

Dorset Health Scrutiny Committee

Notification of change - Repatriation of day case activity from Bridport Hospital to Dorset County Hospital

Date of Meeting: Thursday 26th September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s): Cllrs Sarah Williams, Kelvin Clayton, Dave Bolwell

Director: Mathew Kendall, Executive Director of People - Adults

Executive Summary:

Dorset County Hospital NHS Foundation Trust (DCHFT) delivered a number of day case procedures from Bridport Community Hospital. This amounted to approximately 1,446 patients per year.

The HOSC was previously briefed on the potential change in location of service provision in October 2018. The proposal was to support efficiencies within the service to enable shorter waiting times and enable 4 additional Colonoscopy lists per week as clinical equipment is made available which is essential for cancer diagnosis.

Three engagement events were carried out with local Bridport stakeholders in March and April, involving local residents, League of Friends, Bridport Transport Action Group and a number of other key stakeholders. Senior clinical and management attendance was also provided at a recent Bridport Council meeting.

The main concerns raised related to transport, lack of parking at DCH, elderly patients travelling further for treatment/diagnosis and concerns for the future of Bridport Hospital. Assurance was given to members of the Public regarding the continued provision and development of services at Bridport Hospital.

A staff consultation programme took place at Bridport Hospital, which included the option of the staff transferring to DCHFT to support the repatriation of the service. A number of staff have elected to transfer to other posts at the hospital or have sought other posts. Given the vacancies that have now arisen it was no longer possible to maintain the services to Bridport. This led to the urgent need to move the service from September 2019.

Equalities Impact Assessment:

EIA previously shared October 2018

Budget:

DCHFT currently pay £127,529 per annum to Dorset Healthcare Trust (DHC) for the use of the site and facilities (including staff) at the community hospital.

Risk Assessment:

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: **MEDIUM**

Residual Risk: **LOW**

Climate implications:

N/A

Other Implications:

Impact on patient experience due to patients travelling further from home to have their treatment/diagnostic procedure.

Recommendation:

To note the decision to repatriate the Bridport activity due to challenges with delivering the service at the Bridport site. Acknowledge that engagement has taken place and that all services are required to support the improvements and access to transport for the patients.

Reason for Recommendation:

To ensure continued provision of the service at an alternative location as unable to provide at the Bridport site. This will result in an improved efficiency of the service - patients will be seen more quickly and will receive their treatment in a timely way. 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 is to support increased activity for Colonoscopy diagnostics and reduce the waiting times for patients with potential cancer diagnoses.

This paper provides notification that the services have had to be moved due to operational staffing challenges from both DCHFT and DHC services as of September 2019.

Appendices:

N/A

Background Papers:

N/A

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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) provided 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 were a number of reasons for reviewing the provision of these services on the Bridport site and consolidating the activity at DCHFT, they included;
 - 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) Provision of a cost effective service as NHS funding is required to deliver high quality care whilst managing rising demand.
 - e) Relocation of the Dorset MSK injection service (approx. 90 epidural injections and hip blocks) from Bridport to Blandford theatre to consolidate that service onto one site. The driver for this being a change to the Dorset Spinal Intervention policy which has shifted approaches to the management of spinal injections to having one 'urgent' injection (a one-off injection) instead of repeated injections. Theatre lists at Bridport were not always full following the move to the new policy and some patients were waiting for their 'local' list instead of being fitted into the next urgent list leading to underutilisation.
NB: All other Bridport based MSK services remain.

2. Further Actions required as a result of public engagement

- 2.1 Inform patients, GPs and residents of Bridport of transport options available.
- 2.2 Ensure that the DCHFT booking team share transport information to new patients to support attendance.
- 2.3 DHC and DCHFT to work together to ensure there is access to theatre slots at DCHFT for those patients who are not able to get transport to take them to Blandford theatre for MSK injections.

3. Risk Assessment

- 3.1 There were 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 have always supported services closer to home and this did raise concerns for the minority of frequent users of the service and amongst local GP practices.
- 3.2 In order to manage the identified risks in the risk assessment a number of mitigation actions were 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. COMPLETED.
 - b) Potential damage to professional relationships between DCHFT and local GP practices – **MITIGATION:** Full disclosure and inclusion in the process COMPLETED.
 - 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. UPDATE – Unable to staff Bridport Hospital activity and hence decision to move service ASAP from September 2019 to continue activity.
 - d) Sweating assets at DCHFT – **MITIGATION:** Ensure robust capital replacement programme in place and appropriate maintenance contracts are procured. COMPLETED.
 - 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. COMPLETED.
 - 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. COMPLETED.

4. For Note

- 4.1 Due to the inability to continue providing the service at Bridport, as staffing levels are too low to provide the service safely, a decision has been made by both providers to move activity with immediate effect to ensure patients are able to receive diagnostic procedures and treatment.
- 4.2 Clear communication is required with residents, patients and GPs regarding available transport options. This will be carried out by DCHFT with support from DHC.