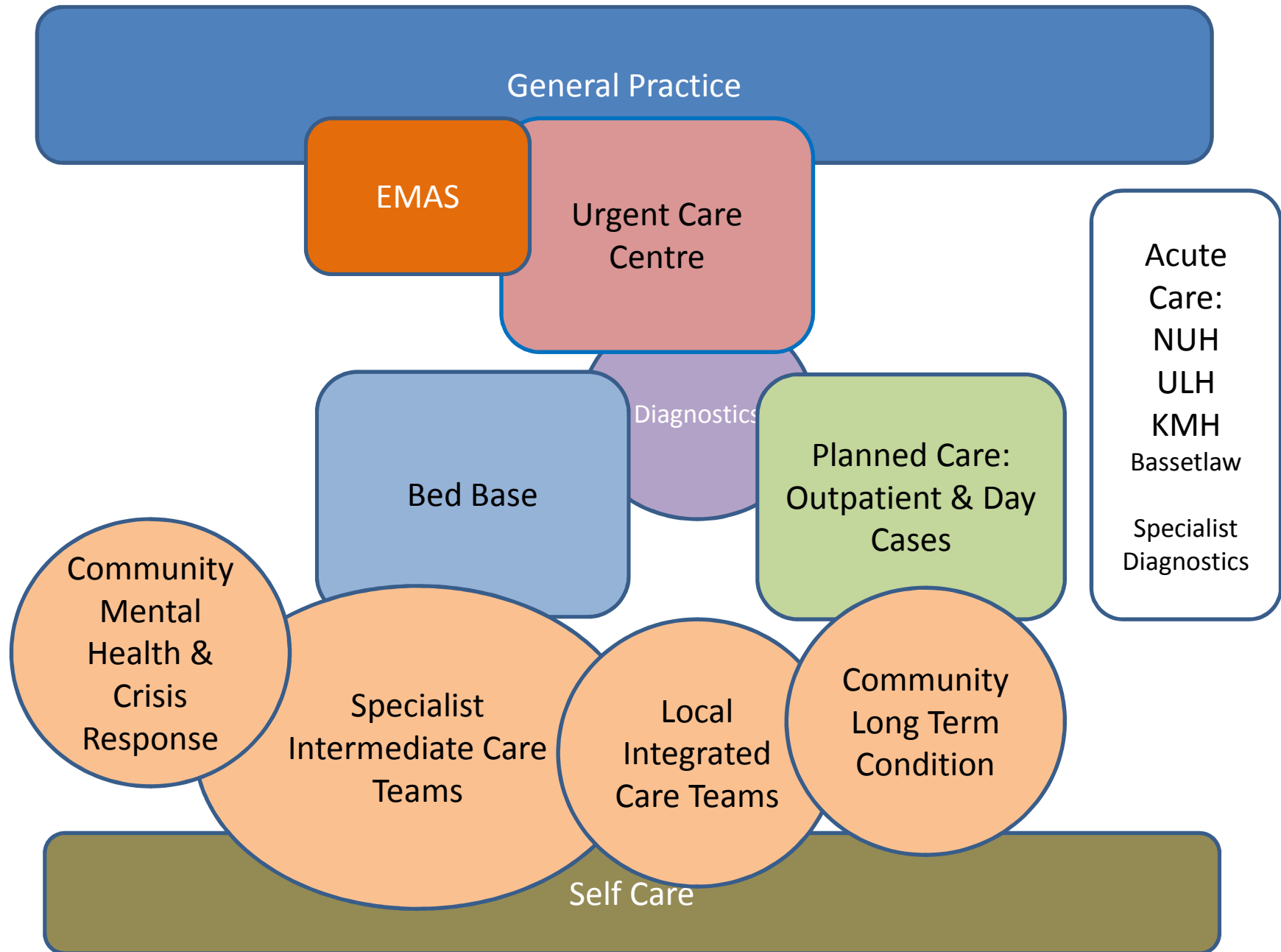


NEWARK STRATEGY UPDATE

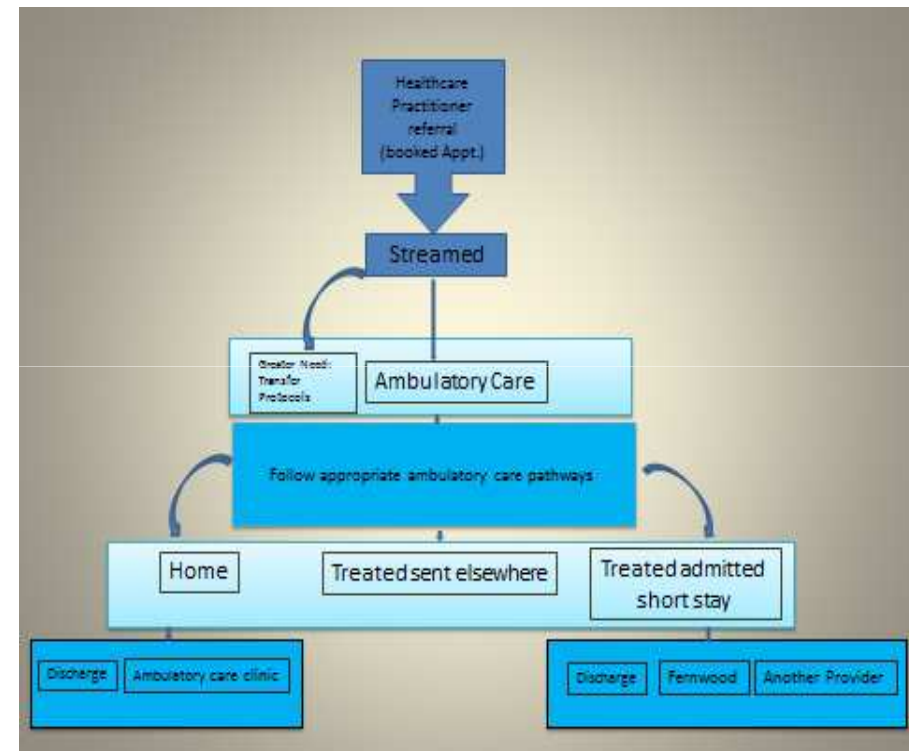
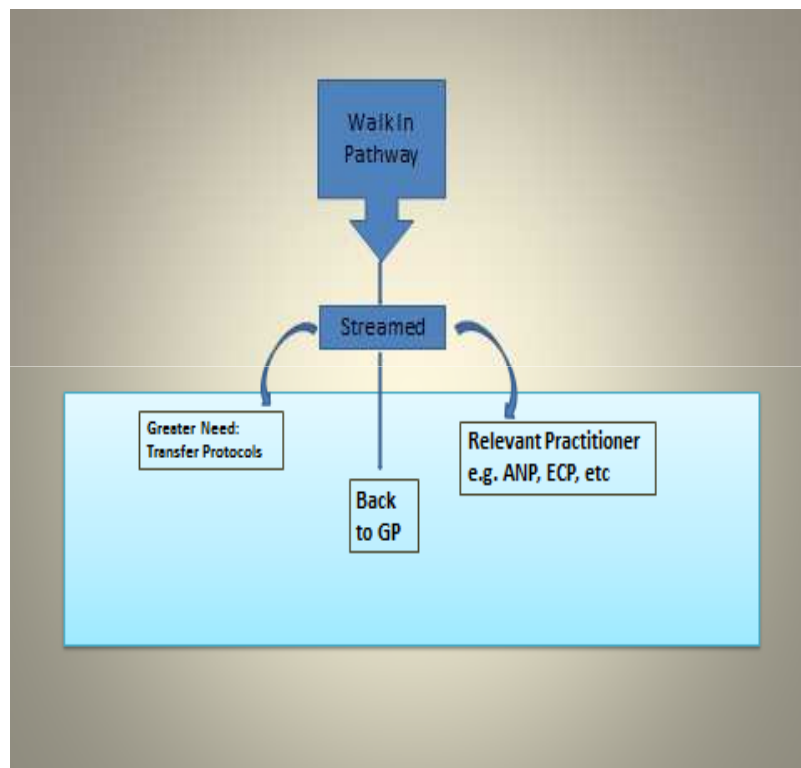
June 2016

Overview

- Reality of service provision
 - Keogh
 - CQC
 - Capacity
- Inclusion of wider services
- Better Together Transformation
- Impact of long term partnership SFH & NUH
- Agreed priorities incorporating integration:
 - Urgent Care Centre
 - Bed Base
 - Planned Care: Outpatient, Diagnostics and Day Case



