

## Model of Care Summary Document



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The North West London Hospitals NHS Trust

## Contents

|   |           |
|---|-----------|
| <b>About the <i>Model of Care</i></b>   | <b>3</b>  |
| <b>Guiding Principles of the Model of Care</b>  | <b>5</b>  |
| <b>Urgent Care</b>  | <b>6</b>  |
| <b>Planned hospital treatments and operations (elective care)</b>                       | <b>8</b>  |
| <b>Rehabilitation and Intermediate Care (care at a level between hospital and home)</b> | <b>10</b> |
| <b>Outpatients / Chronic Disease Management</b>   | <b>11</b> |
| <b>Children's health care (Paediatrics)</b>   | <b>12</b> |
| <b>Maternity Services (Obstetrics)</b>  | <b>13</b> |
| <b>Specialist Services</b>  | <b>14</b> |
| <b>Diagnostics (tests and scans)</b>  | <b>16</b> |
| <b>Tell us what you think!</b>  | <b>18</b> |

## About the *Model of Care*

### Why do we need a 'Model of Care'?

National policies and initiatives are driving changes to how health care is provided, with an increasing emphasis on providing care closer to people's homes. At the same time, new techniques in medicine and surgery are making it possible to provide more care at home or in local health centres. There are also pressures on health services, as there is a national shortage of some health professionals and changes to how services are funded. You can read more about some of the pressures for change in the ***Change for the Better*** Discussion Document.

The North West London Hospitals NHS Trust is starting to adopt new ways of thinking and working, but much more can still be done to improve care in terms of clinical quality, efficiency and the experience and outcome for patients.

As part of this work the Trust has been working with clinicians and managers on a new *Model of Care* that describes a patient's journey through the health system. This could form the basis for service changes over the next 5 to 10 years.

### How does this link to the ***Change for the Better*** discussion programme?

North West London Hospitals NHS Trust and Brent and Harrow Primary Care Trusts have launched a discussion programme called ***Change for the Better***, to seek the views of local people about how local health services should be delivered in the future.

It's important to emphasise that specific plans have not yet been drawn up or agreed, and the Trust and PCTs are not proposing any specific changes at this stage, but asking people to think generally about how they would like to see services designed in the future based on the changes happening across the NHS.

However, the Model of Care outlines how the Trust has started to think about how services might be developed in the future, and we would welcome your views on this.

The deadline for feedback is 31 January 2007.

## How can I find out more?

You can read more about the model of care the Trust has developed in the document 'The Model of Care'.

Full details of the ***Change for the Better*** discussion programme, meetings and copies of this and other documents relating to ***Change for the Better*** are available on the website [www.nwlh.nhs.uk/changeforthebetter](http://www.nwlh.nhs.uk/changeforthebetter)

More information and copies of this and other documents, large print versions, versions in other formats and selected languages are available from:

Telephone: 020 8869 5111

Email: [kalpna.vekaria@nwlh.nhs.uk](mailto:kalpna.vekaria@nwlh.nhs.uk)

Internet: [www.nwlh.nhs.uk/changeforthebetter](http://www.nwlh.nhs.uk/changeforthebetter)

Post: **NORTHWICK PARK HOSPITAL**

**Change for the Better**

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**We would like as many people as possible to have the opportunity to read and give feedback on this document. Please share it and forward it to others you think would like to take part in this informal discussion.**

## Guiding Principles of the Model of Care

We believe that any changes to how services are provided should be:

**Patient centred:** The service is to be designed to meet the needs of the individual patient.

**Appropriate and responsive to patient needs:** Every patient will be managed in the most effective manner, by the most appropriate staff, in the most suitable environment, according to their clinical need, and how acute their needs are.

**Evidence based:** All patients will receive clinical care that is based on principles underpinned by a body of evidence.

We have started to think about how these principles might be applied to different clinical areas:

- Urgent care
- Planned hospital treatments and operations (elective care)
- Rehabilitation and intermediate care (care at a level between hospital and home)
- Outpatients and chronic disease management
- Children's health care (paediatrics)
- Maternity services (obstetrics)
- Specialist services
- Diagnostics (tests and scans)

At the moment our thinking has focused on how we might develop these services within the North West London Hospital NHS Trust, but any changes to hospital services will also have an impact on the way services are provided in the community.

