

Opening of a new Clinical Services Hub for Luton & Dunstable Hospital in Arndale House

Update to Central Bedfordshire HOSC 4th June 2018

1. Purpose of the paper

The purpose of this paper is to provide Members of Central Bedfordshire Health Overview and Scrutiny Committee with an update of the work we have undertaken to address concerns on phlebotomy services at the L&D site and the move to Arndale House.

The paper seeks to outline the work we have undertaken to involve local communities to date, and the work we are doing to bring services closer to home in Dunstable in the short term.

2. Overview of development

Luton & Dunstable Hospital is opening new premises in the Arndale House building, which is located within The Mall, Luton. The Hospital, Luton Clinical Commissioning Group and Luton Borough Council are all leasing space at Arndale House, and as well as the hospitals' clinical hub on the first floor of the premises, Adult Learning Disability services are to be located within the facility.

The hospital has invested £1.8m into provision of purpose designed clinical facilities totalling 13,000 square metres at Arndale House, which will be open to patients from 4th June 2018. The development involves relocation of the following services from the main L&D site to Arndale House:

- Luton Sexual Health Service (LSHS) which is a local authority commissioned service
- GP Phlebotomy services and routine blood testing for patients on anticoagulation therapy
- Outpatient Dermatology services.

Around 80 Hospital staff in total will move to Arndale House including consultants, nurses, health support workers, admin teams, clerical teams and other support staff.

3. Why do we need to change?

The development of off-site premises for services which do not have a clinical requirement to be co-located on the main hospital campus is a key enabler for delivering sustainable secondary care services, one of the five Bedfordshire, Luton & Milton Keynes (BLMK) integrated care system's strategic priorities.¹ The existing accommodation for these services on the hospital site is poor, and problems with poor access and overcrowding on the hospital site are well understood as a local priority. It is imperative that services that do not need to be located on the acute site are provided from alternative facilities to ensure that we can continue to deliver safe and effective acute and specialist care to patients when they need it.

¹ For more information regarding the priorities for health and social care as developed by BLMK ICS, previously the STP, see <http://www.blmkstp.co.uk/> In 2016, the STP published its five year strategy to deliver the NHS 'Five-year forward view' for health services. The STP comprises twelve local NHS organisations and four local authorities in Bedfordshire, Luton and Milton Keynes who are working together to develop plans to deliver the vision for local services.

Dermatology and GP phlebotomy services have long been identified as not requiring co-location with other core hospital facilities and various options have been reviewed over the last ten years for re-providing these facilities in a number of locations, which have not progressed beyond the planning stages as they have either been found to be unaffordable or not to offer sufficiently good access for service users. GP phlebotomy services should be provided in GP practices rather than by acute hospitals and this has always been the stated commissioning intention of Bedfordshire CCG but the provision by GPs in South Bedfordshire remains poor.

