



case study

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Providing specialist emergency care in Northumbria

Key points

- Evidence suggests that more centralised, seven-day working offers opportunities to improve care pathways and address potential future staff shortages.
- Strategic development leading to service redesign is a long game; in Northumbria's case, almost a decade from concept to completion.
- Starting the engagement process early, and widening the 'circle of engagement', leads to more people being informed about proposals for change.
- Enter into an open and honest dialogue with staff: encourage shared discussion and constructive challenge.
- Involving clinical teams in building design ensures the layout reflects care pathways and contributes to a feeling of ownership.

Northumbria Healthcare NHS Foundation Trust (Northumbria NHS FT) is composed of three acute sites and seven community hospital sites. Emergency care doctors will work 24/7 at a new hospital at Cramlington, delivering emergency care for acutely ill patients while the three general hospitals – at Hexham, North Tyneside and Wansbeck – will continue to provide walk-in A&E services as well as outpatient clinics, diagnostics and elective care. The new facility will be the culmination of several years' strategic planning, and a comprehensive programme of engagement with staff and the local community.

Drivers of change in Northumbria

For Northumbria NHS FT the impetus for change was improving the quality of care. This reflects a continuing national trend towards seven-day working.¹ The trust had undertaken seven-day working for a number of years, reflecting increasing evidence that seeing a consultant early on in the care pathway leads to better outcomes. The reduction from three separate rotas to one also aims to ensure future sustainability in the face of decreasing numbers of people entering medical training.

From vision to reality

While the building of the new hospital will take place over the next two years, the discussions behind it have taken longer: the trust estimates around a decade from concept to completion. The genesis of the project was a series of strategic discussions between senior executives at the trust, including the medical director and a core group of clinicians, looking at how future services could offer the best quality of care and clinical outcomes. Evidence suggested that the direction of travel in emergency care was increasingly towards

'We were asked: "Why can't you have more doctors?" The answer was: they're not out there and training numbers are being reduced'

specialist centres.^{2,3} As clinicians and the senior management team began to focus on what that would mean for Northumbria, it became increasingly apparent that a first-class, more specialised service could only be offered in a centralised way.

This decision was the trigger of a major process of engagement. Northumbria NHS FT's chief executive, Jim Mackey, believed that the trust should consult on the concept and proposed model as widely as possible, so was the driving force behind a major public consultation organised by North Tyne Strategic Health Authority on the trust's behalf. This ran for six months: three months of engagement followed by three of consultation.

'It was very much a clinical consultation'

The engagement process

Prior to the formal consultation, a series of engagement events were held to explain what the changes might mean and to canvass local opinion. (The trust estimates that about a hundred or more public meetings were held.) Information was presented by emergency care consultants, and Northumbria NHS FT's medical director and executive clinical director, enabling

Fact file

- Project name: Northumbria Specialist Emergency Care Hospital
- Population served: 500,000 across North Tyneside and Northumberland
- Budget: £420 million
- Current status: Building commenced; completion due Spring 2015.

questions to be answered from a clinical perspective. The trust also worked closely with local GPs and Members of Parliament, to understand their views and those of their patients and constituents. The trust estimates that three years of the project were taken up with discussion and development of what the new care system might look like and what it would represent for people. There was a strong conviction, however, that this level of consultation was vital to ensuring that the final specification would meet people's needs.

While the presence of hospital consultants at engagement meetings added credibility to the process from the public's perspective, it was felt that GP involvement further strengthened this. To Northumbria NHS FT, this demonstrated the value of previous engagement work with local GPs and councillors, to create local advocates. While many of the questions asked were challenging – around access and transport, for example – over time, this allowed the trust to research these areas fully and share informed responses with the public. As a result, confidence grew that the trust understood the issues and contributed to favourable public perception of the

plans for a new hospital. The trust believes that this honest and open approach – for example, on the difficulties involved in travel from rural areas – instilled a sense of confidence in the public.

'We spent a lot of time talking to the public, GPs, MPs and councillors'

Working with local residents

The site chosen for the new hospital is next to a small residential area. Prior to the planning phase, Northumbria NHS FT worked closely with local residents, many of whom were anxious about the potential impact of the new hospital, to understand their concerns. While it was impossible to allay all of these, the trust was able to refine the plans in several important respects, such as traffic management. As a result, there was a general understanding of the rationale for the new hospital, which provided support to the trust's overall strategy.

