



## **EMBERBROOK CARE CENTRE, THAMES DITTON**

### **SURREY COUNTY COUNCIL'S LOCAL COMMITTEE (ELMBRIDGE AREA) 4 NOVEMBER 2003**

#### **SUMMARY:**

This report highlights local concerns about the loss of community beds at the Emberbrook Care Centre in Thames Ditton and invites members to consider whether they wish to express support for the campaign to save these.

#### **CONTEXT:**

In June 2003, the East Elmbridge and Mid Surrey Primary Care Trust (EEAMS PCT) gave one year's notice of its intention to terminate its contract for four beds in the George Tickler Wing of the Emberbrook Care Centre.

This is a matter of great concern to the local community and the Friends of Thames Ditton Hospital have campaigned vigorously to have this decision reversed. Full details of this are given in Annex A which is a briefing note prepared by the Friends of Thames Ditton Hospital.

In October 2003, Elmbridge Borough Council considered the issue of community beds at Emberbrook Care Centre as part of their consideration of the PCT's Local Delivery Plan for 2003-06. They objected to the proposal and agreed to seek further discussions with the PCT, the Surrey & Sussex Strategic Health Authority, and the Surrey County Council Select Committee.

To ensure that the Local Committee is given both perspectives on this issue, the EEAMS PCT was also invited to submit a briefing note(attached at Annex B).

#### **RECOMMENDATION:**

Members are asked to consider whether they would like to write to the East Elmbridge and Mid Surrey Primary Care Trust in support of the Friends of Thames Ditton Hospital.

**ELECTORAL DIVISION:** THAMES DITTON, Maggie Martin

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**ANNEX A**

**THAMES DITTON HOSPITAL:  
BRIEFING NOTE to MEMBERS OF THE  
LOCAL COMMITTEE FOR ELMBRIDGE**

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### THAMES DITTON HOSPITAL: BRIEFING NOTE

The present Thames Ditton Hospital was built to meet the health care needs, including rehabilitation and respite care, of the local population in the 21<sup>st</sup> Century. The Friends were informed at the beginning of June this year that the East Elmbridge and Mid Surrey Primary Care Trust had given notice that they will no longer provide any beds in Thames Ditton Hospital for short term intermediate care from the end of May 2004. In the EEMS Local Delivery Plan 2003-2006 the Thames Ditton Hospital was removed without any consultation.

The notes below outline the background and facilities currently and potentially available at the community hospital and the main issues concerning the provision of health services by the NHS at the hospital.

#### 1. **Origins:**

Thames Ditton Hospital consists of a 14 bed unit with accommodation specifically designed for a number of other intermediate care facilities located next door to, but separate from, the Emberbrook Care Centre in Thames Ditton. It was opened in 1999 as part of a PFI type arrangement between the NHS, Primary Medical Properties and Bettercare (who run the Emberbrook Care Centre), following an independent survey commissioned by the East Surrey Area Health Commission in 1995.

It is now within the boundaries of the newly constituted East Elmbridge and Mid-Surrey Primary Care Trust which was set up in Spring of 2002.

Since it was built and contrary to assurances provided at the time by the Health Authorities, only a limited number of the beds have been used by the NHS and the plans for additional facilities included in the plans (minor surgery unit, general dental practice, X-ray unit, physiotherapy unit) have only been implemented to a very limited extent.

#### 2. **Background:**

The hospital has been designed and built to the highest health care standards and provides 'top of the range' accommodation for rehabilitation and respite ('step down' and 'step up') care, mainly for the elderly. We understand it is the most recently built 'community hospital' certainly within this PCT area and possibly within the region. (NB. East Surrey are now planning to develop Oxted Community Hospital along very similar lines, attaching it to a private nursing home).

From the outset nursing care has been provided to meet (or exceed) NHS standards for an intermediate care unit. A wide variety of conditions have been treated by the staff at Emberbrook (see attached note). The PCT have failed to advise us, in spite of repeated requests for a response to our letter of 22 November 2002, of any conditions which other community hospitals can cater for but which cannot be accommodated at Thames Ditton.

The hospital is ideally placed to relieve pressure on more expensive acute hospitals by providing intermediate care to patients who are not ready to return home (perhaps because they need further physiotherapy or monitoring) but who no longer need the high maintenance care provided in acute general hospitals. These tend to be older patients, many of whom are living alone and whose neighbours, friends and relatives (if they have any) are also elderly and infirm.