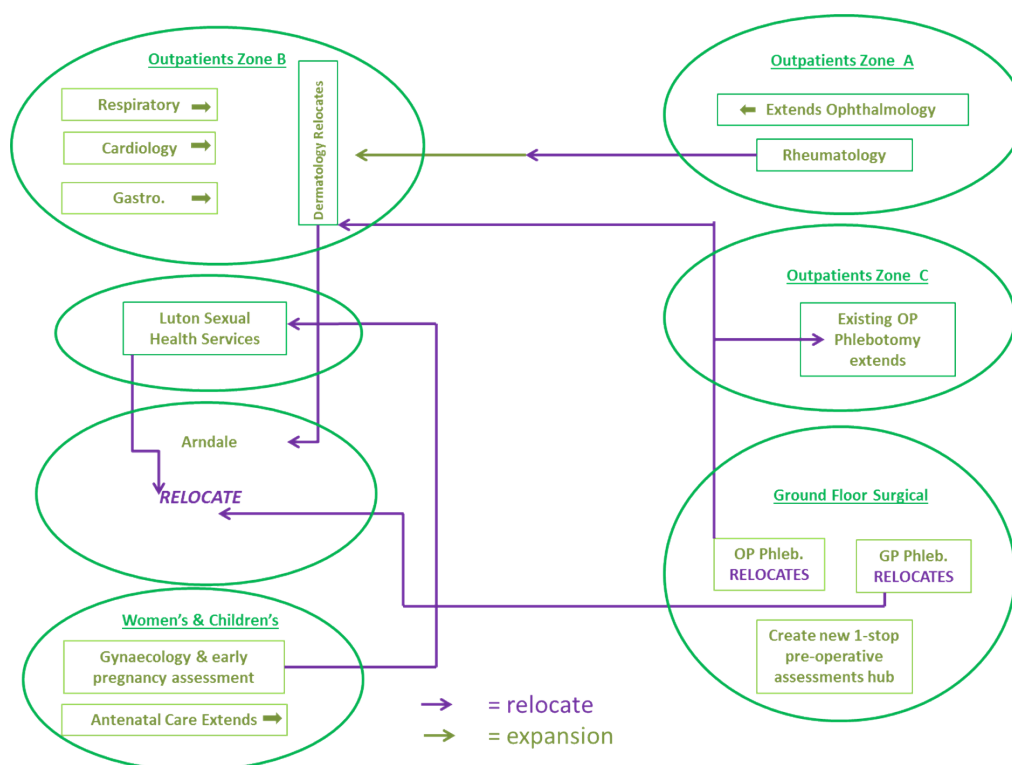
Whilst the Hospital recognises that this move will impact on residents in South Bedfordshire, the benefits will bring improvements to the clinical care delivered by the Trust.

The total distance from the hospital is 3.8 miles, with very good public transport provision (Arndale House is situated immediately adjacent to bus stops in Silver Street, and less than 500m from the Luton Station Interchange). The car parking provision for The Mall is very good, and available at a lower hourly cost than hospital parking. Whilst it is recognised that some patients will need to travel further to access services from Arndale House, the improvement in service provision and the improved transport links mean that overall this is a better and more accessible service.

4. Clinical Benefits: The Case for Change

The experience of our patients is the driving force behind this change and there are a number of clinical benefits, which will arise, not just from the delivery of an excellent standard of purpose-designed accommodation for the relocating services, but in the safety and clinical quality concerns that are being addressed for services on the main hospital site that will utilise the released space.

The schematic below shows the inter-related moves of services between outpatient zones:



The following section explains the patient and clinical benefits associated with the Arndale House Development

4.1 Physical Access

The hospital and CCG receive regular negative feedback from patients around the car parking provision and physical access to the hospital site on Lewsey Road. Car parking at certain times of day is very challenging, and the hospital receives numerous complaints around the cost of parking, especially for those patients who need to visit regularly. Although accessible by bus, the journey to the hospital by public transport is not straightforward for residents in some parts of our catchment area.

Relocation of high volume services such as phlebotomy and dermatology to Arndale House has two benefits. It relieves pressure on the Lewsey Road car parks for the services on the main hospital site improving experience, and it dramatically improves ease of access for patients using the new facility.

The parking charges at Arndale House as compared to the hospital are shown in the following table:

Duration of stay	The Mall	L&D Hospital
0-2 hours	£1.50	£3
2-3 hours	£2.00	£4
3-4 hours	£3.00	£6
4-5 hours	£4.00	£6
Over 5 hours	£4.00	£8 - £20
Thursday after 5pm	Free	Normal tariff applies
All other evenings 6pm – 10pm	£1.00	
Sundays and Bank Holidays Up to 3 hours Over 3 hours normal tariff applies	£1	

At Arndale House, parking availability is good throughout the day Mon – Fri and bus services are regular throughout the week.

It is recognised that for some patients living to the West of the hospital this will extend the travel distance and hence the time taken to get to the service. It is anticipated that by offering patients the option to pre-book an appointment, and hence offer a much streamlined service, the overall time burden will still be less, as currently patients often wait in excess of one hour on arrival to the hospital phlebotomy department.

