Health Scrutiny Committee
8 April 2010

Provision of Community Beds in Surrey

Purpose of the report: Scrutiny of Services
To scrutinise the provision of community hospital beds in Surrey.

Introduction:

1. In the run up to it’s last meeting, the Committee had received a large amount of anecdotal evidence stating that community hospital beds are being closed for financial reasons. This has, the Committee is informed, resulted in elective surgery procedures at acute hospitals being cancelled because there were no community/rehabilitation beds available in the community.

2. At its last meeting on 25 February 2010, the Committee received a public question from Mrs Karen Randolph, a local councillor for Elmbridge Borough Council and secretary of Save Our Surrey Community Hospitals (SOSCH), which raised concerns about the provision of community hospital beds in Surrey. Additionally, at Council on 23 March 2010 a question was also asked of the Chairman on this matter.

3. Also, at its meeting on 25 February 2010, the Committee received evidence from Surrey Community Health and NHS Surrey on the provision of community beds and wards in Haslemere and Milford. As the meeting progressed, the discussion focused on the availability and provision of beds across the whole of Surrey and the Committee determined to investigate the matter in more detail at its meeting on 8 April 2010.

Role of the Health Scrutiny Committee

4. The Health and Social Care Act 2001 and NHS Act 2006 makes statutory provision for local authorities with social services responsibilities to extend their overview and scrutiny functions to cover
5. The Committee may review and scrutinise health services commissioned or delivered in the authority’s area within the framework set out below:
   i. arrangements made by local NHS bodies to secure hospital and community health services to the inhabitants of the authority’s area;
   ii. the provision of such services to those inhabitants;
   iii. the provision of family health services (primary care trusts), personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
   iv. the public health arrangements in the area, e.g. arrangements by NHS bodies for the surveillance of, and response to, outbreaks of communicable disease or the provision of specialist health promotion services;
   v. the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
   vi. the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
   vii. Any matter referred to the Committee by Surrey Local Involvement Network under the 2007 Local Government & Public Involvement in Health Act.

In addition, the Committee will be required to act as consultee to NHS bodies within their areas for:
   i. substantial development of the health service in the authority’s area; and
   ii. any proposals to make any substantial variations to the provision of such services.

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**National Context**

**Department of Health**


7. In July 2009 the DH published “Our health, our say, our community: investing in the future of community hospitals and services.” This announced that the DH would invest £750 million of capital funding over the next five years in a new generation of community hospitals and services. It gave detailed guidance to PCTs wishing to bid for some of this capital.

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1 Health and Social Care Act 2001
8. “Our health, our care, our community” set out detailed design principles which bids for new community hospitals should satisfy. The design principles state that services should:
   • be locally led
   • provide high quality services
   • re-design patient pathways
   • anticipate future needs as the population changes
   • adopt new technologies
   • plan across primary and secondary care
   • be affordable for the whole health economy
   • promote integrated service solutions
   • engage and harness the potential of staff
   • enable the transition of staff
   • engage the public, the whole health and social care system and be innovative.

Reform

9. A report by Reform, an independent, charitable, non-party think tank, has recently published a report called “Fewer hospitals, more competition” that has suggested that many regions in England have too many hospital beds.

10. The report suggests that instead of being treated in hospitals, more patients should be treated in the community nearer their homes, which, it says, is better for the patient and cheaper for the NHS.

11. Its report said that around 32,000 of the 160,000 hospital beds should be cut and it criticised politicians for standing in the way and opposing the changes. However, doctors have warned that such large cuts for purely financial reasons would be ‘immoral and catastrophic’ for patient care rather than improve services.

12. Overall the NHS must save in the region £20bn over the next five years as the recent large increases in funding come to an end while the demand for healthcare continues to rise, with more people living with long-term conditions like arthritis, asthma, lung disease and heart disease. However, the report goes on to identify that hospitals are paid on the number of patients they treat and so there is little advantage for them to see patients treated in the community, by GPs or nurses.

13. Surgical technology has also improved so patients need to stay in hospital beds for less time and many operations are now carried out as day cases.

