NHS

Nightingale Hospital North East

The need for a Nightingale Hospital in the north east

- Earlier modelling from NHS England ahead of peak 1, indicated that the north east may have needed over 1,000 additional hospital beds to respond to COVID-19 demand expectations.
- After all Trusts in the region modelled the maximum critical care and bed capacity they could surge to, the gap for the region was still in the region of 300 – 500 beds.
- On behalf of all Trusts in the region, and under directions from NHS England, Newcastle Hospitals agreed to design and mobilise an additional hospital with capacity to provide these beds if required.
- The Nightingale Hospital North East has been built and furnished at rapid pace.
- It will be become operational IF and when NHS England and the chief executives of NHS organisations in the north east believe that it will be required.

The building was designed to be an Innovation Centre

In three weeks it was transformed from an empty warehouse…

…into a hospital with 20 wards

The hospital has spaces for 460 beds (20 wards) that can be used for ward or critical care, depending on regional needs

- The ambition is that the hospital will never need to open, but if it does it will be because hospitals across the north east and north Cumbria are expecting to exceed capacity.
- Any decision to operationalise the hospital will be taken by NHS England in conjunction with the North East Surge Command Meeting, which comprises the chief executives of all local NHS trusts.
- The hospital has the infrastructure capability for all 460 beds to be level 1 (ward care), level 2 (HDU), or level 3 (ventilated critical care).

Setting up Pharmacy Services Nightingale Hospital North East

The clinical model

- All patients will be Covid-19 positive – detailed inclusion & exclusion criteria
- The specifics of medical treatment delivered will be contingent on demand. Wherever possible, critical care will be delivered within existing acute hospitals in the region.
- Initially, the hospital is likely to focus on delivering Level 1 step down care to relieve pressure on existing acute hospitals but it could be stepped up to a more intensive model if required.
- A phased expansion of beds, to include critical care capacity, is as follows:

	No. of ITU beds	No. of ward beds	Total no. of beds
Phase 1	-	28	28
Phase 2	14	112	126
Phase 3	130	330	460

What we needed to provide..

- **Normal hospital pharmacy service for NHNE -**
  - Clinical pharmacy
  - Medicines supply
  - On-call for supply & clinical queries

- **What were the challenges...**
  - 3 week timeline
  - Changing clinical model
  - Very limited space for pharmacy
  - Working on a building site
  - Demands on medicines & equipment due to the pandemic
  - IPC running through all work streams

What we did first..

- **Set out the key elements of the service to generate work streams**
  - Clinical pharmacy
  - Medicines supply chain
  - Workforce Planning incl. training & on-call
  - Informatics
  - Ready to use IV preparation.
  - Discharge planning
  - Clinical trials
  - Medical Gases
  - Governance

- **Recruited key staff from regional hospitals to create a pharmacy delivery team to work with onsite MDT**
  - Work stream leads set & delivered agreed actions, progress tracked through daily steering meetings
  - Working with Programme Management Office

What we created..

- **Normal hospital pharmacy service for NHNE -**
  - Clinical pharmacy supported by e-record
  - Medicines supply chain
  - Clinical trial service
  - IV RTU/RTA preparation service supported by regional units & underpinned by national SPS product worksheets developed by NNE team.
  - 24/7 supply & clinical queries provision, through a 12 hour on-site service, supported by regional on call support OOH.

  - Substantial pharmacy operating model & activation plan

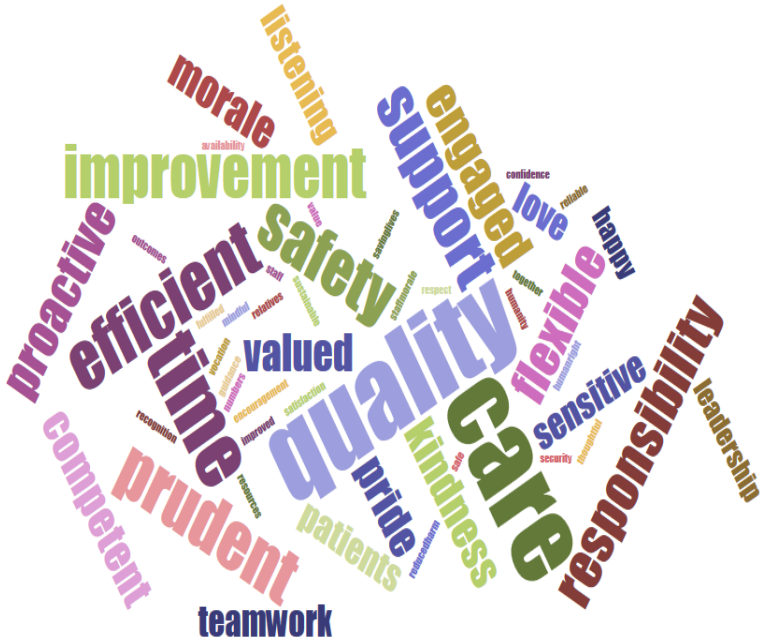
Enhancements for NHNE include…

- A ‘push’ supply model (comprising manned medicine stores, fully stocked trollies & RTU IV’s) to support nursing staff in PPE freeing their time for patient care.

- A smoother innovative discharge model - tailored to patient requirements – including a clinical handover to a specialist primary care team prior to discharge and engaged community pharmacy in the discharge medicines supply process; facilitating better and safer transfer of care

- Workforce & training model to minimise the impact on the regional hospital service through a phased deployment approach; bringing in larger teams, with the necessary orientation and induction, only when needed. A planned shift system designed to ensure that staff were rotated; working half their shift in the COVID full PPE area and half in the COVID secure area.

The people who made it possible…



Thank you for listening