NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

CLINICAL STRATEGY

EXCELLENCE STARTS HERE

Our vision is to be the best rural District General Hospital for patient and staff experience

QUALITY
ENGAGEMENT
HEALTHY LIVES

CONTENTS

Executive summary 4
National context 6
Local context 7
Our population and Place-Based Care 10
The hospital 11
Acute Provider Collaboration 13
QEH Clinical Priorities 14
Team QEH - A Centre of Excellence 15
Core services delivered by Team QEH 16
Key services delivered on-site 22
Other services 27

EXECUTIVE SUMMARY

Our vision is to be the best rural District General Hospital for patient and staff experience, and our corporate strategy focuses on quality, engagement and healthy lives.

This Clinical Strategy sets out our key areas of focus for Team QEH to deliver the high-quality services and best possible patient experience that our population need and deserve.

This strategy is supported by three fundamental principles:

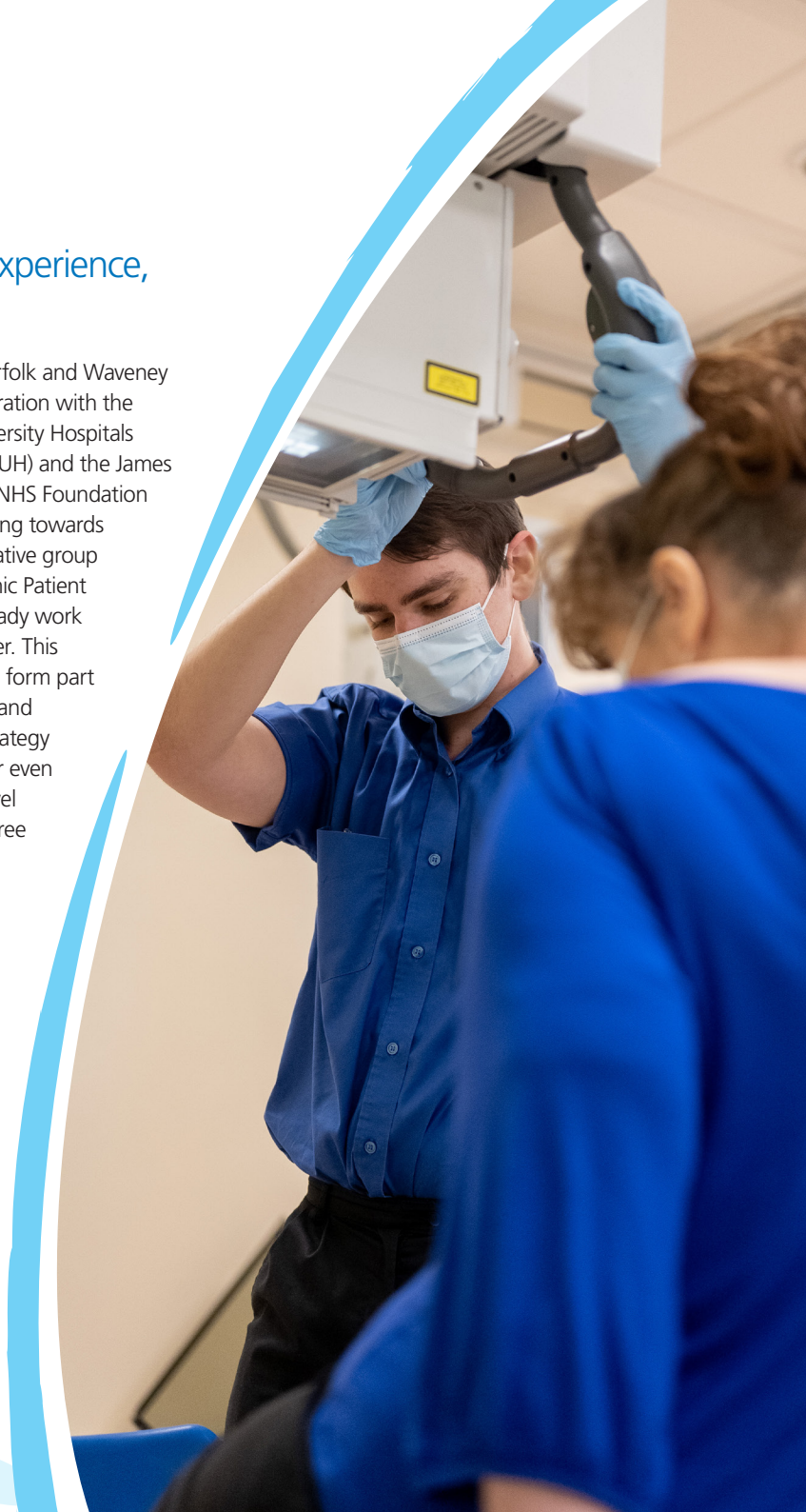
- **There will always be a District General Hospital in King's Lynn delivering core services to our population**
- **Accident and Emergency services will always remain on-site and locally available to our population**
- **Maternity services will always remain on-site and locally available to our population**

But we cannot do everything. So, this is a local strategy to outline which services will be delivered at our local hospital and how. This strategy is very much grounded in place, and has been developed within our local, system and national context. The strategy document also outlines how this fits in with the NHS Long-Term Plan (LTP), the Norfolk and Waveney system-wide 5-year plan 'A Healthier Norfolk and Waveney,' the draft clinical strategy for the Norfolk and Waveney Integrated Care System (ICS), and finally the 5-year QEH Corporate Strategy, which includes our key focus on continuous improvement and helping us all to live healthy lives.

This strategy recognises that our local health system, mirroring the wider NHS, is responding to a global pandemic and is facing unprecedented challenges. We have seen a dramatic increase in urgent and emergency care demand, the challenges directly associated with the COVID-19 pandemic, the challenges to address health inequalities across our population and growing waiting lists for elective care. So, we have agreed six clinical priorities to act as a compass to ensure that everything that we do is focussed on addressing these biggest challenges:

1. Provide safe alternatives to emergency admissions and to focus admissions on patients who need them most
2. Improve the quality of inpatient care including End of Life care by modernising in line with 7-day services, NHS England/ Improvement (NHSE/I) advice, using technology and focusing on what our population really needs
3. Optimise length of stay for all patients (elective and emergency)
4. Improve maternity care in line with national recommendations
5. Transform outpatient services using technology to become a more responsive, patient focused service
6. Improve access and reduce inequalities of access for patients on waiting lists, improve cancer outcomes and address the pandemic-related backlog including development of an elective hub

The Trust is part of the Norfolk and Waveney Hospitals Group, a collaboration with the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and the James Paget University Hospitals NHS Foundation Trust (JPUH). We are working towards an acute provider collaborative group model with a joint Electronic Patient Record and our teams already work increasingly closely together. This Trust's Clinical Strategy will form part of the developing Norfolk and Waveney Acute Clinical Strategy to provide the blueprint for even greater clinical specialty level collaboration across the three acute Trusts in delivering the very best pathways of care that we can for our patients. The Norfolk and Waveney Acute Clinical Strategy will be developed in early 2022.



[Executive Summary continued]

QEH aims to become a centre of excellence in a few core areas, identified as most key to our local population, as well as continuing to provide the full range of general and emergency services on-site. This strategy also outlines how QEH will continue to provide access to the full range of specialist services in partnership with other providers both locally and across the wider system.

The strategy has been developed in the context of the wider New Hospital Programme which the Trust is engaged in and the key themes from the strategy underpin the Trust's Expressions of Interest for a new hospital.

QEH will become a centre of excellence in these areas:

- Same Day Emergency Care
- Frailty and Stroke
- Regional Anaesthesia and Day Surgery
- Building research and education into every clinical encounter in our care

Our population is older than many across England and so it is right that we aim to excel at providing care to older and frail patients as well as those affected by stroke.

Providing excellent same day emergency care is in line with our priorities to provide safe alternatives to hospital admission where possible, as well as modernising our care, improving access to care and optimising length of stay.