4.2 Waiting times and standard of accommodation in phlebotomy department

The current GP and anticoagulation phlebotomy provision is on the ground floor of the Surgical Block at the main hospital site. The accommodation is dated, cramped and with insufficient waiting space for the very high volumes of patients arriving for blood tests. The existing model is entirely open access drop-in, which results in long patient queues, and waiting times that are often in excess of an hour as many patients try to arrive early in order to be able to find parking. An appointment model to try and spread workload will not be possible in the existing location, as patients will

understandably not be willing to accept appointments at times of the day when they know parking is at its most challenging.

The facilities at Arndale House are purpose designed and offer a much more comfortable environment for patients. The introduction of a range of access options for patients will support different patient's preferences, and the waiting times will be carefully monitored with data published to help patients access the service at the times that most suit their needs (see section 3.1 below for further information on opening hours). The ratio of pre-book to walk in slots will be flexed according to demand and there is recognition that this will evolve as patients get used to the new service and find ways to use it that are convenient for them.

4.3 Delivery of tele-dermatology and improvements to waiting times in dermatology including reduction of agency medical expenditure

Dermatology outpatients are currently provided within outpatients Zone B at the Lewsey Road site. The service has grown significantly over the last five years, but there is no further expansion option available within its current location.

Consultant Dermatologists are a national shortage specialty, with many Consultants only working part time. Over the last two years, the hospital has had to use an increasing level of agency doctors to support the core services. In financial year 2017/18, the financial spend on agency Dermatology Doctors was in excess of £0.5m. Increasingly the trend for specialist services is to adopt a model where Consultant Dermatologists supervise the work of several specialist nurses and doctors working in a clinic, which allows optimal use of Consultant time. This ensures that those patients who need the most senior input can receive it, whilst keeping waiting times short for all patients. This model requires space to deliver it though, and it has not been possible to develop this any further in the current service location. The move to Arndale House will support recruitment into vacancies by providing a better working environment. Additional space will facilitate an increasingly supervision-based model, providing opportunity to reduce the overall hours of Consultant time required to deliver the service safely, and hence limit the spend on agency doctors, improving service stability, continuity of care for patients and enhancing patient experience.

As part of the service development, Dermatology will also be piloting an innovative tele-dermatology service that will facilitate faster specialist dermatological assessment for both inpatients and outpatients. The proposed intermediate tele-dermatology service will enable appropriate triaging of patients, but may also replace some face to face consultations with the dermatology specialist where appropriate. The aim is to also provide high quality feedback to the referring doctor, thus contributing to education and training.

4.4 Provision of facilities appropriate for children within the dermatology service

One of the serious limitations of the hospital location for dermatology clinics is the lack of appropriate clinic facilities for children. Children are high users of dermatology services compared to other hospital outpatient services. The dermatology team have historically managed the pathway as best as possible to ensure that children are not avoidably mixed with adult service users, but undersized rooms make family access challenging, and there is no child appropriate waiting space in zone b. Larger clinic rooms, dedicated waiting space and targeted clinical sessions for children will significantly improve the patient experience and help compliance with national guidance for separation of child and adult services.

4.5 Safety concerns in the eye clinic

One of the services that will be able to extend into vacated space is the eye clinic (ophthalmology services). Treatment volumes for patients with age related macular degeneration (AMD) have increased exponentially in recent years since the NICE approval of sight-saving drugs that require a course of intravitreal injections. Two serious incidents have occurred in the eye clinic in administering these injections, and the root-cause analysis has identified overcrowding and lack of well-designed clinic flow as significant contributory factors. It is imperative that additional space is provided urgently for the eye clinic, which requires extension into an adjacent clinical area. This requires relocation or closure of another service. Rheumatology rooms have been identified as the best solution available, and the relocation of rheumatology to the vacated zone b space following the dermatology move is on the critical path for this improvement.

4.6 Separation of early pregnancy pathway from obstetrics services and reduction of overcrowding in antenatal and gynaecology clinics

One of the key quality concerns highlighted by staff, service users and the Care Quality Commission (CQC) is the current co-location of antenatal (maternity) services with gynaecology services. This includes the early pregnancy assessment service for women who are experiencing complications such as bleeding early in pregnancy and services for women with recurrent miscarriage. Whilst every endeavour is made by staff to separate women who may be accessing emergency gynaecology services from women in late pregnancy, the waiting facilities are shared, and there is insufficient space to be able to adequately support families who may be coping with news of a failed pregnancy. The LSHS move to Arndale House frees the space to geographically separate gynaecology services from ante-natal clinics, offering a much more supportive environment and avoiding the additional distress caused to patients currently receiving bad news in the middle of a maternity clinic. The move provides counselling space which is vital not just in support of patients who may be receiving bad news, but also to support clinical staff in the safeguarding of vulnerable women and children.

