

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	17 October 2018
Officer	Linda Power - Chief Operating Officer Dorset County Hospital NHS Foundation Trust
Subject of Report	<b>Briefing for Information - Repatriation of activity from Bridport Hospital to Dorset County Hospital</b>
Executive Summary	<p>Dorset County Hospital NHS Foundation Trust (DCHFT) currently delivers a number of day case procedures from Bridport Community Hospital. This paper requests approval from partners in the repatriation of approximately 1,446 patients per year to support efficiencies within the service. This will enable shorter waiting times for all patients receiving this type of service and treatment. Dorset County Hospital will be able to provide a total of 4 sessions per week at the hospital site in Dorchester for the repatriated patient activity and will also provide the opportunity to support 4 additional Colonoscopy lists per week due to clinical equipment being made available in the theatre procedure suite. This equates to approximately 20 more patients being seen and treated per week. The impact on waiting times from referral to treatment will be a reduction in waiting times for Colonoscopy (diagnostic procedure essential for cancer diagnosis).</p>
Impact Assessment:	<p><i>Equalities Impact Assessment:</i></p> <p>The current service at Bridport is used from patients from various areas in Dorset and is not confined to Bridport patients only. The current service provision is inequitable as Bridport patients are the only group of patients outside of the DT2 area who have access to a service in their town.</p> <p>The change in the service would result in further travel for Bridport patients but will provide a service equitable with all other non DT2 patients. Increased provision at DCH may also decrease travel for other patient groups who are currently using Bridport.</p>

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	<p><i>Use of Evidence:</i> Report provided by Dorset County Hospital.</p> <p><i>Budget:</i> DCHFT currently pay £127,529 per annum to Dorset Healthcare Trust (DHC) for the use of the site and facilities at the community hospital.</p> <p><i>Risk Assessment:</i>  Having considered the risks associated with this decision, the level of risk has been identified as: Current Risk: MEDIUM (for Dorset County Hospital NHS FT) Residual Risk: LOW (for Dorset County Hospital NHS FT)</p> <p><i>Other Implications:</i> Impact on patient experience due to patients travelling further from home to have their treatment/diagnostic procedure.</p>
<p>Recommendation</p>	<p>To approve the direction of travel to enable further engagement with the local population, patients and GPs to explore the transfer of activity from the Bridport Community Hospital location to the Dorset County Hospital main site in Dorchester.</p> <p>To advise on whether a formal public consultation would be needed to support the change.</p>
<p>Reason for Recommendation</p>	<p>To enable improved efficiency of the service - this will enable patients to be seen more quickly and to receive their treatment in a timely way (by meeting the NHS constitutional access standard for this service). The efficiency will have the added benefit of reducing travel time for clinicians, which will result in improved provision of clinical cover on the Dorset County Hospital Site for urology services. The added benefit will be to support increased activity for Colonoscopy diagnostics and reduce the waiting times for patients with potential cancer diagnoses.</p>
<p>Appendices</p>	<p>Appendix 1 – Quality Impact Assessment (presentation slides)</p>
<p>Background Papers</p>	<p>N/A</p>
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## **Repatriation of activity from Bridport Community Hospital to Dorset County Hospital NHS Foundations Trust**

