

Shotley Bridge Community Hospital Services

Public Engagement Document, 27th March - 22nd May 2019



1. Foreword

As NHS North Durham Clinical Commissioning Group (NDCCG), we work on your behalf to plan health services that you need and use. We plan based on the local clinical strategy and work with hospital and community services, GPs and local authorities to ensure services best meet the needs of the local population.

The Shotley Bridge Community Hospital (SBCH) site is relatively old, expensive to run and lacks the infrastructure required to support future delivery of services. We recognise the need to address how the current SBCH services are delivered in the future.

The main provider of services for patients at SBCH is County Durham and Darlington NHS Foundation Trust (CDDFT). The Clinical Commissioning Group (CCG) is working closely with CDDFT to deliver healthcare for our patients in the future.

Importantly, we need to hear from local people and partners in this public engagement exercise to hear your views and to discuss how we could modernise the way in which we deliver these services in your local area.

This vital feedback will be used as part of a process that will refine ideas and inform a formal consultation in the near future.

Please use this document, visit our website, attend our engagement events and complete the online survey - do get involved in this important healthcare services conversation about the future of services currently delivered out of Shotley Bridge Community Hospital.



Dr Ian Davidson
GP Leader and Lanchester GP



Jeremy Cundall
Medical Director and Consultant Surgeon,
County Durham and Darlington NHS
Foundation Trust

Purpose of this document

- To provide information about the services included in this public engagement
- To provide information about the list of scenarios
- To ask your views on the range of services we are looking to deliver in the future
- To help us consider what ideas should be taken forward to formal consultation

Maintenance costs at the current site are substantial and major investment would be required to make the site suitable for the next 20-30 years.

We have capital monies earmarked for a fit for purpose facility that will deliver better value for taxpayers' money.

Once we have engaged and consulted on the service and access issues we will look at what the best building solution will be for the future service delivery.

Clinical need for change

Health and social care needs have changed over time and as a result we have to adapt to meet this changing demand. The overall reliance on hospital based outpatient care has reduced and will continue to do so with advances in technology.

As care becomes more specialised, clinicians need to have more advanced skills and experience. So that clinical standards can be met, services and staff are coming together on larger hospital sites.

As outlined within the NHS Long Term Plan (2019) services are to be organised across primary, community, social care and voluntary sector providers to meet the changing needs of an ageing population with more complex needs. To have care closer to home, preventing ill health, promoting independence and reducing the need for hospital based services.

County Durham work in partnership across health and social care to plan and deliver joined up services which best support people, including those living with long term conditions.

We believe that there is a strong clinical and financial case for reviewing current services and investing in a fit for purpose facility.

NDCCG believe that current SBCH services are best delivered from a local, modern and fit for purpose healthcare facility that ensures services are future-proofed.

NDCCG has made a financial commitment to provide such a local facility in which to deliver these services.

This public engagement exercise is to explore how some services (currently delivered at SBCH) might be re-provided in a fit for purpose facility and how some services might be delivered elsewhere.

No decisions will be made at this stage about future service delivery.

County Durham have an established way of partnership working across health and social care. They plan, design and deliver primary and community services that wrap around the patient. Any facility will support local primary and community care services within the North West of Durham. One of the aims is to keep people at home where they will be supported and cared for (where possible) locally.

We have set up a Reference Group consisting of the local MP for North West Durham, local Councillors, the project clinical lead, staff from NDCCG and CDDFT and the Director of Integrated Community Services. Collectively they have been considering information about the current services and what must be considered in any future decision making.

We have also set up a Project Group which includes members of the local Patient Reference Group, Friends of Shotley Bridge Hospital, Healthwatch (as an observer), the project clinical lead and CDDFT and NDCCG staff.

We have been working with our Patient Reference Group members to help develop the information that we are presenting to the public about future scenarios.

We want to listen to and understand the views about our thinking from local patients, family members and the wider public, alongside healthcare providers and clinicians, local GPs, local authorities, voluntary and community sector organisations and other stakeholders.

3. Health needs of the local area

The following information provides an insight into the local demographics and health needs of the North West Durham area. If you would like further detailed information please visit www.durhaminsight.info and click on the link to choose the area.

The table below details the overall population size of the North West Durham locality, this is shown as a comparison between the County Durham, North East and England position. As at 2017 the population of North West Durham was 94,403, this represents a 10.8% increase since 2001.

North West Durham has a faster rate of population growth than that of County Durham and the North East region as a whole. This rate of growth in North West Durham is likely to be a result of housing developments in and around the Consett area taking place.

ONS 2017 Estimates

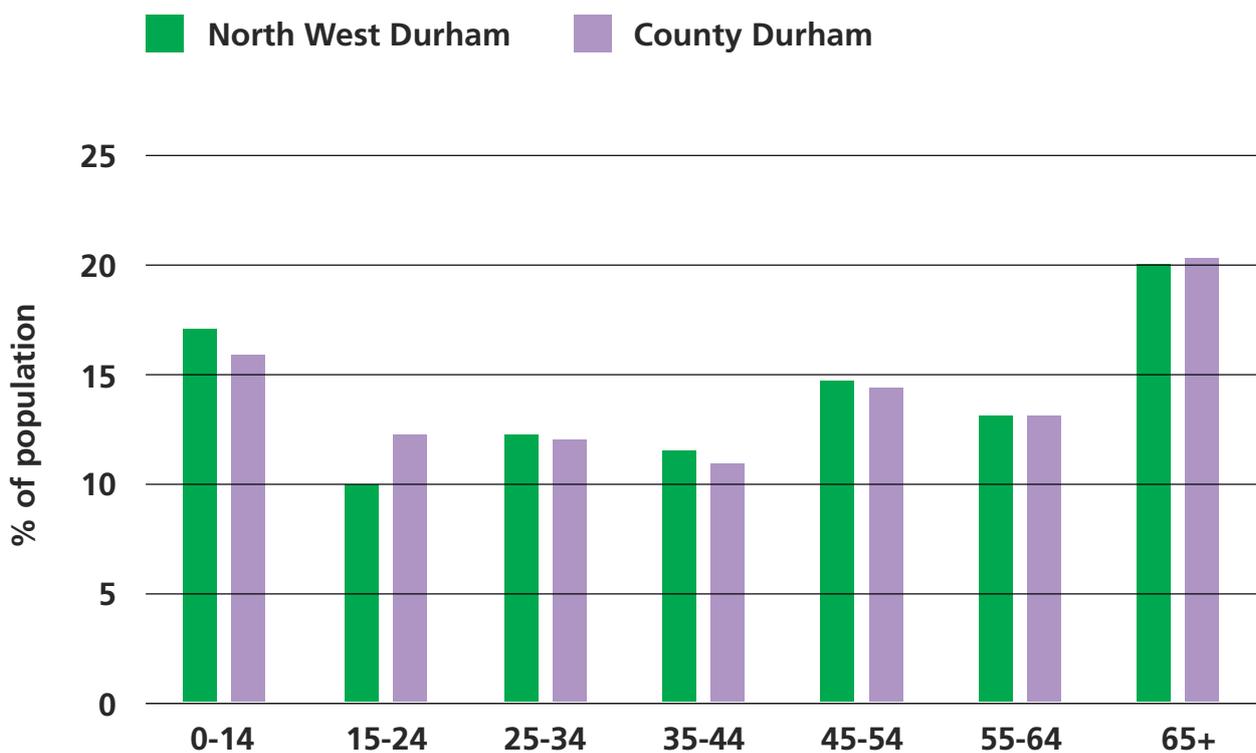
Population	Count	% Change*
North West Durham	94,403	10.8%
County Durham	523,662	6.1%
North East	2,644,727	4.1%
England	58,744,595	12.2%

