Agenda Item 6

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of meeting:	24 January 2012
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

Contact name: Marie Mannveille, Scrutiny Officer

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1. Summary and Purpose

1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.

1.2. The approach adopted provides the route through which Local Involvement Networks (LINks) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.

1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.

1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.

1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.

1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/inquiry	Source	Action Taken	Comment
SHIP PCT: Fast Track Continuing Health Care	Follow up from seminar held by the HOSC on 7 November 2011.	Representatives from SHIP PCT and Adult Services will attend the meeting. The response of the PCT to HOSC recommendations can be found at Appendix One (p. 4). Outcomes of an independent review of Continuing Healthcare in Hampshire can be found at Appendix Two (p. 16)	
Recommendations: Members confirm: 1. If they are satisfied with the PCT's response to the HOSC recommendations 2. If they are satisfied with plans to take work forward in Hampshire 3. The timing of a future update to the HOSC on progress against the Action Plans.			
SHIP PCT: Fordingbridge Hospital buildings	SHIP PCT	A representative from SHIP PCT will attend the meeting. Background information regarding the evaluation of the use and maintenance of buildings at Fordingbridge Hospital can be found at Appendix Three (p. 19)	The local Member is fully engaged as a local stakeholder.
Recommendations: Members confirm if they are satisfied that the local Member alert the HOSC: 1. to any concerns he may have over the engagement process and 2. should he become aware that the public or stakeholders have concerns about any proposed changes in the use of buildings or services provided from the Hospital.			

Topic/inquiry	Source	Action Taken	Comment
PHT: Diabetes Community Service Model	PHT	A paper explaining the diabetes community service model is provided for information at Appendix Four (p.23). There will not be a presentation for this item.	
Recommendations: • That Members note the information provided.			

Section 100 D – Local Government Act 1972 – background papers
The following documents disclose facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of this report.

NB the list excludes:

1. Published works
2. Documents that disclose exempt or confidential information as defined in the Act.

Appendix One

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21 November 2011

Cllr Pat West
Chairman
Health and Overview and Scrutiny Committee
Room 102, Chief Executive's Office
Hampshire County Council
The Castle
Winchester
Hampshire
S023 8UJ

Dear Pat

FAST TRACK CONTINUING HEALTH CARE IN HAMPSHIRE

Thank you for your letter of 14th November 2011 regarding the End of Life seminar which was held with Members on 7th November 2011. As you rightly say, this is a difficult and emotive area of work, and a great deal of work is already underway in order to develop services and improve processes. Like yourselves, NHS Hampshire is committed to improving how the Fast Track process works in Hampshire.

Your letter makes a number of recommendations which we will be taking forward, and a draft action plan is attached to this letter for your information. Whilst the action plan details the specifics, I thought it would be helpful to provide a summary of the current work underway in relation to these points.

Recommendation 1

The PCT, working with Adult Services, rolls out the Basingstoke Pilot across Hampshire, taking account of the good practice identified in Southampton and Portsmouth. This should be taken forward as soon as possible and the time table for implementation shared with HOSC in January.

As Sarah Elliott explained at the seminar, work has already commenced on rolling out the Basingstoke Pilot. An initial meeting for South East Hampshire was held on 5th October 2011 and the follow up operational meeting on 11th November 2011 was attended by clinicians, Adults' Services, the Rowans Hospice and providers of services both in Hampshire and Portsmouth.

The first planning meeting for South West Hampshire has been arranged for December 7th. The attached action plan includes the proposed timescale for implementation. As we mentioned at the

seminar, the success of these meetings is securing attendance by a wide range of clinicians, practitioners and managers who are in a position to commit to changing and improving the End of Life pathway for patients. We therefore need to work around outpatient clinics, ward rounds and other commitments to ensure the best attendance possible.

Recommendation 2

The HOSC is advised of the timeframe for conducting and completing the independent review. The Report should be shared with HOSC with a supporting action plan.

The jointly commissioned independent review has already commenced and will be drawing to a conclusion in December. Initial feedback has been shared with Gill Duncan and Sarah Elliott. I understand Gill and Sarah are arranging a meeting with you to discuss the format of the report and action plan, which will also need to be endorsed by the SHIP PCT Cluster Board. We anticipate that this will be managed across two or three phases with initial actions to be undertaken over the next few weeks, followed by further joint development work including joint training between the NHS and Local Authority.

Recommendation 3

With immediate effect, in the event of a dispute, the support recommended by the responsible clinician is put in place. If the PCT is unable to respond to this request, as a minimum, there is a rigorous audit of the triage system in place. This should be shared with clinicians, Trusts and HOSC. Individual clinicians will also be advised in written or electronic format of the reasons why any request for fast track is declined.

Hampshire PCT has already implemented this action.

Recommendation 4

Referrals are routinely audited and feedback regularly provided to Trusts and clinicians about the appropriateness of the use of the fast track tool.

The PCT currently provides verbal feedback on an individual, case by case basis. However it is recognised that there is a need to formalise the feedback and ensure that a consistent process is followed. The arrangements are being reviewed and a more formalised process will be established.

Recommendation 5

Arrangements are put in hand to ensure referrals from the community and other services are dealt with appropriately.

We are further developing the Basingstoke model to consider, with clinicians, the approach for the community and other services. We will seek to address the same opportunity in our discussions with clinicians in the South East and South West Hampshire areas as part of the meetings outlined above.

