Minister of State for Health
Local Context

The North East Strategic Health Authority has identified ‘vertical integration’ as one of the key themes when considering how best to bring about value for money and the most effective service delivery in distinct community focussed settings.

Better together...

“As an older person and user of healthcare services in Newcastle I would welcome proper integration and closer co-operation to make access easier.”

Ethel Randall,
Public Governor, Newcastle Hospitals

PCT sourced community based health services in Newcastle upon Tyne have ‘merged’ with North Tyneside to create a single management entity and are now known as ‘NHS Newcastle and North Tyneside Community Health’. Community services in Northumberland continue to be managed and provided by the long established Northumberland Care Trust.

To date, the preferred NHS ‘North of Tyne’ option has been to create ‘Arms Length Provider Organisations’ for the PCT community services in Newcastle and North Tyneside, and it is understood the option of establishing a Community Foundation Trust has yet to be discounted. This fails to fully grasp the opportunity to transform local healthcare services. In our view, if this or a similar non-joined up configuration continues to be the preferred option, it:

- Does not effectively address the drivers of national policy regarding future delivery of community and primary care.
- Perpetuates the fragmentation of care by establishing yet another, separate NHS organisation in an already over crowded multi-tier bureaucracy and simply does not make economic sense.
- Fails to create a true separation of commissioning and provision functions.

There is now less concern that delivery of services through one integrated organisation would create a monopoly provider. There are several examples emerging in other parts of the country of high performing NHS Foundation Trusts being invited to tender for the provision of community services and in some instances being seen as the preferred provider of these services. We believe that a single, co-ordinated workforce with common goals and unconcerned with organisational boundaries and professional/bureaucratic tribalism could provide for example;

- Assessment prior to illness to determine the most appropriate place of care.
- Triage and assessment to ensure the most appropriate treatment in the most appropriate place by primary care and clinicians supported, mentored and also working in hospital which in turn shall support key priorities such as the reduction of non-elective admissions. This also supports standardisation of care and practice.
- Hospital at home medical and nursing services in a range of community settings ensuring a continuum of care from hospital to home with the potential to avoid being in hospital altogether.

Challenges for the North East
 Cycle of missed opportunities

- The North East has the worst health.
- Our population both requires and makes more use of hospitals than any other part of England.
- Our dependence on hospitals limits resources we have to do more in preventing poor health and we have to do more for patients.

‘Better together...’
Our vision

Once and for all putting the patient at the centre of healthcare provision

At NuTH our vision continues to be the creation of an integrated service delivery system with a wider range of care being delivered closer to home - where the overwhelming majority of people’s daily contact with services takes place. It is crucial that community based healthcare services take centre stage in the health and social care system of the future. This was previously articulated by the Trust as far back as 2007 and continues to be one of our major strategic priorities.

Patient centred care ensures that the transitions between providers, organisations and healthcare settings are co-ordinated and efficient and at all times involve patients and their families in the design of care. In the current scenario there is too much focus on the system itself and not the needs of the patient.

There are also greater opportunities to improve care for people with long term conditions via integrated systems and improved co-ordination of services. This would also include a greater focus on self care and self management.

Primary care practitioners are a vital element of community care and have a good awareness of other key community based resources including the third sector. There are good examples in Newcastle where non statutory organisations are also making a significant contribution to the delivery of healthcare and we are committed to strengthening partnership working.

The golden thread... “we want patients and carers alike to experience the golden thread of a seamless treatment pathway.”

In accordance with our Foundation Trust manifesto and the strategic direction determined by the Council of Governors, we believe that the only way to realise our collective aspiration to improve service quality and drive forward with best value, shall be via the creation of a single, joined up organisation. We want patients and carers alike to experience ‘the golden thread’ of a seamless treatment pathway, from initial diagnosis through to treatment, after-care and rehabilitation and thereby have access to a consistent high quality healthcare.

We know that individual healthcare professionals already try to work effectively across competing organisations. However, our view is that truly effective collaboration between healthcare professionals is not achievable while tensions exist at an organisational level and separate organisations which promote distinct and rather differing agendas. Creating a single system of healthcare delivery across all services is the only option which ensures people get the very best of care throughout their illness. Moving in and out of hospital is complex with all the processes and transactions associated with admission, discharge, follow up and ongoing care. There are increasing alternatives to hospital-based care and opportunities to
Our vision

The golden thread...