The League of Friends (which was instrumental in getting the hospital built) has been actively working to persuade the PCT to make greater use of the facilities the hospital offers. Although 14 beds were built into the plans, the PCT has, for the last two years, only contracted for 4, and for the year prior to that, 6 beds.

**3. PCT refuses to acknowledge the existence of Community Hospital at Thames Ditton**

In their original consultation document (June 2001) outlining proposals for the East Elmbridge and Mid Surrey Primary Care Trust, the future PCT makes the following statement in relation to community hospitals in the area:

*'A particular feature of the local area is our rich inheritance of community hospitals, which are much loved and valued. We see these as playing an important role in the future, as part of an integrated network of accessible facilities, providing a wide range of health and social care services tailored to the needs of local communities and the way modern health care can be delivered.'*

A Primary Care Trust for East Elmbridge & Mid Surrey: Consultation Document. June 2001

A map entitled 'Community Hospitals in East Elmbridge and Mid Surrey PCT' specifically shows 6 community hospitals: Dorking Hospital, Leatherhead Hospital, The New Epsom & Ewell Cottage Hospital, Cobham Cottage Hospital, Molesey Hospital and Emberbrook Community Centre for Health (now known as Thames Ditton Hospital).

[It should be noted that there were no proposals for a Community Hospital at Banstead and none have featured in any NHS strategic or local development plan.]

The service model described in the Consultation Document and shown in Figures 5 (page 11) and 7 (page 15) sets out a service model based on integrated primary care being developed at Local Care Centres being developed on the same site as community hospitals providing more specialised facilities including beds for intermediate care, minor injury units and/or 24 hour primary care service. This model exists at Thames Ditton today.

In spite of this clear recognition of the community hospital in Thames Ditton, we are particularly disturbed that this PCT has totally ignored its very existence in their Local Delivery Plan and has clearly made efforts to discredit the status and competencies of Thames Ditton Hospital. In view of the statutory duty of PCT's to consult when planning a change in local health services, we also consider that it is likely that the PCT have not fulfilled their legal obligations to consult prior to removing a service.

In correspondence from the PCT it has been suggested that Thames Ditton/Emberbrook cannot provide community hospital facilities because:

- i) It is claimed by the PCT it is registered as a nursing home.  
The implication of this is that it cannot therefore provide the services of a community hospital. This is emphatically refuted. We understand that there is no registration for NHS hospitals (*see note from Helen Tucker at Appendix 2*). For good financial reasons agreed by the NHS at the time it was built, the hospital is 'attached' to a private nursing home. However the nursing care provided (as specified by the NHS) is of a higher standard than that required by the NHS for nursing home beds. The whole complex of the Emberbrook 14 bed NHS wing, health centre and clinic at Thames Ditton constitutes an intermediate care unit capable of providing the same services to the local community as an NHS community hospital.
- ii) Has insufficient nursing resources available to cater for the conditions entrusted to community hospitals.

This also has been refuted as the nursing standards provided by Bettercare at Emberbrook contractually have to meet NHS requirements. Appendix 3 lists a range of conditions treated at Emberbrook.

We understand that according to a recent Royal College of Nursing survey, the nursing resources provided under this contract are in practice in excess of that achieved on average in acute NHS hospitals.

**4. Patients' needs in this area are being ignored.**

The Dittons (Thames Ditton and Long Ditton), Hinchley Wood, Esher, Claygate and Weston Green wards together make up just over 12% of the area covered by East Elmbridge and Mid Surrey Primary Care Trust.

In addition there is a higher than average elderly population in this part of the borough. This is supported by the findings of the survey conducted on behalf of the NHS in 1995, namely:

- a. Highest proportions of elderly living alone in Elmbridge are in Thames Ditton and Long Ditton".
- b. Highest proportion of over 65 years in Elmbridge is in Thames Ditton.
- c. High numbers of over 85 years, particularly in Thames Ditton and Long Ditton.