Urgent Care Centre: Primary Care led



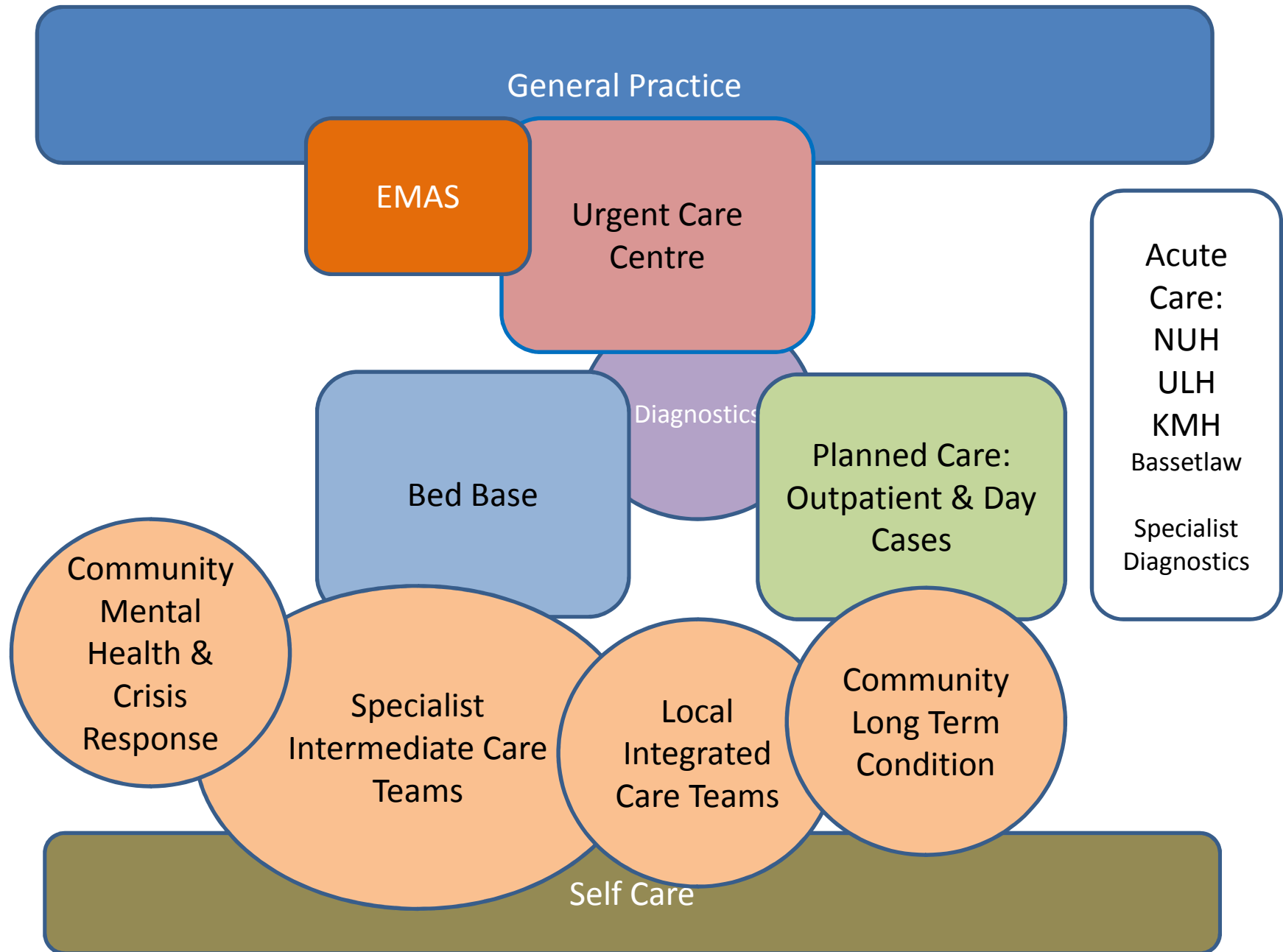
To develop a 24/7 urgent care centre for people requiring enhanced primary care delivered by a GP/Practitioner for the population of the wider Newark area

Services

- Minor injuries/illness
- Moderate Illnesses
- **Ambulatory Care Pathways – increase current pathways**
- **Links to Bed Base Work Group – need for short stay (0-2 days)/ increased Step up admission Fernwood**
- Transfer protocols

Workforce

- Review of Emergency Nurse Practitioner role
- Add GP in hours
- Need for secondary care Dr?
- EMAS role in UCC – Emergency Care Practitioner



Newark Bed Base

Discharge from acute care is to home first

However, where bed based care is still required short term beds at Newark will support