“The artificial divide between care in the community and the hospitals here in Newcastle must be put right and sooner rather than later.”

Sandy Harvey, Public Governor, Newcastle Hospitals

discharge patients much earlier. This requires integrated pathways of care where quality and safety are not compromised and the patient is at the heart of such pathways. To do this the boundaries as things stand between community/primary and hospital-based care must be eliminated and we are determined to see this brought about in our city.

We see the developing relationship and dialogue with our primary care partners as key to this agenda. Good progress is being made and our shared vision will continue to develop and be driven by the Newcastle Hospitals Primary Care Partnership Board which brings together senior clinicians and managers from the primary care setting and the Trust. This partnership is working towards the support of and underpinning of an organisation delivering integrated and seamless care and will continue to build on the achievements to date, including:

- the creation of a partnership with GP’s in North Tyneside to deliver additional primary care services and walk in services via two new equitable access centres
- increasing primary care capacity and expertise within the Trust by appointing additional GP clinical advisors
- GP’s working in the Trust on a sessional basis in areas such as dermatology supporting secondary care and developing expertise to utilise within primary care
- joint primary/secondary care events ensuring increasing clinical engagement and shared priorities
- regular production of the ‘GP Matters’ Newsletter across the region
- outreach services being delivered in a range of primary care settings

- the planned development of new healthcare facilities in the east, west and north of the city providing the opportunity for improved primary care services as well as improved access to specialist services for local people
- community based diagnostic infrastructure thereby improving access and choice

Put simply, we believe we can be ‘better together’ and by... seizing the opportunity of a timely, if not unique, initiative to transform the provision of healthcare for everyone, regardless of age, health or background, through an organisational configuration that has the delivery of real quality improvements for all patients at its very heart, as well as ensuring public sector resources are spent in the best and most effective way possible.

The key features of this single, integrated system of healthcare delivery are:

- **Integration** - encompassing the following:
  1. single assessment and care management processes;
  2. an organised and planned transfer of patients as they move through the system and,
  3. teamwork and communication amongst healthcare professionals.

- **Innovation** - a constant and relentless drive to improve the quality of care and patient experience.

- **Convenience (of time and place)** - where patient needs are met closer to home, in a minimum number of appointments.

- **Continuity and flexibility** - where the same individual professional co-ordinates care (the GP is well-placed to undertake this role) and complete patient information is held securely in an electronic record.

Community based services currently provided by the Foundation Trust include Midwifery, Children, Home Ventilation, Respiratory and Heart Failure. We can do so much more.

“Better together...”
Our vision

- **Technology** - being used in a more effective and intelligent way to provide greater integration of services and to support care closer to home. NuTH has invested significantly in a new IT system, the Newcastle E record. This is bringing about the radical transformation of communications and an integrated database underpinning operations, patient safety, research, quality assurance and business management across tertiary, secondary and primary care settings. The Trust is providing services which support and enable the delivery of telehealth/telemedicine such as remote monitoring of patients with implantable cardioverter defibrillators (ICD’s).

- **Evidence-based practice** - with redesigned care pathways that:
  1. help maintain a consistently high quality delivery of care
  2. track patient experience
  3. provide benchmarks to drive further improvements in delivering care in the most effective and efficient way possible.

NuTH is a major education and training centre providing high quality training and development to its own staff as well as providing training programmes to other providers of healthcare locally, regionally and nationally. We are very proud of our state of the art training facilities including the internationally renowned Newcastle Surgical Training Centre and also the North East Simulation Centre. Access to good environments which support training and education is vital if we are to have a world class workforce inside and outside of hospital. The Trust is currently developing a range of Consultant-led training initiatives for primary care teams.

“A network of quality infrastructure for the convenience of all residents.”

**Better together...** “working with Newcastle Hospitals on the Walkergate development has enabled our practice to be fully involved in all aspects of the building design and layout. This is a marvellous opportunity for primary and secondary care colleagues to work collaboratively and provide good patient care in the community.”

Dr Paul Netts, GP, East Newcastle
Our vision

NuTH has a strong Social Work presence via team working throughout the organisation - an effective and highly influential part of the infrastructure of any successful NHS Foundation Trust.