In terms of heads of population alone, without regard to the age profile, this area is clearly disadvantaged if it has no community hospital with in-patient facilities for intermediate care patients. On a basic statistical level this is amply demonstrated by the following figures:

<u>Dorking:</u>	Population 38,000. Number of community hospital beds: 28. Ratio: 1 bed per 1357 head of population.
<u>Epsom and Ewell:</u>	Population 78,900. Number of community hospital beds: 20. Ratio: 1 bed per 3745 head of population. (This is presumably offset by the close proximity of Epsom General Hospital).
<u>Leatherhead and Cobham:</u>	Population 64,000. Number of community hospital beds: 49 (made up of 29 at Leatherhead and 20 at Cobham). Ratio: 1 bed per 1306 head of population.
<u>East Elmbridge (area served by Molesey and Thames Ditton Hospitals):</u>	Population 52,000. Number of Community Hospital beds, <i>excluding</i> Thames Ditton Hospital: 25 Ratio: 1 bed per 2080 head of population.

**Community Hospital catchment areas and number of beds**

Cobham & Oxshott -	18,560	20 beds
Epsom & Ewell -	78,900	20 Beds (close proximity to Epsom General Hospital)
Dorking -	38,000	28 beds
Leatherhead -	45,440	29 beds
Molesey -	19,000	25 beds
Claygate, Esher, and the Dittons area -	33,000	No beds (14 built at Thames Ditton in 1999)

In addition, the insufficient provision of intermediate care services for this area necessitates visiting friends and family to travel some distance. This particularly disadvantages the elderly as there is no direct public transport from much of East Elmbridge to Molesey and the other community hospitals in the PCT area.

These concerns have been supported by the *full* Council of Elmbridge Borough who passed (without objection) the following resolution at their meeting on September 24<sup>th</sup>. This was originally passed by the EBC's Overview and Scrutiny Committee following a presentation by Alan Kennedy and Angela Moon of EEMS PCT :

*"Elmbridge Council having considered the Local Delivery Plan 2003 - 2006 of the East Elmbridge & Mid Surrey NHS Primary Care Trust, notes that there is a clear departure from the priorities put forward by the Trust's predecessor authority and registers its grave concern in the fundamental change in service provision for the communities of Claygate, Esher, Hinchley Wood, Long Ditton, Thames Ditton and Weston Green, contrary to the Trust's own stated priorities of "strengthening current, and developing new, more local services." The Council will lodge a formal objection to the East Elmbridge & Mid Surrey PCT Local Delivery Plan 2003 – 2006 to the Chairmen of the East Elmbridge & Mid Surrey PCT, of the Surrey & Sussex Strategic Health Authority and of the Surrey County Council Health Select Committee and will seek meetings with a view to having discussions regarding the provision of community hospital beds in the Claygate, Esher, Hinchley Wood, Long Ditton, Thames Ditton and Weston Green area.*

*The result of the meetings to be reported back to a meeting of the Community Affairs Overview and Scrutiny Committee."*

**5. Lack of rehabilitation community hospital beds in the area.**

The PCT has repeatedly insisted to the Friends that there is no need for the beds at Thames Ditton. However information we have 'on the ground', suggests otherwise. Just recently we have become aware of several cases where patients should have been accommodated in Thames Ditton but the beds were full. There have been three such cases in the month of August alone, including our former Chairman Sir Curtis Keeble. In some cases these patients have had to stay longer in Kingston and in others patients have been transferred to totally unsuitable hospital accommodation (e.g. in Tolworth). We are also aware that local GPs have had problems getting access to beds both at Thames Ditton and Molesey.

**6. Financial case**

The PCT claims that 'extensive research' suggests that the price of the beds contracted from Bettercare are 25% more expensive than alternatives in other community hospitals. We contend that the calculations have not been done on a 'like for like' basis:

- no account has been taken of the capital costs involved
- no distinction is made between rehabilitation beds and nursing home beds.

[Independent advice suggests that Bettercare's price is competitive. This would seem to be supported by the 'reference fee' charges which come into effect from October 1<sup>st</sup>.]

**7. Opportunities to develop services and facilities in line with latest NHS plans are effectively being rejected.**

The Government has made clear in various Department of Health (DoH) and National Audit Commission (NAC) papers about NHS reforms (in particular the National Beds Inquiry in 2000, the NHS Plan 2000, the NAC Report 'The Way to Go Home' and Keeping the NHS Local, 2003) that local community hospitals are seen as an efficient

means of reducing the pressures on costly acute beds in General Hospitals, and thereby improving the overall level of primary care services. Recent publicity about the reduction in recent years in the number of beds in acute hospitals and concerns expressed by Help the Aged support the general need for community hospital intermediate care beds particularly for the elderly.