We also want to offer more surgery as day cases and under regional rather than general anaesthetics where possible. These are already areas that we excel in, and they again help minimise hospital admissions, reduce length of stay, and should help us to tackle the backlog of patients waiting for elective care. We plan to expand these services, to bring more people from across our system to QEH for these operations which are of very high volume, to enable our local tertiary centres to focus on the delivery of more specialist care for all of our patients.

Finally, we know that research is key to improving the care we can provide patients in the future, and we know that education is key to preparing our workforce for the future, so it is vital that we build these in to how we work every day.

We hope that this strategy gives us a framework for outlining which services we want to expand, which we need to strengthen locally and which we may need to consider changing or offering in partnership with other providers to deliver the most safe, effective and compassionate care that we can.

We also recognise that we must keep this strategy under review to ensure that it remains up-to-date and relevant to our rapidly changing environment.

How was the strategy developed?

Our Clinical Strategy has been developed in partnership with our clinical and operational teams and is based upon detailed work which has been undertaken by each clinical specialty.

We have consulted widely both internally and externally on the themes within our Clinical Strategy by holding virtual roadshows and discussing at established forums. We have sought input from all internal and external stakeholders, including our patients, staff and Governors, as well as with Healthwatch, colleagues from primary care, our local community and mental health Trusts, and from the Norfolk and Norwich and James Paget University Hospitals through our Integrated Care System and Local Delivery Groups. We have incorporated their feedback into this final document.

We will ensure that we review the Clinical Strategy on a regular basis so that it continues to reflect our organisational priorities and the context within which we are working.

NATIONAL CONTEXT

Our Clinical Strategy reflects national policy and guidance.

The environment within which the NHS operates is changing. Our population is increasingly ageing, there are significant advances in medicine and surgery, patients' expectations are changing and there is a need to harness research, innovation and technology in delivery.

We need to focus on how we support the delivery of out of hospital services and help our population to only access secondary care when they need to do so.

The NHS' 'Long-Term Plan' (LTP) published in January 2019, sets out the policy context and guidance for delivery of services over the next 10 years. Our experience during the COVID-19 pandemic has also resulted in changes in practice, new ways of working and has introduced the use of technologies including virtual appointments.

The LTP focus is twofold: firstly, it emphasises a move towards the prevention of ill-health, for example to reduce the number of people who smoke, reduce obesity, to reduce health inequalities and unwarranted variation in care. Secondly, it focuses on the treatment of illness through joined-up care across a broad range of organisations.

The LTP supports a step change in the provision of out of hospital care realising a significant shift in the provision of outpatient appointments and non-acute care away from an acute hospital setting.

NHS Long Term Plan 2019 Principles, Priorities and Initiatives

Integrated approach to strategic and operational planning principles	Deliver a new service model	Priority areas	Ensure a sustainable system
• Clinically led • Locally owned • Realistic workforce plans • Financially balanced • Place based on local need • Reduced variation • Focused on prevention • Delivers innovation • Engaged with partner local authorities • Quantified impacts • Mental health services • Addressing inequalities	• Transformed out of hospital care • Support for Primary Care Networks • Relieve pressure on Emergency Departments • Give people more choice about their care • Research and innovation based • Maternity services	• Increased focus on population health • Better care for major conditions • Cancer • Cardiovascular disease • Diabetes • Respiratory conditions • Focus on long-term conditions • Smoking • Obesity • Alcohol • Air pollution • Anti-microbial resistance	• Ensure that the NHS is the 'Best Place to Work' • Improve leadership and culture • Transforming the workforce • Investing in digital transformation • Improving productivity • Reducing variation • Ensuring that research and innovation drives models of care

Table from the NHS' 'Long-Term Plan' 2019

LOCAL CONTEXT

Recognising the impact of the COVID-19 pandemic, we have transformed the way in which we deliver services and we are working with partners on a wide range of programmes of change across West Norfolk, Cambridgeshire and Peterborough and South Lincolnshire to strengthen in and out of hospital delivery.

The Trust's Clinical Strategy has been developed in line with the LTP. In addition, it has been developed in the context of the Norfolk and Waveney systemwide 5-year plan 'A Healthier Norfolk and Waveney' which articulates the system strategy for the transformation of health and social care through closer collaboration across all parts of the health economy. The goals are clear:

Goals and strategic changes from Norfolk and Waveney system wide 5-year plan: **'A Healthier Norfolk and Waveney'**

Goals		
1. To make sure that people can live as healthy a life as possible	**2.** To make sure that you only have to tell your story once	**3.** To make Norfolk and Waveney the best place to work in health and care

Strategic Changes
We will help people to make healthier choices to prevent them from getting ill and we will treat and manage illness early on
Our GPs, nurses and social workers, mental health workers and other professionals will work together in teams, in the community, to provide people with more co-ordinated care
Our hospitals will work more closely together so people get treated quicker in an emergency and don't have to wait as long for surgery and other planned care
We will work together to recruit more staff and we'll invest more in the wellbeing and development of our workforce
New technology will modernise our health and care services, making it quicker and easier for people to get the care they need

Norfolk and Waveney ICS agreed principles and behaviours

Alongside the agreed goals and strategic changes, the Norfolk and Waveney ICS also has agreed principles and behaviours (see left) which our Clinical Strategy aligns to.

Cutting across these plans, the COVID-19 pandemic has also had an immediate impact on us all and is also expected to have a longer-term effect on our population's health, especially those living with long-term conditions and material deprivation.

As recovery activity continues, the experience of managing care with COVID-19 and the lessons learned from it provide additional context going forward. The Norfolk and Waveney ICS Clinical Strategy is currently under development and has strategic aims (currently in draft form) which QEH's Clinical Strategy will fully support.

Norfolk and Waveney ICS draft clinical strategic aims

OUR LOCAL POPULATION AND PLACE-BASED CARE

The population covered by the Norfolk and Waveney ICS is currently 1.01m (2017). Overall, the population in Norfolk and Waveney is generally older than the rest of England with the number of people below the age of 49 conversely being fewer than the England average.

In terms of the predicted future population, it is anticipated that there will be an overall growth of 13% over the next ten years, with a projected population increase of over 56,000 of which 44,000 of this increase is forecast to be in the population aged over 65.

Norfolk has an older population with the proportion of residents 65 years or older having increased from 22% in 2008 to 25.8% in 2018 and is predicted to rise to 28.7% by 2028.

These projected changes in the Norfolk and Waveney population will increase the need for health and social care support as the likelihood of developing long-term conditions, frailty and the risk of emergency admissions increase with age.

We have recognised this forecast change and are committed to becoming a centre of excellence for both frailty and stroke in order to provide the best possible care for our patients.

The Joint Strategic Needs Assessments (JSNAs) for Norfolk and Suffolk (to capture the Waveney population) have been updated in 2021 and review the current health of the population. They can be used to inform future health and care provision and the wider determinants of health.

Key statistics of the current status of the Norfolk and Waveney population include:

- The health and wellbeing of children is consistent with the England average
- 1 in 7 adults in Norfolk smoke
- Two-thirds of adults are overweight
- Inequalities in healthy lifestyles contribute to childhood obesity (currently around 25%); emergency admissions in older people (currently over 3,800 admissions); and deaths from preventable causes
- 14,000 people live with dementia
- About 1 in 7 people experience a common mental health disorder with long term mental ill health being higher than the national average
- Of the 250,000 people over 65 years old in Norfolk and Waveney, around 50% are fit; of the remaining 50%, 3.5% have severe frailty
- People aged 85+ make up around 4% of the population but account for 16% of all emergency admissions to hospital

With regard to our locality of King's Lynn and West Norfolk, through the work of the Local Delivery Group, we are developing a robust plan for delivery of the key priorities for our population. Working at a Place level and using the available data in relation to population health management and health inequalities, our focus as a system is on the following key areas;

- Population Health Management for our local patients. Using the well-established 'Protect Norfolk & Waveney (NoW)' system as the platform to enable clear risk stratification of patients to support the delivery of our priorities to improve patient care and focusing on improving health inequalities
- Reducing unwarranted variations in care aligned to the known health inequalities within West Norfolk
- COVID-19 vaccination roll-out
- Elective recovery and restoration supporting the management of patients who have waited a long time for their treatment aligned to the use of data via Protect NoW
- Further development of the interface with Primary Care Networks, Community Services and Mental Health services to support delivery of Urgent and Emergency Care

THE HOSPITAL

QEH has an agreed Corporate Strategy (2020-25) which encapsulates a clear vision: To be the best rural District General Hospital for patient and staff experience, and a clear mission: Working with patients, staff, and partners to improve the health and clinical outcomes of our local communities.