The sections below represent a summary of our thinking so far, and will be further developed as a result of the *Change for the Better* discussion programme.

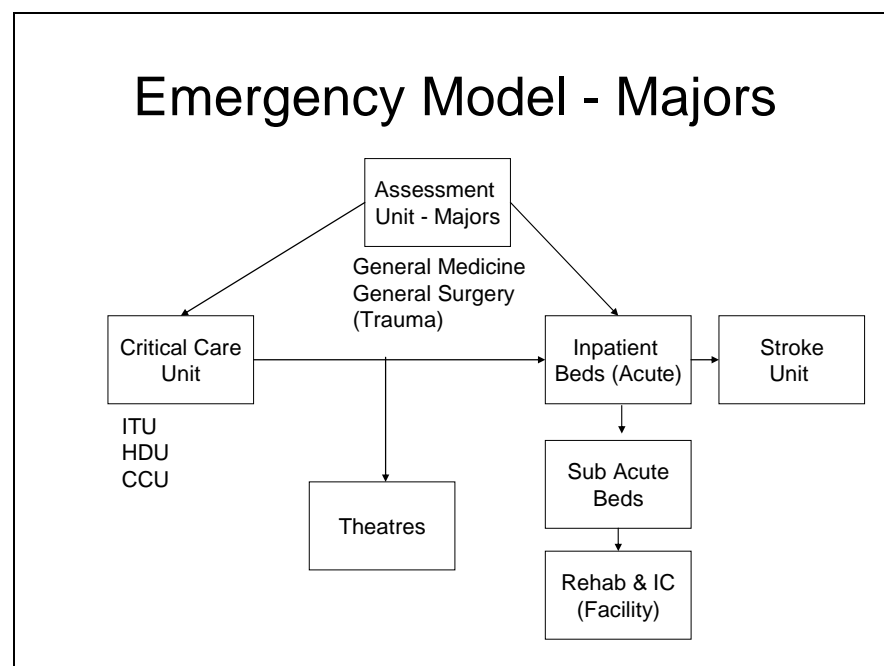
## Urgent Care

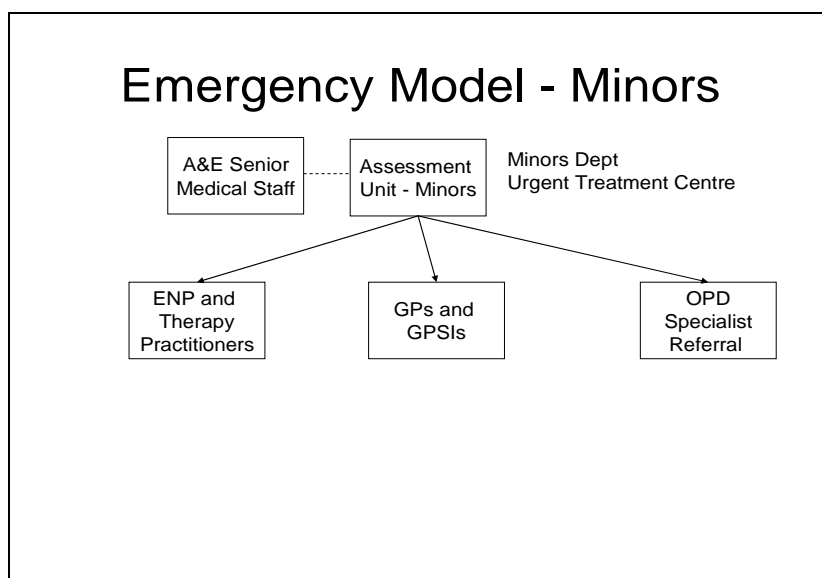
We want to provide urgent care in such a way that the patient's needs are met by the professional best able to deliver the service, supported by diagnostic and specialist advice which will be readily available to deliver timely assessment and treatment.

This means having a multi-skilled and dedicated clinical team that will support patient flows as well as providing a fixed location for key clinical teams to be located to drive the patient process.

We will delineate between 'majors' – which require an immediate response, a skilled hospital-based specialist team and the diagnostic equipment that is only available in a hospital setting – and 'minors' – which require primary care expertise, closely linked to the acute assessment and diagnostic process. This will provide a structured approach to how patients are cared for, improving patient care.