The facilities and accommodation already available to the NHS in Thames Ditton Hospital fits very closely with the planned future development and direction of the NHS, and with the guidance relating to technological developments which anticipate increasingly sophisticated day surgery, exploring networking between small and large hospitals and including the potential of telemedicine.

The obvious potential of the hospitals such as Thames Ditton is clearly recognised in the DoH paper 'Keeping the NHS Local':

*"It is an exciting time for smaller hospitals in particular, as their traditional roles are developing and changing as they can provide a more integrated range of modern services at the heart of the local community."*

Significantly, the present Thames Ditton Hospital was specifically developed with a view to meeting identified requirements for the following:

- GP Surgery (established)
- Dental Unit (only used for special needs patients, no GP Dentist).
- Minor surgery (not provided)
- Out of Hours minor injuries unit (not provided)
- X-Ray Unit (not provided-suitable lead lined accommodation available)
- Out-patient clinics/Consultant Outreach Clinics (limited use)
- Variety of Therapy services (with the exception of some physiotherapy)

Further investigation in the light of present thinking may identify a wider range of services which could be accommodated in the future possibly including for example, facilities for patients with chronic chest conditions and developments in telemedicine. For the present however this hospital already has the capacity to be an efficient centre for intermediate care services for the local community in the same way as Molesey and Cobham community hospitals.

## **8. Conclusion**

It is recognised both by Elmbridge Borough Council and by the Friends that there is a need for all three community hospitals in this area, namely Cobham, Molesey and Thames Ditton, to provide in-patient intermediate care facilities for the local population.

Improvements in health services are no doubt helping some patients to return earlier to independent life within their own homes; however many conditions will continue to cause a high degree of temporary incapacity particularly amongst older patients who therefore require in-patient non-acute hospitalisation with active rehabilitation facilities, therapies and assistance available (i.e. intermediate not nursing home care). Above all, it seems to be foolhardy in the extreme for the NHS to withdraw the services at Thames Ditton, when local experience as well as statistical evidence (in the form of both the present population profile as well as demographic trends) all points towards a clear need for intermediate beds both now and for the future.

**Appendix 1**

**HISTORY AND BACKGROUND OF THAMES DITTON HOSPITAL**

Until 1985 Thames Ditton had its own cottage hospital which had 14 GP beds, its own operating theatre, physiotherapy, X-ray, minor injuries treatment room and outpatients consulting rooms. Subsequent to its closure there was a continuing campaign to have a similar health facility reinstated to cater to the high proportion of elderly people in this part of the borough.

In 1995 discussions with the Chairman and Chief Executive of the East Surrey Health Commission (later the East Surrey Health Authority) led to the Commission undertaking an independently commissioned survey of the demand for primary care beds in the Thames Ditton - Esher area. This clearly established that there was a need for a 14 bed facility for short term rehabilitation and respite together with a wide range of supporting facilities. The League of Friends therefore initiated negotiations with the Milk Marketing Board for acquisition of a two acre site at Giggs Hill Green.

Employing PFI funding practices, the site was purchased by Primary Medical Properties who developed one half for GP and Health Centre facilities; the other half was developed by Bettercare for the nursing home and 14 bed NHS ward, now known as the George Tickler Wing (at the Thames Ditton Hospital). The NHS wing is equipped and staffed to standards required by the NHS. As a result the NHS has been able to obtain a 14 bed community hospital and health centre at no capital cost to the taxpayer.

Both the agreement providing for the acquisition of the site and the planning consent were explicitly based on a community use which includes the 14 bed NHS wing as an essential element. In giving outline planning consent (application 95/1599) for healthcare use, Elmbridge Council included a provision that *'other than with the express consent of the Borough Council, the health care uses hereby permitted shall be for the benefit of the local community at large'* (i.e. for NHS patients).

[It is worth noting – if only because many present Thames Ditton residents used the service - that a number of the primary care services which the government currently suggests should be supplied at a local level, were available 30 years ago in the old Thames Ditton Cottage Hospital. There is apparently no intention within the Local Delivery Plan to bring the range of locally provided health care services up to this level even though the number of elderly people living alone in this area has dramatically increased in the intervening years].