'Holding the engagement events as well was almost like having two rounds of consultation'

'We got a lot of challenging questions and we were quite realistic about what some of the issues might be for people'

Fostering political engagement

Alongside local MPs, Northumbria NHS FT involved North Tyneside, Northumberland and Newcastle Overview and Scrutiny Committees, even though Newcastle's was not in the trust's main catchment area. Local area forums were also consulted on the proposals. Regular briefings were issued as the building plans and clinical model were developed.

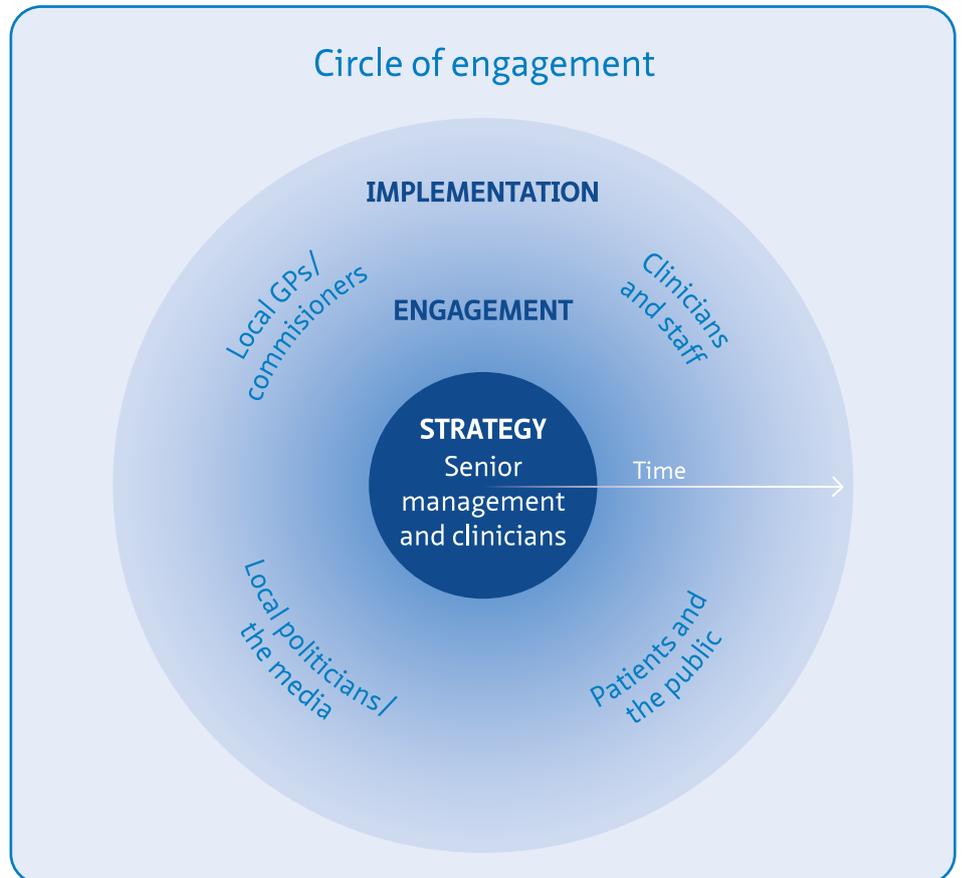
'They understood what we were trying to do. It's an ongoing process because we haven't stopped consulting'

Evaluating the consultation

To measure the effectiveness of the consultation exercise, Northumbria NHS FT used an external agency to measure public knowledge and perception of the programme. This was tracked over the period of the consultation; the results displayed an increase in awareness of the trust's plans, and the rationale behind them.

Expanding the 'circle of engagement'

The programme team describe the engagement process as a series of ripples emanating from the centre of the organisation into clinical teams, patients and the community. As the programme has been developed, more and



more people have been brought into a 'circle of engagement' that expands over time. After discussions with senior clinicians and managers, clinical teams were consulted on the proposed changes. Entering into an open and honest dialogue meant that staff were not afraid to challenge the proposals or request more information, for example around staff transfers. As the engagement circle widens, clinical teams are now taking the initiative in their own multi-disciplinary team meetings and developing innovative proposals for how the new care models might operate in practice.

One of the things in the trust's favour was the existence of a medical workforce accustomed to flexible, cross-site working.