- Step down from acute care
 - Enhanced /Intensive Intermediate care

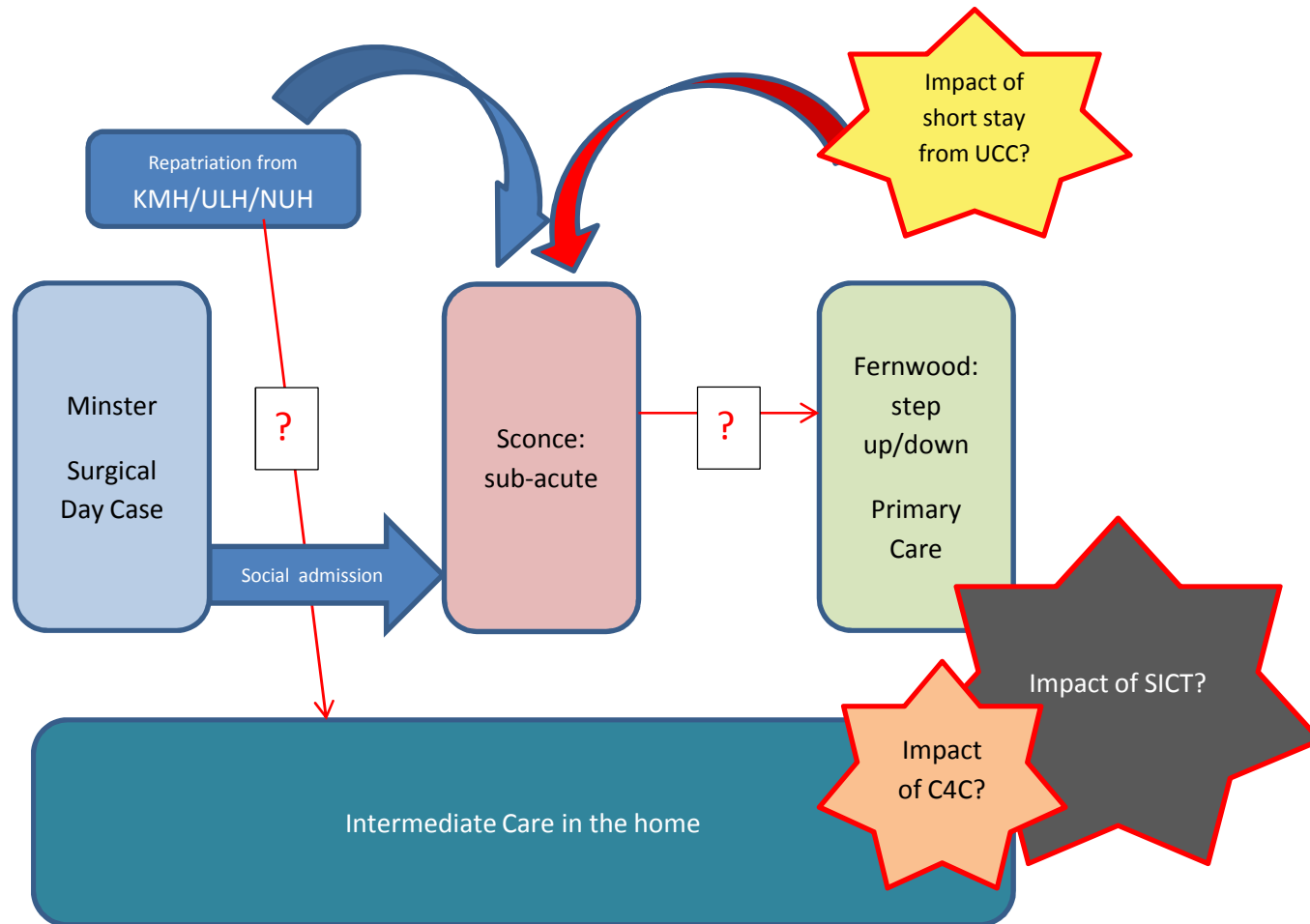
Admissions:

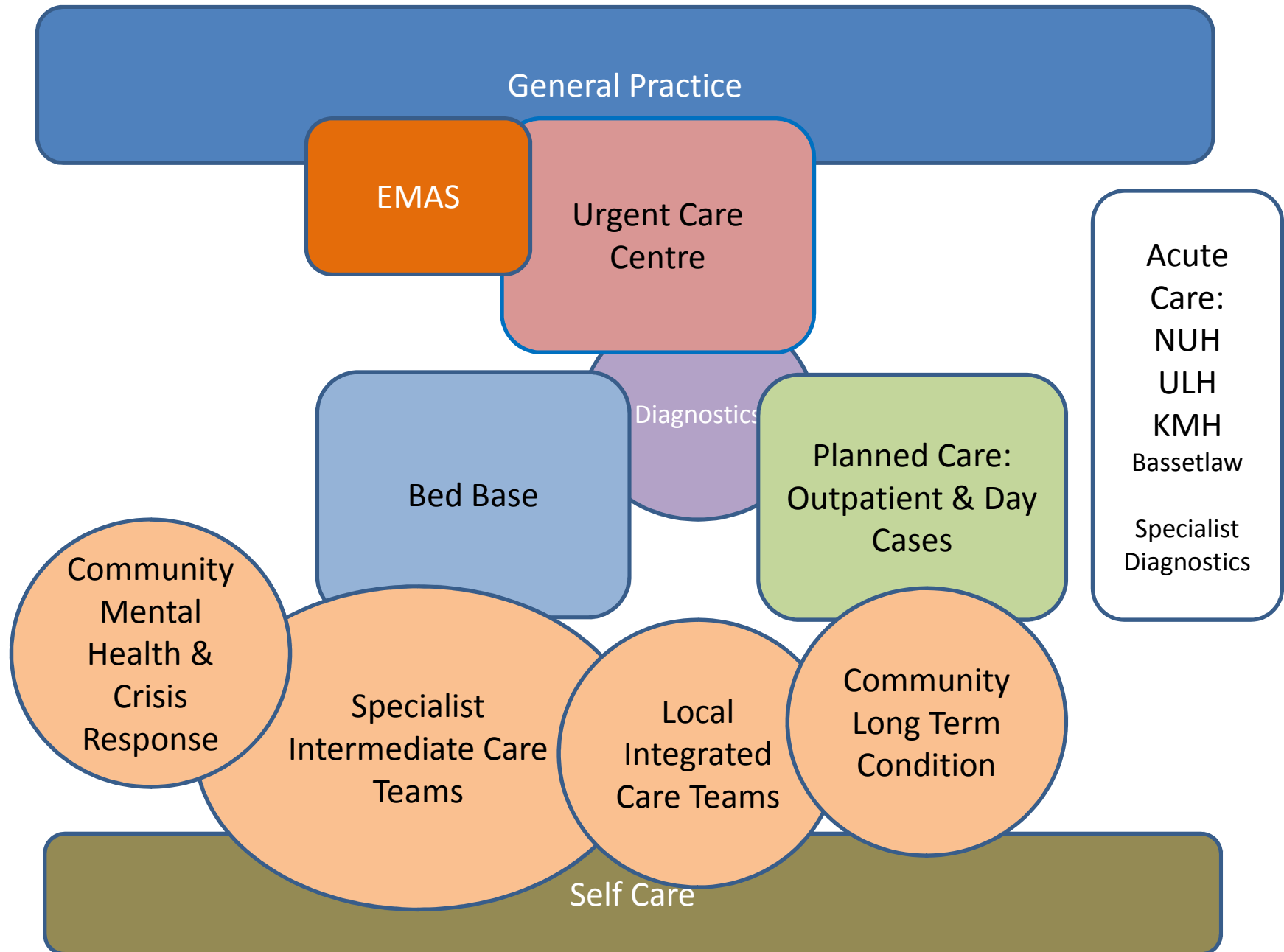
- Step up from primary care
 - short stay: assessment and observation
 - Enhanced/Intensive Intermediate care

Newark Bed Base

- Understand current case-mix of patients who utilise the service
- Understand the impact of improved pathways and shorter length of stay at KMH (/NUH/ULH?)
- Understand demands for a short term assessment admission
- Determine the bed compliment and ward configuration
- Review alternative use of ward space e.g. Castle. Sconce(?) potential use to increase outpatient provision

Newark Bed Base





Planned Care

Newark as first choice:

- Directory of Services have been reviewed and updated.
- Need to increase the capacity (number of clinics, appointment slots)

Increase in Services:

- Expansion of the range of medical daycase procedures provided - staff training undertaken and SOPs developed to support the introduction of new procedures for rheumatology patients; methatrexate injections and zoledronic acid infusions
- Nurse specialist in ophthalmology, clinics introduced in Newark to follow up patients following surgery
- Introduction of injections for ophthalmology patients
- Introduction of nerve conduction studies to deliver a one stop service for orthopaedic patients

Further Work:

- NUH & SFH planned care specialty workshops to review new opportunities at Newark
- Reviewing T&O procedures to introduce a wider range of procedures, for example specialist hand surgery
- Theatre Utilisation Improvements
- Outpatient capacity: extended days and weekend or increased facilities

Next Steps

- Final models, implementation plans and engagement plan for July meeting
- Organisational sign off of enhanced service models and formal transaction in contracts
- Timeline for implementation plans and Go Live on new models confirmed
- Additional and final partnership meeting in August
- Engagement Plan delivered
- Implementation plans monitored
 - SRG: formal sub committee of N&S CCG
 - SFH Governors