This diagram represents a system of care based on how acute the patient's needs are, which means that those patients who are undiagnosed or unstable are cared for by people and in an environment which is geared to their condition.





**Key:**

ENP – Emergency Nurse Practitioner

GPSI – GP with Special Interest

OPD – Out-patient's Department

**How it will work in practice**

| How it works now   | How it will work in future   |
|--|--|
| <p>Mrs Kingsbury has fallen down in the street and is taken by ambulance to hospital.</p> <p>She is assessed by A&amp;E staff, nurses and doctors, an orthopaedic doctor and possibly a doctor in elderly medicine.</p> <p>She will then be admitted to a ward awaiting surgery once a free slot has been found on the operating list.</p> | <p>When Mrs Kingsbury arrives in hospital she has already been assessed in the ambulance and given a provisional diagnosis.</p> <p>She is seen by an expert in orthopaedics and medicine for the elderly. She will be booked for theatre and will be monitored in a high dependency area until she is clinically stable. She will be managed by a team who are expert in rehabilitation which will occur in the hospital and in the community.</p> |

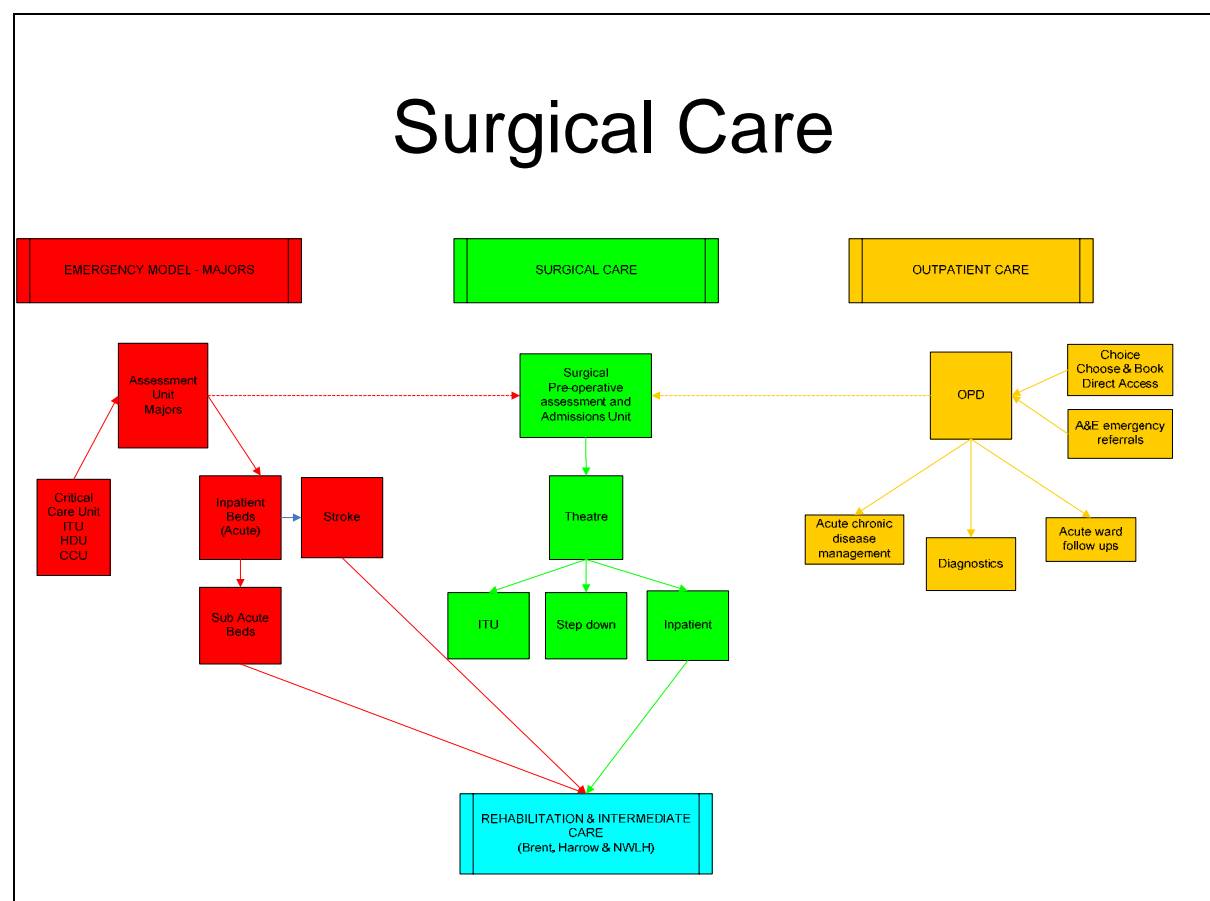
## Planned hospital treatments and operations (elective care)

