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**A VISION FOR THE FUTURE OF HEMEL HEMPSTEAD HOSPITAL**

**By**

**Dacorum Health Action Group (DHAG)**

**Introduction**

A major redevelopment affecting the three hospitals in west and south Hertfordshire is in progress. This is DHAG’s vision for Dacorum whatever the future location of the A&E hospital. Our key proposals are set out at the end of the paper.

 Dacorum Health Action Group (DHAG) is of the view that the only workable solution includes a new A&E and specialist hospital on a central accessible site which can provide the space needed and a green healing environment for all in West Herts. For many years the Trust have sought to avoid any proper study of alternative options to the cramped Watford General Hospital site which is accessed with great difficulty by many residents. There are far more appropriate sites centrally placed between the three main towns of Hemel Hempstead, St Albans and Watford.

Whichever of the paths is taken for the A&E hospital it is important that the other hospitals provide a wide range of integrated services for their local communities.

**The recent history and a way forward**

In 2009 Hemel Hempstead Hospital (HHH)’s A&E was shut and acute and emergency services moved to Watford. A new hospital was promised. The argument was that HHH is on a steep hill and thus not viable for redevelopment as an A&E hospital. For the short term the Acute Assessment Unit (AAU) was built, with a life of just 10 to 15 years. The Urgent Care Centre, now Urgent Treatment Centre (UTC), was opened. It was sold to the public as seeing 80% of emergency patients. This was the start of services being removed from HHH.

In 2013 DHAG held a public meeting to discuss the future of HHH. That meeting produced a list of services that could be run from HHH. We headed it ‘Dacorum Health Campus Proposal’. The aim was to retain as many services as possible on the HHH site as it is easily accessible with buses and taxis close by. We were of the view that it was an opportunity to integrate more services onto the site, such as those provided by Hertfordshire Community Trust, Herts Partnership Trust and GP services etc. This would provide more accessible services with staff able more easily to liaise across disciplines. GPs could develop their own services such as minor operations.

In March 2016 following a large public meeting of 250 residents DHAG drew up a report entitled ‘A Glimpse of the Future?’ about the future of healthcare in west Hertfordshire. It emphasised greater service integration across health and social care, and was based on the ‘Vanguard’ development of the Northumbria Healthcare Trust headed up by Sir James Mackey (see below). Sir Bruce Keogh, then Medical Director of NHS England, said it was ‘a glimpse of the future’.

David Law, then CEO of Hertfordshire Community Trust (HCT), saw the value of integrating services on one site and as there was no development on the HHH site and they were having to vacate the Family centre due to the redevelopment of the Civic Centre, he brought all the HCTs’ local services onto the one site, the old Gazette offices. He got a good deal from the Council of a couple of years’ free of rent and then a low rent for a further number of years. The lease ends in 2026. This should be the opportunity for them to bring their scattered services onto the HHH site. It has been said that WHHT charge too high a price for using space at HHH. There is also the fact that GPs benefit financially when services are located on their premises.

Herts Valleys Clinical Commissioning Group (HVCCG) introduced its vision for local services ‘Care Closer to Home’. This has been a misnomer. Services have been outsourced to mainly private companies which have taken services out of our very accessible hospital and moved them to harder-to-reach premises, often run from various GP surgeries and scattered around the district, for example in Woodhall Farm and Highfield. This has resulted in fragmentation of services, and services such as physiotherapy not providing a good standard of care.

**The Present**

The HHH has been losing services on a regular basis as a result of being outsourced, such as Ultrasound, or moved to St Albans such as Orthopaedics.

The current plan as presented by the West Herts Trust is for HHH to operate as a planned medical centre. The proposals explained so far have been very limited and will mean a much less accessible overall health service provision for local patients. It is worth bearing in mind that the population of Dacorum [as of 2020 totalled over 155,000](https://www.citypopulation.de/en/uk/eastofengland/wards/E07000096__dacorum/) with a high proportion of residents aged 50 and over.

**A vision for the future**

*Integrated care: lessons from Northumbria Healthcare Trust*

Our proposals are forward-looking and take inspiration from some successful current practice. Some years ago, the Northumbria Healthcare Trust (NHT) were in a similar position to West Herts with hospitals in three main towns in a semi- rural environment. In a well-planned redevelopment programme, the Trust made great strides, building an Emergency hospital at Cramlington, central to their three main towns. The emergency hospital also has maternity, special care baby unit and complex surgery while keeping elective surgery at each of the three other main hospitals. The three ex-general hospitals lost their emergency services but remained vibrant. They all retained wards, surgery, Orthopaedics, Oncology day units, Urgent Treatment Centres (UTC), stroke rehabilitation, care of the elderly/rehabilitation. Each has a wide range of other services.