4.7 Development of a one-stop pre-assessment service

One of the most significant benefits of the move of services to Arndale House is that the Hospital will be able to introduce a new one-stop pre-assessment service to residents in Luton and Bedfordshire. Very few hospitals offer such a service for the full range of surgical specialties, and the proposed model takes existing best practice from elsewhere and delivers it at scale and with further improvements.

Currently patients who have been told in clinic that they need planned surgery are told to wait to be contacted to come in for a surgical pre-operative assessment. This is the assessment of anaesthetic risk, and determines whether surgery will be able to go ahead. At present, the model is that patients are given a date for their surgery, and a pre-operative assessment clinic appointment is booked for them a few weeks ahead of that date. This can result in a patient waiting for some weeks or months anticipating their surgery, only for them then to find out at the point of the pre-operative assessment that the surgery cannot go ahead. Examples of this are where a heart condition is identified that the patient and surgeon were unaware of at the time of planning a procedure. Late pre-assessment can result in multiple moves of a patient's planned surgery date when a problem is identified that requires treatment, for example finding that a patient has an MRSA infection that needs a course of antibiotics to minimise the risk of surgery.

The pre-assessment team are ready to move to a model of one-stop pre-assessment, which means that a patient seen in clinic who agrees with their surgeon that they are going to have a procedure can visit pre-assessment at the same time for initial screening and a plan for their pre-operative pathway. For low-risk patients this one-stop service is all that will be required. For complex patients, it means that MDT advice and support are given straight away from the point of deciding that surgery is an option, and will help with informing consent and ensuring that patients are optimised before their procedure. It also means that if surgery is not an option because risk factors are identified that change suitability for surgery, then there is no delay in the patient returning to the surgical team to discuss alternative clinical management.

The new one-stop Pre-op clinic will dramatically improve patient experience, reduce the number of return visits for low-risk patients and offer high risk patients a much greater level of co-ordinated pre-operative support. In order to deliver the one-stop service, a central location is required for pharmacist, specialist nurses, anaesthetist and the pre-operative clinical team to work together. The intention is to use the vacated phlebotomy area on the ground floor of the surgical block as a pre-op assessment hub, enabling significant benefits to patients.

This service is not being offered in this way in any hospitals locally and will ensure that we bring added benefits for those patients who live in Central Bedfordshire and rely on our hospital to deliver excellent clinical care.

4.8 Expansion of respiratory, rheumatology, gastroenterology and cardiology clinics to accommodate outpatient follow-up backlog and reduce waiting times for patients

A number of the medical specialty services have seen significant growth over recent years and clinicians are having to run extra clinics out of core hours to ensure that the patients who need to be seen urgently can be seen. It is necessary to repatriate this activity into the main areas to support teaching, improve safety and resiliently accommodate necessary activity. This will enable us to plan clinics better, reduce the number of short-notice appointments that are offered to patients to try and fill ad-hoc capacity that has been established to meet an urgent need and to ensure that patients are able to book into services with their GP through the e-referral system (previously known as Choose & Book). There is currently a level of clinical risk resulting from patients not being seen at their target follow-up appointment time due to lack of capacity, and additional rooms are required to enable long term sustainable clinic sessions to be established.

4.9 Improvements to phlebotomy provision for patients using services on the main hospital site

There is currently a very limited phlebotomy provision within the outpatient zone c area for patients who are told by their clinician whilst at a hospital outpatient appointment that they need blood tests carrying out. This frequently has long waits, resulting in patients either dropping into the main phlebotomy department at that time, or choosing to return to main phlebotomy another day. The chain of relocations includes the provision of phlebotomy space within outpatients zone B and additional space in zone C, which will make providing blood tests for outpatients much more responsive and streamlined, and will avoid patients having to transfer down to phlebotomy or return another day. This is an important improvement in patient experience and will help us to ensure that patient time on the hospital is used well, with the minimum of avoidable waiting time.

