

Bristol Health Services Plan Model of Care - a Summary

1 Introduction

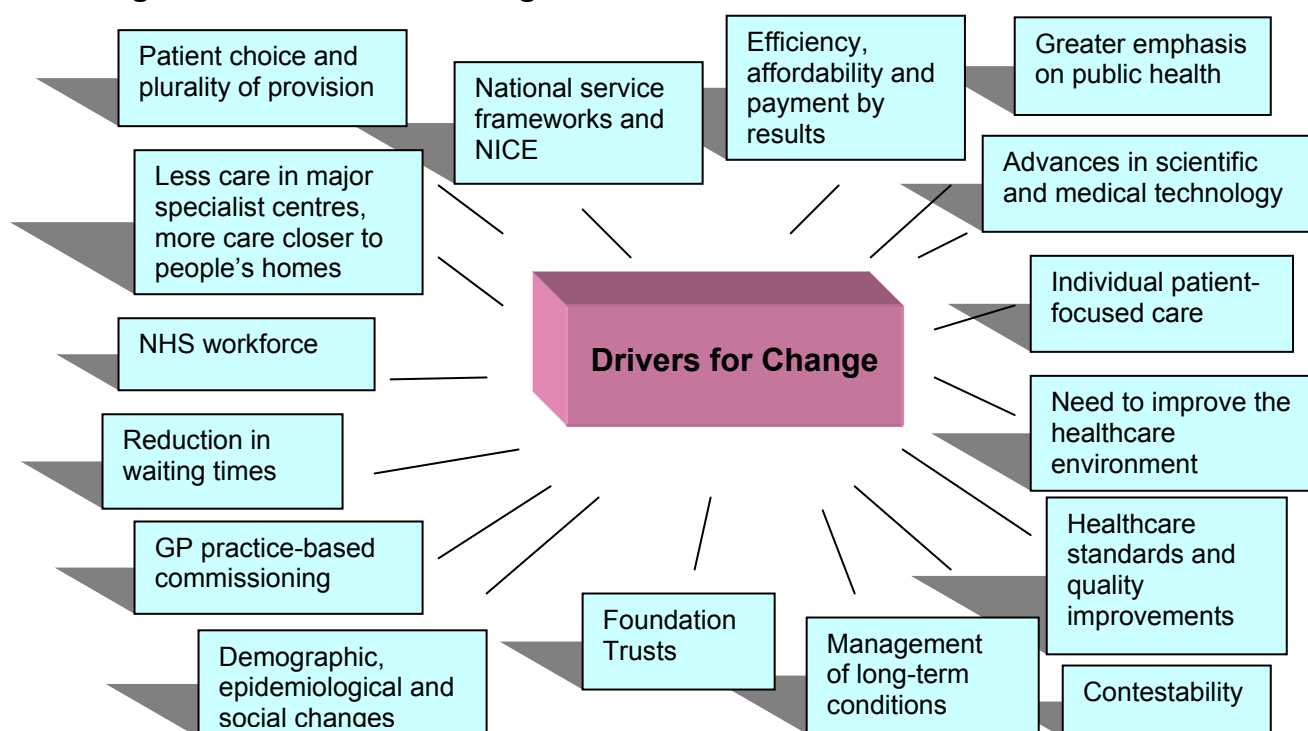
The Bristol Health Services Plan (BHSP) is a major reconfiguration programme designed to transform, modernise and improve acute and community-based health services in Bristol, North Somerset and South Gloucestershire (BNSSG).

Underpinning the BHSP is a model of care that sets out the basis and rationale for these changes. The model has been developed by the BHSP Clinical Redesign Group and this summary describes its key elements. A full report is also available.

2 The New NHS Landscape

A range of factors are changing the way in which healthcare will be delivered in the future.

Figure 1: Drivers for change



3 Developing a Model of Care

The overall objectives of the model of care are to:

- provide care **closer to the patient's home**
- provide effective local health services by **harmonising primary care, social care and local hospital services**
- develop **specialist services and networks for a wider group**
- provide a **vibrant learning and education culture**
- improve the **efficiency, productivity and value for money** of services
- enable local services to **respond to national initiatives** such as *Creating a Patient-led NHS*, plurality of provision and contestability
- provide a model of care that is **robust and able to both withstand and inform organisational change**.

4 Main Areas of Healthcare

The model of care covers five areas of healthcare: public health, acute, emergency and specialist services, community-based services, primary care and self-care.

4.1 Public health

Public health initiatives tackle a range of health issues including health inequalities. Current work focuses on community health development, quality cancer care, coronary heart disease, diabetic retinopathy and children's health.