Within the Corporate Strategy, we articulate six key strategic objectives that guide all aspects of Team QEH's strategic journey, including our Clinical Strategy. These align to our strategic priorities: Quality, Engagement and Healthy Lives.

QEH Corporate Strategic Objectives

STRATEGIC OBJECTIVE 1

To consistently provide safe and compassionate care for our patients and their families.

STRATEGIC OBJECTIVE 2

Modernising our hospital (estate, digital infrastructure and medical equipment) to support the delivery of optimal care.

STRATEGIC OBJECTIVE 3

Strengthening staff engagement to create an open culture with trust at the centre.

STRATEGIC OBJECTIVE 4

Working with patients and system partners to improve patient pathways and ensure future financial and clinical sustainability.

STRATEGIC OBJECTIVE 5

Supporting our patients to improve health and clinical outcomes.

STRATEGIC OBJECTIVE 6

Maximising opportunities for our staff to achieve their true potential so that we deliver outstanding care.

The Trust provides acute services to the populations of King's Lynn and West Norfolk, and to parts of Cambridgeshire, Lincolnshire, North Norfolk and Breckland. In view of its geographic position on the borders of Norfolk, Cambridgeshire and Lincolnshire, the Trust is commissioned by clinical commissioning groups from all three counties. The Trust's lead commissioner is NHS Norfolk and Waveney Clinical Commissioning Group.

In 2020/21:

61,726 patients attended the Emergency Department

59,866 in-patients were admitted

19,053 day case procedures were performed

286,631 outpatient appointments were undertaken

1,955 babies were born in the Trust

[The Hospital continued]

QEH provides acute services at district general hospital level in the following specialist areas:

- **Acute Medicine**
- **Emergency Medicine**
- **Cardiology**
- **Care of the Elderly**
- **Diabetes**
- **Endocrinology**
- **Gastroenterology**
- **Haematology**
- **Neurology**
- **Oncology***
- **Palliative Medicine**
- **Radiology**
- **Neurophysiology**
- **Nephrology**
- **Rheumatology**
- **Respiratory**
- **Stroke**
- **Anaesthetics**
- **Clinical Psychology**
- **Critical Care**
- **Dermatology**
- **General Surgery**
- **Ophthalmology**
- **Orthodontics**
- **Oral Surgery**
- **Pain Services**
- **Trauma and Orthopaedics**
- **Urology****
- **Obstetrics and Gynaecology**
- **Paediatrics**

In addition, the hospital has a renal dialysis unit, which is an outreach unit of the Nephrology service at Cambridge University Hospital (CUH).

Pathology services, including microbiology, are provided through the Eastern Pathology Alliance.

In-reach spinal, thoracic and plastic surgery services are provided by NNUH with patients transferring for specialist surgery as required.

In-reach vascular services are also provided by both CUH and the NNUH, with patients transferring for surgery as required. Cardiac and neurosurgery surgery are not provided on site.

Cardiac surgery is provided at the Royal Papworth and Neurosurgery is provided at CUH.

* The Trust's oncology service is supplemented by additional facilities in Cambridge.

** Urology became a single integrated service for Norfolk and Waveney on 1 March 2020 with NNUH as lead provider and services continuing to be delivered from our site.

The relationships that the Trust has with other local acute Trusts are of significance. NNUH and CUH are the closest tertiary units for referrals for a wide range of services.

The Trust provides Cancer services on site and in partnership with NNUH and CUH.

The Norfolk and Waveney Cancer Alliance works across all three hospitals and the ICS footprint.

The Trust is part of the Eastern Pathology Alliance with NNUH and JPUH.

The Trust works closely with both Norfolk Community Health and Care and Norfolk and Suffolk Foundation Trust (NSFT) who provide services across the breadth of the ICS.

ACUTE PROVIDER COLLABORATION

In 2018, the Trust, together with NNUH and JPUH, commenced collaborative working to integrate Urology Services, with the aim of improving pathways for patients by sharing staff, resources, and clinical expertise, supported by technology. Our experiences of this work over the last three years have brought clear learning.

Recognising that collectively we are better placed to deliver sustainable, high-quality services to our patients, as part of the work which is being undertaken by the acute Provider Collaborative, we will continue to explore how we can deliver services across the three acute Trusts within Norfolk and Waveney. We recognise that workforce sustainability is key and that the clinical workforce arrangements for each specialty may look different depending on the agreed delivery arrangements. This Clinical Strategy will form a key component of the emerging Norfolk and Waveney Acute Clinical Strategy which will set out the blueprint for sustainable delivery of services with a clear focus on clinical leadership and integrated clinical pathways and embracing the use of digital technology.

It is clear that we will always need an acute hospital in West Norfolk to ensure equity of access to services to meet the needs of our local population. In line with our mission statement, we recognise the need for increased system working and greater collaboration across Norfolk's acute hospitals for the benefit of our patients. Unique challenges remain for QEH, including our rurality (and isolation), our distance from other acute hospitals and the higher proportion of older people we have living in our local communities. Greater collaboration is also in line with our strategic objective to work with patients and system partners to improve patient pathways and to ensure future financial and clinical sustainability.

As a local anchor-institution, QEH continues to lead on the development of Place-Based Care. It is vital that we deliver care closer to home where possible and QEH will also continue to collaborate with other partners to create sustainable joined-up services that are safe and beneficial for our patients. Inevitably local services will be different as the ICS develops, but three key principles underpin this clinical strategy:

- **There will always be a District General Hospital in King's Lynn delivering core services to our population**
- **Accident and Emergency services will always remain on site and locally available to our population**
- **Maternity services will always remain on site and locally available to our population**

QEH CLINICAL PRIORITIES

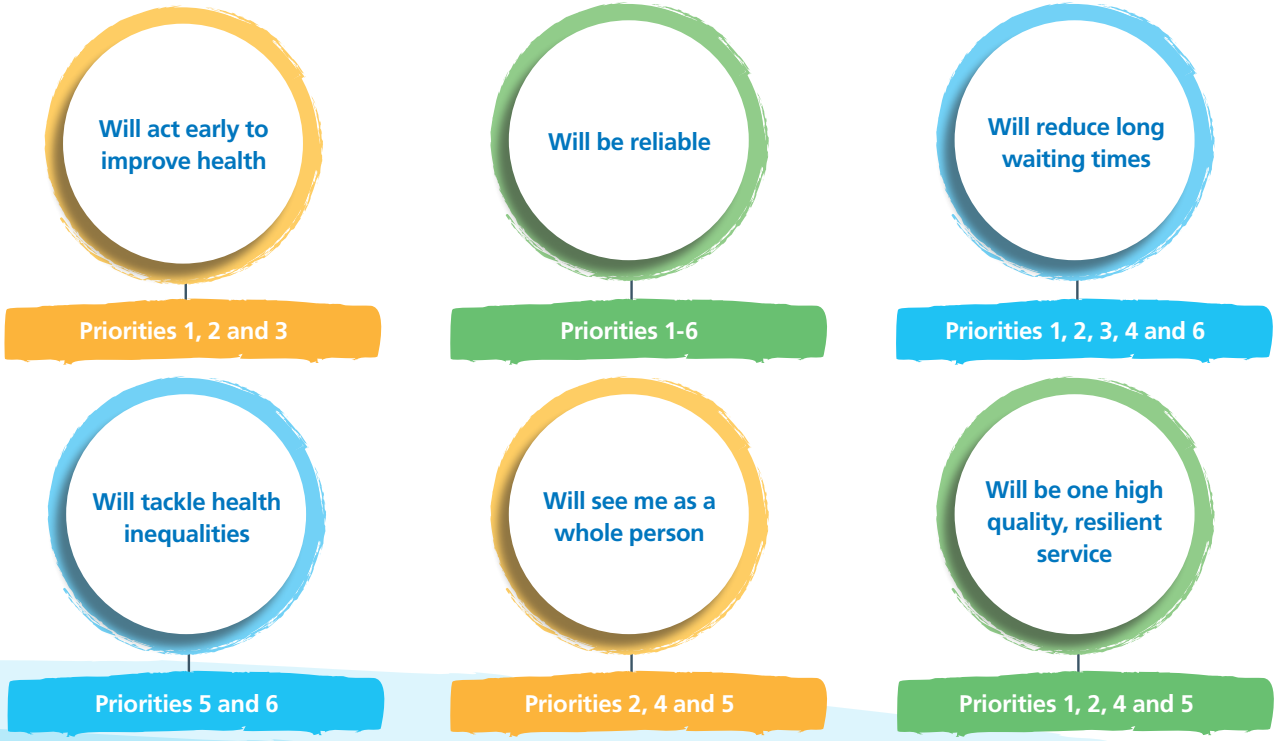
The proposed QEH model of care is rooted in our vision, mission, and our corporate strategic objectives.

