SURREY
COUNTY COUNCIL

WEYBRIDGE HOSPITAL

SURREY COUNTY COUNCIL
LOCAL COMMITTEE (ELMBRIDGE)
26 SEPTEMBER 2005

KEY ISSUE:

The review of services at Weybridge Hospital

SUMMARY:

North Surrey Primary Care Trust has produced a paper providing some background to the review of services at Weybridge Hospital, setting the scene in terms of strategic context.

RECOMMENDATIONS:

That Surrey County Council Local Committee (Elmbridge) consider the background information provided by North Surrey Primary Care Trust.

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BACKGROUND PAPERS: Briefing from North Surrey Primary Care Trust (below)

North Surrey Primary Care Trust

Weybridge Hospital – Future options.

Introductions

This paper is produced for the local committee to provide some background to the review of services at Weybridge hospital. It sets the scene in terms of the strategic context. This is a summary paper and does not contain detailed appendices.

The process being followed is:

a) Listening exercise with staff, stakeholders, partners, 'Friends' patient and carer representatives, clinicians, vounteers and hospice provider to formulate ideas. This was undertaken between May and July.
b) Formulation of long list of options.
c) Short listing of options this has been completed in August and ratified by the Professional Executive Committee in September.
d) Full option appraisal of shortlisted options with stakeholder event to develop benefits criteria in October.
e) Consultation with all stakeholders and local community on appraised options. November - January
f) Paper to PEC and Trust Board with recommended option. January –February.

Consultation will include distribution of a consultation document which describes the options, the benefits and disbenefits, with a robust feedback mechanism. Public meetings in a range of venues both locally near Weybridge but also across the wider north surrey population. Visits to local groups and stakeholders to invite their contributions and views. This would be supported by media coverage.

1 Objectives of the review

- Meeting the palliative care needs for cancer and non-cancer patients in North Surrey PCT
- Developing capacity within Primary Care to deliver more services, meeting the PCT demand management programme and practice aspirations.
- Making best use of the accommodation at Weybridge delivering services to meet the needs of the population of North Surrey
- Creating a sustainable unscheduled care service across the whole system

2 Background.

The PCT Board adopted the Vulnerable Adults and Older People strategy which develops a centre of critical mass for rehabilitation beds at Walton Hospital with the 10 rehabilitation beds at Weybridge moving to Walton in December 2004.
At the same time Princess Alice Hospice were planning a major rebuild of their Esher facility and were seeking temporary accommodation. It was agreed that they would lease the Corrie Brown area and the unit would be run as an integrated entity with Sam Beare for 18 specialist palliative care beds.
The lease agreement runs until approximately June 2006 when Princess Alice will return to their new premises in Esher. This could be as early as March 2006 but is dependent on the building timetable.

A business case has now been agreed by the Strategic Health Authority for capital to further increase the number of beds at Walton for rehabilitation and develop a rapid access service for Older People to have multidisciplinary consultant led assessment and diagnostics.

3 The history and services currently at Weybridge Hospital

Weybridge has had its own cottage hospital since 1889. It was built originally in Balfour Rd and the land on which it was built was purchased by Dame Ethel Locke King and donated to the trustees of the hospital. The old hospital was renamed the Locke King Clinic. Hugh Locke King donated the whole of the Vigo House estate in Church Street for the building of the new hospital. This was built by donations from local people and completed in 1927. It has provided medical care for the people of Weybridge since that time. Before it was rebuilt in 1999, the hospital comprised of the Sam Beare Hospice Ward, the Richard Jenner Day Unit, the Corrie Brown ward and the Ted Bradley Ward plus physiotherapy, orthopaedic rehabilitation, X-Ray and various out-patient clinics.