5. Impact on service users

5.1 GP Phlebotomy and anticoagulation

The hospital phlebotomy team deliver services to over 60,000 inpatients on the hospital wards every year. In addition they have one of the busiest outpatient services, with over 120,000 patient visits per year. The profile of the current service provision for GP phlebotomy and anticoagulation blood test services at the L&D is as follows:

Service component	Patient contacts per year (2017)	Patient contacts per month	CCGs	Impact of relocation
GP / CCG Phlebotomy - adults	45,115	3760	73% LCCG, 26% BCCG, 3% others	Service moves to Arndale apart from for around 15% patients (those receiving specialised blood tests, who require patient transport or have special access needs, patients on chemotherapy etc.)
GP / CCG Phlebotomy - paedts	3,915	326	87% LCCG, 13% others	Service remains at the L&D main site
Anticoagulation patients	18,147	1512	61% LCCG, 37% BCCG, 2% others	New anticoagulation patients (10% of contacts) will be seen at the L&D main site and will transfer to Arndale for ongoing routine tests once stable.
Adult outpatients	51,558	4297		Service remains at the L&D site and moves entirely into the main outpatient clinic areas in zones B and C so as to improve adjacency for patients.
Paediatric outpatients	1,860	155		Service remains at the L&D main site

In addition to Hospital services, patients can choose to have their blood tests done at their local GP surgery. Some Surgeries in Dunstable already provide this service, as the table below outlines:

Practice	Phlebotomy Services provided?	Restrictions
Priory Gardens	No	
Kirby Road	No	
Kingsbury Court	No	
West Street	Yes	Appt only, 75 yrs+
Wheatfield Road	Yes	Appt only
Toddington	Yes	Appt only
Eastgate	Yes	Appt only, 75 yrs+
Houghton Regis	Yes	Appt only, 75 yrs+

Currently the waiting times for phlebotomy, which is an open access walk in service with no option to pre-book, can be very long and often extend over 1 hour. The relocation to Arndale House is enabling the offer of either walk in or pre-booked appointments within a 1-hour window, which

provides greater flexibility to patients. This will enable us to manage the flow of patients and improve the waiting times significantly. This is a service which cannot currently be provided in the existing arrangements, as a result of demand for parking and the volumes of patients using the site for outpatient appointments.

We will continue to provide like for like services, in terms of the operating hours for phlebotomy. However to ensure the most efficient service for long-term patients on anticoagulation monitoring, a high throughput dedicated session is being introduced 4 mornings a week. This will help to ensure that all patient waiting times are reduced.

Patient Access	Monday	Tuesday	Wednesday	Thursday	Friday
Anticoagulation Patients only- <i>Booked appointments as per anticoagulation dosage letter</i>	NO CLINIC at Arndale House	08:30 to 10:00	08:30 to 10:00	08:30 to 10:00	08:30 to 10:00
All Patients- <i>Pre-bookable appointments</i>	08:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00
All Patients- <i>Walk in and wait</i>	08:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00	10:30 to 16:00

Patients will be encouraged to pre-book to ensure they are seen quickly and efficiently. A poll undertaken by over 200 current patients prompted by early feedback however recognised that some patients prefer the flexibility of open access, and so the original proposal has been adopted to retain this option for service users.

5.2 Dermatology Outpatients

The Dermatology outpatient service at the Luton & Dunstable hospital sees 17,500 patients per year and the split by CCG is shown in the following table.

	Luton	Bedfordshire	Hertfordshire	All Others	Total Attendances
New	2,719	1,350	625	85	4,779
Follow-up	8,093	3,422	969	240	12,724
Total	10,812	4,772	1,594	325	17,503
% for CCG	61.8%	27.3%	9.1%	1.9%	

Bedfordshire patients access non-cancer dermatology services via GP referral to the Bedfordshire Integrated Dermatology Service. The referrals are triaged by a Consultant Dermatologist and will be allocated to an appropriate community service, or directed to the hospital that the patient chooses. Bedford Hospital, Luton & Dunstable Hospital, Milton Keynes Hospital, East & North Herts and Buckinghamshire hospitals all provide dermatology outpatient services to Beds CCG patients. Data at appendix 1 shows the current flows of patients from Luton and Bedfordshire CCGs to the local providers.

