

# Community hospital services review

## Outcome and next steps

August 2015

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# Aims and objectives

Our objectives were to:

- Undertake a comprehensive **review of current inpatient and outpatient services** at the community hospitals in the CCG area (Molesey, New Epsom and Ewell Community Hospital, Dorking, Leatherhead and Cobham)
- Determine the **long term** inpatient and outpatient **care needs of the patient population** including the number of community beds required
- **Propose the services that should be provided in the future**, drawing on the CCG's commissioning strategy and established best practice
- **Review the community hospital estate (buildings)** to determine the best fit of the future service model, taking into account their condition and fitness for purpose. This will inform options as to where services could be provided

# Review process

The review began in March 2015 and took place over four months

The scope of the review was 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

# The review considered

- Best practice in community care
  - National research and areas of best practice
  - Comparing services with other community hospitals
- Estates
  - Capacity and condition of the hospital sites, and whether they are fit for purpose, including any refurbishment required
- Performance data
  - How services are performing against key standards (length of stay and occupancy for bedded care)
- Patient data and feedback
  - Demographics (including health needs and population changes)
  - Complaints, compliments and feedback (including Patient Opinion)
- Findings from previous reviews and nationally acclaimed models of care

# Site visits

- Not just a 'desktop exercise' - 40 days clinical time with a lead nurse working on site at hospitals to gain detailed insight
- 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

# Considering other factors

Issues that arose as part of the review that need to be taken into account in future planning:

- Transport links - access to sites
- 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
- Other local projects, for example *Transform Leatherhead*
- Priorities of neighbouring CCGs and providers, which may impact on our services

# Engaging with stakeholders and local people

- Four high profile events to launch the review
- Series of public, patient and stakeholder workshops
- Staff workshops and drop-in sessions
- Meetings with Well-being and Health Scrutiny Board
- GP clinical feedback sessions
- Talking to key local groups and attending events including Resident Associations, Patient Participation Groups and Surrey Independent Living Fair
- Website information and CCG newsletter
- Media releases and coverage in the local press
- Engaging with CCG virtual patient network (over 400 members)

# The report

- Explores the current provision of community beds across the Surrey Downs Clinical Commissioning Group (CCG) area
- Summarises the analysis undertaken during the four month community hospital services review process
- Uses both qualitative and quantitative data to analyse activity, provision of services, profiles of patients requiring access to community hospital services, and existing estate.
- Recommends changes to working practices to increase efficiency and includes options for change in the configuration of community hospital services



# Recommendations to improve care and efficiency

The report identified a number of ways to improve care and efficiency by making some changes to how nursing teams operate.

These included:

- **A standard admission criteria** – work with providers to ensure this is applied across all community rehabilitation beds. This will ensure patients are referred more appropriately to the service (ie. because they require rehabilitation)

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**Managing the community bed capacity Surrey Downs wide.** Currently many patients stay in an acute hospital because they want to wait for a bed at their local community hospital. This delays the start of their rehabilitation and is very expensive for the NHS as these patients don't need this level of care. By looking at the entire bed capacity and transferring patients to available beds, the local health system will be more efficient. It will also mean there are beds available in the acutes for the most sick patients.

# Recommendations to improve care and efficiency (continued)

- **Specialist neuro-rehabilitation beds** – There are currently four neuro-rehabilitation beds at the New Epsom and Ewell Community Hospital. These beds are located next to the general ward and managed by nurses, supported by local GPs. This GP led model is unusual for specialist neuro care. Due to limited capacity, waiting lists for beds is also common, which can delay rehabilitation. The report recommends that we review demand for neuro-rehabilitation care, and best practice models, taking into account the current Surrey-wide review of stroke services.
- **In-patient care (non rehabilitation)** – The review has identified that not all patients who are admitted to a community hospital require rehabilitation. For example, some patients are waiting for a social care or continuing healthcare assessment. They do not need to stay in an acute hospital and if rehabilitation is not an option, it is not appropriate to transfer them to a community hospital. The review recommends we look at the needs of this patient group and where care is best provided (eg. buying short-term capacity in a nursing home).

# Recommendations to improve care and efficiency (continued)

- **A day rehabilitation centre** – If patients require a lower level of rehabilitation it may be possible to provide this as a ‘day service’. That way patients could return home, instead of staying in hospital overnight. This idea has arisen as part of the review. It is recommended that further work is done to explore this idea.
- **Optimum ward size and in-patient physiotherapy** – The review has looked at how the different wards operate. It has found that larger wards offer advantages in terms of staffing (continuity and greater resilience if staff are unwell), greater flexibility in terms of ward space, increased social services input and reduced length of stay. It is recommended that any future model takes ward size into account. It is also recommended that inpatient community hospital physiotherapy services are reviewed to ensure service provision is sufficient.