From this, six clinical priorities have emerged.

These have been informed by QEH's divisional and corporate strategic planning, the proposed transformation in care which may be afforded by a new hospital, and in line with the national and system context and priorities.

1. Providing safe alternatives to emergency admissions and to focus admissions on patients who need them most
2. Improving quality of inpatient care including End of Life care by modernising in line with 7-day services, NHSE/I advice, using technology and focusing on what our population really needs
3. Optimising length of stay for all patients (elective and emergency)
4. Improving maternity care in line with national recommendations
5. Transforming outpatient services using technology to become a more responsive, patient focused service
6. Improving access and reducing inequalities of access for patients on waiting lists, improve cancer outcomes and addressing the pandemic related backlog including the development of an elective hub

Alignment of QEH clinical priorities with Norfolk and Waveney ICS draft strategic clinical aims



Team QEH - A centre of excellence

Our vision is to be the best rural District General Hospital for patient and staff experience. So, as well as providing all of the key services required of a rural District General Hospital, we would also like to become a centre of excellence for a small number of core services. These are areas we consider to be most vital for the needs of our population, which build on our existing strengths and address ongoing high levels of predicted demand. Team QEH already has enormous expertise and experience in these specialties, and we would like to focus on becoming a recognised centre of excellence in these areas:

- Same Day Emergency Care
- Frailty and Stroke
- Regional Anaesthesia and Day Surgery
- Building research and education into every clinical encounter in our care

We believe that these should be key areas of focus for the Trust.

We recognise that QEH will not be able to provide every service to every patient, much as we would like to. We will work with other local providers to ensure that the balance of service delivery is right for our local population and that where other hospitals focus on providing specialist services such as vascular and spinal surgery, we will focus on delivery of "high volume, low complexity" procedures for which we have become a centre of excellence.

The following section describes the services which QEH can and cannot provide with the specific reasons why patients may have to visit specialist centres for some of these specialist services now or in the future.

CORE SERVICES DELIVERED BY TEAM QEH

We consider the following to be the core services of a rural District General Hospital. These are the services most important for our population, and are already provided at high volume, within our expertise and experience on our site.

In line with our vision, to be the best rural District General Hospital, it is clear that these services must continue to be delivered on site and by Team QEH.

- Emergency Department
- Acute Medicine
- General Medicine
- General Surgery
- Anticoagulant and Transfusion Services
- Breast Surgery
- Colorectal Surgery
- Upper GI Surgery
- Orthopaedics (non-spinal)
- Anaesthetics and ITU
- Radiology
- Therapies
- Psychology
- Essential Laboratory and Support Services
- Pharmacy
- Maternity
- Neonatology
- Paediatrics
- Transition Care (Paediatrics to adulthood)
- General and Emergency Gynaecology
- Cardiology
- Diabetes and Endocrinology
- Gastroenterology
- Integrated Care for the Older Person
- Stroke Medicine
- Respiratory Medicine
- Cancer Services

CORE SERVICES DELIVERED BY TEAM QEH

The following services will remain as core services for the Trust:

EMERGENCY DEPARTMENT

61,726 patients attended the Emergency Department (ED) in 2020/21 which was a 14% decrease from 2019/20 due to the impact of COVID-19. Prior to 2020/21, we have seen an average annual increase of 4.4% attendances to ED year on year from 2016/17.

In order to ensure that our local population has access to Urgent and Emergency Care Services, an ED is essential and our Clinical Strategy is built upon the fact that the Trust will always maintain an ED on site.

The Trust's ED is a Type 1 department and trauma unit, which means a consultant led 24-hour service with full resuscitation facilities and is part of the East of England Trauma Network. The department provides a fast-track service for patients with fractured neck or femurs (hip), oncology patients (cancer), acute stroke patients and frail patients (often older people) who are admitted directly to Windsor Ward. These pathways allow us to ensure our patients get to their specialist areas quickly.

The department works closely with a number of external providers, in particular our colleagues at NSFT who assess and provide care for adults and children with mental health conditions. We also work closely with the East of England Ambulance Service (EEAST) with the aim of ensuring that our patients have timely access to treatment following arrival by ambulance.

The department has well established tertiary pathways with the regional trauma network, vascular network and stroke network and we work collaboratively to ensure smooth pathways and the best care for our patients.

ACUTE MEDICINE

Acute Medicine treated 7,275 patients in 2020/21 which was an increase of 1.1% from 2019/20. Prior to 2020/21, we have seen an average annual increase of 7.6% attendances to Acute Medicine year on year since 2016/17.

The Acute Medicine Team's work includes treating patients with life-threatening medical emergencies, the initial treatment (first 72 hours) of all general medical illnesses and the provision of same day emergency care.

The clinical team work proactively to enable rapid decision-making based upon patients' clinical presentations to ensure that patients are treated in the right place at the right time. Patients coming into our Acute Medical Unit (AMU) are treated and discharged, ideally within 24 hours, or transferred to the appropriate specialty for further treatment. We also have a Rapid Assessment and Frailty Team who work to arrange safe discharge of our frail, elderly patients once they are medically fit.
Alongside this, the Same Day Emergency Care (SDEC) team is able to assess many emergency and urgent care patients and discharge them on the same day.

Recognising that ED and AMU are core services for the Trust, we are prioritising:

- Capital plans for a new Emergency Care floor to enable improved patient flows and delivery of care
- Developing Primary Care Streaming services
- Implementing and expanding the Advanced Clinical Practitioner service to better treat minor activity
- Continuing Urgent and Emergency Care transformation and embedding learning from COVID-19
- Work to review the models of care and therefore adapt the current service to better match the daily take into SDEC and AMU

GENERAL MEDICINE

General Medicine is a core service for the Trust and allows us to ensure that we have robust pathways of care for inpatient admissions which require diagnosis and (non-surgical) treatment of diseases. Our ability to deliver General Medicine services enables us to ensure that we are able to effectively manage patients with problems that are not clearly within the remit of a particular medical specialty.

GENERAL SURGERY

General Surgery is a core service for the Trust and includes a number of specialties including Breast, Colorectal and Upper GI. The clinical teams provide expert treatment for major elective surgical cases, cancer diagnosis and treatment with established links to local tertiary centres. Collectively, these are high-volume services and are vital departments in a District General Hospital.

In total General Surgery treated 8,981 patients in 2020/21 of which 4,335 were new patients and 4,646 were follow-up patients.

The department also provides care and treatment for surgical emergencies through the Surgical Assessment Unit (SAU). The unit receives referrals from General Practitioners as well as direct from ED.