14. A Department of Health spokesman said: “The local NHS is best placed to decide how best to meet the needs of patients in their areas. Efficiencies are about making sure that trusts can continue to provide high quality care at a time when spending is going to be tighter across the whole public sector. Each trust will have to decide how best it can do this and how it can best protect the needs of patients. This is achievable
– focusing on improving quality, productivity and innovation across the NHS will not only improve care but also save money across the NHS."

**Local Context**

15. There are thirteen community hospitals in Surrey that together provide a total of 373 beds. Details of this are given in Table 1 below:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Wards</th>
<th>Total Number of Beds Available</th>
<th>Total Number of Beds in Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Walton Community Hospital</td>
<td>Oaklands, Hersham, Burwood</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>2 Woking Community Hospital</td>
<td>Alexandra, Victoria, Bradley Unit</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>3 Farnham Hospital</td>
<td>Runfold, Bentley, Bourne</td>
<td>21²</td>
<td>14</td>
</tr>
<tr>
<td>4 Haslemere Hospital</td>
<td>Godwin, Elizabeth</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>5 Milford Hospital</td>
<td>Holly, Cedar</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>6 Cranleigh Hospital</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8 Catherham Dene Hospital</td>
<td></td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>7 Cobham Hospital</td>
<td></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9 Weybridge</td>
<td></td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>10 New Epsom &amp; Ewell Cottage Hospital</td>
<td></td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>11 Leatherhead Hospital</td>
<td></td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>12 Dorking Hospital</td>
<td></td>
<td>18³</td>
<td>12</td>
</tr>
<tr>
<td>13 Moseley</td>
<td></td>
<td>18⁴</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>373</strong></td>
<td><strong>303</strong></td>
</tr>
</tbody>
</table>

Table 1: Provision of Surrey’s hospital beds.

16. Additionally, Members might be interested to learn that a recent on-line poll conducted by the Surrey Herald (Walton, Weybridge and Hersham)

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2 10 beds on Runfold, Farnham, have never been in regular use. These are regarded as additional capacity and have been used recently to supplement the reduced beds at Haslemere to allow single sex refurbishment works to be carried out.

3 10 extra beds at Dorking can be made available for emergency use.

4 2 extra beds at Moseley can be made available for emergency use.

5 Figures provided by NHS Surrey, March 2010. The shaded figures are those provided by Central Surrey Health.
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(main) on 4 March 2010 showed that 82% of people would prefer to receive care at home rather than in a hospital.

UNIFY

17. In the past, NHS performance data has been recorded on a number of local systems to meet different reporting requirements. UNIFY has been developed by the Department of Health to act as a single storage place for information - so, data only need to be captured and input once, via the web. This reduces the burden on staff by freeing the NHS up from multiple requests for additional information.

18. NHS Surrey have provided us with the latest UNIFY figures, which are attached as Annex 1. The data provided shows that in 2009/10 there have been a total of 6,200 days of delayed discharges of care, which is on course to achieve the target of 6,608 for the whole year. However, the information presented does show that the weekly averages per quarter for Acute Trusts has risen steadily during this year, from 49.85 days a week to 54.91 days a week.

Acute Trusts

19. All Acute Trusts in Surrey were written to asking if they could provide evidence to confirm or otherwise that unavailability of community beds was making them cancel elective surgery appointments. To date the following responses have been received and are attached as follows:

- Frimley Park Hospital NHS Foundation Trust (FPFT) Annex 2
- Epsom & St Helier University Hospitals NHS Trust (EStH) Annex 3
- Ashford & St Peter's Hospitals NHS Trust (ASTP) Annex 4
- Royal Surrey County Hospital NHS Foundation Trust (RSCH) Annex 5

Frimley Park Hospitals NHS Foundation Trust

20. The letter from FPFT states that it has not had to reduce elective surgery appointments due to bed flexing in community hospitals. It does state that a community unit in Surrey Heath has been withdrawn, but does not say that this has caused a problem for them.

Epsom & St Helier University Hospitals NHS Trust

21. The letter from EStH states that it is not possible to directly attribute or quantify whether the cancelled operations are due to delays in community beds. However, the letter does state that due to the severity of the weather, which also led to an increase in emergency care, this winter has been especially challenging.

Ashford & St Peter’s Hospitals NHS Trust

22. The letter from ASTP raises similar issues, but also mentions that additional community beds are not available “due to their own financial constraints”.