Source: Office for National Statistics mid-year estimates

*Percentage of change from 2001 figures

The graph below demonstrates the population split for the North West Durham locality in comparison to the County Durham position as at 2017. Two of the largest population groups are those between 0-14 and 65+. The 65+ age range accounts for over 20% of the local population within North West Durham.

North West Durham Population Split 2017 Population Estimates



Source: ONS Estimates 2017

The table below highlights some of the key indicators associated with poor health and disease. The information is shown on a North West Durham and North Durham level which is then compared to the England position. Those areas which are more prevalent than the national average include obesity, alcohol consumption, emergency hospital admissions and incidence of specifically lung cancer. In total 70% of North West Durham indicators are worse than England.

North West Durham – Disease and Poor Health

Indicators	North West Durham	North Durham CCG	England
Obese adults (%)	29.8	27	24.1
Binge drinking adults (%)	31.4	34.5	20
Healthy eating adults (%)	21	22.9	28.7
Emergency hospital admissions for all causes (SAR)	115.6	114.5	100
Emergency hospital admissions for CHD (SAR)	139.3	132.9	100
Emergency hospital admissions for stroke (SAR)	115.1	112.6	100
Emergency admissions MI (heart attack) (SAR)	170.6	160.9	100
Emergency hospital admissions for COPD (SAR)	149.3	135	100
Incidence of all cancer (SIR)	102.8	100.3	100
Incidence of breast cancer (SIR)	107.8	99.5	100
Incidence of colorectal cancer (SIR)	101.7	96.3	100
Incidence of lung cancer (SIR)	125.5	125	100
Incidence of prostate cancer (SIR)	69.9	74.8	100
Hospital stays for self harm (SAR)	124.2	113.4	100
Hospital stays for alcohol related harm (SAR)	128.7	120.6	100
Emergency hospital admissions for hip fracture in 65+ (SAR)	103.4	105.3	100
Elective hospital admissions for hip replacement (SAR)	95.3	96.8	100
Elective hospital admissions for knee replacement (SAR)	114.6	114.5	100

Source: Local Health, PHE

	<i>Worse than England</i>
	<i>Similar to England</i>
	<i>Better than England</i>
	<i>No data</i>

The table below shows 11 selected diseases and their rate of prevalence in North West Durham in comparison to that of North Durham and County Durham. Premature mortality ratios in North West Durham are consistently worse than England.

	CHD	Hypertension	Stroke & TIA	Asthma	COPD	Obesity	Cancer	Chronic Kidney Disease	Diabetes	Dementia	Depression (18+)
North West Durham	4.7	16.9	2.3	7	3.1	17.5	2.75	5.5	8.0	0.9	9.5
North Durham	4.3	15.4	2.2	6.4	2.5	12.4	2.6	4.3	6.9	0.8	9.3
County Durham	4.9	17	2.3	6.5	3.2	15.3	2.7	4.8	7.6	0.9	9.6

Source: North Durham CCG, Population Health Profile 2017

4. Who uses Shotley Bridge Community Hospital?

SBCH is an important local facility for the North West Durham population, delivering a range of local hospital services.

As with other community hospitals, SBCH is a local hospital that provides a range of services (health promotion, diagnostics, treatments and rehabilitation) to meet the needs of the local community. A community hospital will take very specific patients for ambulatory care or on referral for rehabilitation.

Community hospitals differ from Acute hospitals which are larger, have an Accident and Emergency Department, and provide short-term treatment for severe injuries or illness, urgent medical conditions, or recovery from surgery. An acute hospital can take undifferentiated patients who arrive in an ambulance and manage them appropriately.

CDDFT data tells us that SBCH mainly serves the populations of the DH7, DH8, DH9, NE16 and NE17 postcodes within a ten-mile radius of the site. SBCH serves a small number of patients in other bordering postcodes although activity from these areas is low by comparison.

There are also urology and oral surgery services delivered from City Hospitals Sunderland and ophthalmology and clinical oncology services from Newcastle Hospitals NHS FT (all of which we would like to continue in a new facility).

The North West Durham Population

The North West Durham population that SBCH mainly serves is made up of around 104,000 adults and children.

CCG Area	Postcode	Population
North Durham	DH7 (0)	6,000
	DH8 (5,6,7,8,9,0)	39,000
	DH9 (6,7,8,9,0)	39,000
	NE16 (5,6)	15,000
	NE17 (7)	5,000
Total		104,000

2011 census data

The North West Durham Population Overall Hospital Use

There are many factors determining which hospital outpatients use including healthcare specialties, access to appointments and patient choice. The suitability of some outpatient appointments may be best met at the main sites rather than a community hospital.

CDDFT recorded 90,079 Hospital Outpatient contacts from DH7, DH8, DH9, NE16 and NE17 for 2017/2018. This total is made up of 32,407 initial contacts (new) and 57,672 follow up contacts (review). These contacts are shown below in the table and include all hospital sites that CDDFT provide outpatient services from.

Just under three quarters of contacts attended University Hospital of North Durham and under one quarter attended SBCH. The remaining contacts (5%) attended Bishop Auckland Hospital or Darlington Memorial Hospital.