Recognising that General surgery is core for the Trust, we are prioritising:

- Development of a "hot clinic" pathway for surgical emergencies to reduce emergency admissions and improve patient experience
- Exploration of establishing an aligned Medical and Surgical Assessment area to streamline delivery of care

ANTICOAGULANT AND TRANSFUSION SERVICES

Given the Trust's local demographics, provision of onsite anticoagulation and transfusion services are essential for the Trust. Recognising the proportion of older patients, the Trust must be able to deliver timely support with anticoagulation therapies. In addition, the service has close links with departments across the Trust to provide timely expert advice and guidance to clinical colleagues as and when required to ensure the effective management of surgical and medical pathways of care.

The Trust's Anticoagulation service treated 2,862 patients in 2020/21 of which 154 were new patients and 2,708 were follow up patients. The service saw a significant impact from COVID-19 with the previous year's average attendances at 8,700 patients. Prior to 2020/21, we have seen an average annual increase of referrals of 23% year on year since 2016/17.

ORTHOPAEDICS (NON-SPINAL)

The Trust's Orthopaedic service treated 14,070 patients in 2020/21 of which 7,734 were new patients and 6,336 were follow-up patients.

The Trust's Orthopaedic service provides high volume elective and emergency surgery for hip, knee, shoulder, hand and wrist procedures and the treatment outcomes are highly commended nationally.

The department is supported by a team of specialist trauma nurses and the service has links to major trauma centres both regionally and nationally. In addition, the department also provides a fracture clinic service to support patients requiring urgent fracture management as well as strong links with the Integrated Care of Older People (ICOP) team to ensure timely clinical support to our more frail, elderly patients.

Recognising that Orthopaedics is core to the Trust, we are prioritising:

- Expansion of nurse led clinic pathways for post-operative follow up care
- Implementation of the recommendations from the recent Getting It Right First Time (GIRFT) visit and national best practice

ANAESTHETICS & ITU

The Trust's Anaesthetics service supported 18,655 day case procedures and 12,811 inpatients procedures in 2020/21 and 629 patients were treated within our Intensive Therapy Unit (ITU).

Anaesthetics and ITU provide important support to the delivery of major elective and emergency treatment for patients across the Trust and as such are a core service that must be provided in QEH. The service which is offered by the Trust is innovative and is at the forefront of research and development locally and nationally.

Recognising that Anaesthetics is core for the Trust, we are prioritising:

- Establishing a dedicated Vascular Access service for patients requiring venous access to improve patient experience through reduced waiting times
- Continuing development of innovate service delivery to support our patients
- In partnership with key local stakeholders, development of proactive prehabilitation services aimed at improving patients' health prior to surgery, to improve surgical outcomes, reduce length of stay and improve patient experience

RADIOLOGY

The Trust's Radiology service delivered care to 116,532 patients in 2020/21. Prior to 2020/21 we saw an annual increase in referrals of 1.74%.

Radiology is essential to the Trust and is a high-volume service which provides time-critical diagnostic imaging for patients (e.g. trauma and stroke). The department covers elective and emergency cases and is a core service which enables the delivery of all planned and unplanned care within the Trust.

Recognising that Radiology is core for the Trust, we are prioritising:

- Delivery of the agreed Improvement Plan which is in place and covers all aspects of service delivery within the department
- The purchase of two new MRIs and is looking to purchase a new Gamma camera
- Collaborative work across the system in relation to delivery of three Diagnostic Assessment Centres within Norfolk and Waveney which will enable the timely provision of care to support patients on a cancer pathway supported by robust workforce development
- Development of the local solution for Community Diagnostic Services

THERAPIES

The Trust's Therapy service delivered care to 37,539 patients in 2020/21.

Therapy Services (covering Physiotherapy, Occupational Therapy, Nutrition and Dietetics and Speech and Language Therapy) are focused on the provision of integrated, person-centred interventions that promote health, wellbeing and long-term independence. In addition to providing profession specific care to patients, the Therapy Services work across all acute services to deliver integrated care. They assess and deliver clinical treatment and are integral to the management of many chronic conditions. They routinely span professional boundaries within health and interface with ease with external partners.

Recognising that Therapies are core to the Trust, we are prioritising:

- Working with system partners to deliver Discharge to Assess (D2A)
- Undertaking an Acute Therapy Service Review to ensure that there is sufficient skilled capacity to meet the needs of our patients

PSYCHOLOGY

The Trust's Psychology service delivered care to 625 patients in 2020/21. Prior to 2020/21 we saw an annual increase in referrals of 3.19%.

Clinical and Counselling Psychologists are an integrated part of the clinical teams and are fundamental to patient management. They offer a comprehensive range of psychological treatments and interventions to manage the most complex psychological needs of patients and provide vital support to staff wellbeing, with a number of dedicated posts for staff.

Recognising that Psychology services are core to the Trust, we are prioritising:

- Continuing to strengthen staff wellbeing and support services
- Linking closely with the strengthened Staff Health and Wellbeing structure and programme as it is developed

ESSENTIAL LABORATORY & SUPPORT SERVICES

This service is delivered on behalf of the Trust by the Eastern Pathology Alliance. The priority is to continue to strengthen service collaboration across the system.

With regard to the elements which the Trust is responsible for, including Histology Reception/ Phlebotomy and Transfusion, the priority is to focus on the delivery and roll out of transfusion training.

PHARMACY

The Trust's Pharmacy Service dispensed 201,896 items in 2020/21. The total number of stock supplies to wards for the same period is 102,608.

Pharmacists are an integral part of the inpatient clinical team spending the majority of their time in patient-facing activities, assisted by pharmacy technicians. An on-site dispensary is required for the timely supply of medication for inpatients, day treatments and outpatients. Procurement of medicines is carried out in accordance with regional and national contracting which enables the management of day-to-day medicines procurement on site with professional oversight and accountability by the Chief Pharmacist.

The pharmacy production unit enables aseptic preparation of chemotherapy, monoclonal antibodies and other drugs on-site and this unit has the capacity, with licensing, for further provision of these products across the system.

Recognising that Pharmacy services are core for the Trust, we are prioritising:

- The full roll out of the Electronic Prescribing and Medicines Administration system, working to embed the required organisational changes and deliver the associated benefits
- Development of a detailed recruitment strategy in order to support workforce sustainability

MATERNITY

The Trust's Maternity service booked 2,455 mothers in 2020/21 which is comparable with activity in 2019/20 where 2,459 mothers were booked. Following the national trend these bookings are down from 2018/19 where 2,628 mothers were booked.

Consultant led maternity services are core for the Trust and must be offered on site to enable us to manage the care of patients reflecting our wide demographic of pregnant people with varying ranges of complexity. We offer hospital and community maternity services, working flexibly to meet the needs of our patients including midwifery led services. In addition, we work closely with our neighbouring Trusts to manage the specialist care requirements of our patients

Recognising that Maternity services are core for the Trust, we are prioritising:

- Implementation of "Continuity of Carer" as the normal model of maternity care by 2023. This model of care will provide continuity to pregnant people throughout their pregnancy and allows midwives to build relationships with them providing care from booking to delivery and in the postnatal period
- Development of Midwifery led hubs to support delivery of care in the community
- Completion of the Maternity Bereavement Suite

NEONATOLOGY

The Trust's Neonatology service treated 179 inpatients and 255 ward attenders in 2020/21.

The Trust must have a neonatal service on site to support the delivery of maternity care. We are currently a level two unit, which means we provide high dependency intensive care and are committed to continuing to deliver this service for the benefit of our patients and to continue to support capacity across the East of England Neonatal Network.

Recognising that Neonatology services are core for the Trust, we are prioritising:

- The full refurbishment of the Neonatal Intensive Care Unit to ensure that we are offering a fit for purpose service

PAEDIATRICS

The Trust's Paediatric service treated 9,952 patients in 2020/21 of which 2,462 were new patients and 7,490 were follow up patients.

In order to ensure that we offer a fair and equitable service, we must offer both acute general paediatrics as well as elective surgery.

Acute general paediatrics is a core service as the Trust currently provides a significant service to children within our catchment area and we have a clear responsibility to ensure that we have appropriate clinical services to meet the local need.

Alongside this we must also have the ability to treat acutely unwell children and as such, we must deliver surgical paediatric services on site. This service is a valuable one to the local community and provides a safeguarding provision for children at risk.

