

Wellbeing and Health Scrutiny Board
16 September 2015

Community Hospital Services Review: Process and presentation of draft outcome report

Purpose of the report: Scrutiny of Review Process

The process of the Community Hospital Services Review has included membership from the Wellbeing and Health Scrutiny Board, as part of its Programme Board. That Board has approved the draft outcomes report. This document is to gain Wellbeing and Health Scrutiny Board approval on the process conducted within the review, with which the final outcomes have been reached, and to receive additional comments from members in regards to the report. The final outcome report will be presented to the NHS Surrey Downs CCG Governing Body on 25 September 2015.

Introduction

In March 2015, NHS Surrey Downs Clinical Commissioning Group (CCG) launched a full review of all the services located within its four community hospital sites; Leatherhead Community Hospital; Molesey Community Hospital; New Epsom and Ewell Community Hospital (NEECH) and Dorking Community Hospital. This review was launched following a number of system pressures, which were showing that the current modelling of the four sites was not sustainable for our future population needs and current availability of staffing. This included a request from CSH Surrey (providers of community and inpatient services at the four sites) to temporarily close Leach ward at Leatherhead Community Hospital, following staff shortages during December 2014.

On launching the review, the CCG was aware of a number of previous reviews and uncertainties by our predecessors, which were a cause of anxiety for local residents and associated organisations, such as league of friends. The CCG felt that a full review would allow for some certainty to be placed upon services and the four sites for the next 5-10 years.

During the early stages of the review it became apparent that Cobham Hospital should also be included. The hospital was built in 2006 with the intention of hosting inpatient services, but the ward was closed soon after the

building was opened. Since then Cobham is used for outpatient and day surgery.

The review concluded on 31 July 2015.

The draft report contains a full breakdown of the review process and the outcomes. These include a number of recommendations for improving patient clinical outcomes and four options of where best to host future services.

Review Scope

To establish:

- The services provided currently at the community hospitals
- Future need based on population growth, clinical need and expected volumes of care
- Best practice models locally and nationally
- Where other programmes of work would affect service provision
- Future models of care, incorporating the wider health and social care co-functions
- A number of options for the future configuration of community hospital services

Considerations:

- Best practice in community care, including national research and areas of best practice, and comparisons between services within other community hospitals
- Estates, including the capacity and condition of the hospital sites, and whether they are fit for purpose, including any refurbishment required
- Performance data, including how services are performing against key standards (length of stay and occupancy for bedded care)
- Patient data and feedback, such as demographics (including health needs and population changes), complaints, compliments and feedback (including Patient Opinion)
- Findings from previous reviews and nationally acclaimed models of care

Issues that arose as part of the review that have been considered and will be taken into account in future planning include:

- Transport links, including access to sites for patients, staff and visitors
- Non emergency patient transport – between sites and for appointments
- Setting up new community hubs and understanding how these would link with community hospitals
- Specialist services such as neurological rehabilitation
- Surrey-wide stroke review
- Epsom and St Helier estates review
- Other local projects, for example Transform Leatherhead
- Priorities of neighbouring CCGs and providers, which may impact on our services

Review Process

The review was clinically-led and followed a defined three stage process consisting of:

- Activity review conducted during May and early June 2015
- Outcome review conducted during June and July 2015
- Report compilation completed during July 2015

This included the following activities:

- Setting up of a review Programme Board (detailed below), meeting bi-weekly
- A number of on-going stakeholder engagement activities, including ensuring that all questions and comments were feed back into the review process through programme board updates
- 40 days clinical time with a lead nurse working on site at hospitals to gain detailed insight, including:
 - observing staff and speaking to staff and patients
 - establishing working relationships between community hospital services and other providers
 - understanding other influences that also affect service pathways, such as patient transport issues
 - establishing similar sites across UK and visiting to discuss models of care
 - face-to-face contact and feedback from clinicians, staff, patients, carers and wider stakeholders
- Data gathering to establish best clinical practice and models of care and review whether the current estates were fit for purpose or required refurbishment to meet future demands. This included performance data (such as length of stay, occupancy levels, key quality indicators, referral data and discharge co-ordination), patient information (such as complaint/compliment data, patient profiles for services and expectations and demands) and previous review documentation and nationally acclaimed models of care

Engagement

A full engagement log of all activities is included with this report. They consist of:

- Programme Board, with a GP clinical chair, representation from lay member for patient and public involvement, appropriate CCG leads including estates, planned care, integration and quality, acute and community providers and two members from the Wellbeing and Health Scrutiny Board (Cllr Tim Hall and Cllr Lucy Botting)
- Public workshops, presentations, meetings and events
- Staff workshops, drop-in sessions and 1-1's
- Service design group, made up of patient representatives, CCG staff and invited providers as appropriate
- Transparency of engagement process, with all documents available on CCG website
- Information cascaded and updates provided via the CCG newsletter and stakeholder mailing list (currently with over 600 individuals and organisations)
- GP/clinical update sessions and information updates via weekly GP newsletter

To widen engagement, the CCG posted the draft outcomes report on our website on 20 August 2015. Since then we have met with League of Friends, staff groups and hosted 4 public workshops to ensure that public reactions to the report and feedback is included in the final document. To date comments have been positive on the review process and how the report is presented. Despite personal feelings for sites and wards, it is felt that the CCG has conducted a well balanced and thorough review to reach the recommendations and options contained therein.

Conclusions:

This outcome report started with a full list of all options gathered by the above processes. All options were explored, with realistic change options developed further where possible.

The programme board met to rule out any options, which were not realistic, given:

- Lack of clinical benefits
- Will not provide future stability
- Not achievable given CCG constraints

The final recommendations and options are contained within the draft report.

Public Health Impacts

This review is based upon achieving the best clinical outcomes for the population of Surrey Downs.

Recommendations:

Recommendations and options are contained within the circulated draft outcomes report.

It is requested that

- The Wellbeing and Health Scrutiny Board assess and approve the process of this review and provide any comments before the final document is submitted to the CCG's Governing Body on 25 September 2015.
- The Wellbeing and Health Scrutiny Board note that if the report is adopted by the Governing Body, the CCG's intention is to proceed to public consultation; therefore that the Scrutiny Board delegate authority to a sub-group of the committee to scrutinise the detailed arrangements for the consultation on its behalf.

Next steps:

As aforementioned, the final outcome report will be presented to the CCG Governing Body for approval on 25 September 2015 in a public meeting.

If consultation proceeds on the options contained in the report or a variant of these, this will be from late October. Consultation will conclude early in 2016. Any resultant changes to bed-based services would be timed around likely operational pressures and would therefore typically not take place until spring 2016, unless unforeseen operational pressures arise in the meantime.

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Sources/background papers: Community Hospital Services Review: Draft Outcome Report, August 2015 and Engagement log

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