

Appendix 10

Future Model of care

The following table outlines the future provision of services

Specialty	KTC	WRH	ALX
Emergency Care	Minor Injuries Unit for adults and children	<p>Full A&E Services including a full range of Diagnostic and Clinical Support Services. Access to Emergency Surgery, Inpatient beds for Paediatric presentations and, Obstetrics, Neonatal and Gynaecological services.</p> <p>Adult majors</p> <p>Paediatric majors from countywide*</p> <p>Adult minors</p> <p>Paediatric minors</p> <p>*KIDS retrieval team for critically ill children</p>	<p>Adult Only ED with Urgent Care Centre (UCC) for Adults and Children; supported by a full range of diagnostic and clinical support services; Critical Care, ED Consultant workforce and, Advanced Paediatric Life Support trained staff</p> <p>** Access to Paediatric inpatient beds is via transfer for the sickest patients. Transfers will be undertaken by WMAS or, KIDS retrieval teams from Birmingham Children's Hospital. Dependent on the age and/or level of illness as presented</p> <p>***A small number of undifferentiated #NoF patients will require secondary transfer by WMAS for surgery. Where a patient is deemed unsuitable for transfer they will be added to a local theatre list in priority</p>

			<p>order.</p> <p>Adult majors</p> <p>Adult minors</p> <p>UCC for adults and children available 24/7</p>
Emergency Gynaecology	NA	<p>All Emergency presentations conveyed by WMAS will be directed to WRH for their care.</p> <p>Gynaecological services will be centralised to the WRH site</p> <p>GP referrals to GAU</p> <p>OPA and elective services</p>	<p>Self-Presentations to the AH ED will be managed accordingly and or discharged home. Where inpatient stays are required, WMAS will transfer to the inpatient facility at WRH.</p> <p>**Where an unstable patient is not suitable for transfer a Gynaecological outreach team will be mobilised to attend the AH site.</p> <p>Emergencies transferred to WRH GAU directly to following diagnosis ** where surgery is required an on-call consultant may be required to go to AH if</p>

			the patient is not fit for transfer by WMAS (i.e. ruptured ectopic pregnancy / major PV bleed)
Paediatrics		<p>Emergencies: GP, ambulance and walk-in</p> <p>**BCH/KIDS retrieval team</p> <p>GP referrals to PAU (24/7) and inpatient beds</p> <p>OPA and elective services</p>	<p>Emergencies directly admitted to WRH by ambulance or GP:</p> <p>*Self-presentations to ED transferred to WRH</p> <p>** BCH/KIDS retrieval team</p> <p>GP referrals to PAU at WRH, or to UCC or OPA</p> <p>OPA and elective services(Consultants in OPA able to discuss and receive 'hot slot and ambulatory' referrals from GPs/ED/UCC)</p>
<p>Emergency Paediatrics: The original proposal for paediatrics placed a Paediatric Assessment unit at AH; separate from A&E and which would accept GP and community referrals. The PAU model for AH is inappropriate in terms of quality, safety, and sustainability – see Appendix 15. The resulting model for emergency Paediatric presentations integrates with this emergency care proposal (the full output of the Paediatric Task & Finish Group can be found at appendix), it describes:</p> <p>An Urgent Care Centre (UCC) co-located within an adult only ED at AH that will provide a single point</p>			

of access and triage; provide access (24/7) to varying pathways of appropriate care i.e. GP/Primary Care, Community, or Hospital and specialist treatment accessed as both outpatient, or inpatient; access to full diagnostic facilities; immediate resuscitation facilities with on-site expertise in critical care and anaesthesia, and the benefit of shared governance arrangements.

The UCC model will be essential to support an enhanced paediatric model; the UCC workforce will require the appropriate skills to treat children, including resuscitation support for the sickest presentation. Staff will require Advanced Paediatric Life Support (APLS) skills, and it is confirmed that a resident on-call anaesthetist will be available on site at the AH 24/7. The role of the UCC within the emergency care network will be to deal with less serious illness and this will be publicly communicated. However in the unexpected event that a very sick child is brought to the UCC as the 'closest place of safety' by parents, or if there is sudden deterioration, Emergency Care doctors will be available to provide immediate care, supported by APLS trained staff and resident on-call anaesthetist, with telephone advice available from consultant paediatricians at WRH (A resuscitation policy is already in place and outlines the current procedure for this cohort of patients that could present at the MIU at KHTC, it is assumed that this document will be reviewed and updated to consider and outline the provision of care available at AH post reconfiguration). Once stabilised the patient will be transferred to the most appropriate inpatient service for their needs i.e. children under the age of 5 years requiring specialist treatment will be conveyed to Birmingham Children's Hospital (BCH) by KIDS retrieval teams; West Midlands Ambulance Service NHS Foundation Trust (WMAS) will provide secondary transfer to WRH; this may include a specialist team. All secondary transfers will be effected within 1hr of notification.