Recognising that Paediatric services are core to the Trust, we are prioritising:

- The simplification and improvement of pathways of urgent care to ensure that we have the capacity to meet the needs of our local population

TRANSITION CARE (PAEDIATRICS TO ADULTHOOD)

Transitional care is an ethos as opposed to a service and is core for the Trust as it supports patients in their transition from paediatric services to adulthood. Recognising this ethos ensures that holistic care is provided across all specialities to improve the pathways at a critical time in the life of young people with chronic illness.

GENERAL & EMERGENCY GYNAECOLOGY

The Trust's Gynaecology service treated 9,616 patients in 2020/21 of which 2,534 were new patients and 7,082 were follow-up patients.

The provision of General and Emergency Gynaecology services are intrinsically inter-linked and they are core for the Trust given the demographic of our local population and the demand for these services. Emergency Gynaecology also incorporates early obstetric emergencies (ectopic pregnancy) for which local service provision is essential. Alongside this, the provision of Urogynae services for the local population is well established.

Recognising that Gynaecology services are core to the Trust, we are prioritising:

- A planned move of the service to a dedicated outpatient facility which will provide capacity for the service to deliver a much-improved ambulatory service for women in early pregnancy and will also enable the implementation of a triage service for pregnant women

CARDIOLOGY

The Trust's Cardiology service treated 1,523 outpatients in 2020/21. The impact of COVID-19 on referrals has been significant. Prior to 2020/21 we have seen an average annual increase of referrals year on year, with an average of 3,692 referrals.

Cardiology is a core service for the Trust, recognising our local demographics and the needs of our patients. We work collaboratively with Papworth Hospital with the provision of core Cardiology services on site at the Trust and specialist surgery and more invasive interventions undertaken by our Consultants at Papworth.

We are committed to maintaining and developing our Cardiology services on site and in partnership with Papworth.

DIABETES & ENDOCRINOLOGY

The Trust's Diabetes and Endocrinology services treated 1,487 outpatients in 2020/21 of which 529 were new patients and 958 were follow up patients.

Diabetes is the medical specialty that deals with hormone and glandular disorders and underpins delivery of care for a range of medical and surgical specialties. The service covers a huge spectrum of disorders which can affect every system of the body and our team works closely with all clinical teams to ensure that patient's care is managed and treated effectively. Provision of a local service is essential and we are committed to working closely with primary and community care to ensure that we develop a collaborative model of service delivery.

Recognising that Diabetes and Endocrinology services are core to the Trust, we are prioritising:

- The development of a Primary Care Hub within West Norfolk and the vision to transfer all appropriate outpatient diabetes services to the Hub to enable delivery of care closer to our patients in partnership with key local stakeholders

GASTROENTEROLOGY

The Trust's Gastroenterology service treated 587 outpatients in 2020/21 of which 228 were new patients and 359 were follow up patients. The impact of COVID-19 on referrals has been significant. Prior to 2020/21 we routinely saw an average of 2,620 referrals.

The specialty of Gastroenterology and Hepatology cares for patients with both benign and malignant disorders of the gastrointestinal (GI) tract and liver and often includes investigations such as Endoscopy and Imaging. A local service is core for our patients and we are focusing on moving towards delivery of seamless case with the provision of a 'one stop shop' approach to treatment. We are committed to development of the service and a new Endoscopy Unit will be opened in 2022 to enable us to continue to provide excellent care for our patients in a Joint Advisory Group on GI Endoscopy (JAG) accredited environment.

In addition, Gastroenterologists also see patients with a variety of general medical problems and provide integral support to the wider medical and surgical services.

Recognising that Gastroenterology services are core to the Trust, we are prioritising:

- The development of the liver service as well as the existing Percutaneous Endoscopic Gastrostomy (PEG) service.
- Opening of the new Endoscopy Unit in 2022

INTEGRATED CARE FOR THE OLDER PERSON

The Trust's Integrated Care for the Older Person (ICOP) service treated 397 outpatients in 2020/21. We have seen an average annual increase of 7% referrals year on year for the last three years. The service supported 854 inpatients during 2020/21.

The percentage of the population in King's Lynn and West Norfolk who are aged 65+ has increased from 22% in 2008 to 25.8% in 2018 and is predicted to rise to 28.7% by 2028. The ICOP team work hard to maximize patients' function, minimise morbidity and prevent mortality, through expert medical diagnosis and multidisciplinary assessment with comprehensive clinically appropriate and evidence based multidisciplinary management. The service supports both inpatient and outpatient care and also provides rapid access frailty clinics and support for Falls, Bone Health and Comprehensive geriatric assessment. The service is augmented by a seven day Frailty on call service. Which provides advice and guidance to support patients in the community and prevents unnecessary hospital admissions.

We are seeking to become a centre of excellence in both Frailty and Stroke services and delivery of integrated care is essential for this.

Recognising that ICOP services are core to the Trust, we are prioritising:

- Further development of the model of in-reach into the ED and acute medicine floor to support inpatient care
- Continuation of the excellent frailty phone service seven days a week which provides support to GPs and community staff for the prompt management and resolution of any patient care issues to support admission avoidance and keeping patients in their own homes

STROKE MEDICINE

The Trust's Stroke service treated 589 stroke patients in total in 2020/21. We have seen an annual increase of 2% year on year for the last three years. The Trust is rated B for Stroke services by the Sentinel Stroke National Audit Programme (SSNAP).

The Trust provides expert specialist critical assessment, rapid imaging and the ability to deliver intravenous thrombolysis 24/7. The service is provided within a dedicated area on the stroke unit. In addition, our patients also receive access to a designated stroke rehabilitation service and social worker assessment if required.

We are seeking to become a centre of excellence in both Frailty and Stroke services and delivery of integrated care is essential for this.

Recognising that Stroke services are core to the Trust, we are prioritising:

- Continuing to work with system partners such as the Integrated Stroke Delivery Network (ISDN) and Getting it Right First Time (GIRFT)

RESPIRATORY MEDICINE

The Trust's Respiratory Medicine service treated 1,481 outpatients in 2020/21. Prior to 2020/21, we have seen an average annual increase of 1.5% referrals year on year since 2016/17.

Respiratory Medicine focuses on the diagnosis, treatment and continuing care of patients with a wide range of more than 30 respiratory and related conditions. Our services are provided on an inpatient and outpatient basis. The Trust has a dedicated respiratory ward and access to acute non-invasive ventilation (NIV). Bronchoscopies are carried out on site in the endoscopy unit and day surgery unit and the team has access to ultrasound for pleural procedures. Pleural investigations are carried out in one-stop pleural clinics as well as general chest clinics.

Recognising that Respiratory services are core to the Trust, we are prioritising:

- A workforce review In line with increasing demand pressures relating to post-COVID-19 respiratory issues along with increased cancer referrals, to ensure that there is sufficient skilled capacity to meet the needs of our patients

KEY SERVICES DELIVERED ON-SITE

These key services are also vital for our local population and are also required in high numbers. It is clear that they need to be delivered on-site or close by, within King's Lynn and West Norfolk.

However, though vital, these services are already, or could in future be provided in collaboration with partners across our ICS.

This may be because there is a move to bring some of these services out of large acute hospital sites and into the community, for example by developing community hubs for antenatal clinics.

Or it may be because of staffing challenges that have already made it difficult to provide some of these services in a standalone unit, for example infection prevention and control which is provided with the support of NNUH.

Finally, some services are already provided in partnership with other trusts in order to maintain specialist expertise, for example urology which is provided through a lead provider service by NNUH, and highly specialist oncology services which are provided by QEH staff who also work at CUH in order to maintain their specialist expertise

- Dermatology
- Rheumatology
- Pain
- Neurology
- Haematology
- Mental Health In-Reach
- Urology
- Ophthalmology
- Clinical Oncology
- Microbiology
- Ear, Nose and Throat
- Neurophysiology
- Medical Oncology
- End of Life Care
- Maternity Outpatients
- Interventional Radiology
- Nephrology
- Infection Prevention and Control
- Some Paediatric Subspecialities

KEY SERVICES DELIVERED ON-SITE

The following services will remain as key services for the Trust:

DERMATOLOGY

The Trust's Dermatology service treated 5,002 outpatients in 2020/21 of which 1,705 were new patients and 3,297 were follow up patients. Average annual referrals for the service are 5,194.

