



Norfolk Acute Hospitals Group
Acute Speciality Sustainability Review – Phase 2

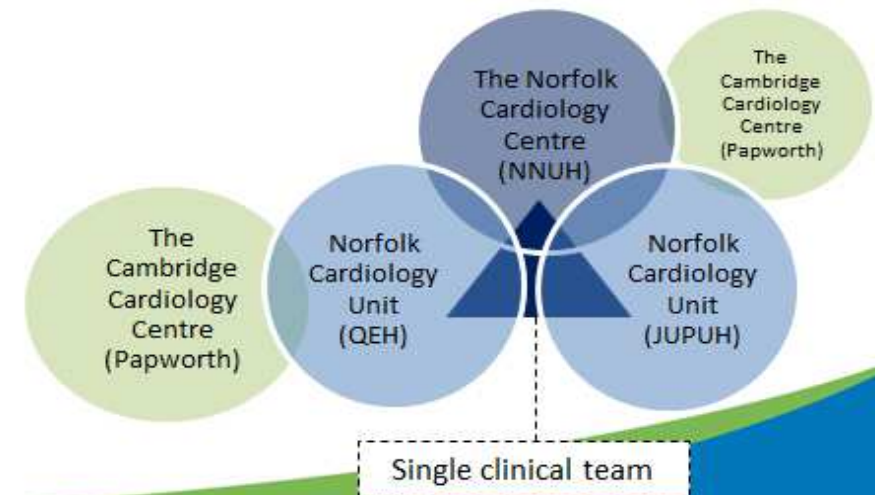
Cardiology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. The NNUH site will act as the “centre” and the JPUH and QEH act as the “units.” Complex and specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. The clinical team will work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk. A joint strategy for equipment will be developed to optimise assets to deliver high quality and safe clinical care, minimise capital expenditure.

Key principles:

- The range of services provided at the cardiology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- The range of services provided at the cardiology centre and units will be scoped and reviewed. The QEH/NNUH scope of care and arrangements may differ from JPUH/NNUH due to the current joint working between QEH and Papworth Hospital
- Where clinically safe, care will be close to home and patients in the centre will be repatriated as soon as clinically appropriate.
- There is some overlap in working to enable some dynamic load balance in the system.
- There is an additional option to run a central clinical team which would work to ensure that care for cardiology patients across Norfolk is equitable and makes best use of skills and capacity available across the county.



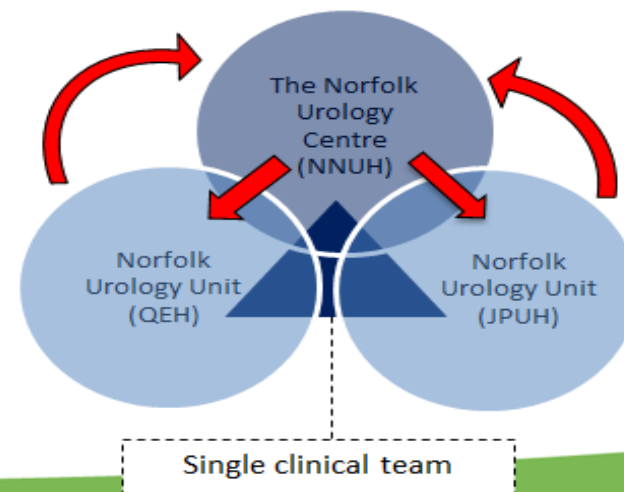
Urology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. The NNUH site will act as the “centre” and the JPUH and QEH act as the “units.” Complex and specialist work will be undertaken at the centre, and non-specialist work will be undertaken at each of the units. In a phased implementation, out of hours care will be provided by the centre, where staffing levels and on-call support can be optimised, making appropriate use of technology to support the units. The clinical team will work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk.

Key principles:

- The range of services provided at the urology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- Where clinically safe, care will be close to home and patients in the centre will be repatriated as soon as clinically appropriate.
- Out of hours work will be arranged as all emergency work managed by the centre, enabled by technology where clinically appropriate.
- There is some overlap in working to enable some dynamic load balance in the system.
- There is an additional option to run a central clinical team which would work to ensure that care for urology patients across Norfolk is equitable and makes best use of skills and capacity available across the county.



Out of hours

- Urology centre provides advice, support and cover for any urology inpatients and clinical interdependencies
- Urology emergencies sent to urology centre

Radiology Clinical Model (Future State)

Definition:

A networked model supported by a single clinical team working across Norfolk. All sites will have functioning radiology departments, however the NNUH site will act as the “centre” for complex image acquisition and complex interventional radiology procedures. JPUH and QEH will act as the “units”, where the in hours and out of hours image acquisition and image reporting provision will be scoped and reviewed to ensure optimised use of staff and equipment. The clinical team will be managed centrally and work across organisational boundaries to ensure the most effective sharing of skills and knowledge across Norfolk, in particular balancing of reporting workload. A joint strategy for equipment will be developed to ensure economies of scale and “purchasing power” is maximised across the three organisations.

Key principles:

- The range of services provided at the radiology centre and units will be scoped and agreed.
- NNUH will provide “centre” level care for the population of Norfolk and Waveney.
- NNUH will provide a range of “unit” level care for the population of Norwich and North Norfolk
- JPUH will provide “unit” level care for the population of Great Yarmouth and Waveney.
- QEH will provide “unit” level care for the populations of Kings Lynn and West Norfolk.
- There is significant overlap in working to maximise opportunity to load balance across the three trusts to manage activity effectively especially where image reporting is site agnostic and does not affect the patient accessibility.
- The clinical team will be managed centrally to ensure that care for radiology patients across Norfolk is equitable and makes best use of skills and available capacity across the county. Recruitment and training of staff will be managed by the single clinical team to maximise the desirability and opportunities, and accelerate growth in training schemes especially reporting for non-radiologists.