CDDFT Outpatient activity from postcodes DH7, DH8 DH9, NE16 and NE17

Hospital	New	Review	Contacts	%
University Hospital of North Durham	23,994	41,494	65,488	72.7
Bishop Auckland Hospital	1,204	1,367	2,571	2.9
Darlington Memorial Hospital	744	1,055	1,799	2.0
Shotley Bridge Community Hospital	6,446	13,739	20,185	22.4
TOTAL Contacts	32,407	57,672	90,079	100%

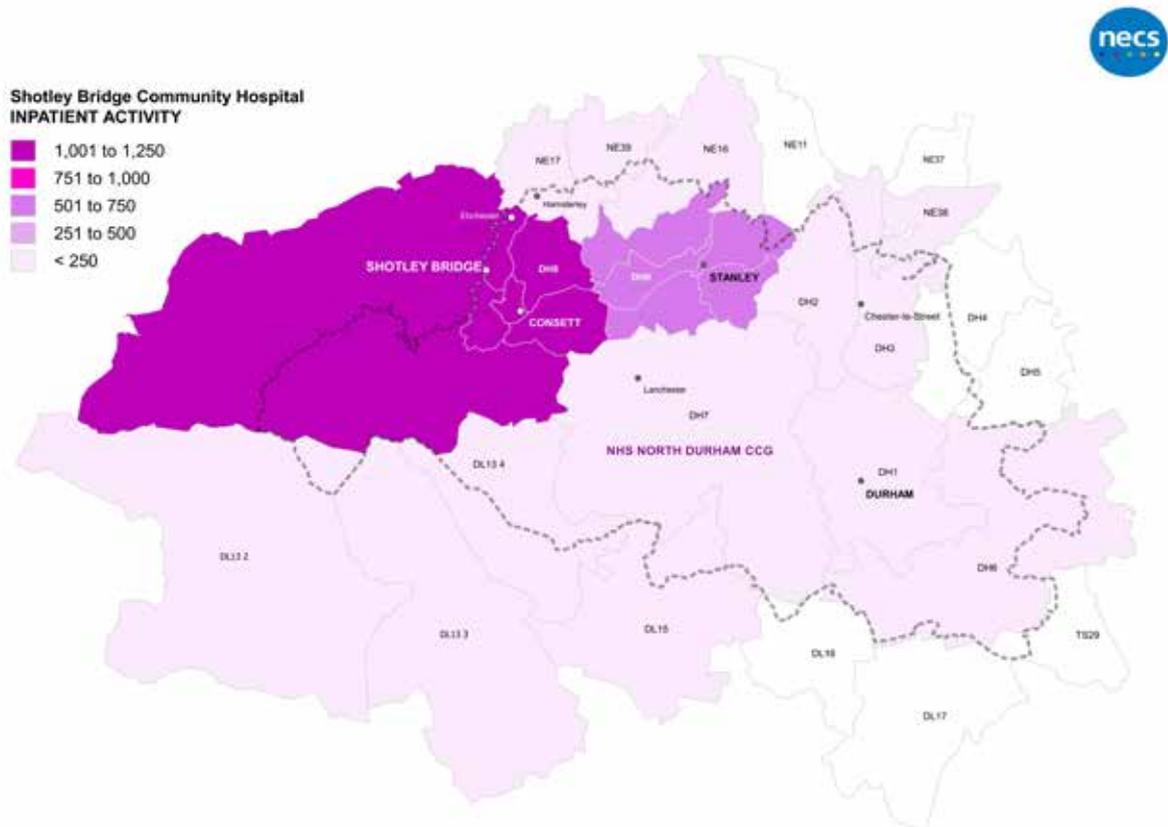
The North West Durham Population SBCH Use

CDDFT data tells us that SBCH activity between the 12 months of October 2017 and September 2018 recorded 23,416 contacts (Inpatients and Outpatients) and 17,049 Urgent Care contacts from the DH7, DH8, DH9, NE16 and NE17 (and other) postcodes.

Inpatient activity

An Inpatient will stay in hospital for one night or more for tests, medical treatment or surgery. The total number of SBCH Inpatients between the 12 months of October 2017 and September 2018 was 2,017.

Shotley Bridge Community Hospital – Inpatient Admissions by Postcode



Postcode	Admissions	%
DH7	114	6%
DH8	1,123	56%
DH9	546	27%
NE16	96	5%
NE17	32	2%
Other	106	5%
Total	2,017	100%