'Our job is to listen and ultimately get to a system that everybody's got confidence in'

Management described the existence of a can-do culture within the organisation, with the patient at the centre of the care model. This has meant that the principle behind the changes – that centralised specialist emergency care is likely to improve clinical outcomes – has led most clinical staff to support the proposed changes. Though it is expected that the change to the new way of working will not be without its challenges, the existing culture among staff and the support stemming from the strong evidence base are likely to make the transition easier.



Staff and contractors at the commencement of the building phase, with an architect's vision of the entrance to the new hospital

'We were introducing the specialties to each other, showing them how they were going to work together, and people really enjoyed that'

Bringing clinicians together
In 2012, the trust held a clinical 'due diligence' event, attended by around 150 clinical staff. At this event teams presented their plans, enabling other teams to challenge and question these. This was the first opportunity for staff to collectively see each other's plans and the event was well received. A similar event is planned for the summer, to finalise clinical teams' operational plans for the new centre.

The role of leadership

The feeling at the trust is that, although clinical involvement and leadership has been vital, strong leadership from the top of the organisation has also been essential, by providing the strategic 'grounding' and impetus for the programme. Again this reflected an evidence-based trend towards specialisation and seven-day consultant rotas.

The programme lead

When working with sub-specialties, each of which is led by a clinical head of service and an operational manager, the programme team's role has been to encourage thinking about, support for, and where necessary challenge of, the change process. In this context, the programme lead's role is that of a networker and a facilitator.

Augmenting the programme team

The programme team used external advisers to ensure that statutory obligations around consultation and planning were fulfilled: guidance from external experts was sought where required. Other places where the trust found it helpful to bring in outside expertise included surveying and site selection. In addition, the trust asked the National Clinical Advisory Team to review the clinical model, which provided important feedback during the design of clinical pathways.⁴

Implementation and next steps

Building commenced in November 2012, ahead of an anticipated opening in Spring 2015. The programme team continues to work closely with clinical teams to refine care pathways, ahead of the opening of the new hospital. A commissioning group is planning the opening and initial operation of the building and Northumbria's procurement team have started to identify equipment that will move to the new hospital. A clinical strategy group maintains an overview of key cross-trust issues such as junior doctor training, to make sure that these are delivered in advance of opening.

'The design is based around getting patients to the right place at the right time'

'It's a two-way thing: you're getting invaluable information from clinicians that you can feed into the building design and giving them ownership'

Building design

One thing Northumbria NHS FT is particularly proud of is the design of the building itself. Although of an unconventional shape, it has been designed around the clinical flow of patients and natural clinical adjacencies. As a result radiology is embedded in A&E, with paediatrics alongside. The respiratory department is next to critical care, which is next to operating theatres: the design is based around how patients can get "to the right place at the right time". To achieve this, the clinical teams describe a process of stretching the architects and the planners to deliver a physical building that would reflect the desired clinical pathways. This approach also helped engage clinicians, by giving them direct involvement in the design of the building.



Architect's view of the new Northumbria Specialist Emergency Care Hospital

Lessons from the programme

By way of reflections, those leading the programme encouraged not being afraid of broadening the net of people that are involved early on. Although starting the engagement process earlier can lead to more questions (and occasional concern, for example about job security), it also means people are more likely to be better informed about the process, leading to more meaningful discussions along the way.

The programme team are pleased that, alongside an existing seven-

'It will be a local facility, for our family and friends. We're excited to be part of it because it feels like the future of healthcare'

day-a-week consultant presence, they are now offering seven-day specialty cover and will have A&E consultants on site on a 24/7 basis – not something that is commonly seen. Existing sites will continue to provide elective and outpatient services locally as well as walk-in A&E services, creating what is believed to be a well-balanced local healthcare system.

References

- ¹ See for example Academy of Medical Royal Colleges (2013) *Seven Day Consultant Present Care*.
- ² Alberti, Sir G (2006) *Emergency Access: Clinical case for change*. Department of Health.
- ³ Boyle, R (2006) *Mending Hearts and Brains: Clinical case for change. Report by the National Clinical Director for Heart Disease and Stroke*. Department of Health.
- ⁴ National Clinical Advisory Team *Better Healthcare for the Future: Strategic development of specialist emergency care services*. Northumbria Healthcare NHS Foundation Trust.

Service redesign case studies

This NHS Confederation case study is part of a series designed to share good practice and lessons learned by local NHS organisations involved in major reviews of local health services. We are very grateful to Birju Rana and Andrea Stoker of Northumbria NHS Foundation Trust for their participation in this case study and for supplying the quotations used.

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