4.2 Self-care

Support for self-care will improve health outcomes. Key initiatives include:

- the *'Expert Patient'* programme
- chronic disease management in primary care
- secondary prevention, including exercise, weight and smoking cessation
- enhanced preventive services for heart and lung diseases.

4.3 Primary healthcare

Primary healthcare will remain central to community-based care and the coordinating point for integrated primary healthcare teams. Practice-based commissioning will enable GPs to innovate and transform patient pathways. Primary care will provide:

- first contact with patients, diagnosis, care, treatment and referral
- 'whole of life' care for patients
- provision of extended and enhanced care for all
- diagnostic services, including those in mobile facilities, where appropriate.

4.4 Community-based services

A network of community-based healthcare services will be expanded and developed, to increase the range and volume of health services provided closer to people's homes. They will include a range of services, for example:

- high volume and low complexity outpatient services
- elective minor surgery (local anaesthetic)
- minor injury/illness services
- diagnostics (e.g. routine x-ray, ultrasound, endoscopies)
- some inpatient beds.

4.5 Acute, emergency and specialist services

The emergency/acute services will provide major Accident and Emergency services, complex elective work and low volume, highly complex and multi-speciality outpatient work. They will focus on solving problems and returning people to their homes as quickly as possible. Services will be rationalised to avoid duplication, and this will lead to centralisation of some services on single sites. There will be:

- a major expansion in designated day case surgery and investigation
- planned elective care will be separated from emergency care
- innovative approaches to resolving out-of-hours provision problems
- the emergency departments will meet the requirements of all guidelines
- the ongoing rationalisation of the major acute centres will enable resources to be invested in primary care and community-based services.

4.6 Tertiary services

Bristol's acute hospitals are the major providers of tertiary services for the South West and parts of Wales. The work covers both elective and emergency care and is frequently resource intensive. Service development needs to account for the appropriate adjacencies of specialties. Unnecessary resources will be consumed if split site working patterns are developed.

The NHS Plan requires development of research and translational strategies allowing rapid transfer from laboratory bench to clinical application. This is most likely to occur in key tertiary services for example oncology, neurosciences, renal and cardiac services.

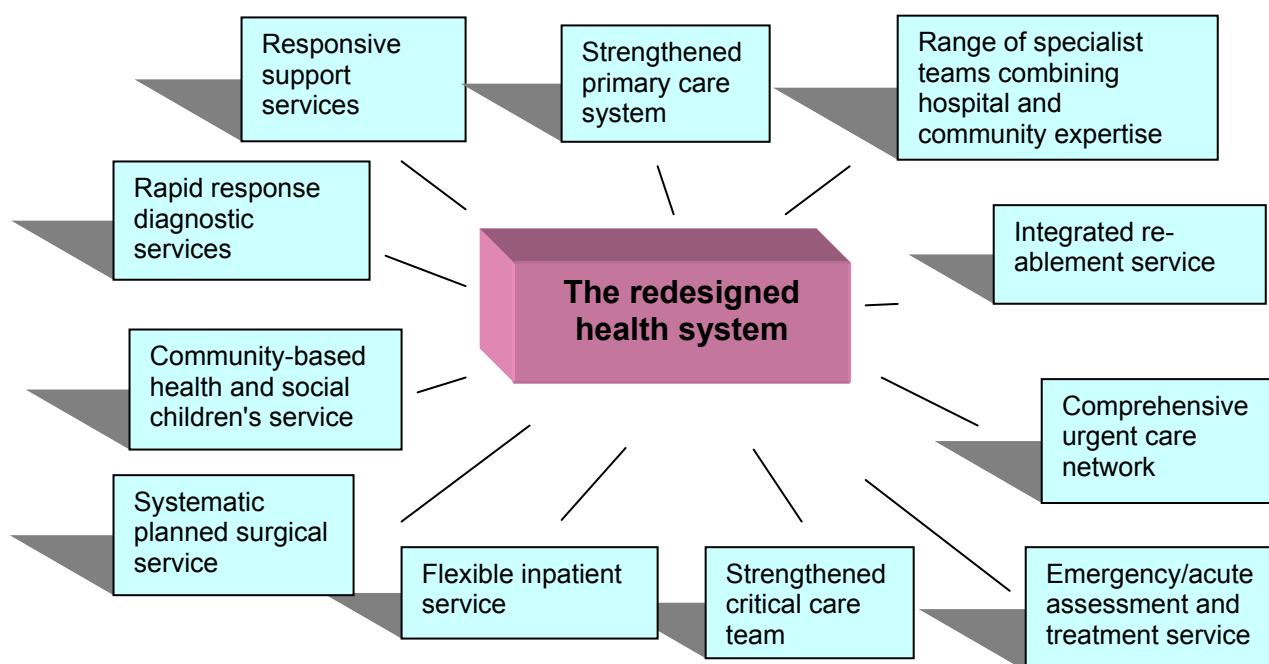
4.7 Mental health

Mental health services are provided by Avon and Wiltshire Mental Health Partnership, and the service model is set out in *Modernising Mental Health Services in Avon*.

