

# THE LEEDS TEACHING HOSPITALS NHS TRUST

## WHARFEDALE, SEACROFT AND CHAPEL ALLERTON HOSPITALS

### BRIEFING UPDATE SEPTEMBER 2008

#### 1. PURPOSE OF THE PAPER

The purpose of this paper is to:

- demonstrate how these three important locality hospitals are used, providing high quality care to patients and good, safe working environments for staff in the context of their developing identities, the national Darzi agenda and the requirements of the organization to make most effective use of existing resources in estate, clinical and human resources terms

#### 2. BACKGROUND

##### 2.1 Seacroft hospital

Clinical governance issues and the way older peoples services in particular have developed over the recent past has led to a change in the nature of the hospital which now contains no LTHT inpatient beds.

Accommodation ranges from the good to the very poor. The site is sprawling although the good accommodation is close together. This accommodation is being used to maximum effect whilst the poor accommodation is deteriorating.

The site contains a large amount of 'leftover' accommodation from when the hospital site had inpatient wards on it, for example mortuary, education centre, crèche, social work area. A number of blocks house administrative staff or are used for storage: they are all in poor condition. There are now a number of empty blocks on the site and vandalism is starting to become a problem.

The Receipt and Distribution Unit was built about 5 years ago on a 10 year lease in the middle of the site. The site also houses the Newsome Centre (Mental Health Trust PFI), the National Blood service and the Health Protection Agency to which LTHT provides some estate services.

The site now contains the following clinical services which will remain:

- Radiology with plain film, fluoroscopy and ultrasound with a mobile MRI and PET scanner as well as breast screening.
- Large numbers of outpatients including orthodontics, pain, general medicine, elderly medicine, dermatology, cardiology, gastroenterology, urology, retinal screening, clinical genetics, cystic fibrosis, ID, neurology, anti coagulation and breast screening.
- There is a large renal dialysis department, as well as a satellite dialysis unit and the prosthetics, orthotics and wheelchair centre.

- Urology day cases not requiring general anaesthetic are also based at the site.
- The Trust reproductive medicine service will be on this site.
- PCT Community Dentistry is currently on the site and this is likely to continue on an outpatient basis.
- Supported by a dining room and coffee lounge

## **2.2 Chapel Allerton hospital**

Following significant investment, in 2005, additional theatres were created and wards and departments developed and CHOC opened along with virtually all Rheumatology including the important academic department, to deliver a major Musculoskeletal Centre. At the same time, as care of older people developed, the older peoples inpatient wards which had been on the site moved into more acute settings at both LGI and SJUH leaving 2 empty wards with a further 2 wards becoming vacant by September 2008

The Trust Board has recently agreed that one of these vacant wards will be used to house the musculoskeletal biomedical research unit having a research MRI, one ward will be developed to house the clinical genetics department and one will be converted to provide additional outpatient capacity away from the two acute sites. The remaining ward is currently being used for medical education teaching and examinations.

The accommodation on the site ranges from the very good to the acceptable, the electrical infrastructure has recently been reinforced, the site is compact but parking can expand into an adjacent area.

The hospital contains the following:

- Elective orthopaedics: 4 theatres, 1 inpatient ward (36 beds) 1 post operative unit (16 beds) outpatients and offices/admin support
- Rheumatology: 1 inpatient ward (22 beds) 1 day case ward (16 beds) dedicated outpatients offices/admin support
- University Rheumatology Research department
- Neuro rehabilitation: 1 inpatient ward (19 beds)
- Radiology: MRI, digital plain film X-ray, fluoroscan and ultrasound
- General outpatients including elderly medicine
- Physiotherapy
- Supported by medical records, a small post graduate centre, a shop, coffee area and a dining room

## **2.3 Wharfedale Hospital**

Wharfedale Hospital (WH) was opened in October 2004. It is a high quality facility that was designed to provide a range of healthcare services to the population of in and around Otley that are safe and appropriate to their needs.

In the three and a half years since it opened, the Trust and its partners in the health economy have struggled to utilise the facilities at WH efficiently and effectively.