The NHT is working towards an ever more integrated health and social care service. There was a report on further developments at the NHT published recently. The Trust is demonstrating how health and social care can be merged**.** They are insourcing care, bringing social care under the NHS. The NHT has bid for social contracts from local authorities and also plans to build care homes to take over residential contracts if the capital can be secured. By April 2022 they were expecting to have no backlog, very little debt and few vacancies.

**We would like to see that sort of thinking for west and south Hertfordshire. We believe that the vision of HHH as a planned medical centre is far too limiting. It does not consider services run by the Herts Community Trust, Herts Partnership Trust, Herts County Council, GPs, intermediate care, the outsourced services and the voluntary sector. We support a multi- site model, with at HHH a full range of integrated services provided by the NHS including community services, mental health and social care.**

***Services***

While supporting the introduction of planned medical specialties the present proposals are sketchy and limited.

Based on the Northumbria model the local community hospitals would each provide some elective surgery, Orthopaedics, an Oncology day unit, an Urgent Treatment Centre (UTC), stroke rehab and/or care of the elderly/rehab. Each hospital has a wide range of other services. HHH and St Albans Hospital would provide straightforward elective surgery, with Orthopaedic outpatients returning to HHH to serve the large elderly population. It is vital that rehabilitation wards of a high standard are re-established at HHH to take patients from the A&E hospital to stop bed blocking, and give patients support and where necessary Physiotherapy and occupational therapy to help them regain their independence where possible. There could be a day ward, or the Day centre in HHH could be re-opened and run by well-trained senior nurses/District nurses.

 District nurses are still needed to play their vital role in the community. They are very experienced in a vast array of treatments and procedures. They could be based at HHH to enable a further integration of services. The Community Treatment Unit run first by Herts Community Trust and now outsourced to the Central London Community Trust was opened in St Albans in 2018. There should be a similar unit based at HHH to give Dacorum patients a more accessible integrated service. We expect the valued Urgent Treatment Centre to remain open from 8am to 10pm daily.

Respondents to a survey by DHAG in June 2016 said they also wanted the following services: minor surgery (possibly by a GP) Rehab beds, antenatal and post- natal, children’s services, oncology outpatients ENT, dental clinic, audiology, podiatry, diabetes, chest clinic, pharmacy, GP out of hours, mental health, ample car parking, and stroke rehabilitation.

*Preventative services are also vital to help people to keep well.*

These could be based on the HHH campus site and include stopping smoking, exercise groups to keep people mobile and prevent falls, exercise for cardiology patients and weight loss They could be based in a large meeting room in HHH. Vulnerable people could be helped in negotiating the complexities of the benefits system working with the Citizens Advice Bureau, to maximise their income. This was done some years ago very successfully, with mental health patients.

*Integrated health and social care*

There are community health and social care services in other countries run on a neighbourhood basis which are said to be very effective. One of these from the Netherlands called [Buurtzorg](https://www.independentnurse.co.uk/news/can-the-buurtzorg-model-of-nursing-transform-the-nhs/236343/) has been trialled in this country. They could operate from HHH with access to consultants.

***Outsourced services***

We agree with the declared policy of the HVCCG to bring services closer to home. Sadly, the evidence is the opposite for outsourced services. They are mostly set up in various GPs surgeries when HHH would be more far more accessible and cheaper. As Sir James Mackey stated in a [recent interview](https://www.theguardian.com/commentisfree/2022/jan/31/social-care-crisis-raising-national-insurance-nhs-northumbria) “Private equity takes 8-10% profit”. He said he believed that the savings should be used for better health provision or better pay.

The problems and risks of outsourced services need to be addressed. These include issues of quality, accessibility and ease of communication. [The survey in 2019](https://dhag.org.uk/wp-content/uploads/2021/06/Outsourcing-survey-Dacorum-Report-0521.pdf) run by DHAG, showed only 16.3% of respondents were very satisfied overall with their experience of outsourced services. Just under a half said the location of their appointment was difficult to get to and 24% thought parking was poor. Overall, 38% had problems making a follow-up appointment. 40% were not satisfied with the outcome from their follow-up appointment.

**We would like to see the outsourced services brought back in house at the end of their contracts to ensure an improvement in the standard of provision and the possibility of a more streamlined and less fragmented service.**

***Diagnoses***

The one-stop shop approach proclaimed by the West Herts Trust aims to ensure that many more patients do not have to travel to a series of different hospitals for care. It is an attractive sound-bite for speedy diagnosis but more work needs to be done to prove its viability and effectiveness. For many complex diagnostics it is not feasible. Little information has been given by the West Herts Trust on what conditions could benefit from this approach.