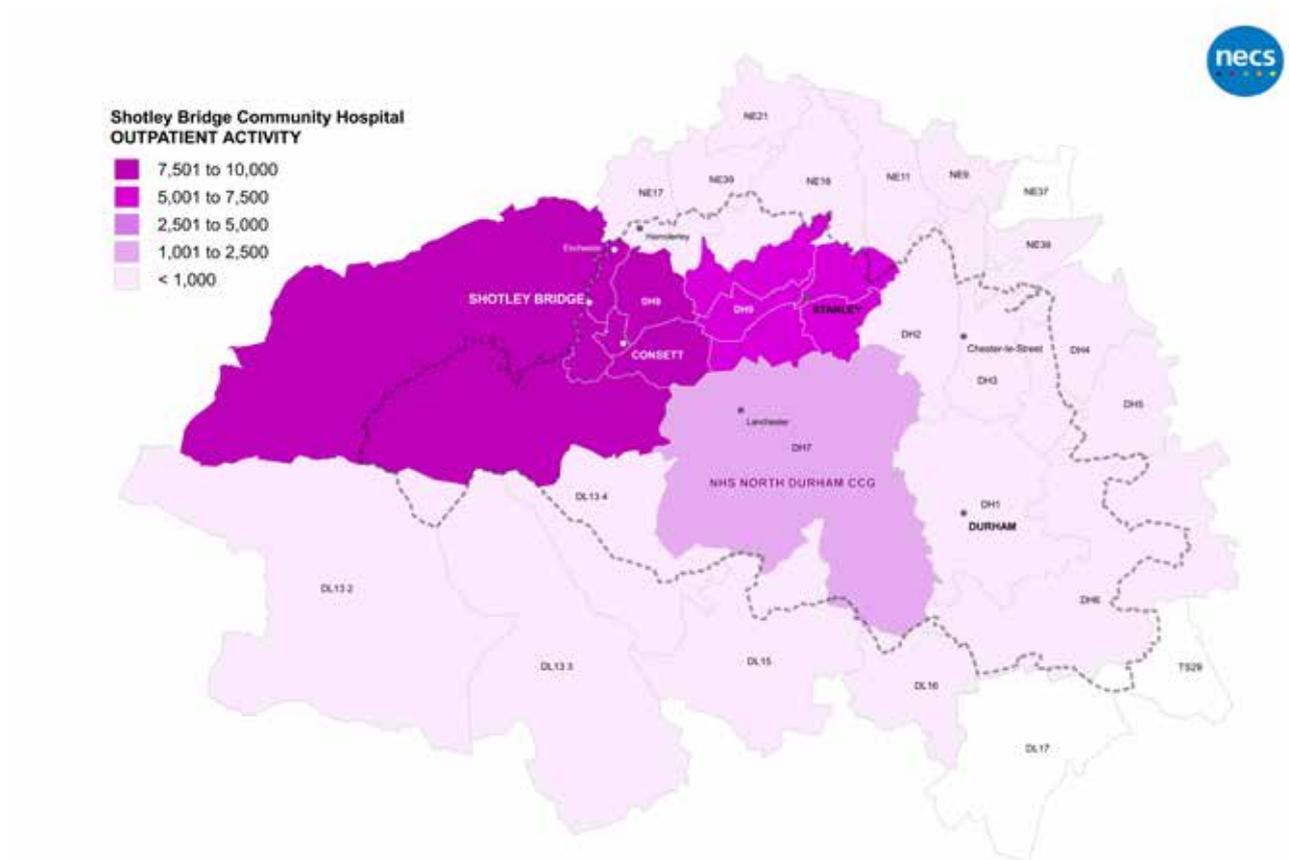
October 2017 to September 2018

Data Sources: CCG and STP boundaries via ONS. Contains National Statistics data © Crown copyright and database right 2017. Postcodes are Royal Mail data © Royal Mail copyright and Database right 2017. Postal Boundaries © GeoLytx copyright and database right 2017. Contains Ordnance Survey data © Crown copyright and database right 2017. Places via Data/Maps © copyright Geofabrik GmbH and OpenStreetMap Contributors 2018.'

Outpatient activity

An Outpatient will go to hospital for an appointment but not stay overnight. The total number of SBCH Outpatients between the 12 months of October 2017 and September 2018 was 21,399.

Shotley Bridge Community Hospital – Outpatient Attendance by Postcode



Postcode	Admissions	%
DH7	1,992	9%
DH8	9,652	45%
DH9	6,793	32%
NE16	661	3%
NE17	363	2%
Other	1,938	9%
Total	21,399	100%

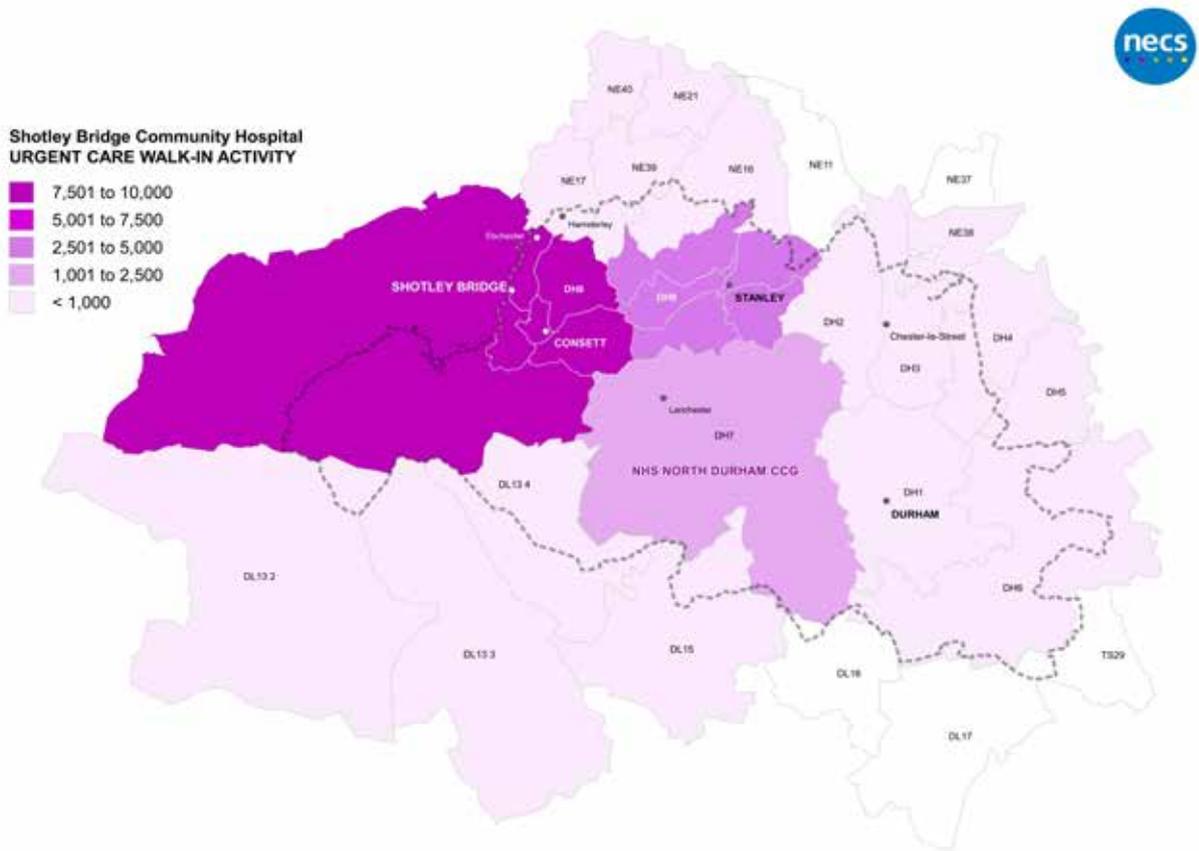
October 2017 to September 2018

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Urgent Care activity

Urgent Care is when you need urgent medical attention but it's not a life-threatening situation. Some patients who call NHS111 are directed to an urgent care centre. The total number of SBCH Urgent Care contacts between the 12 months of October 2017 and September 2018 was 17,049. 92% of Urgent Care contacts were local, recorded as having travelled locally from the North Durham CCG area.

Shotley Bridge Community Hospital – Urgent Care Walk-In by Postcode



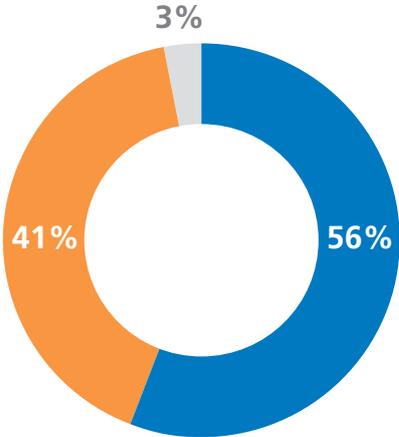
Postcode	Admissions	%
DH7	1,165	7%
DH8	9,415	55%
DH9	4,535	27%
NE16	323	2%
NE17	347	2%
Other	1,264	7%
Total	17,049	100%

October 2017 to September 2018

Data Sources: CCG and STP boundaries via ONS. Contains National Statistics data © Crown copyright and database right 2017. Postcodes are Royal Mail data © Royal Mail copyright and Database right 2017. Postal Boundaries © GeoLytx copyright and database right 2017. Contains Ordnance Survey data © Crown copyright and database right 2017. Places via Data/Maps © copyright Geofabrik GmbH and OpenStreetMap Contributors 2018.'