Obstetrics		<p>Emergencies from countywide: GP, ambulance and walk in</p> <p>Planned admissions to Obstetric unit</p> <p>OPA and elective services</p>	<p>Emergencies: directly to or transferred to WRH</p> <p>Planned OPA and elective services</p> <p>Potential for a midwife-led birth centre in the north of the county. Will be consulted upon as part of the final model</p>
Acute Medicine		Acute medical	Acute medical undifferentiated take

		<p>undifferentiated take</p> <p>Acute GI bleed</p> <p>Acute stroke</p> <p>Acute myocardial infarction</p>	<p>except MI/stroke GI bleed*</p> <p>*GI bleed pathways currently in development and may be single or dual site</p>
Surgery		<p>Emergencies: GP, ambulance and walk in</p> <p>GP admissions to IP beds</p> <p>OPA, elective services and rehab</p>	<p>Emergencies: directly to WRH or transferred. All IP beds at WRH</p> <p>GP referrals to ambulatory clinics</p> <p>IP reviewed by consultants during transition and 24/7 MG ultimately</p> <p>OPA, elective services and rehab</p> <p>**Rare occurrences will be dealt with appropriately based on clinical need and the acute surgical team will travel to the patient</p>

<p>Trauma & Orthopaedics</p>		<p>Emergencies: GP, ambulance and walk in</p> <p>#NoF Sx at WRH site</p> <p>OPA, elective services and rehab</p>	<p>Emergencies: GP, ambulance and walk in</p> <p>#NoF Sx transferred to WRH (transition over 3 years)</p> <p>Majority elective Sx at AHR</p> <p>OPA, elective services and rehab</p> <p>**Countywide Consultant rota (1st and 2nd OC system potentially), countywide middle grade, site based FY Doctor</p>
<p>Critical Care and Anaesthetics</p>		<p>ITU and Maternity</p> <p>ST3 resident and Consultant OC</p> <p>7/7 Critical Care outreach team</p> <p>HDU</p>	<p>ITU</p> <p>ST3 resident and Consultant OC</p> <p>7/7 Critical Care outreach team</p> <p>HDU</p> <p>Anaesthetics: theatre</p>

		<p>Anaesthetics: theatre</p> <p>**Where interhospital transfer support is required the OC Consultant will come in to enable the transfer to take place</p>	<p>**Where interhospital transfer support is required the OC Consultant will come in to enable the transfer to take place</p>
Clinical Support Services		<p>Radiology</p> <p>Pathology</p> <p>Pharmacy</p> <p>**Currently 24/7</p>	<p>Radiology</p> <p>Pathology</p> <p>Pharmacy (On-Call OOH)</p> <p>**Currently 24/7 unless otherwise stated</p>
<p>Gynaecology</p> <p>**OP also available at Bromsgrove / Tenbury / Malvern, and Evesham</p> <p>***Low Risk Day Case activity at Evesham</p>	<p>OP: including – colposcopy / urodynamics / oncology / infertility and diagnostic testing, steralisation and endometrial ablation / DC / Diagnostics / Short Stay</p> <p>Early Pregnancy Assessment Unit (Monday-Friday xx)</p>	<p>OP including – colposcopy / urodynamics / oncology / infertility and diagnostic testing / Emergency Gynae / Diagnostics / full in-patient service</p> <p>Early Pregnancy Assessment Unit and Gynae Assessment</p>	<p>OP including – colposcopy / urodynamics / oncology / infertility and diagnostic testing / DC / Diagnostics / Short Stay / Low Risk elective activity</p> <p>Early Pregnancy Assessment Unit and Gynae Assessment</p>

		Unit (24/7)	Unit (Monday – Friday xx)
Paediatric Surgery	OP / DC (Over 2 years of age only)	OP / IP / DC / Short Stay (Over 2 years of age only)	-
Maternity Care			
Midwife Led Antenatal Care	OP Antenatal Clinics (Mon-Fri)	OP Antenatal Clinics (Mon-Sat)	OP Antenatal Clinics (Mon-Sat)
Consultant Led Antenatal Care	OP Antenatal Clinics (Mon-Fri)	OP Antenatal Clinics (Mon-Fri)	OP Antenatal Clinics (Mon-Fri)
Community Midwifery Services	Antenatal and Postnatal services at home / GP / Children’s Centres / Health Centres (7 days per week)	Antenatal and Postnatal services at home / GP / Children’s Centres / Health Centres (7 days per week)	Antenatal and Postnatal services at home / GP / Children’s Centres / Health Centres (7 days per week)
Day Assessment Unit	Midwife Led (3 days per week)	Midwife Led (7 days per week)	Midwife Led (7 days per week)
Intrapartum care		Along-side Birth Centre Consultant Led Delivery Suite (operational 24/7)	Potential midwife-led birth centre in the north of the county to be consulted on as part of the reconfiguration

Inpatient Antenatal / Postnatal Wards		In patient Wards (operation 24/7)	
Home Birth Service	Woman's Home (Operational 24/7)	Woman's Home (Operational 24/7)	Woman's Home (Operational 24/7)
Neonatal Care			
Consultant Led Clinics	OP Clinics (Mon-Thu)	OP Clinics (Mon-Fri)	OP Clinics (Mon-Fri)
Neonatal Intensive Care (Level 2)		Level 2 Intensive Neonatal, HDU, and Special Care (Operational 24/7)	
Transitional Care		Enhanced care for babies during the postnatal period (Operational 24/7)	
Outreach Neonatal Care	Home visits for families (Mon-Fri)	Home visits for families (Mon-Fri)	Home visits for families (Mon-Fri)
Paediatric Care			
Outpatient Clinics	OP Clinics (Mon-Thu)	OP Clinics (Mon-Fri)	OP Clinics (Mon-Fri)
Paediatric Assessment Unit		Consultant Led (7 days per week)	

In Patient Ward		In patient ward (Operational 24/7) Dedicated Operating Lists	
Paediatric Day Case Surgery	Dedicated Operating List (Wednesday)	Dedicated Operating Lists	

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