**Appendix 2**

*The following note was provided to the Friends in the late summer of 2002 by Helen Tucker, MHSM DipHSM, of MSN Ferndale Ltd, a Researcher and Management Consultant specialising in intermediate care, community care, primary care and community hospital services. HT was involved with the Friends in 2002 (prior to the publication of the PCT's Local Delivery Plan in 2003) to advise on the case for further development of Thames Ditton Hospital, in accordance with the original NHS intentions.*

**BRIEFING NOTE TO LEAGUE OF FRIENDS – EMBERBROOK CARE CENTRE**

**REGISTRATION FOR INTERMEDIATE CARE**

Although the majority of nursing homes are for frail older people who require continuing care, the registration category is also formally used for a wide range of health services for all ages. It is not clear what the PCT reservations are with regard to this registration, and these would need to be articulated in more detail. It is suggested that the League of Friends asks the PCT to put its concerns in writing, so that they can be responded to. *[This we did but despite several letters we received no response]*. The PCT strategy for Intermediate Care refers to a future commissioning plan for 10 additional nursing home beds for intermediate care purposes, so presumably the principle of using independent nursing home beds for intermediate care is accepted by the PCT.

The definition of Intermediate Care agreed in the meeting was the definition issued by the Department of Health with very clear guidelines (for patients who are medically stable, require a maximum of 6 week stay, have a clear programme of care/rehabilitation, be in a separate unit etc). Bettercare stressed the fact that Intermediate care is a defined model of care that is quite distinct and separate to its continuing care for older people.

The Health Service Circular HSC 2001/2 sets out guidance on the new intermediate care services to be commissioned by the NHS. The section headed Service models 14. Page 7 appears to mirror the George Tickler service:

Residential Rehabilitation: a short-term programme of therapy and enablement in a residential setting (such as a community hospital, rehabilitation centre, nursing home, or residential care home) for people who are medically stable but need a short period of rehabilitation to enable them to re-gain sufficient physical functioning and confidence to return safely to their own home. This may range from around 1-2 weeks (e.g. for pneumonia) to 4-6 weeks (e.g. following major surgery) or slightly longer (e.g. for frail older people recovering from major trauma). It will typically involve input from nurses, care managers and a range of allied health professions (e.g. physiotherapists, occupational therapists, speech/language therapists, psychologists, dieticians), supported by auxiliary care staff, to maximise patients'/clients' residual functions and equip them with skills for independent living. Residential rehabilitation may be 'step down', i.e. following a stay in an acute hospital; or it may be 'step up', i.e. following a referral by (say) a GP, social services or rapid response team and following full assessment (including medical assessment) in cases which would otherwise necessitate acute admission or admission to longer-term residential care;

The NHS Plan 2000 makes a commitment to provide an additional 5,000 intermediate care beds by 2003/04.

This definition appears to mirror the service currently provided in the George Tickler Wing.

### **Formal Registration of ECC as Nursing Home**

All independent hospitals were formally registered under the Registered Homes Act as nursing homes prior to the creation of the National Care Services Commission. There was no registration status for hospitals as such.

Under the sub-categories of nursing home registration, there was a requirement to specify the services required. These included acute hospital care, surgical services, mental health services, learning disability services, rehabilitation etc.

So all independent hospitals, including BUPA hospitals, were formally registered as nursing homes. This did not limit what these hospitals were able to provide.

Emberbrook Care Centre was registered with East Surrey Heath Authority in October 1998. ESHA's policy at the time was to restrict the size of registered homes to a maximum of 50 beds. As a consequence, ECC was registered as two separate homes – the 1<sup>st</sup> floor Mole & Wandle Houses comprising 38 beds elderly mentally infirm (dementia) and the ground floor George Tickler Wing & Ditton House comprising up to 30 beds for acute and continuing care of the elderly, up to 10 beds for intensive rehabilitation for those aged 40 years and over and up to 10 beds for short term and respite care. Maximum total 30 beds. This provides maximum flexibility for the 14 bedded George Tickler Wing to provide short stay rehabilitation as per the original contract for 6 beds (subsequently reduced to 4 beds) with Kingston and District Community NHS Trust. These registration categories were agreed with East Surrey Health Authority Registration & Inspection on the basis of the services provided.

Under the Care Standards Act 2000, all previous registrations under the Registered Homes Act 1984 were automatically transferred to the National Care Standards Commission in April 2002. We are still awaiting the new certification but it is clear that any changes to categories of care must be sought by a Variation in Registration Category Application. As we have not changed the service we provide at ECC we should not need to make such an application, although we could apply to change the age restriction. We will however definitely apply for a variation to bring both floors under a single registration and manager as the previous condition is obsolete now that the HA's responsibilities have been passed to the NCSC.