5 Main Teams and Systems

The redesigned health system consists of a number of teams and systems.

Figure 2: The redesigned health system



5.1 Strengthened primary care system

Primary care will be a fundamental part of all the care systems and will be the main orchestrator of care for most patients. It will:

- **coordinate patient care and treatment**
- **agree and implement protocols** and best practice standards
- provide **full access to diagnostic facilities**
- have **improved access to specialist opinions** and diagnostics
- share care through **cooperative working** with hospitals

- have an **improved communication infrastructure** including e-mail access to opinions and electronic test results
- have enhanced **development and training opportunities**
- have appropriate **hospital support**
- **empower patients**, including giving access to information and education.

5.2 Integrated re-ablement system

An 'integrated re-ablement system' will combine community hospital nursing teams, therapy teams, social care teams and home and practice-based services, to provide 'joined up' assessment, planning and delivery of care. The service will have three main arms:

- an integrated community-based assessment and case management team
- a front door reception and assessment function
- a community hospital bed management team.

5.3 Range of networked specialist teams

A series of specialist teams will provide a seamless and integrated service for patients, from prevention and health promotion through to intensive care and support. These teams will support the delivery of primary care services, when specialist support is required, and will improve the capacity of local services to manage patients with specific conditions, and keep them at home where possible.

5.4 Comprehensive urgent care network

This is a primary care led system, closely linked to the emergency and acute assessment and treatment service, and will be accessed by patients on a 24-hour basis. A triage process will lead to assessment and treatment and once treated, the patient will return home. If triage highlights a major illness or injury, there will be direct access to the emergency/acute assessment and treatment service.

5.5 Emergency/acute assessment and treatment service

This service will include the Accident and Emergency and acute assessment teams, and will provide a rapid decision-making and treatment service for patients with major illness, or injuries. Some of the main features of the new service will be:

- a 'see and treat' principle
- multi-disciplinary approach and integrated working
- focus on processing patients and preventing admission into inpatient beds
- ability to hold patients until a clear decision is made
- the principle that this service initiates the hospital based care pathway.

5.6 Strengthened critical care team

This team will have a central core of high intensity services that will support the other teams. The team will run a central area, as well as providing outreach advice and support to other teams. The main principles of the new service are:

- harmonisation of critical care services
- networks of critical care provision- the new service will work in harmony with services at UBHT and other nearby hospitals
- flexible, highly trained workforce
- leadership - the service will have a team of intensivists that will take responsibility for the overall clinical management of the unit.

5.7 Flexible inpatient service

This will be run as a single aggregated flexible service that is capable of moving patients through quickly, safely and efficiently. Key features are:

- a bed and theatre slot will be pre-booked for the patient
- patients admitted to an inpatient bed for an elective procedure will be allocated a bed after the procedure has taken place
- patients admitted to an inpatient bed as an emergency will have been stabilised and have had initial diagnostics before admission.

5.8 Systematic planned surgical service

There will be whole-system planned care services that will provide one-stop, assessment and treatment for the majority of elective work. These will include:

- rapid access services for minor and intermediate elective work
- whole-system complex surgery services based on systematic pre-planning and accelerated recovery techniques.

5.9 Rapid response diagnostic services

The key characteristics of these services will be:

- networks of provision across the locality
- rapid access and reporting matching capacity to demand
- access to specialist advice on investigation
- maximum use of tele-medicine and latest technologies.

5.10 Responsive support services

The new system will be backed up by a range of responsive support services making the best use of modern technology and approaches.

5.11 Community-based health and social children's service

Key characteristics will be:

- Locally-based redesigned, pathway led services from secondary care to support primary care services
- Commissioning in line with NSF/Change for children
- Single inpatient site for children's services
- Discussion about future for maternity/neonatal services, both community and hospital

6 Workforce

We will need to ensure that *Agenda for Change* developments are integrated with those changes required to support the model of care. Some key factors affecting the workforce are:

- primary care will become the main coordinator of care
- break-up of traditional functional departments into new services
- integration of working between primary and secondary care sectors

- increased emphasis on competence-based team-working
- creation of fairly generic departments/teams will lead to multi-skilling
- inpatient acuity in the three emergency/acute hospitals will increase
- there will be a more fluid interface between specialists and GPs.

The BHSP Clinical Redesign Group will continue to develop this model of care. If you have any comments, or would like a copy of the full document, please contact the BHSP Programme office (details below).

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