# Emerging options

The report also contains a number of emerging options on how community hospital services could be configured in future.

These are not final options for consultation, but are a summary of possible options that have arisen through the review process and include ideas put forward by members of the public.

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We are committed to being open and transparent and we are publishing this draft report so we can hear what local people and stakeholder think about the emerging options. The feedback we receive will inform final recommendations that will be presented to our Governing Body in September.

# Developing options

This process started with a long list of options which arose from data analysis, feedback from staff, patients, GPs and organisations that provide healthcare from the sites.

The Programme Board met to rule out any options, which were not considered to be realistic and/or viable due to:

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- A lack of clinical benefits
  - Their inability to provide stability for the future
  - That they were not achievable, given CCG constraints

The options are separated into options relating to the **configuration of beds** and options relating to **potential developments**.

# Emerging options - beds

Emerging options for in-patient services (beds)	Option included for further consideration	Rejected
<p><b>Option 1</b> - Maintain the current three-ward model with inpatient wards at Dorking, Molesey and New Epsom and Ewell Community Hospital (NEECH). Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).</p>	X	
<p><b>Option 2</b> - Transfer NEECH inpatient services to the Epsom Hospital site and transfer outpatient services elsewhere in the locality. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).</p>	X	
<p><b>Option 3</b> - Close Molesey Hospital and relocate all inpatient and outpatient services to Cobham Hospital. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed).</p>	X	
<p><b>Option 4</b> - Transfer NEECH inpatient services to the Epsom Hospital site and transfer outpatient services elsewhere in the locality. Close Molesey Hospital and relocate all inpatient and outpatient services to Cobham Hospital. Develop Leatherhead planned care services (Leatherhead in-patient services remain closed) (options 2 and 3 above).</p>	X	

# Emerging options - beds (continued)

Emerging options	Option included for further consideration	Rejected
Return to the previous inpatient model with an open inpatient ward at all four of the community hospital sites.		X
Close Leatherhead Hospital and relocate all outpatients' services to other sites.		X
Relocate the inpatient and outpatient neurological rehabilitation services from NEECH to Leatherhead Hospital		X
Close Dorking Hospital - relocate all inpatient services to Epsom Hospital and relocate outpatients services to other sites in the Dorking locality.		X

# Bed configuration options

Options	Bed numbers						
	Cobham	Molesey	Dorking	New Epsom and Ewell Community Hospital (NEECH)	Epsom Hospital	Total beds (excluding NEECH neuro beds)	Total beds (including NEECH neuro beds)
Option 1	0	12	22 + 6*	16	0	56	60
Option 2		12	22 + 6*		16	56	60
Option 3	18	0	22	16		56	60
Option 4	18	0	22	0	16	56	60

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\* The CCG currently commissions 60 community beds across all the community hospitals. This includes 4 neuro-rehabilitation beds at NEECH and six additional rehabilitation beds at Dorking that are currently funded until September 2015 through winter pressures funding. Under all four options, bed numbers remain the same, although the additional six beds will be continually reviewed and only commissioned if additional capacity is needed.



# Emerging options for development

Emerging options for developments	Option included for further consideration	Rejected
Increase number of neurological rehabilitation beds at NEECH by opening new unit	X	
Develop an Ambulatory Rehabilitation Centre model (day rehabilitation centre)	X	
Build a new community hospital on the Molesey Hospital site		X
Open Leatherhead Hospital as a continuing healthcare transition bed unit		X
Develop Molesey outpatients department by providing X-ray		X

# Next steps

- Draft Outcome Report published 20 August 2015
- Further public and stakeholder engagement throughout August and September

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Final report with recommendations and final options presented to CCG Governing Body on 25 September 2015. The Governing Body will consider next steps, which could include moving to public consultation.

Any major changes would be subject to public consultation before any decisions are made.

# Tell us what you think

- We want to know what you think about the recommendations and options that have emerged so far
- You can email us at [contactus.surreydownsccg@nhs.net](mailto:contactus.surreydownsccg@nhs.net) or write to:

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Leatherhead  
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You can also attend a series of public workshops to find out more and have your say. See our website for details. Please note that due to limited venue capacity, if you wish to attend, you need to book your place.

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