We want to work in a way that ensures that:

- Appropriate referral and screening takes place in primary care
- There is meaningful discussion with patients about their options
- We develop internal and external networks and partnerships of clinical care
- We maximise pre-admission and post discharge recovery in primary care as opposed to hospital.

This should be supported by having a dedicated facility for surgical care and treating day surgery as the norm for elective surgery. This is now possible because of advances in anaesthetic techniques and surgical technology.

In the diagram below, the green section show a dedicated surgical facility and breaks it down into a ring-fenced pre-operative area and dedicated post-procedure facilities ranging from level 2 beds for patients who require constant monitoring and intensive care to in-patient ward or step-down facilities.





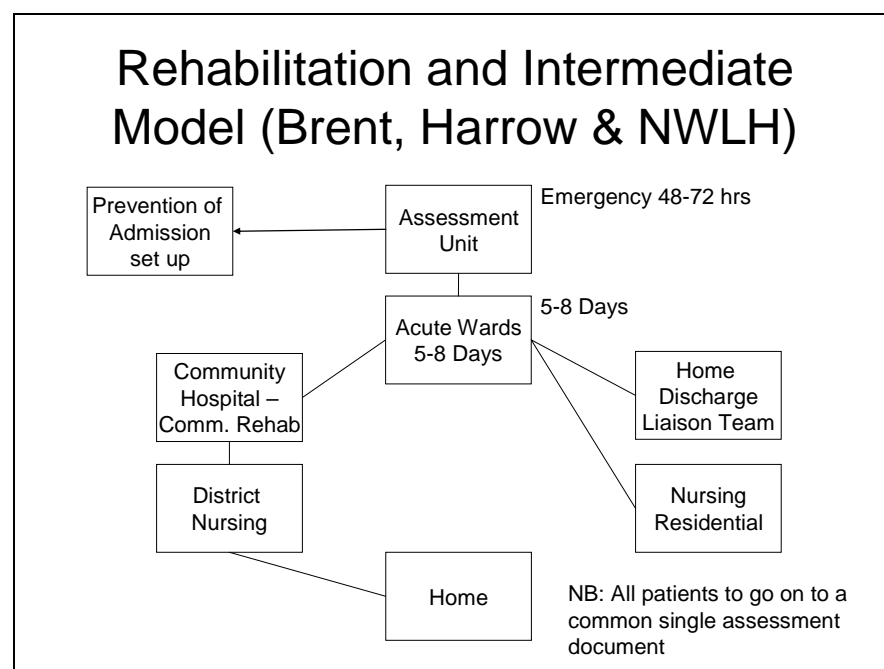
### How it will work in practice

| How it works now  | How it will work in future   |
|---|--|
| <p>Mr Patel goes to the GP with an ache in his groin. The GP, who recognises that Mr Patel has a hernia, refers Mr Patel to a specialist out patient appointment to have the diagnosis confirmed.</p> <p>An appointment is made for Mr Patel to be admitted for surgery, he will also have to attend a separate pre assessment appointment and then be scheduled for an operating theatre slot.</p> <p>On the night before his surgery he is asked to ring the hospital to confirm whether or not a bed is available.</p> | <p>Mr Patel will visit his GP who, having made a diagnosis of hernia, will be able to book a scheduled slot on one of the day case lists.</p> <p>Mr Patel receives pre operative assessment and information about the procedure at a time suitable to himself with a specialist nurse.</p> <p>He goes to a dedicated surgical facility on the day of surgery when he will meet the surgeon who will undertake the operation.</p> <p>Following surgery and a period of post operative recovery he returns to the care of the GP team.</p> |