**We believe that HHH should continue to provide the full range of diagnostics, including MRI, CT, Ultrasound and X-ray etc and patients should not be expected to travel to other towns for diagnostic tests. We are aware for example that we have far fewer MRIs in this country than countries in the EU. This is an opportunity to ensure that all three hospitals have the necessary equipment to enable speedy diagnosis.** We have been very impressed by the accessibility of the Phlebotomy service at HHH and its efficiency. Short-term parking is available free. There is no need to book an appointment, waiting is minimal and the results are available very quickly. It is an excellent service and should not be outsourced. A local GP-run Phlebotomy service was unable to provide one as good.

***The virtual hospital***

The WHHT is continuing to promote its virtual hospital-at-home for Covid and for an extension of this to other services. It sounds very promising to cash-strapped trusts with no spare beds, but as yet the system has not been evaluated and the NHS’s suggested roll out has not been welcomed by clinicians who are waiting to see the results of the evaluations, according to the Health Service Journal (HSJ). Christine Allen CEO of WHHT has stated that there hasn’t been a formal report on outcomes of the Covid virtual hospital but has promised one for a future WHHT board meeting.

**We urgently need clarification as to what the implications would be for patient care of retaining or extending the ‘virtual hospital at home’.**

***Keep and develop our learning resources***

The education, training and library facility based at HHH is a valuable resource and should be kept as a venue for health and social care providers to use for meetings and training, and the library would prove a valuable facility for all health workers including GPs. It could help facilitate multidisciplinary meetings.

It could provide the venue for the Dacorum Healthy Hub which is part of a two-year project with funding from the County Council.

The HHH could be a centre for innovation, developing and running self-help groups and also promoting and supporting preventative and support services.

There has been a desire to find ways of keeping people well and use methods of prevention where possible, for example stopping smoking and exercise groups to keep people mobile and prevent falls, weight loss etc. They could be based in a large meeting room in HHH.

***HHH site***

At present HHH suffers perhaps less from neglect than other WHHT hospital sites due to its newer buildings. According to the unpublished Dacorum SOC from 2018 WGH had at that time 83% of its estate in poor or bad condition, St Albans 45% compared with HHH at 14%. It is such a waste of resources and taxpayers’ money when the site could be providing so much more. It is a large plot and is facing the prospect of being engulfed by numerous apartment blocks.

Ideally a new HHH would be rebuilt on the lowest part of the existing site, with sufficient space to accommodate all the possible community health and care services detailed above. It has enough land for the necessary parking, a landscaped garden properly maintained and with room for expansion. This would provide a healing environment. This is as true today as it was when Florence Nightingale said in her notes on nursing (1859): ‘Hospitals should signify the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of diet’ (*Recovery: The lost art of Convalescence by Dr Gavin Francis 2022.)* She thought that the windows should look out on something green growing and alive. This has since been borne out through modern research. We are fortunate at HHH that there is the space to provide the healing environment advocated by Florence Nightingale.

**Our Key Proposals**

**1. Learn the lessons from other hospital trusts such as Northumbria Healthcare Trust which was in a similar position to West Hertfordshire Hospitals Trust (WHHT) with three large towns and three general hospitals. They built a central A&E but kept a range of health and care services at all three. Each has wards. The core services common to all three are surgery, Orthopaedics, Oncology day units, UTC and Rehabilitation. We should ensure that these core services are made available at HHH and St Albans. The present proposals to make St Albans Hospital planned surgical and HHH planned medical are absurd.**

**Bringing rehabilitation wards back to HHH will help alleviate bed blocking at the A&E hospital and help patients recover in a healing environment enabling them to regain their independence as in much as is possible.**

**2. Fully integrate services on the HHH site including those from WHHT, the Hertfordshire Community Trust (at present in the Health and Wellbeing Centre), Herts Partnership Trust, Social Care and Out of Hours GPs, reversing the recent geographical fragmentation of services and concentrate them in the more accessible HHH. Stop all outsourcing which has been a contributory cause of fragmentation of services locally. Bringing the services in-house at HHH should ensure better quality and accessibility. It could also improve efficiency, offering the various organisations the chance to share resources and facilities.**

**3. Provide a full range of diagnostics at HHH including MRI, CT and ultrasound scans and X-rays to reach the same levels of provision as in many European countries.**

**4. Provide a full range of outpatient services at HHH including Phlebotomy, Pathology, Dermatology, Ante-natal and Post-natal, and audiology including returning Orthopaedic outpatients.**

**5. Retain the UTC and GP out-of-hours services at HHH.**

**6. Develop community services run by District Nurses based in HHH using models such as Buurtzorg from the Netherlands and based in HHH.**

**7. HHH could provide a central venue for the local Healthy Hub operating in Dacorum, funded by Herts County Council. It could support the development of a range of preventative strategies and support groups such as for stopping smoking, weight loss, exercise for strength and to prevent falls.**

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