





Improving health

- Routes to quit secondary care smoking cessation programme
- Earlier diagnosis of cancer new focus on GI cancers with DH support
- Action on alcohol screening, brief advice, alcohol liaison nurses
- Rapid response suicide prevention service
- Fresh and Balance synergies through hosting regional agencies





Care closer to home...

- Children
- Urgent care/A&E
- Long term conditions
- Surgery
- Older people and adults
- End of life





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- Whole system model
- One point
- Poorly child pathway
- Front of house
- Centre of excellence
- Partnership with Newcastle



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- Readmission
 avoidance
- CREST
- Rapid access medical assessment

Sustaining core services in each hospital

DMH/UHND

- Accident & Emergency
- Critical care
- Emergency surgery
- General surgery
- Orthopaedics
- Maternity
- Children
- Colorectal surgery
- Endoscopy
- Anaesthetics

Challenges/ Future developments:

- Interdependence of hospitals : quality finance and critical mass
- Focussing complex and emergency care at DMH/UHND
- Trauma units at DMH and UHND
- Maternity & Paediatric services review
- Changes in the wider health economy
- Strategic partnerships with Newcastle hospitals/other local FTs

Creating specialist centres of excellence

Context:

- Hub and spoke across County Durham & Darlington
- Local access to diagnostic & outpatient services
- Patients move between sites for specialist services
- Inter hospital transport
- Flexible deployment of specialist staff

Centred at DMH:

- Upper limb surgery
- ENT
- Bariatric surgery
- Upper Gastro Intestinal Surgery

Centred at UHND:

- Revision orthopaedic surgery
- Vascular Surgery
- Hyper acute stroke

Centred at BAGH:

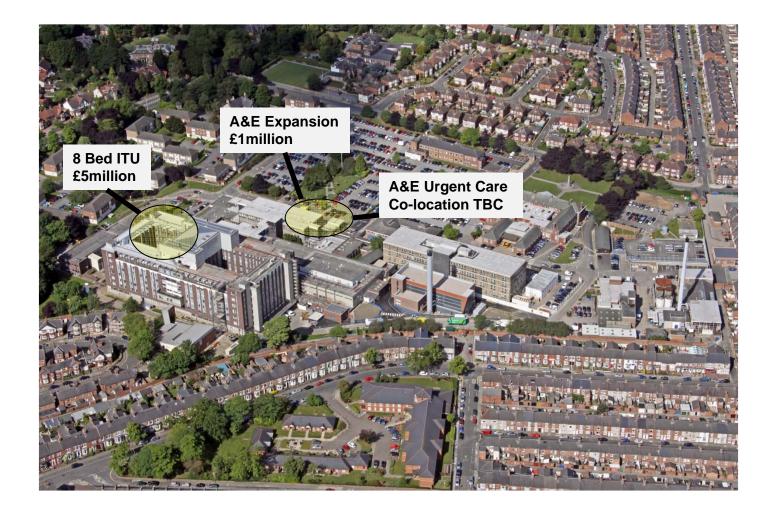
- Ophthalmology
- Hip and Knee orthopaedic surgery
- Stroke Rehabilitation
- Bowel screening



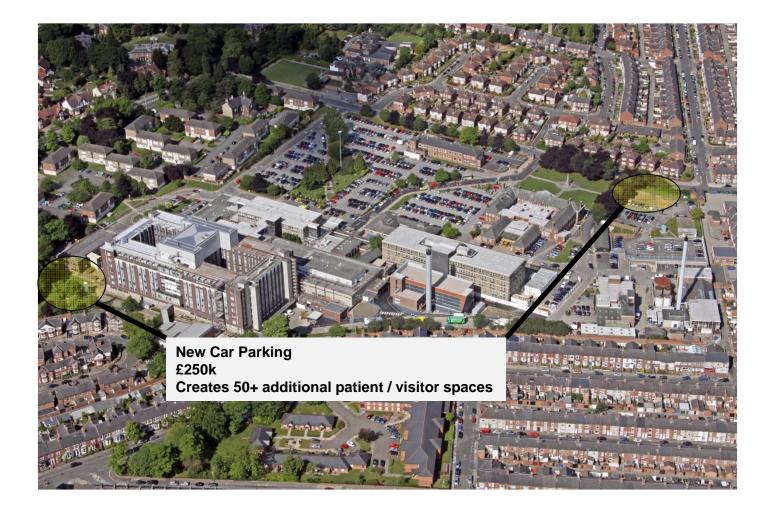
















- £6.5 million investment over 3 years
 - Window replacement
 - Re-roofing
 - Fire Alarm system
 - Environmental improvements
 - Engineering improvements





Next steps

- Working with commissioners
- Completing the detailed picture
- Sharing with OSCs and HWBs
- Sharing with our communities





Stroke implementation

The Trust expects to make rapid improvements to its performance against national quality standards including:

- Rapid access to a specialist opinion
- Direct admission to the stroke unit, bypassing A&E
- 24/7 access to "clot-busting" thrombolysis treatment
- 7 day a week TIA (transient ischaemic attack) "ministroke" clinics

Progress will be subject to monthly review, prior to a full implementation review in June. Review outcomes will be shared with commissioners and scrutiny committees.



Stroke implementation

Date	Milestone
19/12	Stroke admissions to DMH cease at 9am
19/12	From 9am, all stroke admissions directed to UHND
19/12 - 23/12	Previously admitted stroke patients at DMH transfer to Bishop Auckland for rehabilitation or are discharged, as appropriate
23/12	DMH patients on stroke pathway who remain medically unwell transfer to UHND
24/12	Current DMH workforce moves to UHND to create single team
Monthly	Progress review