## Rehabilitation and Intermediate Care (care at a level between hospital and home)

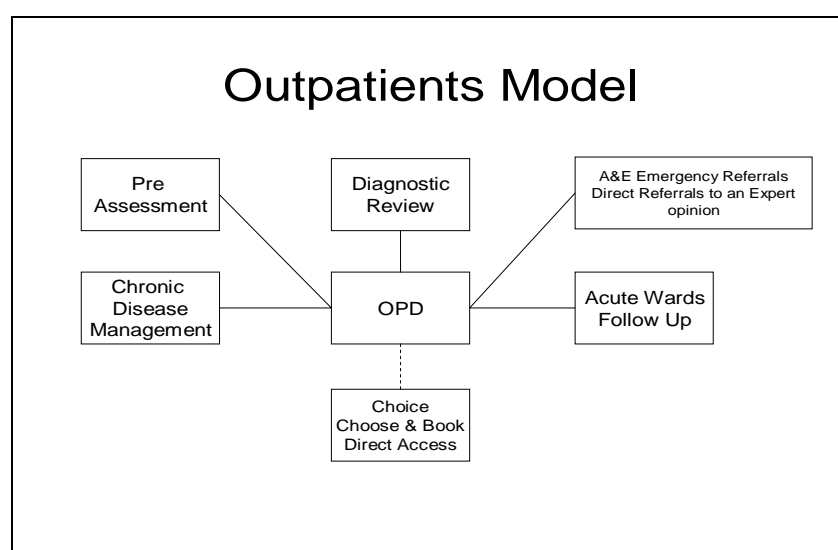
We want to provide an integrated service that combines community and acute trust resources and to develop a 'Menu' of services that will support an integrated service. The service will include a support team for emergency cases.

The diagram below shows how rehabilitation and intermediate care is delivered in harmony with the PCT and social services along with the hospital, ensuring that services are geared to the needs of the patient not the individual organisations providing the care.



## Outpatients / Chronic Disease Management

An out-patients service should be able to respond quickly to changes in a patient's condition. Currently out-patient appointments are fixed well in advance and the service is unable to respond quickly when a patient's condition deteriorates. To address this we need to ensure that our booking systems can accommodate changes, to create more rapid and appropriate patient journeys. This will mean multi-skilling of staff to take on a more pro-active role and providing a responsive and timely approach to accessing an expert opinion.



Key

OPD – Out-patients department

### How it will work in practice

| How it works now  | How it will work in future   |
|---|--|
| <p>Mrs Dyas has been suffering from a long term chest condition which frequently gets worse in winter and in the hot weather. This often requires hospital admission.</p> <p>Mrs Dyas is under the care of a specialist who sets fixed out patient appointments. During these visits she will often see a different doctor.</p> <p>If her condition gets very bad, Mrs Dyas dials 999 and comes to A&amp;E. There she is admitted into the care of the admitting team who may not be experts in chest diseases.</p> | <p>Mrs Dyas has a case manager who has knowledge of her condition and is able to liaise both with the GP and the hospital specialist.</p> <p>When Mrs Dyas begins to feel unwell she can directly contact a specialist who will visit her at home and make an assessment. Following this the specialist will be able to alter her drugs or refer her directly to the hospital specialist without having to go through A&amp;E.</p> |

## Children's health care (Paediatrics)

Current services are based on interfaces between the services provided by the local authority, primary care and secondary care. These interfaces exist despite differences in organisational and geographical boundaries. We want to adopt a functional approach to the management of children's care with the following key principles:

- The full integration of acute and non-acute curative and preventive work *across* organisational boundaries
- Use of the full skills of the hospital team to support primary , secondary and tertiary care as appropriate again *across* boundaries
- The concept of a jointly funded local authority and health service children's health care team (for example, in a Children's Trust) allowing for flexibility in development of appropriate workforce
- The concept of a *strong joint commissioning* element for pathway based, family centred care.