Shotley Bridge Community Hospital – Urgent Care Activity Days Seen

Just over half (56%) of Urgent Care activity happens between Monday to Friday, with busier weekends seeing 41% of activity over Saturday and Sunday.



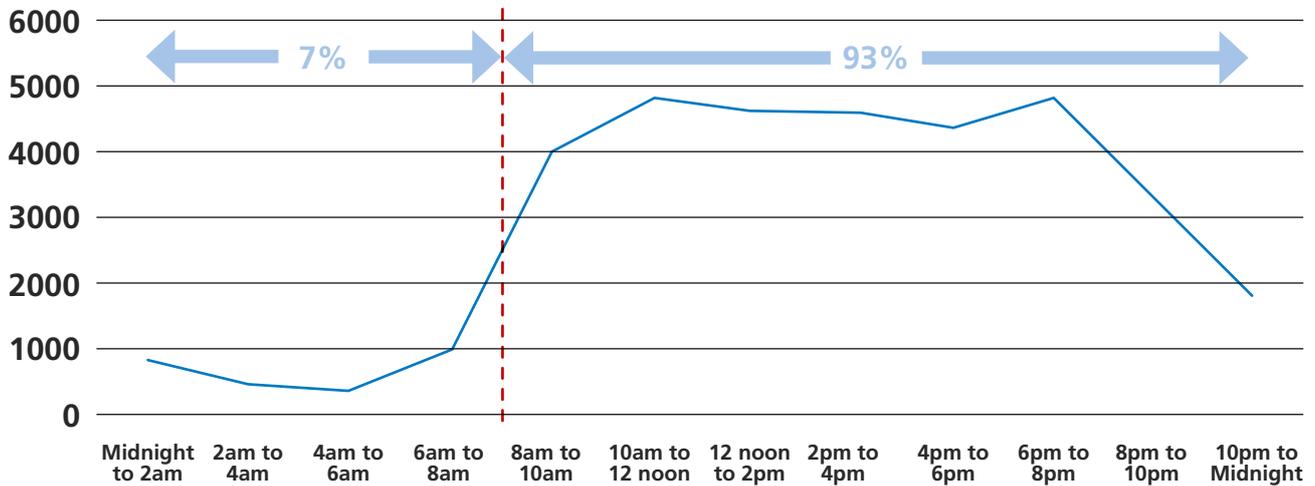
Day seen	Activity	%
Weekday	19,541	56%
Weekends	14,363	41%
Bank Holidays	1,144	3%
Total	35,048	100%

October 2017 to September 2018

Shotley Bridge Community Hospital - Urgent Care Activity Appointment Times

The majority (93%) of Urgent Care activity is between 8am and midnight. Midnight to 8am sees 7% of activity, with an average 4.5 patients referred via NHS111 during this period.

Urgent Care Activity Appointment Times



Time	Appointments	%
Midnight to 2am	881	2.5%
2am to 4am	456	1.3%
4am to 6am	347	1%
6am to 8am	961	2.7%
8am to 10am	3,976	11.3%
10am to 12 noon	4,814	13.7%
12 noon to 2pm	4,632	13.2%
2pm to 4pm	4,596	13.1%
4pm to 6pm	4,359	12.4%
6pm to 8pm	4,815	13.7%
8pm to 10pm	3,358	9.6%
10pm to Midnight	1,853	5.3%
Total	35,048	100%

October 2017 to September 2018

Emergency and A&E services are not provided at Shotley Bridge Community Hospital and therefore are not part of this public engagement.

Who else is part of the public engagement conversation?

Included below is some of the range of teams, each providing specific care for their patients, which will also need to be considered as part of any future delivery arrangements.

Our Vision For Integrated Care

To bring together health, social care and voluntary sector organisations to achieve improved health and well-being for the people of County Durham.



Community Services - A wide range of services that can take place in a patients' own home or a local community setting. This can range from helping someone with a long-term condition to manage at home (e.g. Diabetes), to treating those who are seriously ill with complex conditions in order to try to prevent them needing to go in to hospital.

Home Care - A range of services that are provided at an individual's home to help with things such as getting washed and dressed, housekeeping, preparing meals and nursing.

Primary Care - Primary Care services are often the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services.

Voluntary and Community Services - Sometimes known as the 'third sector' these services can vary significantly in size from small local groups, run exclusively by volunteers, to large national charities. They can provide a wide range of social, supportive and preventative services.

5. The Scenarios

SBCH currently provides the following services:

- Outpatients (and community clinics such as physiotherapy rehab and ante-natal)
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy (currently suspended, not provided in last 12 months)

This public engagement exercise is around the scenarios on how the current SBCH services should be delivered in the future.

We have taken into account the challenging health needs and demographics of the local population whilst also making some assumptions based on national and local direction of travel; trying to deliver more care at home. In addition to this there is an assumption that due to advances in medicine and technology there will be a lesser reliance on hospital based services.

The aim of this public engagement is to help us understand the views local people have on the services currently delivered from SBCH and on the scenarios to deliver them elsewhere.

For the vast majority of patients (using our Outpatients, Urgent Care and Chemotherapy services) the scenarios would mean a like-for-like service provision; ensuring that these services are delivered from a local, modern and fit for purpose healthcare facility.

Shotley Bridge Community Hospital – Scope of Engagement Summary

SHOTLEY BRIDGE COMMUNITY HOSPITAL SERVICES	SCENARIOS
OUTPATIENTS	No service change
CHEMOTHERAPY	No service change
DIAGNOSTICS	No service change
URGENT CARE - 8am to midnight (93% of Urgent Care contacts)*	No service change
URGENT CARE - Midnight to 8am (7% of Urgent Care contacts)*	Scenario 1 - Continue in the modern, fit for purpose facility Scenario 2 - Home visits only
BEDS	Scenario 1 - Continue to provide 8 beds in the facility plus intermediate care beds in the community. Scenario 2 - Provide a ward of 16 beds in the facility without any additional intermediate care beds in the community. Scenario 3 - Use the intermediate care beds in the community solely to provide all of the required bed capacity.
THEATRE	Provide from main sites in the future.
ENDOSCOPY**	Provide from main sites in the future.