Improve patient care through integration and innovation

**NuTH is extremely well-placed to deliver a fully integrated service through continued close collaboration with GPs and partnership working with other agencies and organisations including Newcastle City Council.**

NuTH has long-established credentials in providing innovative, high-standard healthcare including community services and primary care. The Trust was awarded the contracts to provide primary care and walk-in services in two new ‘equitable access’ centres; one in Battlehill in North Tyneside and the other on Ponteland Road serving Blakelaw and Cowgate in Newcastle. Both these investments have from the very outset exceeded expectations and patient satisfaction levels continue to be high.

The Trust in collaboration with a local GP practice is seeking to develop new healthcare facilities in the East of the city which will ensure much improved facilities for primary care and also create the opportunity for the delivery of outreach services from the major hospitals, thereby bringing all that we now do and more with integration of primary and community care much closer to local people.

Delivering care closer to home highlights the need for good, high quality accommodation and technology in community settings. NuTH has a strong financial position and the capital and revenue resources to address the legacy of under-investment in community services infrastructure. We have significant experience and expertise in capital and service development programmes. NuTH can move quickly to make things happen. For example, at £304m the "Transforming Newcastle Hospitals Investment Programme" is the largest healthcare project ever undertaken in the North East and an example of the dynamic, all-embracing approach to healthcare being taken by an NHS Foundation Trust.

NuTH is uniquely placed to achieve integration between hospital and community services, due to the extensive range of our services portfolio - a repertoire greater than that of any other NHS Trust. We can readily provide...
Our vision

The golden thread...

“What everyone wants in their time of need is an easy route into and through the healthcare system. The golden thread is a great opportunity to achieve this.”

Sally Ann Webster, Public Governor, Newcastle Hospitals

specialist skills to optimise the shift of care to community settings - from diagnostics and outpatient consultation through to intermediate care and rehabilitation.

NuTH has a national, indeed international reputation for leading-edge healthcare provision and research, in collaboration with Newcastle University. The opportunity to apply this culture of excellence across both community and hospital-based care, through the creation of a single, integrated organisation, shall bring clear benefits for patients and carers.

There are robust structures and processes which support the involvement of healthcare professionals in strategic planning and service improvement. For example Children’s Services and Cardiology Services have had an integrated approach to community and secondary care for some time and have developed first-class reputations. Our Community Cardiologist has established an effective, high quality service for heart failure and is closely aligned and visible to GP practices. The Trust would like to further develop this approach, thereby bringing together specialist expertise with the unique skills and knowledge of the Newcastle primary care clinicians.

There are first-class resources for the recruitment and management of healthcare professionals. We greatly value the skills and experience of community-based staff and are committed to not only retaining but enhancing this wealth of experience. As the largest employer of NHS staff in the North East, we can offer community-based staff the appropriate professional and personal development, as well as the opportunity to get involved with new roles, working flexibly across traditional professional and organisational boundaries.

We envisage an innovative organisational development programme, underpinned with newly designed interactive team working and reward systems to ensure the community focus is an inherent and highly valued part of the NuTH service repertoire.
Our vision

Improving patient care through effective and efficient public expenditure

- The creation of a single, integrated organisation offers a greater critical mass of services with scope to increase economies of scale and reduce overhead costs. Transaction costs too will be reduced by rationalising the underpinning bureaucracy.
- A single system of care and new pathways shall drive efficiency and productivity by ensuring that only appropriate referrals and admissions to hospital are made, as care outside hospital is maximised. This approach will also allow for and support the alignment of incentives. Hospitals often have to keep patients in beds as they have no control or influence on the services outside of hospital. Having staff who are able to support patients at home leads to faster, safer discharges. This is illustrated by services such as the CHEST Team which provides a supported discharge service for COPD patients across Newcastle. The service over a period of time has had a significant impact on lengths of stay as well as supporting patients to remain at home. This model and approach is good for patients and demonstrates the economic benefits of a joined up approach between primary and secondary care services. The Trust and GP’s believe we can build on this model for other patient groups and pathways.
- Combining hospital and community services shall facilitate better contracting arrangements and better monitoring of service delivery. The development of better metrics linking activity and resources with outputs and outcomes will underpin productivity improvements. Importantly this shall also reduce variations in quality.
- As overall service efficiency and effectiveness improves, there will be the opportunity to redirect resources towards the management of chronic illnesses. Our vision does foresee a shift in approach to long-term disorders - from care that is typically reactive, episodic and at times disjointed, to care that is planned, managed, supportive of improved self care and, above all, collaborative.