Dermatology provides services for patients with benign or malignant skin conditions. The service has a dedicated theatre with the support of nurse practitioners and a skin cancer nurse supporting both inpatients and outpatients. The department works closely with the plastics team from the NNUH and provides a seamless service for patients.

Recognising that Dermatology services are key for the Trust, we are prioritising:

- Strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population
- Developing collaborative relationships, pathways of care and sustainable workforce models with our local acute, community and primary care providers to ensure service sustainability
- Exploring opportunities to develop a model of care delivered from an offsite location within King's Lynn and West Norfolk

HAEMATOLOGY

The Trust's Haematology service treated 2,441 outpatients in 2020/21 of which 326 were new patients and 2,115 were follow up patients.

Haematology involves the diagnosis and treatment of patients who have disorders of the blood and bone marrow. Whilst a major part of a haematologist's time is spent in providing direct clinical care to patients, diagnostic work in the laboratory is also a significant part of their work. Any patients that need inpatient services are managed within a dedicated ward on site. Investigations and some treatments including venesections, blood transfusions, intravenous immunoglobulin and rituximab treatment can be given in the Macmillan day treatment care unit.

Recognising that Haematology services are key for the Trust, we are prioritising:

- Strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population
- Actively engaging in and developing the transformational work which is underway in relation to streamlining of pathways of care for patients with cancer

ONCOLOGY

The Trust's Oncology service treated 2,222 outpatients in 2020/21 of which 591 were new patients and 1,631 were follow up patients.

The Oncology team specialises in the treatment of solid malignancies. The Trust is able to provide systemic anticancer treatment (SACT) and supportive treatments (bisphosphonates and bloods transfusions.) The department of Oncology is an integral part of the department of Medicine and has close links with the Cancer Centre at CUH through alignment of senior Consultant posts. This arrangement allows patients to be seen at QEH for the majority of their pathway of care and to have radiotherapy treatment at CUH.

Recognising that Oncology services are key for the Trust, we are prioritising:

- Maintaining and strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population

NEPHROLOGY

The Trust's Nephrology service treated 165 outpatients in 2020/21 of which 22 were new patients and 133 were follow up patients

The Nephrology service is delivered in partnership with CUH. The on-site services provided include; renal transplant clinics, renal vasculitis clinics, low clearance clinics, general nephrology clinics, conservative clinics led by the renal specialist nurse under consultant supervision and patient education clinics led by the renal specialist nurse. Delivered in partnership with CUH, this service is key for our local population as it enables delivery of specialist renal treatment and care in a setting which is convenient for our local population.

Recognising that Nephrology services are key for the Trust, we are prioritising:

- Maintaining and strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population

[Key services delivered on-site continued]

NEUROLOGY

The Trust's Neurology service treated 2,114 outpatients in 2020/21 of which 623 were new patients and 1,491 were follow up patients. Prior to 2020/21 we have seen an annual increase of referrals of 1%.

The Neurology service provides a range of services for our local population including both inpatient and outpatient care. The majority of the workload is done in an outpatient setting and includes general neurology clinics, migraine and headache clinics, first fit clinics, epilepsy clinics, motor neurone disease clinics and Botulinum injections.

The services provided by the department are needed by our local population and are diverse and specialised in their nature. To this end work must be done to further explore the development of a collaborative relationship with local tertiary providers to ensure future workforce and service sustainability.

Recognising that Neurology services are key for the Trust, we are prioritising:

- Strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population

RHEUMATOLOGY

The Trust's Rheumatology service treated 1,624 outpatients in 2020/21 of which 407 were new patients and 1,217 were follow up patients. Prior to 2020/21 we have seen an annual increase of referrals of 1.4%.

The Trust's Rheumatology team is multi-disciplinary and provides an outpatient service for our local population which encompasses a range of services including; an early arthritis clinic and rehabilitation pathway of care, Spondylitis clinics, a multidisciplinary team annual review, injection clinics and outreach clinics at North Cambridgeshire Hospital and Fakenham Medical Centre.

The services provided by the department are needed by our local population and are diverse and specialised in their nature. To this end work must be done to further explore the development of a collaborative relationship with local tertiary providers to ensure future workforce and service sustainability.

Recognising that Rheumatology services are key for the Trust, we are prioritising:

- Strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population

MENTAL HEALTH IN-REACH

The core 24 Mental Health Liaison Team is an integrated service jointly delivered by NSFT and QEH. The service is commissioned and operates 24 hours a day, seven days a week, providing clinical mental health assessments and interventions to our ED, inpatient areas and outpatient clinics.

MICROBIOLOGY

This service is delivered on behalf of the Trust by the Eastern Pathology Alliance.
The priority is to continue to strengthen the service collaboration across the system to ensure that a timely and responsive service is delivered for our local population.

END OF LIFE CARE

The aim of the service is to provide compassionate end of life care to patients with appropriate timely discharge back to their preferred destination of choice or to remain in hospital. The service is multidisciplinary and, whilst led by the Trust, is delivered collaboratively with local partners.

INFECTION PREVENTION AND CONTROL

The Infection Prevention and Control Team (IPC) support the organisation through provision of expert advice, support, scrutiny, benchmarking and education covering all areas of infection control. The IPC team's knowledge and input supports the delivery of safe and effective care delivery. The service is currently delivered in partnership with NNUH and we are looking to continue with this arrangement to ensure workforce and service sustainability.

OPHTHALMOLOGY

The Trust's Ophthalmology service treated 16,345 outpatients in 2020/21 of which 4,657 were new patients and 11,688 were follow up patients. Prior to 20202/21 we have seen an annual average increase of 1.4% referrals year on year.

Recognising our local patient population and demographics, the Ophthalmology service is key for the Trust. Our patients require access to a full range of Ophthalmology services including inpatient and outpatient pathways of care. The Ophthalmology service at QEH provides assessment, diagnosis and treatment for eye and vision related conditions. Sub-specialty services include vitreo-retinal, medical retina, paediatrics, oculoplastic, glaucoma and cataracts. In addition, a 24-hour dedicated eye casualty service for patients requiring urgent ophthalmic assessment, diagnosis and treatment is provided.

[Key services delivered on-site continued]

[Ophthalmology continued]

Ophthalmology is both nationally and locally the busiest outpatient speciality, seeing nearly 10% of all outpatient appointments and performing 6% of the surgery in the UK.

The services provided by the department are needed by our local population and are diverse and specialised in their nature. To this end work must be done to further explore the development of a collaborative relationship with local tertiary providers to ensure future workforce and service sustainability

Recognising that Ophthalmology services are key for the Trust, we are prioritising:

- Strengthening relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population
- Opening a new West Norfolk Eye Centre in line with the Trust's strategic objective of modernising our estate to support the delivery of optimal care by Spring 2022
- Expansion of virtual diagnostics and remote consultations in line with best practice guidance
- Implementation of the GIRFT High Volume Low Complexity Cataract pathway

PAIN

The Trust's Pain service treated 1,205 outpatients in 2020/21 of which 340 were new patients and 865 were follow up patients. Prior to 2020/21 we have seen an average annual increase of 4% referrals year on year.

The team provides chronic and acute pain management including a comprehensive inpatient pain service and is a key service for the Trust. The Pain Clinic at QEH is the only pain clinic in the region that provides a service for children and young people over 10 years of age.

The services provided by the department are needed by our local population and are diverse and specialised in their nature. To this end work must be done to further explore the development of a collaborative relationship with local tertiary providers to ensure future workforce and service sustainability.

Recognising that Pain services are key for the Trust, we are prioritising:

- Relocation of the outpatient services to the new Emerson Unit to provide a dedicated environment for the service
- Development of a group multi-disciplinary Pain Management programme including patient education and therapy input to reduce waiting times and improve patient experience

UROLOGY

The Trust's Urology service treated 2,635 outpatients in 2020/21 of which 267 were new patients and 2,368 were follow up patients.