* Activity October 2017/ September 2018

** Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.

1. Outpatient Services



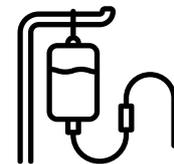
These are services that are provided for patients that have been referred to hospital but who do not need to stay overnight. Outpatient and community clinic services currently delivered at SBCH include:

- Cardiology
- Clinical Oncology
- Clinical Photography
- Contraception and Sexual Health
- Community Dietetics
- Dermatology
- Diabetes
- Ear, Nose and Throat
- Gastroenterology
- General Surgery
- Geriatric
- Haematology
- Midwifery
- Obstetrics
- Ophthalmology
- Oral Surgery
- Paediatrics
*at Stanley PCC
- Pain Management
- Plastics
- Pre-op assessment
- Respiratory
- Retinal Screening
- Rheumatology
- Trauma and Orthopaedics
- Urology
- Vascular
- Women's Health

Scenario - To re-provide Outpatient Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this scenario.

2. Chemotherapy and MIU Services



Chemotherapy services, also known as clinical oncology services, are available to people who need cancer treatment where medicine is used to kill cancer cells. This would be for an individual's follow up appointment(s) which can safely be delivered in a community hospital setting. MIU = Medical Investigations Unit.

Scenario - To re-provide Chemotherapy and MIU Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this scenario.

3. Diagnostic Services



These services use the latest technology to perform a range of tests or scans. These could include, MRI, ultrasound, X-ray, echocardiography or CT and are used to help provide information about a condition or give a diagnosis of the problem.

SBCH currently has plain film X-ray facilities as well as ultrasound. These services are closely linked to the needs of the Urgent Care Services.

Scenario - To re-provide Diagnostic Services to be delivered from a local, modern and fit for purpose healthcare facility.

We would like to listen to and understand your views on this scenario.

4. Urgent Care Services



These services are available to people who need medical advice, diagnosis and/or treatment quickly and unexpectedly for needs that are not considered life threatening. These services help reduce the burden on busy A&E departments. People access this service through NHS 111.

The service currently has 24 hour a day nurse practitioner cover with GP leadership in place.

NDCCG has recognised that services aren't well utilised during the hours of midnight to 8am – just 7% of all appointments are inside these eight hours. The CCG is also mindful of the recruitment and retention issues relating to the GP workforce.

NDCCG would like to put forward the following two scenarios for discussion.

We would like to listen to and understand your views on these scenarios.

Scenario 1 - Urgent Care services to be delivered 24 hours a day by nurse practitioner cover with GP leadership in place. To be delivered from a local, modern and fit for purpose healthcare facility.

Scenario 2 - Urgent Care services to be delivered 8am to midnight by nurse practitioner cover with GP leadership in place to be delivered from a local, modern and fit for purpose healthcare facility with only home visits during the hours of midnight to 8am.

5. Rehabilitation Bed Provision



Rehabilitation beds are available for patients who require a bed for a limited amount of time to receive care and support.

SBCH currently has eight NHS GP-led beds - these beds are for patients in a stable condition with medical support provided by a GP.

Within the North West Durham area the independent sector provides a further seven beds and the ability for 'spot-purchasing' more beds as required as an intermediate care facility.

There is a need for bed provision within the North West Durham area. Further work is required to understand the impact of any potential changes on these patients including what a bed is used for and for what type of patient.

NDCCG would like to put forward the following three scenarios for discussion.

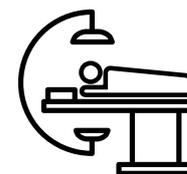
We would like to listen to and understand your views on these scenarios.

Scenario 1 – Continue to provide the eight NHS GP-led beds in a local, modern and fit for purpose healthcare facility plus the use of intermediate care beds in the community.

Scenario 2 - Consolidate all existing bed provision and provide a ward of 16 (NHS GP-led) beds in a local, modern and fit for purpose healthcare facility, without any additional intermediate care beds in the community.

Scenario 3 - Use the intermediate care beds in the community solely to provide all of the required bed capacity.

6. Theatre Services



These services include procedures provided to patients across a wide range of ages, with staff supporting them from pre-operation, anaesthetic, operation and recovery.

The surgery performed at SBCH is open surgery (rather than key hole surgery) performed on low-risk* patients who can return home on the same day. Due to advances in keyhole surgery, the number of such patients that can be treated in SBCH is shrinking.

"There are not enough patients in the area, requiring day case surgery, to make the running of the operating theatres financially viable and sustainable from a workforce point of view."

Jeremy Cundall, Medical Director, County Durham and Darlington NHS Foundation Trust

At this stage NDCCG is reviewing information regarding local and national strategies for workforce as well as best practice and latest clinical safety guidelines. Based on our initial observations and discussions with local clinical leaders in this field we believe that we need to explore alternative ideas to those currently being delivered.

The staff which work in Operating Theatres have specific training and work as part of a highly integrated specialised team. Nationally, and within Europe, the specialised Theatre workforce are difficult to recruit and retain. CDDFT have a recruitment, training and improvement programme designed to ensure that this national trend does not impact on patient safety for the county. However, it remains the fact that not all sites can be maintained and be fully utilised at all times effectively due to national shortages of trained professional Nursing and Medical staff.

CDDFT have worked over the last few years to improve the Theatre infrastructure by building a new facility on the Darlington Memorial Hospital site and redeveloping the Bishop Auckland Theatre Suite significantly. This improved infrastructure, in part, was designed to reduce the vacancy rates within this specialised workforce by providing modern, state of the art departments to work in. The ability to staff multiple sites is increasingly difficult to achieve and brings with it risk of increased patient cancellations and a poor patient experience across the county.

Operating Theatres are complex environments which require significant design and complex ongoing maintenance and validation. The cost of providing this is very high. In order to ensure value for tax payers' money we think that these environments need to be fully utilised to warrant the cost of providing such a facility.

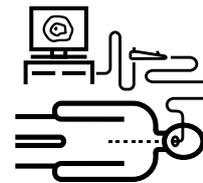
** Classified by fitness, obesity, smoking, drinking and disease*

Scenario - To provide Theatre Services from main hospital sites only in the future.

We would like to listen to and understand your views on this scenario.

7. Endoscopy Services

These services include procedures that can examine the inside of your body using an instrument called an endoscope.



Endoscopy services are suspended at SBCH due to equipment failure and the substantial replacement and maintenance costs. This service has not been in place for the last 12 months. Current diagnostic targets are being met, however, there is a case to review the clinical and financial viability of such a service provided locally.

If endoscopy at a community hospital identified something which required further investigation or treatment, it could not be undertaken safely as part of the same procedure. It would have to be referred to an acute hospital where specialist back up support was available so a second appointment and second bowel prep* would be required.