### **Registration Criteria for Referral including Age**

The age criteria for the nursing home needs to be specified for registration. For the ECC rehabilitation/intermediate care beds, this is 40 years and over. In other Bettercare Intermediate Care facilities it is over 18 years. Bettercare have an agreement with the local registration authority that referrals outside of the registered age banding would need to be notified to them. There is flexibility about admissions to the 4 beds in the ECC. Registered nursing home beds are not necessarily just for older people.

**CONDITIONS TREATED AT EMBERBROOK, NOV 2002**

- **Post Orthopaedic surgery including:**  
Total hip replacement, knee replacement,  
Fractures  
Post spinal surgery  
Reconstruction of ankle joint
  
- **General surgery:**  
Mastectomy  
Laparotomy  
Bowel re-section  
Post suturing of liver (following accident)  
Varicose veins  
Hernia repair
  
- **Cardiac:**  
Post op cardiac by-pass surgery  
Post coronary thrombosis management  
Post chest infection  
Post pneumonia  
Post-Cerebral Vascular Accident (Stroke)  
Gynaecological: hysterectomy  
Diabetes  
Blood dyscrasia (investigations)  
Cataracts (post op)  
Terminal care (linking in with Princess Alice hospice and Macmillan Nurse care)  
Dialysis (for investigations, visiting St George's for dialysis)  
Holiday respite  
MS (multiple sclerosis) care
  
- **Facilities provided (by NHS):**  
Physiotherapy (currently one day a week)  
Occupational therapy – on request  
Speech therapy – on request
  
- **Staffing:**  
Staffing on George Tickler (NHS) wing is provided on basis of 70% trained to 30% care assistants. (Nursing home staffing is on 50/50 basis)  
  
Qualified staff, who have extensive clinical experience and advanced life support skills, also include the following:  
  
Barry Smith: RGN, B.Tec in General Management, Cert. In Anaesthetic and recovery nursing (EMB182) , Certificate in Care of the Elderly (EMB 941), 25 years experience as clinical nurse specialist and general manager in Accident and Emergency and trauma services (East Surrey Hospital, Redhill).
  
- **Keeping up to date on NHS issues:**  
At least one person from Bettercare regularly attends meetings with the Molesey team to discuss clinical issues, procedures and policies which relate to NHS patients.
  
- **Equipment:**  
The equipment held by the Centre includes basic physiotherapy equipment and an ECG machine. It is anticipated that the League of Friends will also supply the Centre with a de-fibrillator and make appropriate arrangements for all staff to be suitably trained. (*Now supplied*).

**ANNEX B**



**Briefing Paper for Surrey County Council**

**Background**

1. Prior to taking up his appointment as Chief Executive with East Elmbridge and Mid Surrey PCT in October 2002, Alan Kennedy met with Cllr Lyon and representatives of the Friends of Thames Ditton Hospital. At this meeting, Cllr Lyon presented the case for extending the PCT's contract with Bettercare (the private company that runs the nursing home at Emberbrook) from 4 to 14 beds, i.e. all of the beds in the George Tickler wing. Mr Kennedy promised to consider the matter and let the Friends have an answer by the end of the financial year.
2. A review of the PCT's intermediate care bed provision was therefore undertaken. At a meeting with Cllr Lyon and officers of Elmbridge Borough Council on 26 March 2003, Dr Kennedy stated that the review had indicated a number of serious issues. These included the following:
  - Need – the PCT was relatively well provided with intermediate care beds (see 4 below). There was no evidence of need to support increasing the number of beds from 4 to 14 at Emberbrook. One of the reasons for this was that the occupancy rate was significantly less than 100%. Also, it was considered that the money could more effectively be spent on providing support to patients in their own homes following discharge from hospital.
  - The PCT considers that it is important to have flexibility in the way in which services are provided. As such, because the PCT has no beds for the elderly mentally ill, an option which is being explored with Bettercare, is whether they could contract to provide EMI beds, for patients within the PCT's area.
  - Cost – the Emberbrook contract was expensive compared to NHS provision. At current prices, each bed cost about £30k per annum; to increase the contract from 4 to 14 beds would therefore cost an additional £300k. The PCT could commission a vacant ward in one of its community hospitals at a cost of about £25k per bed per annum. (Since the community hospitals are all owned by EEMS PCT, the PCT has to cover the fixed costs – rates, heating, lighting, maintenance etc – on an on-going basis regardless of whether the beds within them are occupied or not.) The review has also showed that, to commission just 4 beds elsewhere within the NHS would be less expensive.