For patients with suspected skin cancer, patients are referred to their hospital of choice directly by their GP and seen within two weeks.

Clinic times will not change from the existing service on the main hospital site, but the additional rooms will improve flexibility and reduce waiting times.

6. Patient involvement

Following advice from Luton Clinical Commissioning Group, our lead commissioner, we have taken steps to ensure we deliver on our statutory duty to involve and engage with those affected by the change.

A programme of communications to inform people of the change has been undertaken, but the CCG has asked us to undertake further engagement with patients to effectively listen to their views and look for additional opportunities to respond to concerns.

The communications and engagement programme to date is as follows:

Date	Method of engagement	Coverage
March 2017	Engagement on STP priorities including principles of sustainable secondary care	1,339 attendees at public and staff engagement events or respondents to published briefings. 'What we've heard so far' document published on the STP website and shared with stakeholder events.
Autumn 2017	Commissioning intentions from the Clinical Commissioning Groups published and shared with patient participation groups and stakeholders.	
Feb 2018	Started to hand out information in phlebotomy to patients advising them of the proposed move	500+ patients
Feb 2018	Brief update provided in GP Newsletter	130 practices across Luton, Beds, Herts
Early March 2018	Arndale development published on the front page 'news' section of the L&D website with link to FAQs (attached) and contact details for PALs	
5th March 2018	Ambassador Magazine contained information on the proposed move	Circulation to approx. 14,000 public members of the foundation trust and published on website
28th March	Presentation at the Council of Governors meeting	Around 20 public and staff governors
April 2018	Survey of phlebotomy users carried out within department over 1 week asking preferences for appointment systems, in response to early concerns raised by users that an appointment only system was not preferred	More than 200 current patients gave their view

30th April	Deputy CEO Attended Luton Health and Social Care Group meeting	6 councillors / invited attendees
21 st May	GP newsletter to be published including 2 page update on the services at Arndale House	130 practices across Luton, Beds, Herts
29 th May	Deputy CEO attending Patient Reference Group in Luton	
30 th May	L&D team attending Chiltern Vale Patient Participation group	
4th June	CEO attending Beds Health Overview and Scrutiny Committee	

In addition to the above, the hospital has responded individually to over 50 written letters and x enquiries to the patient advice and liaison service. A number of responses included an invitation to patients to provide further input into the model, but so far no patient has done so. As well as publishing FAQs to help users understand the proposed changes, in response to feedback within the comments received we have:

- Changed the proposed 'appointment only' model to include more flexible walk-in capacity for those patients that prefer it (feedback was split 50:50% between appointments and walk-in)
- Ensured that the map information includes details of bus routes and clear access information
- Sought assurance from the operators of The Mall car park that space will be available for users of the services at Arndale House

The Hospital recognises that there is more engagement work to do, and we are also working with Commissioners in Bedfordshire CCG to identify opportunities to extend the current phlebotomy in Dunstable, to improve access for patients in the future.

7. Next Steps

Services will open at Arndale House on the 4th June 2018 following a site visit and registration of the premises with CQC. A team of Hospital Volunteers and senior operational staff will be present at the clinic for the early weeks to ensure that any feedback from service users is collected and acted upon to immediately improve experience. Waiting time data for phlebotomy will be published in the first few weeks to help service users make an informed choice about where and how they might prefer to access phlebotomy services.

We will continue to engage with service users over the coming weeks prior to opening to ensure that we understand their feedback and are acting upon it wherever it is practical to do so. During week commencing 21st May 2018, information will be provided to GP surgeries to give to patients explaining the access arrangements for phlebotomy services and clear contact information provided so that if patients are not sure what to do they can contact us for advice.

8. Additional Information included as appendices

8.1 FAQs

8.2 Map showing patients how to get to the Arndale House

