The future of Solihull's Hospitals

A presentation by Tony Green, based on an original presentation made by Dr. Patrick Brooke at the Solihull PPGs Network's September meeting

email: monkspathppg@hotmail.com

Conspiracy theories: “They’re stealing our hospital!”

- Letters to local newspapers say that some evil ‘they’ are stripping services away from Solihull Hospital.
- At a recent political husting many in the audience said the Hospital mustn’t lose anything. All four politicians from different parties promised to protect it.
- But Solihull & Good Hope are small district hospitals, & if they try to do everything they won’t be expert at anything, so patients will die unnecessarily.

HEFT hospitals

- Heart of England NHS Foundation Trust (HEFT) runs the hospitals that serve most of us, namely Solihull, Good Hope & Heartlands.
- Demographics – mainly increasing lifespans - will put more & more pressure on hospitals so **unless systems are changed, more hospitals, not fewer, will be needed**.

Why is change needed?

- Total population & average lifespans are increasing. A fifth of patients are over 65 now, growing to more than a quarter by 2030. The older we get, the more NHS (including hospital) services we need. Four fifths of patients aged 85+ have long term conditions e.g. asthma, COPD, dementia, diabetes or heart disease.
- **Unless something is done, hospitals will soon be overwhelmed** with inpatients.

So there's a five year plan…

- '**Solihull Together for better lives**' partners are the CCG, HEFT, the Mental Health Trust, the Council, primary care providers, voluntary & community groups, & lay folk. It plans to:
- Reduce the need for admittance or re-admittance
- Shorten stays in hospital
- Provide community based support
- Create centres of excellence at each hospital
- Improve urgent care

Cutting need for admittances #1

- **Strengthen** ill health prevention by:
- **improving** access to lifestyle services (public health) & quality of care for folk with **long term conditions**;
- **developing** prevention & treatment for **heart disease**; the **mental health** strategy; prevention, early intervention & survivorship programmes for **cancer**;
- **New treatment pathways**: e.g. rather than checking & treating **diabetes** patients at hospital clinic, get GPs to do it to the same standards.
- Some serious conditions e.g. **deep vein thrombosis** (clots), or **cellulitis** (skin infection) will still be treated in hospital but on a day basis.

Cutting need for admittances #2: Local treatment, care & support

- There'll be 6 community hubs (2 in Shirley, 2 in Central & Rural Solihull, & 2 in North Solihull), each linked to several GP practices & serving 40,000 patients. They combine community matrons, community nurses & staff from the Single Point of Access service.
- They'll provide community nursing services to patients at home, & rapid response (within 2 hours) to give urgent care & support to those at immediate risk of admittance.
- Future plans to integrate primary care, social care, mental health & other services via the hubs.

Shortening hospital stays #1: Focusing on patient needs

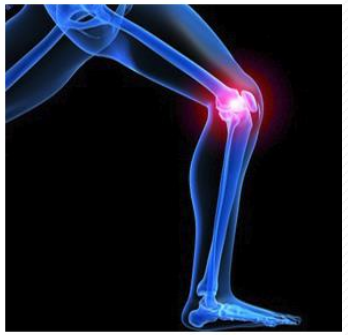
- Now patients needing tests, scans, consultations & planned treatments are admitted, & have a test one day, a scan the next, etc. (they stay in hospital to meet the hospital's need).
- In future, tests, scans, consultation & planned treatments will be done during one outpatient attendance (meeting the patient's need, but also helping the hospital avoid using a bed).

Shortening stays in hospital #2: Integrated Care & Support

- Many elderly inpatients no longer need hospital treatment but can't be discharged as they'd be unsafe at home & would need urgent early re-admittance.
- They take 6 weeks to recover, so will get 6 weeks support from nursing, social care staff & specialists, & a consultant may visit them at home.
- There'll be 8 'discharge to assess' beds where patients will be supported & assessed to find what they need to be safe at home, or whether they need a care home placement.

Centres of excellence

- Each hospital will specialise in doing particular types of routine surgery, so its surgical teams become expert & improve patient safety.



- Solihull Hospital will specialise in **orthopaedic** (musculoskeletal deformities or disorders) surgery
- & **ophthalmology** (eye) surgery.

Urgent Care

- There'll be a **Minor Injuries Unit** in Solihull Hospital, a **Minor Ailments Unit** in North Solihull, & a full **Accident & Emergency service** at Heartlands Hospital.
- Solihull's Urgent Care reorganisation has been awarded **Vanguard** status by NHS England, which should mean extra funding will follow.

Minor Injuries Unit (MIU)

- Replaces BADGER, the Walk in Centre & the old A&E (which really only fixed minor injuries).
- Will be in the former dementia ward. Access from the outside, not from the main hospital walkway. Expect mostly walking patients, some in wheelchairs, & a few ambulance cases.
- Patients will be triaged at entry & urgency will determine waiting time until they're seen by a nurse, GP or consultant.

What might go wrong?

- **Funding**. Vanguard funding amount & timing not yet known; HEFT has major (£10m) overspend problems; Solihull Council's social care funding has been slashed; & the CCG has to make big savings. Cutting the number of hospital beds would save money, but…
- Martin Tolman, one of our PPG's steering group, asked for & was given an assurance by Dr Brooke that "*No beds will be cut until the planned reforms have removed the need for them, so patients won't be worse off*".

Dr. Brooke said "**The future of Solihull Hospital is bright!**"

- Questions?