



Improving
Healthcare
Together
2020 to 2030

**The following case studies
describe our vision for
local healthcare under
these proposals**



Kushi's story - having a baby

Kushi is very excited as she has found out she is pregnant. After telling her partner and her mum, she makes an appointment to see her GP. Her GP talks to her about the choices for having her baby. She lives near to one of the district hospitals and chooses to have her appointments here instead of with the midwife in a community clinic. She also sees her GP regularly.

After discussing it with her partner and her Mum, Kushi decides she wants to have her baby in hospital. This means she would be having her baby in the specialist emergency care hospital rather than at home. Her sister had a difficult birth with her first child, so Kushi wants to make sure there is an expert doctor available at any time of the day or night to help if needed.

When the time comes for Kushi to have her baby, her partner drives her to the specialist emergency care hospital. Everything goes well and the midwife delivers the baby. Kushi is relaxed as she knows that a consultant is on the labour ward 24 hours a day, seven days a week, so help will be available if she or the baby needs it.

Kushi goes home the next day and her midwife visits her to make sure she is settled and has everything she needs, including a number to call if she or her baby needs help. Kushi and her baby have routine baby checks at the local community clinic and GP practice.



Mary's story - being unwell and recovering

Mary is 85 and has lived alone since her husband died a year ago. She is well-supported by her daughter, who lives locally, but is still getting used to life alone. Mary is proud of her independence and until recently has managed her type 2 diabetes well. Mary's health needs are complicated because she also has lung problems which cause breathing difficulties.

When Mary's husband died her GP arranged for her to be looked after by a team of health and care professionals with different skills. This included a doctor, physiotherapist, social worker and pharmacist. They assessed Mary's physical needs, as well as her mental wellbeing, and agreed a plan for how the best way to care for her and help her to live independently.

With Mary's agreement, this care plan can be seen by all the health and care professionals involved in her care. Her daughter can also read it on an app on her mobile phone. The actions on the care plan include checking Mary's blood to monitor her diabetes, regular medication reviews, an invitation to a wellbeing class and an introduction to a local book club, as she is a keen reader. All the professionals in Mary's health and care team work together and are closely linked to the district hospital. One member of the team is her key contact, and they keep in touch regularly.

Unexpectedly, at 8pm on a Friday night, Mary develops bad tummy pains. She calls her daughter, who immediately calls 999. The ambulance crew can see Mary's care plan, including what tablets she takes and what her health issues are. The ambulance takes her straight to the specialist emergency care hospital.

Mary needs emergency surgery and she is looked after in the intensive care unit before and after her operation.

Mary's operation goes well and she feels much better and is out of intensive care in a couple of days. However, the treatment has left her feeling weak and has made her diabetes a bit harder to manage. Her daughter is worried about her going home.

Mary is transferred to her local district hospital, where a team focuses on getting her fit, strong and ready to go home. Mary's care is led by a new type of health professional, who is a specialist in looking after people who are getting ready to go home and who has expert knowledge of both community and hospital services.

Mary's care plan is strengthened with more care and support. This includes a mental wellbeing assessment and a visit by her key contact from the team who support her at home. The hospital team agree she can go home, but will receive extra support and care until she regains her confidence. Over the next few weeks Mary gets back into her usual routine, including catching up on her reading for her book club.

Thomas's story – a severe accident

Thomas buys his first car at the weekend. On Saturday evening he loses control on a wet road near the specialist emergency care hospital and suffers severe brain injuries.

Even though the specialist emergency care hospital is very close, the ambulance crew drive him with blue lights straight to St George's Hospital, which is the nearest 'major trauma' (severe accident response) centre.

It is very important that Thomas receives specialist and expert care from the experienced doctors, nurses and other specialists in the trauma team. There are four of these teams at four NHS trusts in London, including St George's

Hospital in South West London. Because the ambulance bypasses his local A&E and takes Thomas straight to the nearest trauma centre, he has the best chance of survival and the smallest risk of permanent disability.

Thanks to the specialist trauma team at St George's Hospital, Thomas is able to walk, talk and play football again only 10 months after the accident. This system of bypassing local A&Es and taking patients to specialist trauma centres (if this means they will receive the most appropriate care) has been in place in London since 2009 and has saved many lives. The same system is used for patients who have had a heart attack or stroke. This system would continue under these new proposals.

Farrah's story – a young person with diabetes

Farrah is 15 years old and lives with her family near a district hospital. Farrah has type 1 diabetes, which develops early in life, and she needs daily insulin injections. Farrah's parents help her control her diabetes (manage her blood-sugar levels), making sure she takes the right amount of insulin at the right times, that her school has up-to-date knowledge of her care, and that she has regular follow-up appointments with the paediatric diabetic specialist team (a diabetes team that deals with children and young people).

The team runs regular outpatient clinics at both district hospital sites. Farrah or her parents can also contact the diabetes specialist nurse, 24 hours a day, every day of the week, if they have any concerns.

If Farrah has any kind of diabetes-related emergency, an ambulance will take her

to the paediatric emergency centre at the specialist emergency care hospital.

There is little change to the day-to-day clinical care of Farrah's diabetes. Almost all children's diabetes care can be managed in outpatient departments, with very few children ever needing to be admitted to hospital. However, if Farrah did require specialist inpatient care, under the proposals a team of specialist clinical staff could give her round-the-clock specialist care at the specialist emergency care hospital.

There would also be dedicated children's high-dependency beds at the specialist emergency care hospital (currently not available at Epsom and St Helier hospitals) so that children could receive the very highest level of care if they ever needed it.

Frank's story - severe chest infection and recovering

Frank is 72 years old. He lives alone at home and has family and friends close by. Frank has been unwell with a cough and a temperature for a week or so. He becomes severely short of breath and unable to talk easily. On Friday evening his friend calls the ambulance and tells the paramedics that Frank is struggling to breathe and talk. When the paramedics arrive, they carry out continuous observations on Frank, closely monitoring him and giving him oxygen treatment in the ambulance on the way to the specialist emergency care hospital. The consultant in the emergency department assesses Frank's condition and diagnoses him with pneumonia (a severe chest infection). She immediately refers him to the intensive care unit (ICU). Frank is reviewed by the ICU consultant and team, who very quickly put a clear treatment plan in place.

By Sunday evening, Frank is well enough to be moved out of ICU to a medical ward at the specialist

emergency care hospital. He still needs antibiotic injections and a daily medical review, as well as treatment from the chest physiotherapist on the ward. He is gradually getting better but is not yet well enough to go home. After five days in hospital, Frank can breathe more easily and is taking antibiotics tablets rather than having antibiotic injections. He is keen to go home, but his time in hospital has left him feeling weak and unable to walk very far.

The team at the specialist emergency care hospital recommend that Frank has some focused rehabilitation in a district hospital to help speed up his recovery. He can continue the treatment for his pneumonia and focus more on getting his strength and his confidence back. Frank is reassured to see the district hospital team are involved in seeing him each day on the ward even before he leaves the specialist emergency care hospital.

Frank is transferred to the district hospital for another five days, before going home feeling stronger and more confident. His family and friends are confident they can help him to manage at home because he is back on his feet before he leaves hospital.

