

Briefing for Nottinghamshire Overview and Scrutiny Committee

Service Models for Bassetlaw District General Hospital

Background

Over the last year NHS Bassetlaw and NHS Doncaster have jointly commissioned and undertaken a clinical services review in partnership with Doncaster and Bassetlaw NHS Foundation Trust.

This review considered a number of national themes and their impact on local services, these were:

- Increasing specialisation and advancements in medicine.
- Increasing specialisation and its impact on Consultant medical workforce (recruitment, training and maintaining skills)
- New standards of care outlined by various Royal Colleges.
- Reduction in medical training posts in some specialties.
- Opportunities to deliver more care in community settings.
- The need for improved integration across social and health care to provide care for vulnerable groups.
- Safeguarding.

These areas provide a challenge for all hospitals but particularly for small hospitals with limited infrastructure and as such a real focus has been applied to Bassetlaw Hospital looking both at individual specialties and how they contribute to sustaining a district general hospital dealing with as many cases locally as possible within the quality framework whilst still ensuring care that is specialised is supported at other centres.

The following discussion outlines the progress to date in terms of planning to redesign services or workforce to ensure sustainable models of care in the Bassetlaw locality.

Maternity Services

An external clinical review of the maternity services highlighted that although services were currently safe they were not sustainable in their current format.

Significant clinically led progress has now been made to design a model of care at Bassetlaw which meets the increasingly challenging national standards and supports the continuation of an obstetric led unit on site.

Some women and their babies who are designated high risk will continue to be advised to book for Doncaster or Sheffield dependent on their specialist needs. (This is the current model)

Emergency and elective caesarean sections plus epidural pain relief is also planned to continue on site.

General and specialist midwifery care will continue in both the hospital and the community.

Paediatric Services

An external clinical review was also undertaken around paediatric services and concluded again that services were safe but not sustainable in their current format.

Issues particularly related to exposure of senior doctors to sufficient numbers of acutely unwell children (and new born babies) to sustain their skill base, the reduction in the number of junior paediatric medical staff, the need to develop community pathways for children with long term conditions and the need to eliminate single handed practice for Consultant Paediatricians with sub specialty interests.

The Trust have, along with GP support, developed a workforce model which could operate across both Doncaster and Bassetlaw to ensure paediatric assessment and admission can continue at Bassetlaw Hospital whilst still exposing individual clinicians to managing sufficient numbers of sick children to maintain skills and competence.

In addition the model would see the development of Community Paediatricians to support the challenges of safeguarding and the management of children and families with long term conditions in their own home.

This model will require the recruitment of new posts and as such an implementation timetable is being developed. No change to existing services will be seen in the interim.

Fracture Neck of Femur

National clinical standards for the management of patients who suffer a fracture of the neck of femur exist alongside a 'best practice' tariff which incentivises Trusts to meet them. The standards require an integrated multi specialty approach to delivery including A&E, anaesthetics, orthopaedics, ortho - geriatrics and rehabilitation.

Alongside this there is a national and regional programme to develop and accredit hospitals as major trauma centres, designated trauma units and local Accident and Emergencies to enable the care of the sickest trauma patients to be coordinated within a network and to save lives.

Work is ongoing with Doncaster and Bassetlaw NHS Foundation Trust to develop further the improvements we have seen in their management of fractures of the neck of femur on both sites.

Conclusion

The overview and scrutiny committee are asked to note the significant progress which has been made in reviewing local services against national standards and in the proposals to maintain and develop local services in a sustainable way.