In April 2007, the LTHT Board approved a Framework for the development of WH, which had been jointly developed by the Trust and the PCT. This framework clarified the vision and strategic direction for WH

### **3. PROPOSALS**

#### **3.1 Seacroft hospital**

The Trust has been developing the ambulatory nature of the Seacroft site for some time and has been investing in the infrastructure in the good quality accommodation in order to support this. The majority of the clinical work delivered from the site is in one part of the site - identified as area 3 on the attached plan. The remainder of the site contains mainly non clinical accommodation, much of it empty or part empty and the site is becoming subject to vandalism in areas 1 and 2. Leeds PCT has stated that it does not wish to have any of its services on the site, apart from the single older people's non acute ward, which is in area 3.

The proposal for Seacroft hospital therefore is:

- i. To continue to locate as much ambulatory care as possible into area 3.
- ii. To move the clinical services remaining in areas 1 and 2 into area 3 or into other more appropriate areas of the Trust so that areas 1 and 2 are vacated. This would include relocating genetics staff to CAH, moving the paediatric outpatient clinic currently in a half empty building, into W ward, moving physiotherapy into the 8 ward block and relocating the breast screening service into area 3.
- iii. To move the remaining non clinical services into more appropriate accommodation off the site.
- iv. To then dispose of areas 1 and 2.

#### **3.2 Chapel Allerton hospital**

The hospital is a vibrant place providing both inpatient and ambulatory care.

The Board has recently agreed:

- i. To use ward 6 to house the Musculoskeletal Biomedical Research Unit (timescale Helen's e-mail)
- ii. To use wards 10 and 11 to house both the Clinical Genetics department, which from a clinical viewpoint is purely an outpatient based service, and to house a generic outpatient department. The work is well underway (timescale - see Helen's e-mail)
- iii. There is just one vacant ward and it is proposed to reserve ward 7 for potential further elective orthopaedic development should the Trust wish to do so. There could also be day case expansion into the adjacent external courtyard. In the meantime, the area is being used, very successfully, for medical student examinations.

#### **3.3 Wharfedale hospital**

Since the agreement of the strategy, the Trust and PCT have been working to deliver a better utilised hospital within the agreed parameters.

The review of the 2007/8 business plans resulted in the Lymphodema Service being relocated to WH.

During April 2008, all Directorate Managers and Clinical Directors within the Trust were asked to consider the following questions in relation to Wharfedale:

- How might they better utilise/expand the volume of any existing services?
- Are there any new services, either for the local population or the whole city that could be relocated to Wharfedale?

This exercise generated a longlist of projects. Some of these are still in the process of being assessed, however, a number of developments are planned for 2008/9:

- Improved utilisation of the 2 theatres. A plan to improve utilisation will be implemented from October with the objective of achieving an average 90% utilisation across all lists (average in 2007/8 was 66%).
- Establishment of a 4 chair low risk chemo facility for the local population
- Full utilisation of the endoscopy facilities (part of the Endoscopy Services Business Case currently being implemented and numbers already rising)
- Improved utilisation of the outpatient capacity via the roll out of direct booking and the continued efforts of directorates to allocate trust booked patients to WH
- Improved utilisation of the radiology facilities and possibly creation of a permanent breast screening facility.

Work has been undertaken in the PCT to identify potential service moves and development opportunities. A key area of work is to investigate the need, desirability and potential for some local primary care and community based services to be relocated to accommodation at Wharfedale. This might include, for example, GP and GPSI led services and community services such as podiatry, substance use services, falls clinics and audiology. The potential for some community intermediate care beds for older people to be based at Wharfedale is also being explored.

The PCT is working to develop community based services for people with long term conditions( COPD, chronic vascular disease etc) so that, for those people whose care can be provided appropriately outside an acute hospital setting, services are available in the local community. We are looking at the demand for and opportunities for such services to be provided at Wharfedale.

Both the PCT and LTHT acknowledge that finding a mix of services that can utilise the WH facility effectively has been and remains challenging. We are jointly aiming to develop a plan for the next 5 years by the end of 2008/9.