The three potential child health functional areas are:

- Child development services (including neurodisability and child mental health).
- Safeguarding and child protection and;
- Child public health

### How it will work in practice

| How it works now   | How it will work in future   |
|--|--|
| <p>Minnie Green, a two year old child, has developed a temperature and is vomiting, her mother has taken her to A&amp;E as she is concerned, having never seen Minnie as unwell as this.</p> <p>In A&amp;E, Minnie is seen by the A&amp;E teams, including doctors and nurses, she will stay in the department until a suitable bed in a children's ward is available.</p> <p>Minnie is referred to the children's team which includes doctors, nurses, and therapists, the children's doctor will see her in A&amp;E, and plan her care, whilst she waits for a bed in the children's ward.</p> | <p>Minnie Green's mother takes her directly to the children's assessment centre, where she is assessed, examined and treated in a dedicated children's facility.</p> <p>All of the staff in this area are used to dealing with sick children and are able to link in directly with the community specialist that will follow Minnie up when she leaves hospital.</p> |

## Maternity Services (Obstetrics)

We have already done significant work to improve how services are provided, as evidenced by the Trust's removal from special measures.

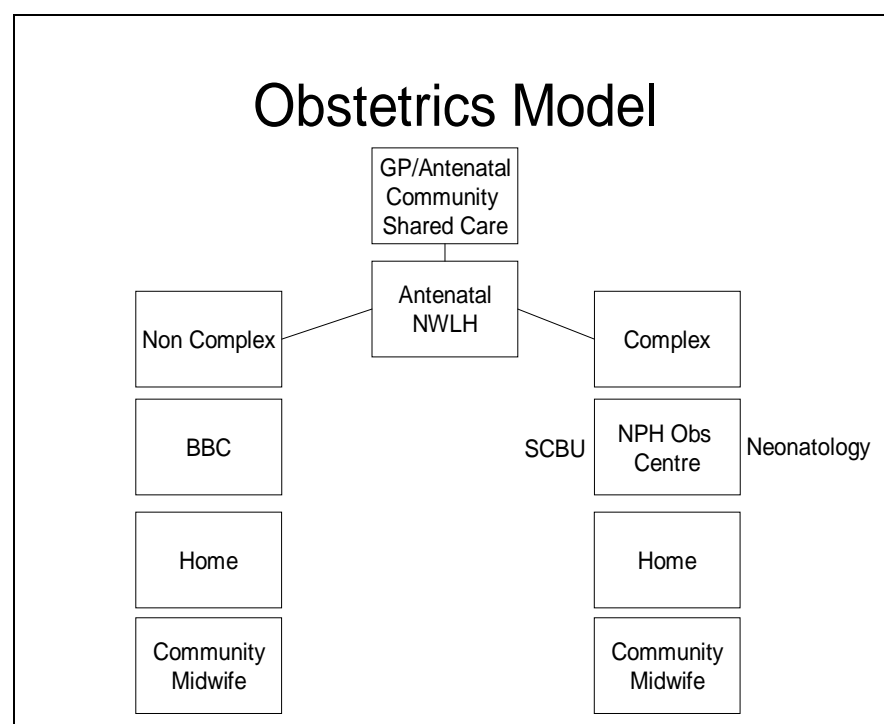
We are currently and want to continue providing services that:

- support choice for women;
- assure clinical safety and good governance;
- have strong links between hospital and community-based services with improved access to critical care for the complex obstetric cases.

This means having integrated midwifery teams as part of a reconfigured service and providing greater access to midwife led care and more integration between the hospital and community midwifery staff.

We are currently implementing a system where the teams are a mix of group practices and midwifery teams, which will offer greater continuity of care to women, the opportunity for midwives to manage a case load and in particular meet the needs of vulnerable communities.

The diagram below describes how women will progress through the service according to whether they are low or high risk.