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23. The evidence from RSCH shows that there has been a dramatic increase in the number of cancelled operations from 123 in January and February 2009 to 247 for the same period in 2010. Even allowing for the extreme weather experienced at the start of the year, this increase is quite dramatic. It is interesting to note that in 2009 the numbers fell back to very small numbers after the extreme weather, whereas in 2010 they have remained significantly higher.

24. However, the evidence submitted from RSCH does not correlate with the UNIFY data provided by NHS Surrey and the Strategic Health Authority. Although RSCH and the AStP both say that this information lacks the sophistication to capture the impact on the acute specialist provider. Members might like to ask RSCH why there is such a discrepancy between the information they have submitted and that submitted via the UNIFY system.

25. The evidence provided by RSCH also states that these concerns were raised with Surrey Community Health (SCH) in January and that SCH offered to increase bed capacity at a cost of £350 per bed per day to RSCH. Members might like to consider asking SCH whether this is normal practice, and what the arrangements are for reopening beds at the request of an Acute Trust.

26. RSCH went on to conclude in their report that “a collaborative approach is essential to changes in demand in order to avoid the pathways of care becoming compromised with a transparent mechanism in place so that patient’s needs are met.” The Committee might like to ask NHS Surrey and SCH what mechanisms are in place to avoid the pathways of care becoming compromised, and what work could be done to ensure they are not compromised in the future. Members might also like to ask RSCH what efforts they have taken to ensure collaboration and transparency.

**Conclusions:**

27. The Committee has received a great deal of anecdotal evidence that there is a shortage of community hospital beds in Surrey. However, the statistical evidence provided by NHS Surrey and the Strategic Health Authority does not support this. Evidence from RSCH shows that delays and cancellations beyond those normally experienced at this time of year have taken place, although, considering the information submitted from the other Trusts, it is not clear whether this is simply a local problem.

28. In relation to the evidence submitted by RSCH, it is suggested that RSCH be asked to explain this evidence, in particular the comments made in relation to the re-commissioning of already commissioned beds. If the Committee is not convinced that the best interests of patients, then it could be minded to refer the matter to the Secretary of State for Health.
29. The evidence from RSCH shows that patient pathways have become compromised recently for whatever reason. The Committee might like to ask NHS Surrey and SCH what steps are being taken to ensure this does not happen again.

30. If the Committee has concerns that the care and services commissioned and provided to patients has been compromised, then it could be minded to refer the matter to the Secretary of State for Health.

Financial and value for money implications

31. It is possible that delayed transfers of care will have an impact on Surrey County Council.

Equalities Implications

32. It is important that all patients are afforded the same level of care.

Risk Management Implications

33. It is important that the Committee focuses its efforts in areas where it can add benefit. This is a potentially enormous subject, so it is essential the Committee focuses its scrutiny of this subject effectively to ensure it adds value.

Implications for the Council’s Priorities or Community Strategy/Local Area Agreement Targets

34. By focusing on topics that will add value and improve services, the Committee will help the Council achieve its priorities and LAA targets.

Recommendations:

a) That the Committee invite RSCH to explain the following issues:
   i. Why there is such a discrepancy between the information they have submitted and that submitted via the UNIFY system; and
   ii. What efforts they have taken to ensure collaboration and transparency with SCH and NHS Surrey.

b) That the Committee invite SCH and NHS Surrey to explain the following issues:
   i. What are the arrangements for reopening community beds at the request of an Acute Trust.
   ii. What mechanisms are in place to avoid the patient pathways of care becoming compromised, and what work could be done to ensure they are not compromised in the future.
34. That the Committee considers the information and evidence presented and determines whether it wishes to continue to scrutinise the situation and receives further evidence at its next meeting on 25 May 2010.

Report contact:

Sam Meyer
Democratic Services Officer

Contact details:

020 8541 7030
sam.meyer@surreycc.gov.uk

Sources/background papers:

1. Health and Social Care Act 2001
2. Our Health, Our Care, Our Say, Department of Health, January 2006
3. Our Health Our Say Our Community, Department of Health, July 2009
4. Fewer hospitals, more competition, Reform, March 2010