When the hospital was rebuilt, the Ted Bradley Unit for physically disabled people was moved to Woking Hospital. The Corrie Brown Ward of 10 beds for rehabilitation and the Sam Beare Unit of 8 beds for palliative care and the Richard Jenner day unit remained. As described earlier, in 2004 the beds on Corrie Brown Ward were transferred to Walton Hospital and the space they released was leased to the PAH for use while their Esher facility was being rebuilt.
Weybridge Hospital is sited in West Elmbridge and is defined as a Primary Care Centre with a Specialist Palliative care unit. It has two GP Practices on the first floor and a busy Walk-in Centre. Physiotherapy, Speech Therapy, Podiatry Audiology and dental out-patients provide ambulatory care. There is a modern X- ray facility. Upstairs holds office space for Social Services, Health Visiting and District Nursing and Night Nursing and community mental health nursing.

4 Strategic context for decision making

- **Acute reconfiguration and whole system capacity**

The changes within the acute sector will mean a reduction in acute capacity supported by increases in the community. The potential capacity within weybridge hospital must support the reconfigeration agenda and deliver additional provision (not necessarily beds).

- **Financial balance**

The health system is in financial deficit. The implementation of Payment by Results means that the PCT will now pay on a ‘cost per case’ basis at a national tariff for every hospital admission. This has been implemented for elective care in 2005/06 and is likely to be rolled out to unscheduled care next year. The principles of PbR have been adopted in the service level agreements with acute trusts for all services this year. The special assistance provided to the health economy last year of £13.5M is not available this year which has left considerable pressure on budgets, which will probably worsen next year. Therefore any developments at Weybridge must support financial recovery or be self funding through savings elsewhere in the system such as admission avoidance to acute services.

- **Vulnerable Adults and Older People strategy**[1]

The PCT has adopted this strategy of developing community services to increase capacity and reduce reliance on acute services. The strategy describes how community hospital pathways will support rehabilitation by creating Walton Hospital as a rehabilitation focus

[1] Vulnerable adults and Older People strategy Jacqui Smart

and rapid access care for older people. The favoured option for Weybridge should fit within the overall direction of travel within this strategy.

- **Unscheduled Care strategy**

The PCT is developing it's framework for unscheduled care with close links to the demand management programme. The services are changing with the opening of a Walk In Centre (WIC) at Ashford Hospital in 2005, the continued increased attendances at Weybridge WIC and the creation of a Primary Care Front door at St Peters in A&E plus the development of a Minor injury and treatment room service at Walton Hospital. There is also a pilot approach to developing a spectrum of minor injury and treatment room provision within primary care throughout the PCT area. The GP OOH service is under review with potential to create an integrated system with unscheduled care providers. The services are all experiencing increased demand with large increases in the numbers of self referrals being made to SPH A&E department. The numbers of emergency admissions to Ashford and St Peters is continuing to rise, causing serious financial concern.

- **Demand Management Programme**

The financial position of the PCT, implementation of Payment by Results, reducing waiting time targets and the continued growth in emergency attendances and admissions to the acute sector have come together to make it essential that the PCT has a robust demand management programme which will be the marker of success or failure of a sustainable financial future. Developing successful alternatives to acute care at similar quality and less cost is a key component of the programme plus methods of managing the unscheduled care demand as described above.

- **Palliative care developments**

Weybridge Hospital currently has a palliative care focus alongside the primary care provision and WIC. NICE has published clinical guidelines for Improving Supportive and Palliative Care for Adults with Cancer which can also be applied to non cancer patients in need of palliative care. The Long Term conditions NSF sets an expectation for the development of specialist palliative care services for end of life care for people with long term neurological conditions.

5 Drivers for change

- **WIC and location in Weybridge**

The WIC facility at weybridge is experiencing recuitment and retention difficulties. Recently, it has reduced opening hours to maintain safe staffing levels. The facilities occupied by the WIC on the first floor are no longer considered 'fit for purpose' and focus groups have been meeting to plan for relocation to the ground floor. As well as attendances outgrowing the available space, the position on first floor gives rise to various clinical risks. The S4 review across Surrey and Sussex makes recommendation for unscheduled care which support integration of access points into larger emergency care centres.