### Key

BBC – Brent Birthing Centre

NPH Obs Centre – Northwick Park Hospital Obstetrics Centre

## Specialist Services

These services include

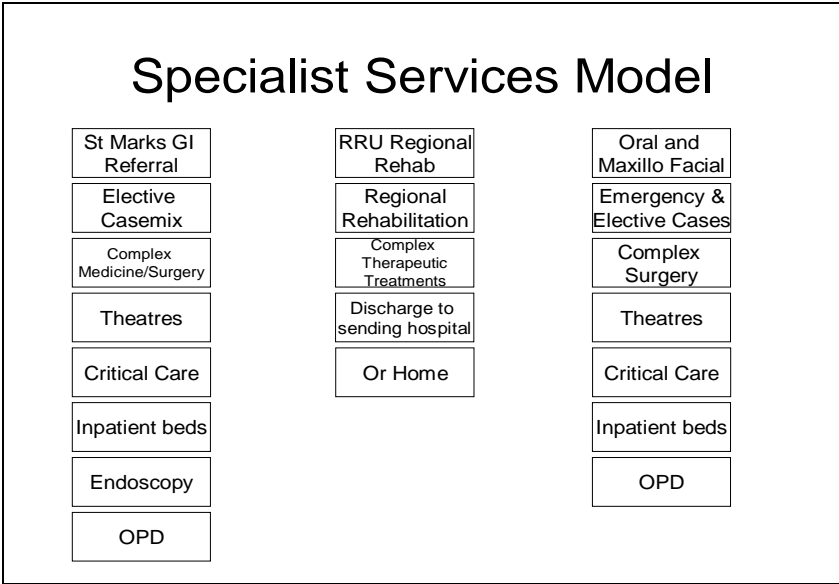
- **St. Mark's** – a national and international referral centre for intestinal and colorectal disorders
- **Regional Rehabilitation Unit** at Northwick Park Hospital provides a supra regional in patient neuro-rehabilitation service for working age adults with severe complex disability, whose rehabilitation needs are beyond the scope of their local rehabilitation network
- **Oral Maxillary Facial Centre** - provides diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.
- **The Kennedy Galton Centre** undertakes community and patient based genetics research including genetic counsellors.
- **Specialist Cancer Services** at North West London Hospital e.g urology and oral maxillary facial.
- **Disability Service Centre (DSC)** on the site of the Royal National Orthopaedic Hospital provides Prosthetics and Specialist Wheelchair Service including Electric Powered Indoor/Outdoor Wheelchair (EPIOC) service at supra-district and regional levels.

We want to ensure that we continue to produce high quality outcomes for the patient groups using these services by maintaining

- Tertiary referrals
- Education and Training
- Research
- Expert support to general medicine / surgery

This means:

- Emphasis on NWLH as the centre of hub and spoke networks where appropriate e.g. Oral Maxillary Facial, Vascular etc
- Ensuring that sufficient critical mass exists in specialist services for clinical and financial viability of those services
- Appropriate academic and service relationships are developed and maintained



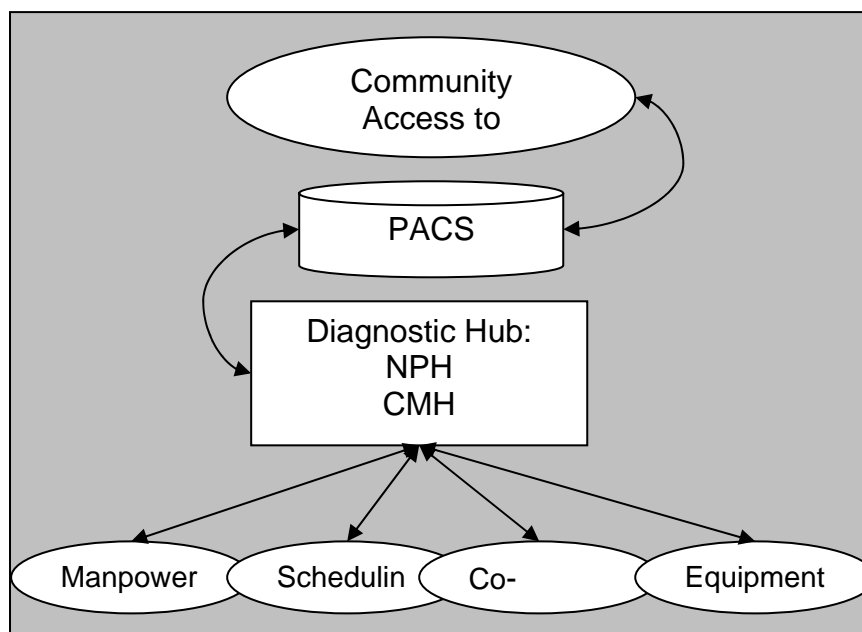
Key: OPD – Out-patients Department

## Diagnostics (tests and scans)

We want to deliver diagnostic services in a way that is seamless between primary and secondary care, improves access, reporting and most importantly specialist opinion. This means investing in staff and equipment to develop the diagnostic services provided by North West London Hospitals Trust.