Note: COPD - Chronic Obstruction Pulmonary Disease

Working together, we can encourage patients to have a more positive approach to long-term disorders, and engendering confidence in staying well, rather than just ‘being ill’.

Better Governance and Public Engagement

- As one of the most progressive and successful Foundation Trusts, NuTH already possesses robust governance matched by public accountability in real terms with a proactive membership that direct elects many of our Governors. In governance terms, our proposal establishes the necessary separation between commissioner and provider roles, thereby freeing the respective Primary Care Organisations (however these are to be configured in future) to concentrate on the fundamental and most challenging task of commissioning services.
- The Trust can cite a strong history of partnership in Newcastle upon Tyne, playing a full part in the Local Strategic Partnership and Health & Well Being Executive.
- As a public benefit corporation the Council of 40 Governors is active in shaping strategy, policy and ensuring quality in all that we do.
- The Community Advisory Panel is long established and pro-active at grass roots level in bringing the user perspective to influence organisational arrangements and standards of care and treatment.
Our responsibility of care

It is our strongly held belief that collaborative organisations that are focused on and responsive to the needs of patients and their carers, represent the best option for delivering both improved quality of healthcare and better value for money.

In this document, we have outlined our vision of a single, integrated organisation, with healthcare professionals working collaboratively across the continuum of care to deliver a better health service for patients in Newcastle. We cannot afford to work in the old way any longer, it is too wasteful. The need for seamless care without interruptions caused by the needs of differing organisations has become essential.

The Newcastle upon Tyne Hospitals are uniquely placed to deliver on this vision and make it a reality due to our:

- Demonstrable quality outcomes
- Financial strength
- Track record in the delivery of innovative and integrated healthcare
- Standing with clinicians, patients and carers
- Commitment to collaborative working and
- Success as an NHS Foundation Trust - a public benefit corporation.

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“One patient, one pathway...

“putting the patient at the centre of healthcare provision.”
The past couple of months have been extremely busy as ever ...

- In October we were delighted to unveil an innovative development in the new paediatric Burn Unit for children at the Great North Children's Hospital - the incorporation of groundbreaking distractive techniques at a 3D interactive system which aims to help calm worried or scared children when they need rest.

- In our last edition we introduced you to the Northern Centre for Cancer Care (NCCC) which opened earlier this year. We held a special open day at the centre in October and had 1200 professional colleagues from all over the region. We very much hope that you were able to see what is being provided for patients and carers and meet some of the key staff at first hand.

- We continue to work to improve healthcare across the North East, effectively collaborating with primary care colleagues to bring about better communications, improved care and treatments.

- The new Women’s Health Unit is one of the first of our facilities to be re-configured in modern and bright new facilities at the RVI. We continue to deliver high quality care but more in a distress-friendly environment encompassing assessment, investigations, counselling and treatment - all within a single “one-stop” clinic visit for common gynaecological problems.

- 150 North East - a Healthcare Simulation and Training Centre has been launched at the Freeman Hospital site. One of only 13 such centres in the UK, this demonstrates the commitment of the Newcastle Hospitals to provide high quality healthcare training and skill development across the North East.

- Work continues on the Great North Children’s Hospital in readiness for its full opening. The next issue will provide a full feature on the facilities and care for children from around the North East, Cumberland and beyond.

- A MedCinema will be opened in December 2006, which will feature some of the most advanced technology in the UK for patients as well as providing an environment for seminars and education.

- The Newcastle Hospitals have installed the world’s first 3D interactive system designed for use in healthcare by Amazing Interactives, housed in our state of the art Paediatric Burn Unit. The system is just one of the fantastic new initiatives to help put children at ease when they come to the Great North Children’s Hospital for expert care.

- The Newcastle Hospitals offer more nationally accredited specialist services than any other group of hospitals in the UK delivering healthcare services with a personal touch - whatever your patients’ needs.

Also inside...

- World Class Cancer Care on your doorstep
- Sir Bobby Robson Cancer Trials Research Centre
- Cognitive Behavioural Therapy in COPD
- IFSB Bowel Screening Programme
- At the Heart of the Matter
- SHINE Award for Partnership Initiative

Plus...

- New Women’s Health Unit
- North East’s first One-Stop Facial Palsy Clinic

Education and Training in the 21st Century

GP Matters

The Newcastle upon Tyne Hospitals
NHS Foundation Trust