- **Palliative care needs and NICE guidance. Long term conditions NSF**

As described below the epidemiological studies suggest a requirement for additional palliative care beds for North Surrey population to cater for non cancer patients who currently only make up about 10% of the in-patient workload. The new Long Term conditions NSF as described above and shown in Appendix 4 requires the PCT to develop plans to meet the palliative care needs of these patients. Links need to be made with the additional capacity that will be available at Princess Alice following their re-opening in 2006 although it is not clear how much of this would be accessible for North Surrey residents.

- **Strategic Health Authority capital**

The PCT LDP flagged the requirement for SHA capital to support the creation of additional community capacity as part of the acute reconfiguration. Subject to suitable business cases, the SHA have indicated that c£2M could be made available. This is a one-off opportunity, the benefits of which must be maximised for the widest possible remit. Some of this funding has now been accessed for the developments at Walton described above.

- **Strategic Service Development Plan (Health Centre developments)**

There is a serious and urgent requirement for the PCT to develop a strategy and timetable for health centre and primary care premises developments. This needs to take into account the state of the current estate, epidemiological health needs and health equity audit plus strategic service developments such as primary care enhanced services. The GP practices in Weybridge hospital have aspirations to develop more enhanced services for the local community but are constrained by the lack of space.

- **Local community aspirations for the hospital site**

The local community in Weybridge have a high commitment to their local hospital and the services it provides. It is essential that they are taken with the PCT in the decision making process and fully involved in developing the options. This is also essential for all staff involved with Weybridge.

- **Use of corrie brown ward after PAH return to Esher**

The lack of certainty about the future will begin to impact on staff recruitment and retention. Staff will be involved in the development of options.

6 The Unscheduled care strategy

The PCT is working up a strategy for unscheduled care which aims to:

- Reduce admissions to acute beds
- Reduce A&E attendances
- Provide appropriate care wherever the patient presents

It will cover:

- Tiered provision based on local access and development of primary care.
- Providing appropriate care wherever the patient presents.
- Integrated unscheduled care team response.
- Integrated GP OOH provision
- Integrated emergency and GP OOH call handling

The Unscheduled Care provision model

The model describes tiers of unscheduled care provision from very local access in general practice settings where enhanced treatment room facilities will provide immediate self referral access for patients with a minor injury as well as traditional treatment room services such as dressings and phlebotomy. These will provide services for any patient presenting and not be confined to patients registered with the practice.

The second tier of care describes enhanced minor injury and treatment room provision with the added facility of diagnostics such as those at Walton.

Walk in centres form the third tier providing a range of minor injury, minor ailment and diagnostic facilities at Ashford, Woking and Weybridge. The Primary Care Front Door at St Peter's site is co-located with A&E streaming suitable patients away from the main A&E. The Primary Care Front Door to A&E concept is currently being piloted at St Peters and it is

envisaged that this could develop into a GP supported WIC where GP and nurse unscheduled care provision will be integrated into a team approach providing advanced levels of triage and care utilising a range of professional skills appropriate to the presenting patient needs.
The final tier is the A&E at St Peters providing major emergency and trauma care.
The model described above is part of an emerging strategy which will build on this base. The current GP OOH provision is under review both for call handling and for response. The aspiration is to develop an integrated call handling service with Surrey Ambulance which would handle both 999 and GP OOH calls with potential inclusion of NHS direct and Social care. This would be supported by both basic and advanced clinical triage to stream calls and appropriate responses. It is intended to initiate a pilot from the Ashford WIC during the Autumn in partnership with the current OOH provider and the ambulance service.

7 Palliative Care system[2]

There is a complex provision system that lacks integration and overview leadership. Aspects of the service work extremely well and the integrated medical team is a feature. The 24 hour community nursing service is another benefit to support the palliative care services to patients. A key recommendation arising out of this review is to develop an integrated community and hospital service with unified leadership to ensure that an equitable high quality service is delivered to all the PCT population.

