Agenda

- The proposed consultant led clinical model of care – Mr Edward Palfrey, Medical Director, Frimley Park
- Investment in Cranleigh, then and now – Mrs Karen Thorburn, Director of Nursing, Surrey Community Services
- What this means for Milford and Cranleigh – Mrs Jill King, Programme Director, NHS Surrey
Right team, right time: proposals for rehabilitation care in Guildford and Waverley
Menu of care options

Consultant-led multidisciplinary assessment

- Acute hospital
- Specialist rehab unit
- Home with support if needed
Long term care and support pathway

- Post acute stroke rehabilitation
- Acute hospital
- Consultant-led multidisciplinary assessment
- Specialist rehab unit
- Home – no rehab
- Rehab at home
- Domiciliary therapies
- Day hospital
- Intermediate care

Long term care and support pathway
Non-elective orthopaedic rehabilitation

Pathway A
Non-complex

Pathway B
Pathways with LTC

Pathway C1
Complex patient

Pathway C2
Complex patient returning to nursing home

Consultant-led multidisciplinary assessment

Acute hospital

Outpatients and community therapy

Multidisciplinary support at home

Specialist rehab unit

Back to nursing home

Acute hospital

Multidisciplinary support at home

Specialist rehab unit

Back to nursing home
### Principles for clinical effectiveness and patient safety – critical mass

<table>
<thead>
<tr>
<th>Clinical governance and patient safety</th>
<th>Provide adequate supervision</th>
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<tbody>
<tr>
<td>Ensure economies of scale e.g. consolidating specialties and sharing staff</td>
<td>Ensure quality and seamless care</td>
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<tr>
<td>Maximise opportunities for career progression</td>
<td>Provide contingency cover</td>
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<tr>
<td>Ensure skill transfer and personal development</td>
<td>Safeguard continuity of service</td>
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Cranleigh 2005

- Outpatient services (paediatrics, cardiology, gynaecology, ENT, orthopaedics, elderly care, minor surgery, lymphoedema)
- Community physiotherapy
- Community occupational therapy
- Primary care mental health counselling
- Inpatient beds (14 GP led)
- Day hospital
Cranleigh 2009

- New outpatient services (general surgery, neurology, ophthalmology, pain management, dietetics)
- Falls Service
- Single point of access for community assessment and rehabilitation
- Additional OT for the respiratory service
- Community midwife antenatal and postnatal clinics
- Diabetic retinopathy screening service
- Pulmonary rehabilitation service
- Community matron service
- Heart failure nurse service
Investment in services since 2005

Then

- 978 outpatient attendances
- 8 types of outpatient clinics
- 3 other services
- 14 beds
- Day hospital
- Cost of inpatient and day hospital @ £500k

Now

- 1597 attendances (+61%)
- 12 clinics
- 11 other services
- Additional services @ £1m
- Plan for new Day Assessment and Rehabilitation Centre
- Plan for new community hospital with GP practice
- New capital investment £4.7m
How were the 14 inpatient beds used?

- Falls 7%
- Palliative 15%
- Complex Elderly 27%
- Rehab 51%

184 inpatient admissions to Cranleigh Hospital in 2005/06

Audit evidence:
- 142 of these were Cranleigh environ patients
- The patients fell into the broad categories outlined to the left
How were the 14 inpatient beds used?

- 7% are treated within the new Falls Service (meets NSF standards)
- Palliative Care 15%
- Complex Elderly 27%
- Rehabilitation 51%
How were the 14 inpatient beds used?

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Falls</td>
<td>7%</td>
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<tr>
<td>Palliative</td>
<td>15%</td>
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<tr>
<td>Complex Elderly</td>
<td>27%</td>
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<tr>
<td>Rehab</td>
<td>51%</td>
</tr>
</tbody>
</table>

15% treated within the End Of Life pathway (meets national programme standards)
How were the 14 inpatient beds used?

- Falls 7%
- Palliative 15%
- Complex Elderly 27%
- Rehab 51%

78% would be treated within the new proposed model.
Implications of consultant led pathway

Farnham Hospital and Centre for Health

Frimley Park Hospital
Implications of consultant led pathway

Royal Surrey County Hospital

Scenarios

Royal Surrey County Hospital
Milford Hospital
Cranleigh site
Investment in Cranleigh

- £4.7m in NHS Surrey’s capital plan – time critical
- 2 options for redevelopment of both health centre and hospital
- Both significantly larger than current facilities
- More services
  - Increased investment
  - Higher quality
  - Greater range
  - Improved access and usage
More opportunities for Cranleigh
Commission approximately 6-8 beds locally

- Continuing care including patients with dementia
- Palliative care
- Short term care
Board assurance

- Rehabilitation model of care developed and tested through:
  - Clinical engagement
  - Co-design
  - National Clinical Advisory Team
- Gateway recommendations completed
1. **Recommendations from Guildford and Waverley Programme Board**

1. Adopt the proposed clinical model of care in the Guildford and Waverley areas
2. Use Farnham Hospital as the specialist rehabilitation unit for Frimley
3. Refurbish Milford Hospital and use as the specialist rehabilitation unit for Royal Surrey
2 Recommendations

4. As a result of the clinical model of care consult on:
   a. commissioning 6-8 beds in the Cranleigh area
   b. Establishing consultant led outreach day assessment and rehabilitation in the redeveloped Cranleigh Village Hospital
   c. permanently close the 14 beds at Cranleigh Village Hospital

5. Join up care pathways through a lead provider

6. Agree to use a flexible range of beds
Timeline

- Consultation for 14 weeks until 10 November
- Development of 2 Cranleigh options leading to consideration of business case by NHS Surrey Board in December/January
- Tender for the Milford refurbishment
- NHS Surrey Board decision in January 2010 with award of contract for Milford