Examples of how we would develop services include:

- Developing our booking system to ensure that all of the available slots are shown so that the booking process is then fully utilising a scarce resource.
- Using PACS (a picture archiving computer system) to support reporting in a systemised manner.
- Having access to “CT scanners at the Northwick Park Hospital site
- Locating nuclear medicine next to cancer services.
- Developing an additional Angio suite
- Developing a day case diagnostic centre
- Developing patient pathways
- Creating flexible staffing





### How it will work in practice

| How it works now   | How it will work in future  |
|--|---|
| <p>Mr Shafi has been told by his GP that he requires a number of tests including X ray at the hospital.</p> <p>These tests are spread over a number of days.</p> <p>Following the tests Mr Shafi returns home to await a call from his GP to receive the results. The time that it takes for the hospital to relay results to the GP varies considerably. Mr Shafi will have to wait an unspecified time making him even more anxious.</p> | <p>Mr Shafi arrives in the hospital department where all his tests will take place at a pre determined time for a series of investigations. These are coordinated in a timely and seamless fashion.</p> <p>The tests are interpreted by a specialist who may be part of a network of specialists able to work of site through a telecommunications link.</p> <p>The results are then delivered electronically to the GP, and based on these results Mr Shafi's care is initiated.</p> |

## Tell us what you think!

The form below is designed to help you feed back views on the areas that you are interested in. You do not need to complete the entire form, unless you would like to. You are also welcome to give us feedback without using the form.

You can give us your feedback by:

Emailing: kalpna.vekaria@nwlh.nhs.uk

Faxing: 020 8869 2014

Writing to: **NORTHWICK PARK HOSPITAL**

**Change for the Better**

**FREEPOST HA 4413**

**Watford Rd  
Harrow  
Middlesex  
HA1 3UJ**

Completing the online form at: [www.nwlh.nhs.uk/changeforthebetter](http://www.nwlh.nhs.uk/changeforthebetter)

**The deadline for feedback is 31st January 2007.**

## About you

Please help us, by giving us some brief information about yourself:

Tick the box that best describes you:

|                          |                             |                          |                          |                              |
|--------------------------|-----------------------------|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | Member of the public        | <input type="checkbox"/> | <input type="checkbox"/> | Public sector representative |
| <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | Patient Representative      | <input type="checkbox"/> | <input type="checkbox"/> | Community representative     |
| <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | PCT member of staff         | <input type="checkbox"/> | <input type="checkbox"/> | Primary care contractor      |
| <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | NWLH Trust member of staff  | <input type="checkbox"/> | <input type="checkbox"/> | NWLH Trust clinician         |
| <input type="checkbox"/> |                             | <input type="checkbox"/> | <input type="checkbox"/> |                              |
| <input type="checkbox"/> | Other (please specify)..... |                          |                          |                              |

If you would like to receive feedback from the Change for the Better discussion programme, or receive information about future discussions, please provide your contact details below:

|                    |  |
|--------------------|--|
| Name               |  |
| Job title          |  |
| Group/Organisation |  |
| Address:           |  |
|                    |  |
|                    |  |
| Tel                |  |
| Fax                |  |
| Email              |  |

**Your views on the specific clinical areas discussed in this document**

|  |
|--|
| Urgent care  |
| How do you think urgent care services can be improved?<br>Do you have any comments on the ideas we have outlined in this document?                       |
| Planned hospital treatments and operations (elective care)   |
| How do you think planned hospital treatments and operations can be improved?<br>Do you have any comments on the ideas we have outlined in this document? |

Rehabilitation and intermediate care (care at a level between hospital and home)

How do you think rehabilitation and intermediate care services can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Outpatients and chronic disease management

How do you think chronic disease management can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Children's health care (paediatrics)

How do you think children's health care can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Maternity services (obstetrics)

How do you think maternity services can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Specialist services

How do you think specialist services can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Diagnostics (tests and scans)

How do you think diagnostics can be improved?  
Do you have any comments on the ideas we have outlined in this document?

Any other comments

Thank you for completing this form.