The Urology services at QEH are provided in collaboration with NNUH and JPUH via the Norfolk and Waveney Urology Service. Urology remains an essential service to be provided on site at QEH as the department provides care and treatment for Urological emergencies through SAU. The unit receives referrals from GPs as well as direct from ED. Complex elective procedures are undertaken at NNUH and routine elective procedures are undertaken on-site at QEH.

Recognising that Urology services are key for the Trust, we are prioritising:

- Relocation of the outpatient services to the new Emerson Unit to provide a dedicated environment for the service
- Continuing to strengthen the service collaboration across the Norfolk and Waveney Urology Service

EAR, NOSE AND THROAT (ENT)

The Trust's ENT service treated 6,678 outpatients in 2020/21 of which 2,337 were new patients and 4,341 were follow up patients.

Through system collaboration with NNUH, the ENT service provides elective and emergency services including diagnostic and cancer. Onward management of patients with cancer is achieved via the Trust's networked links with NNUH and CUH. ENT provides integrated care with Audiology, Maxillo-facial Surgery and the department of Speech and Language Therapy.

Recognising that ENT services are key for the Trust, we are prioritising:

- Continuing to collaborate with system partners to improve service delivery and experience of patients and staff
- Installation of appropriate ventilation within the outpatients department to provide a safe clinical environment to undertake aerosol generating procedures

MATERNITY OUTPATIENTS

These services are currently moving out to community midwifery hubs, but there will need to be a small service retained on site for those with the most complex needs. Midwifery hubs are an essential part of the national long-term plan that are required to deliver Continuity of Carer as the default model of care delivery.

Recognising that Maternity Outpatient services are key for the Trust, we are prioritising:

- The Trust currently runs three consultant clinics a week at Rowan Lodge, the plan will be for these to be replicated across the three midwifery hubs as they become operational. This will reduce the footfall into the outpatient area and allow growth to support the more specialised services such as maternal medicine in a hub a spoke model with NNUH
- The Trust runs Perinatal Mental Health (PNMH) Clinics collaboratively between Midwifery and Psychology in Maternity Outpatients and aims to hold these in our midwifery hubs alongside the midwifery led PNMH
- Support services for our most vulnerable families will be based in the hubs, led by our named midwife for safeguarding
- The infant feeding team will be running weekly drop-in feeding clinics and tongue tie assessments
- In line with the long-term plan, the Trust is developing a plan to work more collaboratively with smoking cessation colleagues, both Norfolk and Cambridgeshire based, and the ambition is to have concurrent antenatal and smoking cessation support clinics running in all hubs
- The Trust runs postdates clinics out of its community hubs, these offer a mixture of traditional and alternative therapies for people who are pregnant past their due dates. This clinic has won an award for innovation and has demonstrably good outcomes

SOME PAEDIATRIC SUB-SPECIALITIES

Elective paediatric surgery

The Trust's elective paediatric service treated 465 patients in 2020/21.

Aligned with delivery of core paediatric services, the delivery of elective paediatric surgery is key for the Trust and must be maintained in order to ensure that we continue to offer timely and patient-centred care for our paediatric patients.

Allergy

The Trust's paediatric allergy service treated 410 outpatients in 2020/21 of which 153 were new patients and 257 were follow up patients.

The Trust recognises that there is a clear need for allergy services to be delivered locally for our population.

Recognising that allergy services are key for the Trust, we are prioritising:

- Identification of suitable, safe clinical areas to enable an increase in capacity for these children alongside work to ensure that we have a sustainable workforce solution for the service

Diabetes

The Trust's paediatric diabetes service treated 853 outpatients in 2020/21 of which 216 were new patients and 637 were follow up patients. Prior to 2020/21 we have seen an annual increase in referrals of 12% year on year.

The Trust recognises that there is a clear need for paediatric diabetes services to be delivered locally for our population with an increasing incidence of diabetes in children and young people.

NEUROPHYSIOLOGY

The Trust's Neurophysiology service treated 1,752 patients in 2020/21.

The Neurophysiology Department performs investigations to aid the diagnosis and monitoring of adult and paediatric central and peripheral nervous system disorders and muscle diseases, particularly epilepsy, nerve entrapment and peripheral neuropathy. Neurophysiology is a key service supporting a range of specialties across the Trust.

Recognising that Neurophysiology services are key for the Trust, we are prioritising:

- Undertaking a detailed review of the workforce establishment and skill mix to ensure that we have a sustainable workforce and service model

INTERVENTIONAL RADIOLOGY

The Trust's Interventional Radiology service delivers image-guided procedures to diagnose and treat a range of conditions. Common procedures include the insertion of specialist vascular access lines for oncology and other patients, the insertion of some stents, drains and feeding tubes as well as various scans requiring specific contrast injections. Interventional radiologists also use ultrasound or CT to guide joint injections and perform image guided biopsies to help diagnose cancers and other conditions. Interventional Radiology services are needed by our local population, frequently on an inpatient basis. These are diverse and specialised in their nature and so a collaborative relationship with local tertiary providers may be necessary to ensure future workforce and service sustainability.

Maintaining and strengthening relationships with tertiary providers is necessary to ensure that we continue to deliver a robust service for our local population.

OTHER SERVICES

Finally, as a rural District General Hospital, there will always be some services which we cannot provide on-site. These are largely specialist services which must still be available for our patients.

They might not now, or in the future, be delivered on our site for multiple reasons. It may be because they require a minimum volume to maintain optimal outcomes, for example neurosurgery which we know has better outcomes when performed in high volumes at a smaller number of specialist centres. Or it may be because they need highly specialist staff or equipment to provide them which we do not have at QEH.

Some of these are services which we currently do provide on-site.

Ideally, we would like to retain all of these services, but where they are vulnerable for any of these reasons, or where we cannot provide them here, we need to make sure that formalised pathways of care are in place to ensure that our patients retain equity of access for these services.

Orthodontics, maxillo-facial surgery and oral health

Oral health and Orthodontics are single led services while maxillo-facial surgery is provided by a visiting surgeon from NNUH. The department provides services for both adult and paediatric including cancer diagnosis. Cancer treatment is provided by NNUH. QEH provides training and supervision to dental core trainees.

Planned service priorities:

- To strengthen relationships with tertiary providers to ensure that we continue to deliver a robust service for our local population
- Installation of appropriate ventilation within the outpatients department to provide a safe clinical environment to undertake aerosol generating procedures

Spinal and some complex orthopaedics

This service is already provided in partnership with NNUH. Complex cases are treated in NNUH.

Planned service priorities:

- To retain and strengthen links with NNUH

Plastic surgery

Plastic surgery is an integrated service with Dermatology. The service is provided by visiting surgeons from NNUH. They support the skin cancer treatment and management.

Planned service priorities:

- To retain and strengthen links with NNUH

Thoracic surgery

A visiting consultant attends clinics on site at QEH with surgery being undertaken at NNUH.

Planned service priorities:

- To retain and strengthen links with NNUH

Vascular surgery

This service is already provided by visiting consultants from NNUH and CUH due to the specialist nature of these procedures.

Planned service priorities:

- To retain and strengthen links with NNUH

Gynae-oncology and some endometriosis surgery

The provision of Gynae cancer diagnostic and treatment services are critical to women in the local area. Certain stages of endometriosis are treated at QEH. The provision of commissioned services locally enables women undergoing cancer treatment to be treated closer to home and relieves the pressure on the tertiary services who provide Stage 4 endometriosis treatment.

Other paediatric sub-specialities

Paediatric oncology, endocrinology, cardiology, cystic fibrosis, neurology and nephrology are all currently provided as part of shared care agreements with the regional networks for the sub-specialities. A number of these sub-specialities provide outreach clinics to support the local paediatric population.

Complex Interventional Radiology

Radiology is a core service however, Interventional Radiology includes some highly specialist work requiring specialist expertise and equipment for example for stoke thrombolysis conducted in tertiary centres.

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