### **1. Background**

- 1.1 Dorset County Hospital NHS Foundation Trust (DCHFT) currently provides Lithotripsy (treatment of kidney stones using ultrasound shock waves) and Cystoscopy (procedure that looks inside the bladder for diagnostic purposes) Services at Bridport Community Hospital.
- 1.2 Bridport Hospital is managed as part of Dorset Healthcare Trust (DHC) and the provider contract costs £127,579 per year. This includes the costs to provide administration and nursing to support the clinic lists and the clinic sessions, hotel services (e.g. cleaning), facilities, equipment, premises and relevant overheads.
- 1.3 The Lithotripsy and Cystoscopy Service treats approximately 1,446 patients per year at the Bridport site. This equates to 4 lists per week for Cystoscopy and 2 lists per month for Lithotripsy.
- 1.4 There are a number of reasons for reviewing the provision of these services on the Bridport site and consolidating the activity at DCHFT, they include;
  - a) Increasing productivity and efficiency of clinical time for DCHFT staff by removing travel time from the clinical job plans to gain an additional 1 hour per session to allow the team to treat more patients.
  - b) Increasing medical/clinical cover at the DCHFT site as individuals are present for queries/review.
  - c) Maximisation of the DCHFT procedure suite providing economy of scale as internal staff are utilised to support additional lists.
  - d) DCHFT proposal to repatriate activity will also provide an opportunity for DHC to reduce spend as replacement equipment will not be needed in the future from Capital funds. This includes replacement of the decontamination unit and clinical equipment such as stacks and scopes. The stack system costs approximately £80,000 to replace.
  - e) Reduction in potential loss of lists as DCHFT has a robust decontamination unit and also a service level agreement with Bournemouth Hospital to support during maintenance or breakdown.
  - f) Provision of a cost effective services as NHS funding is required to deliver high quality care whilst managing rising demand.

### **2. Proposal**

- 2.1 Repatriate 1,446 patients to the DCHFT main site. This will require engagement and involvement with the local community and the Bridport Hospital staff who have been supporting the service to be able to design the patient pathway and to show how waiting times for patients will be reduced.
- 2.2 The proposal supports a transfer of the service back to DCHFT as soon as agreed by both parties and public engagement has been sought.

### **3. Risk Assessment**

- 3.1 There are a number of risks associated with the repatriation of activity. The main concern is the reaction that the decision may have within our local population. Patients

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have always supported services closer to home and this will raise concerns to the minority of frequent users of the service and potentially amongst local GP practices.

3.2 In order to manage the identified risks in the risk assessment a number of mitigation actions have been proposed as follows;

- a) Public reaction to the loss of local service provision which may also lead to negative press interest – **MITIGATION:** It is proposed that all communications be undertaken by DCHFT to ensure a consistent message with support from DHC and Dorset Clinical Commissioning Group (CCG) to ensure clear and agreed communications and engagement with stakeholders.
- b) Potential damage to professional relationships between DCHFT and local GP practices – **MITIGATION:** Full disclosure and inclusion in the process
- c) DCHFT ability to recruit of staff in a timely fashion – **MITIGATION:** Start recruitment process early and to provide staff from DHC the opportunity to shadow at DCHFT to enable an informed decision regarding the opportunity to apply/transfer to DCHFT. Appropriate use of bank staff to manage vacancies.
- d) Sweating assets at DCHFT – **MITIGATION:** Ensure robust capital replacement programme in place and appropriate maintenance contracts are procured.
- e) Failure in decontamination at DCHFT resulting in a reduction in service – **MITIGATION:** Service Level Agreement in place already agreed with Bournemouth Hospital to cover unplanned maintenance of equipment if needed.
- f) Less flexibility in delivery of service due to loss of additional location - **MITIGATION:** Ability to flex in larger footprint at DCHFT if required in times of high demand. Lists are more efficient as staff are not required to travel from base.

## 4. Option Appraisal

4.1 **Do Nothing** – Continue to provide a Lithotripsy and Cystoscopy Service at Bridport Community Hospital on the understanding that DCHFT will not gain the financial and productivity efficiencies suggested in this paper and waiting times for patients are likely to remain similar or deteriorate alongside capacity to provide the service.

4.2 **Repatriate Activity** – Transfer 4.5 sessions per week by the end of the financial year to improve efficiency of the service and the cover arrangements on DCHFT site subject to satisfactory public engagement.

## 5. Recommendation

5.1 To approve the direction of travel to enable further engagement with the local population patients and GPs to explore the transfer of activity from Bridport Community Hospital location to Dorset County Hospital main site in Dorchester.

5.2 To advise on whether a formal public consultation would be needed to support the change.