



Blackpool Teaching Hospitals **NHS**
NHS Foundation Trust

Moving forwards

Future pathways and strategy

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People Centred

Positive

Compassion

Excellence



Strategic objectives...

- To provide an **holistic model of care, with treatment undertaken in community settings wherever possible.**
- To **prevent unnecessary emergency admissions to hospital through delivery of new service models** that provide enhanced support in community settings and integrated care for the most needy and frail patients.
- To provide **safe, high quality and patient-centred care**, using evidence-based pathways to deliver standardised approaches to care with positive outcomes.
- To be **financially viable**, managing services within available resources, allowing us to invest in our future.
- To support and develop a **skilled, motivated and flexible workforce** that is able to innovate in the development of our services.



Key areas of focus within our strategic plans...

- Frail elderly & those with multiple & complex health / social needs
 - Development of new models of care that are aligned with the NHS Five Year Forward View, published October 2014
- Urgent & emergency care services
 - Streamlined access to services in the most appropriate environment
- Community-based services
 - Increased number of services in community settings centred around neighbourhood models of care
- Planned care
 - Partnership working to ensure safe, sustainable services for the Fylde Coast



Frail elderly & those with multiple, complex health and social care needs

- A move away from fragmented, reactive, hospital-based services towards continuous, proactive, community-centred care
- Joined-up approach to the management of patients' needs, centred around a shared care plan – acute, community, mental health, social care.

Extensivist model of care (Fylde Coast)

- Patients aged 60+, with 2 or more long term conditions, at high risk of unplanned admission
- Coordination of disease specific care programmes and general intervention programmes (from existing service provision such as community heart failure services or End of Life care)
- Care provided at locations that are matched to the needs of the individual and cohort of patients (e.g. domiciliary visits, primary care centres, care homes)

Enhanced primary care / neighbourhood models

- Improved coordination of primary care activity linked to neighbourhoods
- Trust will provide community health service support to the enhanced primary care service, with teams linked to each neighbourhood and tailored to the population's specific needs



Urgent and emergency care

- Access to the most appropriate care in the right environment. This will be in a number of settings across the region, maintaining Emergency Department provision at BVH
- Streamlining of patients through emergency care
- Creation of single Clinical Decision Unit
- Creation of Frail Elderly Unit (linked to extensivist model of care)
- Named clinician responsible for overall care and treatment



Community-based services

- Alignment of community services to primary care neighbourhoods
- 'Virtual ward' models of care
- Increased use of telehealth solutions
- Expansion of support to residential homes, supporting patients across five key areas – falls, end of life care, improved swallowing and nutrition, pressure ulcer prevention and urinary tract infections
- Expansion of other 'alternatives to hospital', including the community IV therapy service and Rapid Response Team
- Partnership working across the Head Start and Better Start programmes in Blackpool



Planned care

- Admission to the acute hospital only when acute care is necessary
- Standardised care pathways will be used across the diagnostic, treatment, recovery and rehabilitation stages of patient care
- Ambulatory care centres
- Early supported discharge
- Outpatient activity for long term conditions in community-based settings (linked to the extensivist model of care)
- Development of a complex pregnancy suite
- Partnership working across Lancashire to develop shared service models, particularly in those clinical services that are specialist in nature or treat small numbers of patients. By sharing clinical expertise, we can improve clinical outcomes and recruit the right number of doctors and nurses.



Provision of safe, high quality care

- Learning from our CQC inspection in 2014
- Ensuring appropriate levels of clinical staffing
- Continued use of care pathways, focusing on conditions with higher than expected mortality and/or linked to meeting our quality standards
- Incident reporting and learning from incidents
- Quality of record keeping and access to information in patient records, including the introduction of electronic patient records to deliver seamless information flows across acute and community services, and onward into primary, social and mental health care
- Enhanced processes for service users to share their experiences with the Trust



Questions?