

EAST OF ENGLAND SHA

IPSWICH HOSPITAL NHS TRUST

Project: Making our hospital cleaner

Cost: £500,000

Start date: May 2007

Description: A state-of-the-art cleaning system using microfibre technology is part of a major drive by the Ipswich Hospital NHS Trust to deliver the highest possible standards of hygiene and cleanliness in the hospital.

Why: The trust is determined to reduce the risk of MRSA and other infections in hospital, and this further investment in cleaning underlines the importance of clean environments.

Patient benefit: A cleaner and more hygienic clinical environment.

Evidence: This introduction of the latest technology throughout the hospital, together with more money being pumped into cleaning, follows the Ipswich Hospital's own self-assessment of its performance against the national Standards for Better Health.

Quote: Gwen Collins, the Ipswich Hospital NHS Trust's most senior nurse, said: "The trust has consistently scored 'good' against the national Patient Environment Action Team standards, but we now want to invest to make sure that we achieve compliance with the National Specification for Cleanliness and to ensure that the highest possible standard is met and enjoyed by all users of the hospital."

HERTFORDSHIRE PCTs

Project: Direct access to echocardiography at Princess Alexandra Hospital NHS Trust

Cost: The commissioning team has negotiated with the provider a cost of £65.06 per echocardiogram. This is 43% of the cost of a cardiology outpatient appointment (national tariff 2006/07: £151), resulting in a cost saving per case of £85.94 (57%).

Start date: May 2007

Description: A project to create direct access to echocardiography at Princess Alexandra Hospital NHS Trust.

Why: This new care pathway will provide faster and better access to echocardiography for people with heart disease.

Patient benefit: Patients with heart disease will receive faster and better access to echocardiography.

Evidence: This patient pathway is based on a successful model already operating in Harlow, Essex. Harlow practices have seen a 22% reduction in cardiology outpatient appointments since introducing open-access echocardiography. Although this reduction cannot be attributed in its entirety to open-access echocardiography, it is felt that a large proportion of it can be.

Quote: Dr Peter Keller, a GP from Sawbridgeworth and the locality practice-based commissioning medical lead, said: "Direct-access echocardiography enables me to diagnose patients with heart failure in a timely manner and manage them properly without referral to secondary care. This helps my patients to return to better health as quickly as they possibly can."

WEST ESSEX PCT

Project: Sure Start midwifery team

Cost: £60,000

Description: Midwives will be looking after vulnerable pregnant women (drug users, victims of domestic violence etc).

Why: The investment will result in better outcomes in areas such as breastfeeding and monitoring and support.

Patient benefit: Better outcomes for mothers and babies.

Evidence: Clinical evidence shows that Sure Start programmes are positive in determining good outcomes for children and their parents.

Quote: A patient said: "The West Essex PCT Sure Start project will help to improve the quality of life of local families, particularly the most vulnerable in our communities."

WEST ESSEX PCT

Project: Sure Start health visitor team

Cost: £60,000

Description: Health visitors will be working with vulnerable mothers (drug users, victims of domestic violence etc) from when they give birth until their children reach age 5.

Why: The investment will continue the work of the Sure Start midwifery team and ensure that vulnerable women are cared for while bringing up young children.

Patient benefit: Better outcomes for mothers and babies.

Evidence: Clinical evidence shows that Sure Start programmes are positive in determining good outcomes for children and their parents.

NORFOLK PCT

Project: Terrington St Clement surgery

Cost: £26,924

Start date: June 2007

Description: The development of a replacement surgery at Terrington St Clement, Norfolk, by March 2008.

Why: The practice has experienced considerable difficulties in recruiting and retaining staff and this is largely attributable to the limited and outdated working conditions. The new primary care centre will overcome these difficulties, will have enhanced resources and be of benefit to the whole community. The proximity to two schools allows ease of access for teenagers, and medical staff will have closer working relationships with vulnerable and needy groups.

Patient benefit: Patients will enjoy greater access to, and a modern environment at, the GP surgery.

Evidence: A report on the scheme was taken to the July 2006 Board meeting of West Norfolk PCT. During this meeting, the Board confirmed its support for the scheme and the Director of Finance confirmed that the scheme was affordable, but asked for a value for money report from the district valuer. The former North and Southern Norfolk PCT Boards also approved the scheme during July 2006 in their role as shareholders in Norlife.

Quote: A patient said: "The surgery will help to improve access for the community to healthcare, especially with the more vulnerable patients."

NORFOLK PCT

Project: 18 Weeks

Cost: £9.6 million

Start date: April 2007

Description: Improvements in patient waiting times towards the 18-week target.

Why: The 18-week maximum patient journey will transform the way that the NHS works, dramatically improving the patient experience.

Patient benefit: For the first time in the history of the NHS, patient journey time will be measured as a whole, including diagnostic and outpatient appointments that are currently largely unmeasured. Services redesigned around the entire patient pathway, including diagnostics and outpatient appointments, will lead to reduced waiting. Referral to treatment times are now measured.

Quote: A PCT spokesperson said: "The investment will notably allow us to deliver faster, more effective treatment, thereby reducing backlogs and improving staff and patient morale."

SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

Project: Enhancing the Healing Environment (EHE)

Cost: £110,000

Start date: April 2007

Description: No 2 Health Close, an assessment and treatment facility for people with a learning disability in Billericay, is undergoing a garden makeover.

Why: Evidence shows that an improved patient environment benefits both clients and staff.

Patient benefit: Patients will benefit from a more therapeutic environment.

Evidence: The EHE project has been developed in line with the trust's estates strategy to provide high-quality integrated services within modern and therapeutic settings.

Quote: Richard, a patient at the facility, said: "I really enjoyed being involved and have enjoyed all the activity in the garden. This has included watching the men build walls and put down the paving slabs. It has been fun watching it develop day by day. I like chatting to the workmen that have been doing the garden and I know all their names. When it is finished I think it will be great."

SUFFOLK PCT

Project: Chronic obstructive pulmonary disease (COPD) – working with primary care

Cost: £1,500 per practice

Start date: October 2006

Description: Patients with COPD are identified and carefully monitored by their GP instead of going into hospital. All the 41 GP practices in the chosen area have each been given a £100 pulse oximeter, which measures the saturation of oxygen in patients' blood.

Why: It enables health professionals to keep an eye on patients' blood gasses and can spot people who are likely to have COPD problems in the future. Each practice had a COPD nurse lead and GP lead. Patients were involved from start to finish. There is a leaflet explaining more about COPD, linked with a patient education programme targeted at people's individual requirements. If patients have other long-term problems, they are treated together rather than in isolation. Suffolk PCT is aiming to bring standards of care above the Quality and Outcomes Framework in all practices.

Patient benefit: Patients with COPD will benefit from early diagnosis and the patient pathway will be simpler.

Evidence: There was an obvious need to help more patients with COPD. Admission rates of patients with COPD are significantly higher than the regional and national average. Patients were found to be older and sicker on admission and significantly more likely to be readmitted within 90 days after discharge. It is predicted that supporting this service in primary care will reduce hospital admission rates by 22% over the year.

Quote: Peter Woods, a retired Customs and Excise manager, said: "It is such a good idea and there is a commitment to take it even further for all long-term sicknesses. For example, I am a diabetic and have other problems. This programme treats the whole person through their GP, rather than having to go to four or five different hospital clinics giving conflicting advice. Since being on this programme, I am beginning to feel that perhaps I am important."

PETERBOROUGH PCT

Project: Healthy Living Centre

Cost: For diabetes, nearly £7.5 million per annum

Start date: Lease to be agreed May 2007; diabetes service operational mid-2008 (all long-term conditions services to be transformed by 2013)

Description: Peterborough PCT commissioners propose a new integrated model of care for people with, and at risk of, long-term conditions. The intention is to transform and relocate diabetes services and to shift and increase the pulmonary rehabilitation service as soon as suitable facilities are available. Within 18 months, cardiac rehabilitation will also be shifted and increased, and within five years all appropriate support for long-term conditions will be similarly transformed.

Why: Because of the added pressure locally of high levels of deprivation, significant levels of health inequalities, higher than average incidence of conditions such as diabetes, and the expansion of the population and development of the city, the PCT needs to start now to remodel services with regard to the management of diabetes and other long-term conditions. The Greater Peterborough Health Improvement Plan agreed that, as part of a 20% shift in care from hospital to community, the existing diabetes services should be located in the community and the proposed new hospital will therefore not include accommodation for that service.

Patient benefit: Patients with diabetes and long-term conditions will benefit from being seen in a modern community environment by a multi-skilled team of professionals.

Evidence: There are 26,285 people in Peterborough with a "limiting long-term illness" (Census 2001).

Quote: Kay Hircock, Diabetes Network Co-ordinator, Peterborough PCT, said: "At the Healthy Living Centre, patients with diabetes will be seen in a community environment by a multi-skilled team of professionals, as well as receive support, education and rehabilitation for their condition. Facilities in the centre such as an education room, a demonstration kitchen, an exercise room, fully assisted shower, interview/consulting rooms and resource room, will also help to promote the importance of self-care."

EAST AND NORTH HERTFORDSHIRE NHS TRUST

Project: Infection control projects

Cost: £300,000

Start date: February 2007

Description: The trust will use the investment for a range of important infection control projects at the Lister and QEII hospitals, including: refurbishment of bathroom, toilet, sluice and laundry facilities on wards; replacing hand basins with ones that are operated by sensors; increasing the number of en suite single rooms to isolate patients with infections; upgrading the sanitary and cleaning equipment; implementation of a computerised infection control software package.

Why: The ward facilities are outdated, with inadequate washing and toilet facilities.

Patient benefit: Patients will benefit from a reduction in HCAs.

Quote: Noel Scanlon, the trust's acting Director of Infection Control, said: "One of the biggest challenges that a trust like ours faces is that our ward facilities are often quite outdated, with inadequate washing and toilet facilities. This new funding allows us to upgrade those in most need of replacing or refurbishment, which will help enormously in our efforts to combat the threat posed to patients' health by infections. The introduction of taps operated by sensors alone means that we improve the speed, compliance and effectiveness of hand washing – which remains the single most important means of preventing the spread of infection. Also, having more single rooms with en suite facilities will help our staff to isolate those relatively few patients who already have an infection more effectively."