8 Epidemiological Needs Assessment.

In summary the report identifies that North Surrey has between 247 – 641 patients with cancer needing access to specialist palliative care team and of those between 148 – 247 will require inpatient services.
For cancer care it is estimated that North Surrey would require the following resources:
9 – 11 in patient specialist palliative care beds
2.1 – 5.3wte community based specialist nurses

For non cancer palliative care services North Surrey patients will need;
4-6 in patient specialist palliative care beds
Links with other disease specific specialist nurses or further paliative care nurses.

While focused on Cancer care, the NICE guidance recommends applying the same principles to patients requiring specialist palliative care for non cancer conditions.
Currently only about 10% of the inpatient activity is for non cancer patients but a higher % (about 25%) of the community support is for non cancer. This is supported by analysis of referrals to the Consultants which show about 12% of the referrals are for non cancer patients.
The Long Term Conditions NSF[3] recognises the need for improved palliative care provision for people in the later stages of long term neurological conditions and lays it out as a key Quality Requirement to improve the choices and support available for end of life care .

9 The options for appraisal

9.1 BEDS

The following are an agreed position statement:

- Beds are needed for specialist palliative care
- NHS funding is limited to 8 beds, no additional NHS monies

[2] Palliative Care mapping Nick Shaw
[3] Long Term Conditions National Service Framework Department of Health March 2005

- 8 stand-alone beds are not viable long term

Options to evaluate

- Redesignate other beds elsewhere to palliative care
- Enter into charitable sector partnership to support the number of beds we need.
- Extended day service alongside 8 beds will it help viability?
- Utilise additional capacity at hospice providers.

9.2 DAY CARE

The following are an agreed position statement:

- Day Care is needed

Options to evaluate

- Utilise expanded day care provision at Princess Alice
- Expanded day care provision at Weybridge
- Move day care provision with beds if they move to another site
- Create partnership with Borough council

9.3 Unscheduled Care/Walk In Centre

The following is an agreed position statement:

- •No change is not an option

Options to consider

- Move WIC to ground floor
- Change the model of service
  - •Integration with Primary Care
  - •Whole system unscheduled care

9.4 DEVELOPING PRIMARY CARE ASPIRATIONS

- Is space used effectively and efficiently throughout the building?
- Expand X ray availability and times of opening
- Expand range and availability of diagnostics for GPs
- Consider shared multifunction rooms
- Use of space to income generate – independent providers leasing**.**
- Create space for more primary care activity

Recommendation

- Independent space utilisation expertise to analyse.
- Is an extension the only answer?

10 Evaluation Criteria

Draft Benefits Criteria (For Discussion)		
Criteria	**Weighting**	**Defining factors**
Enables optimum organisation of clinical services		Enables delivery of service models Facilitates communication and co-ordination across all interfaces to create seamless care systems Provides optimum functional relationships and suitability for provision of modernised services Facilitates improvement/development of services in line with PCT principles and strategy
Strategic Fit & Coordination with Health, Social Care, Education & Voluntary Sectors		Enables delivery of relevant national and local service targets and standards Aligns with local health and social care and relevant education plans Improves alignment of service location with areas of higher depravation Maximises opportunity for partnership working including sharing/coordinating resources Enables/ does not compromise future, long term estate
Access and equity		Right service in the right place Enables progress towards equity of services provided Location maximises public transport use Good accessibility for staff

Modernised estate		Provides modern accommodation consistent with good practice and the consumerism agenda Reduces backlog maintenance to minimal levels Incorporates flexibility to accommodate future changes in service capacity and delivery
Promotes recruitment and retention		Provides opportunity to contribute to delivery of modern services Services provided in good quality accommodation with good functional relationships Appropriate staffing levels for services provided Access to back up in emergencies / periods of illness Facilitates improved internal training and development of staff (across the PCT)
Achievability		Continuity to service provision Likely to achieve support from town planners Land/development space is available Addresses public or other stakeholder concerns
Effective use of resources		Optimum use of land/estate Optimum team sizes for maximizing staffing efficiencies Economies of scale achieved to enable viability of local services. Assists delivery of target savings within LDP Contributes to delivery of energy management standards Can be accommodated within the local health