A better patient experience can be achieved by performing the endoscopy on an acute site where the bowel prep only needs to be taken once. **Jeremy Cundall**, Medical Director, County Durham and Darlington NHS Foundation Trust

Over the last 20 years Gastrointestinal (GI) endoscopy has become more specialised. A wide range of treatments can now be offered that would have previously required patients to be subjected to a major operation.

Quality has improved with structured and defined training of endoscopists. Evidence suggests that it is important for endoscopists to undertake a substantial number of procedures to ensure better outcomes for patients. Clinicians are also becoming more specialised in specific types of endoscopy procedure and therefore patients would be booked (according to need) to the most appropriately skilled endoscopist. Changes in clinical standards now require 24 hour access to emergency endoscopy (where hospitals have an Emergency Department) for upper GI bleeding. This creates further demand on an already limited workforce. Safe modern medicine requires this procedure to be performed by specialists therefore there is an obvious practical advantage to having endoscopy services co-located on acute admission sites. There would be endoscopist/ endoscopy nurse overnight cover when required. Advances in endoscopic techniques have resulted in an increased need for expensive supporting equipment.

As part of this public engagement exercise, information on clinical and safety standards relating to such procedures will be reviewed with County Durham and Darlington Foundation Trust (CDDFT).

** Endoscopy, a procedure that allows a doctor to view the inside of a person's body, first requires bowel preparation to remove faeces from the colon prior to a medical or surgical procedure.*

Scenario - To provide Endoscopy Services from main hospital sites only in the future.

We would like to listen to and understand your views on this scenario.

6. Get involved

NDCCG needs to address the condition of SBCH and, in doing so, we have identified a new and significant opportunity to future-proof the majority of its services for the people of North West Durham. While most of the SBCH services would not change in a new facility, we do want to start a conversation about the services we are looking at - namely out of hours urgent care, rehabilitation bed provision, theatre and endoscopy.

This engagement phase is a vital part of NDCCG's decision making process. We want to understand the views of local patients, public and other interested people prior to a formal public consultation. Please get involved and have your say.

Online survey and information - www.northdurhamccg.nhs.uk/involve-me/currentprojects/shotley-bridge-community-hospital-services

Email - my.view@nhs.net

Telephone - 0191 389 8609

Where can I hear more about this engagement?

We are hosting open public events to have conversations about services currently delivered from SBCH. In addition to this we will also be 'popping up' in a range of local community venues throughout April and May 2019 to talk to you about this.

DATE	TIME OF EVENT	LOCATION
Wed 10th April	6 – 8pm	Consett Football Club, DH8 7BF sbch_eng_consettafc.eventbrite.co.uk
Thu 11th April	12 – 2pm	St Cuthbert's Church Hall, DH8 0NW sbch_eng_stcuthberts.eventbrite.co.uk
Thu 25th April	11.30am – 1.30pm	Blackhall Mill Community Centre, NE17 7TL sbch_eng_blackhall_mill.eventbrite.co.uk
Tue 30th April	1 – 3pm	Lanchester Community Centre, DH7 0NY sbch_eng_lanchester.eventbrite.co.uk
Wed 8th May	1 – 3pm	Burnopfield Community Centre, NE16 7JF sbch_eng_burnopfield.eventbrite.co.uk
Thu 16th May	1 – 3pm	Louisa Centre, Stanley, DH9 0TE sbch_eng_lousia_centre.eventbrite.co.uk

To register your attendance at any event you can use the online registration shown for each event or alternatively you can contact us directly by either emailing my.view@nhs.net or calling a recorded answerphone to leave your details on **0191 389 8609**.

Glossary of Terms

Many terms and words that are used in the NHS can be confusing. This may help when reading or hearing information about suggested changes to services currently delivered from Shotley Bridge Community Hospital.

Acute care Medical and surgical treatment provided by a hospital which may be active short-term treatment for a severe injury or episode of illness.

Admissions When a patient is admitted to hospital.

AHP Allied Health Professionals: NHS staffs offering clinical care who are not doctors or nurses, such as radiologists, physiotherapists or psychologists.

Ambulance services Ambulance services respond to 999 calls; doctor's urgent admission requests; high-dependency and urgent inter-hospital transfers and major incidents.

Ambulatory care Services where people do not stay in hospital overnight e.g. out-patients, x-ray, day surgery and medical diagnostics.

ANP Advance Nurse Practitioner – These are Registered Nurses who have done extra training and academic qualifications to be able to examine, assess, make diagnoses, treat, prescribe and make referrals for patients who present with undiagnosed/undifferentiated problems.

BAH Bishop Auckland Hospital

Beds The number of beds in a ward or department refers to staffed beds used overnight.

Bed blocking (see delayed discharge rate).

Care home A residential home that provides accommodation with nursing and personal care.

Care pathway The process of diagnosis, treatment and care, taking a patient from their earliest contact with the NHS to the end of their treatment.

Carer A carer is a friend or relative who looks after a person who is ill, disabled or elderly, on an informal, voluntary and often long-term basis.

CCG Clinical Commissioning Group

CDDFT County Durham and Darlington NHS Foundation Trust

CHD Coronary Heart Disease is when your coronary arteries become narrowed by a gradual build-up of fatty material within their walls.

Chemotherapy Is a cancer treatment where medicine is used to kill cancer cells.

CHSFT City Hospitals Sunderland NHS Foundation Trust

Clinical governance The system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care.

Clinical network A network of health professionals from different NHS organisations working together across institutional and local boundaries, to provide care for a particular disease or patient group.

Commissioning The process of identifying a community's social and/or health care needs and finding services to meet them.

Community care Community care provides social care and treatment outside of hospitals. It supports people (for example older people or people with learning disabilities) to continue to live in their own homes.

Community health services NHS services provided outside a hospital. Community health staff include district nurses, health visitors, community midwives, district dietitians, chiropodists and community psychiatric nurses. Many community staff are attached to GP practices.

Community Hospital Small local hospitals that provide a range of services to their local community.

Consultation A formal and defined process where discussions take place to gather advice and opinions.

Continuing care Continuing care usually refers to people's care needs after hospital treatment has finished.

Day case admission Day case patients are admitted for care treatment which can be completed in a few hours and does not require a hospital bed overnight.

DDES CCG Durham Dales Easington and Sedgefield Clinical Commissioning Group

Delayed discharge rate The proportion of patients in a hospital bed who are ready for discharge from the hospital either to their own homes or to another care setting.

Demographic trends Changes in age, sex and size of the population over time.

