

Seizing the Future

Diagnostics Service Strategy Group

Who are we?

<i>Our Roles</i>	<i>Diagnostics</i>	<i>Clinical effectiveness</i>	<i>Specialised Care</i>	<i>Logistics</i>
<i>WHO ARE WE ?</i>	Radiology Medical Physics Cardiac Catheter Lab staffing Pathology Endoscopy Near-patient testing	Medicines Management Speech and Language Therapy Dietetics Physiotherapy Occupational Therapy Pain management <i>Medical photography</i>	Anaesthetics Intensive Care Endoscopy Interventional Radiology	Theatres Pharmacy Pathology <i>Out-patients</i> <i>Sterilisation services</i>

Where are we?

- ❖ BAGH, DMH and UHND, but also SBCH, CSCH, SCH
- ❖ Throughout the community and GP surgeries
- ❖ Mental Health, Prisons etc
- ❖ Every patient journey through the acute hospitals
- ❖ The majority of GP/PCT/PBC encounters as well

What makes us want to change?

(Minding our Ps and Qs)

Patient Safety

- Scientific and medical advances and understanding
- Improving and changing technology and data management
- Tsunami of new medicines and treatments
- Safety of treatment assured

Quality of Care

- Seamless treatment through the entire patient journey: from home, back home
- Shortening the patient's journey physically and mentally
- Best technology, best medical practice, used in the best way
- To meet the rising standards expected (by both health community and patients) of treatment and care

Major challenges/issues to be resolved

- ❖ Unable to match clinical service expectations : therefore *they (we)* cannot possibly achieve clinical standards
- ❖ Availability of resources patchy in time, place, quality, quantity, discontinuous
- ❖ Mixed management, divided services trying to deliver continuous, multidisciplinary pathways of care with unequal resources

What 'good' looks like in the next 2-3 years

- Co-ordinated, continuous, unfragmented pathway of care followed for each patient
- Irrespective of time of day, day of week, place of admission, the same, high standard care available for every patient
- *Pari passu* planning and resourcing of clinical services
- Highest level of appropriate technology, scientific medicine, computing applied to patient care
- Caring, welcoming, safe environment for patients, families and staff

Emerging options/service changes

- Two ITUs with adjacent HDUs: this defines the location of acute medicine, acute and some elective surgery, accident and emergency services and paediatrics
- Consolidation of fragmented services in terms of geographical, managerial, staffing, and technical/scientific resources
- Forward planning to achieve the capacity needed to deliver excellent care across all services at all sites
- Changes to length of the working day and working week to gain greater benefit from existing resources
- Changing skill mixes to deliver a better service