Mr Kennedy made it clear that there was no problem in principle with services for NHS patients being provided at the Emberbrook site, provided that these could be reasonably justified in terms of patient need and value for money.

3. There are 5 community hospitals in EEMS PCT – Cobham, Epsom & Ewell, Dorking, Leatherhead and Molesey (see also 4 and 5 below). Thames Ditton Hospital was demolished several years ago prior to the inception of the PCT in 2001. The perception and expectation of the Friends of Thames Ditton Hospital is that the 14 beds in the George Tickler wing at Emberbrook would replace the former hospital. However, the facility at Emberbrook is a privately owned nursing home, run on a for-profit basis, and is not owned by the NHS. The arrangements are governed by contract.

### **Current Health Provision in East Elmbridge**

4. Current facilities in the eastern part of the borough include,
  - Cobham Community Hospital (20 beds)
  - Cobham Health Centre (GP practice, out patients, district nursing and health visiting)
  - Emberbrook Centre (GP practices, district nursing and health visiting, community dental service, outpatients, podiatry, eye clinic, physiotherapy)
  - Molesey Clinic (district nursing and health visiting, school nursing)
  - Molesey Hospital (25 beds, X ray, outpatients, physiotherapy)

The above facilities are owned or leased by the PCT or GP practices.

- Home of Compassion, Thames Ditton – this is a nursing home run by a charity. The PCT contracts for 10 continuing care beds, and (jointly with East Elmbridge and Mid Surrey Adults and Community Care) for 8 step down beds.
- Emberbrook Centre (George Tickler wing) – this part of the Emberbrook centre is a private nursing home.

The contract provides that Bettercare will guarantee 4 beds for the use of the PCT, providing the PCT pays the full cost of all 4 beds, whether they are occupied or not. Bettercare will also provide a further 10 beds (subject to availability and notice) if these are required by the PCT. Besides Cobham and Molesey, the PCT has 3 other community hospitals – Dorking, Epsom & Ewell and Leatherhead, totalling 122 beds. Several parts of the PCT have no community hospital – e.g. Banstead, Claygate, Esher.

### **Local Development Plan 2003-2006**

5. The PCT's Local Development Plan was agreed in discussion with local stakeholders. It is accepted that the process for the first year of the new LDPs was carried out within a tight timescale. Nonetheless, 3 external consultative meetings were held during January/February) and Melanie Bussicot and Janet Cooke attended for Elmbridge Borough Council. The final version of the LDP was agreed by the PCT's Board on 31 March 2003. The LDP includes specific reference to the development of a Diagnostic and Treatment Centre at Cobham, and to the development of the 5 community hospitals. Thus the residents of East Elmbridge are set to benefit from further investment on both the Cobham and Molesey sites.
6. There is no reference in the LDP to developments at Emberbrook in terms of beds. Since the PCT does not own or lease the building, the only possible "development" would be to increase the number of beds contracted for – and as already indicated in 2 above, this could not be justified on need or cost grounds. However, this does not preclude the development of other primary/community services in the adjacent building at Emberbrook.

### **Cobham Diagnostic and Treatment Centre**

7. The PCT requires additional capacity to meet the government's waiting list targets i.e. that no-one waits for longer than 6 months for an elective procedure or 13 weeks for an outpatient appointment by March 2005. One of the ways we intend to tackle this is by developing a Diagnostic and Treatment Centre (DTC) in the 7000 sq feet of vacant 'shell state' accommodation at Cobham Hospital, which has been vacant since the hospital was opened in 1996. The DTC, due to open in October 2004, will provide a range of day case surgery, diagnostic procedures, outpatients and enhanced primary care services, e.g. intermediate diabetes care and surgical podiatry.

**Present Position**

8. The PCT has given notice on the current contract with Bettercare, and is arranging to meet representatives of the company to discuss the provision of EMI beds for NHS patients at Emberbrook. This meeting will take place on 24 October.
  
9. Alan Kennedy met with representatives of the Friends of Thames Ditton Hospital on 24 September. It was agreed that the PCT would undertake a needs assessment of demand for inpatient intermediate care beds in the Thames Ditton / Molesey areas based on
  - Usage patterns
  - Population / Age Structure
  - Evidence from key stakeholders.

This work will be completed by early December.

17 October 2003