Diagnostics Use of the latest technology to perform a range of tests or scans. These could include, MRI, ultrasound, X-ray, echocardiography or CT and are used to help provide information about a condition or give a diagnosis of the problem

District nurse A district nurse is a registered nurse who has been trained to provide nursing care to people in their own homes.

DMH Darlington Memorial Hospital

DTOC Delayed Transfers of Care

Elective admission A patient who is admitted into hospital for treatment from the waiting list.

Emergency admission A patient admitted to hospital at short notice because of clinical need or if alternative care is not available.

Emergency department The emergency departments of hospitals deal with people who need emergency treatment because of sudden illness or injury. Sometimes called casualty departments.

Endoscopy A procedure that can examine the inside of your body using an instrument called an endoscope.

Engagement A process of encouraging and enabling people to be involved in the work of an organisation / team / service.

Evaluation criteria A defined set of measures that are used to assess / evaluate information against.

Finished consultant episode The time spent under the care of a particular consultant

Fixed points Factors that need to be taken into account as part of any planning and decision making process which are non-negotiable and must be met or achieved.

General practitioner (GP) General practitioners are doctors who work from a local surgery or health centre providing medical advice and treatment to patients who are registered on their list.

Geriatric medicine Speciality of healthcare the focusses on elderly people, sometimes called Care of the Elderly.

HCA Health Care Assistant - work in hospital or community settings, such as GP surgeries, under the guidance of another qualified healthcare professional.

Health Visitors A Health visitor is a trained nurse who has done further training to specialise in the prevention of ill health, particularly for children.

Hurdle criteria A set of measures of which any potential options / scenarios would need to demonstrate how they meet / exceed.

HWB Health & Wellbeing – looking after the mind and the body together to help us achieve more of the things we want to do in life.

Inpatient A patient who has been admitted to a hospital as a day case or longer periods of time.

Intermediate care Intermediate care refers to services that are designed to prevent unnecessary hospital admissions and which enable people to live independently at home through the provision of additional home care and other support.

Intermediate care facility Is a long-term care facility that provides nursing and supportive care to residents on a non-continuous skilled nursing care basis, under a physician's direction.

JHWS Joint Health and Wellbeing Strategy – This is a document that informs and influences decisions about health and social care services so that they are focused on the needs of the people who use them and tackle the factors that affect health and wellbeing.

JSNA Joint Strategic Needs Assessment - provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham.

Length of stay The time from admission to discharge based on the number of nights in hospital

MDT Multi-Disciplinary Team – is a group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.

Mortality The number of deaths in a given time or a community; the proportion of deaths to population or to a specific number of the population; death rate.

Multi-agency Services or activities which involve staff drawn from a range of organisations such as health, social services education and voluntary groups.

National Institute for Health and Care Excellence (NICE) A special health authority that promotes the best possible service and effective use of resources in the NHS.

ND CCG North Durham Clinical Commissioning Group

NEAS North East Ambulance Service – The authority responsible for providing NHS ambulance services in the North East of England.

NECS North of England Commissioning Support – provide a diverse range of services to the NHS across the North East of England including services such as Human Resources, Payroll and Communications.

NHS National Health Service

NHS 111 NHS 111 is a 24 hour service (available over the phone or online) that can provide advice if you have an urgent medical problem and you are not sure what to do.

NHS Property Services Manage, maintain and improve NHS properties.

NHS trust NHS organisations which provide healthcare.

NICE National Institute for Health and Care Excellence - A special health authority that promotes the best possible service and effective use of resources in the NHS. It sets clear national standards to improve the quality and consistency of NHS services throughout the country.

OSC Overview and Scrutiny Committee – part of the Local Authority structures, they exist to make decision-making processes more transparent, accountable and inclusive and to improve services for people by being responsive to their needs. The aim is to constructively challenge decisions so improvements can be made, not to apportion blame when things go wrong.

Outpatient An outpatient attends for a consultation, advice and/or treatment but does not stay in a hospital.

Patient pathway The patient pathway is the route followed by a patient through and out of the NHS and social care services. It begins with their first contact with the NHS or local council, takes in all the different stages of their treatment or care and ends when the treatment is completed.

PPCE Patient, Public and Carer Engagement Committee – Part of the North Durham Clinical Commissioning Group governance structure which meets monthly with patient, public and Voluntary sector representatives to involved them in the organisations work.

PRG Patient Reference Group – A group that works as part of the engagement methods used by North Durham Clinical Commissioning Group. It is open to and made up from patient representative from each of the GP practices in the North Durham CCG area.

Primary care General healthcare services provided in the community close to where people live by GPs and their staff and social care services.

Quality of care Quality of care is the statutory duty of chief executives of NHS trusts. It was introduced in 1999 to ensure a level of quality in the provision of care.

Rehabilitation A branch of medicine that aims to enhance and restore the functional ability, enabling individuals to achieve their full potential and live as active lives as possible.

Respite care Respite care provides an opportunity for a family carer to have a break. The person in care may spend time in a residential home.

Scenario An outline of the possible future plans being considered as part of the engagement and consultation activities.

Secondary care Care typically provided in local hospitals usually on a referral from primary care.

Social care Social care essentially means non-medical care which is aimed at providing vulnerable people (such as the sick and elderly) with care and support to enable them to live their lives as fully as possible.

Spot-purchasing Where health and / or care support can be purchased from an independent supplier who provides a service (e.g., specialist home care) following a needs assessment.

Stakeholder A stakeholder is a person or organisation with a direct interest in a service or practice.

Statutory organisations Organisations with powers to fund or provide services, such as Local Authorities (Borough & County Councils), Health Authorities and NHS Trusts

Theatre Procedures provided to patients across a wide range of ages, with staff supporting them from pre-operation, anaesthetic, operation and recovery.

UEC Urgent and Emergency Care – NHS help that is need on an unplanned basis which cannot wait for an appointment.

Urgent Care Can be provided on a walk-in basis or by pre-booked appointments on the same day if you need urgent medical attention but it's not a life-threatening situation.

UHND University Hospital North Durham

Voluntary and community services A diverse range of organisations, also sometimes known as 'the third sector' or 'civil society organisations' and can vary significantly in size from small local groups, run exclusively by volunteers, to large national charities

Waiting list The waiting list is the number of people waiting to be admitted to a hospital as an inpatient.

X-ray An x-ray (radiograph) is a non-invasive medical test that helps physicians diagnose and treat medical conditions. Imaging with x-rays involves exposing a part of the body to a small dose of ionizing radiation to produce pictures of the inside of the body.

How to contact us

Please visit our website

www.northdurhamccg.nhs.uk

for more information about the CCG and how to get involved.

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