Recommendation 6

Joint training arrangements are put in place to ensure that all care providers are aware of the purpose and application of the fast track tool.

The PCT, together with Adult Services, will be developing a training programme.

Recommendation 7

Joint operational protocols are in place to support the delivery of the fast track policy, and all existing NHS Hampshire operational policies on Continuing Healthcare are updated to reflect these protocols.

The Basingstoke pilot has agreed protocols, which are embedded for your information in the attached action plan. It is envisaged that these will be developed and agreed as the pilot is rolled out across Hampshire.

You refer to a Review Panel which will oversee the implementation of these recommendations in the coming year and have invited the PCT to field a Non Executive Director as an observer to the panel. It would be helpful if we could discuss the status and remit of the proposed panel, as it might be more appropriate to establish this formally from the outset as a Joint Review Panel. In addition, given the number of different panels that already routinely operate in carrying out the continuing care process, we may need to consider the name and title of this group.

Thank you for feeding back the recommendations arising from the seminar. We look forward to continuing our joint work together in improving end of life care and ensuring on-going, robust joint commissioning on behalf of adults and older people across Hampshire.

Yours sincerely

D.M. Fleming (Mrs)
Chief Executive
SHIP PCT Cluster

Draft Action Plan: Fast Track Continuing Care in Hampshire

Recommendation	Action	Timescale
1. The PCT working with Adult Services, rolls out the Basingstoke Pilot across Hampshire, taking account the good practice identified in Southampton and Portsmouth. This should be taken forward as soon as possible and the time table for implementation shared with HOSC in January	1. Strategic meetings to be arranged for South West Hants and Winchester 2. Operational meetings to be arranged for South West Hants, Winchester, Frimley and Bournemouth. 3. Options for implementation to be developed and agreed 4. Protocols to be agreed	Time table for roll out can be found in the embedded document  Draft time table for the implementation of
2. The HOSC is advised of the timeframe for conducting and completing the independent review. The Report should be shared with HOSC with a supporting action plan.	The Joint Independent review has commenced and will be completed in December 2011 The report and action plan will be shared with the HOSC	January 2012
3. With immediate effect, in the event of a dispute, the support recommended by the responsible clinician is put in place. If the PCT is unable to respond to this request, as a minimum, there is a rigorous audit of the triage system in place. This should be shared with clinicians, Trusts and HOSC. Individual clinicians will also be advised in written or electronic format of the reasons why any request for fast track is declined	Actioned by PCT with immediate effect	November 2011
4. Referrals are routinely audited and feedback regularly provided to Trusts and clinicians about the appropriateness of the use of the fast track tool	1. Develop mechanism to provide formal feedback to providers including clinicians. 2. Commence feedback process	December 2011-11-14 January 2012
5. Arrangements are put in hand to ensure referrals from the community and other services are dealt with appropriately	1. Revisit the Basingstoke pilot 2. Roll out across Hampshire	December 2011
6. Joint training arrangements are put in place to ensure that all care providers are aware of the purpose and application of the fast track tool	1. Develop a Joint Training Programme with Adult Services 2. Agree training events across Hampshire	January 2012 February 2012

7. Joint operational protocols are in place to support the delivery of the fast track policy, and all existing NHS Hampshire operational policies on Continuing Healthcare are updated to reflect these protocols	1. Agree fast track Protocols for each area of Hampshire 2. Update CHC Operational Policy	February 2012 March 2012 Basingstoke protocols can be found in the embedded documents  BASINGSTOKE PILOT - 24 08 2011.doc  Protocol Community Care Team 24 08 201

Draft time table for the implementation of the End of Life Pilot

Area/ System	Proposed Activity	Proposed date
Basingstoke	1. Extend to activity to beyond the pilot area 2. Arrange meeting for developing in the community /need engagement CCG.	Dec 2011 Jan 11
Frimley	1. Meeting jointly with the hospital to consider implementation plans. FPH covers Surrey, Hampshire and Berkshire patients, need to consider consistent approach.	Jan 2012
PHT/ SE including hospice	1.Strategic meeting held 2.Initial meeting with provider (SH) held 3. Operational group arranged 4. Implementation	 11.11.11 Dec 2011/Jan 2012
Southampton/SW Including hospice	1. Strategic meeting planned 2. Operational meeting to be arranged 3. Implementation	Dec 2011 Jan 2011 Feb 2012
Bournemouth and Winchester including hospice	1. Meeting jointly with the hospital and hospice to consider implementation plans	Jan 2012

Continuing Healthcare
Use of Enhanced Care Package Protocol [Fast Track]
Basingstoke Area
Pilot December 2010

- This protocol seeks to ensure that individuals at the end of their life, who fit the Fast Track Pathway[1], can receive timely discharge from hospital and effective care in their preferred place of death.

Prior to any Continuing Healthcare (CHC) application if an appropriate clinician determines that an individual is eligible for Fast Track services under the DH Guidance, the professional involved will make an urgent referral to Southern Health NHS Foundation Trust (SHFT) Community Care Team. The SHFT Community Care Team will undertake a multi disciplinary assessment and will give immediate short term support for a period of up to six weeks. The Community Care Team will mobilise any additional support necessary including night care to facilitate the discharge. Specialist advice may be sought from the Specialist Palliative Care Team and St Michael's Hospice. Specialist overnight care may also be required.

Community Care Team (CCT)is a subset of the Virtual Ward structure

- CCT has services of Community nurses and therapists
- CCT also has a small team of health care assistants (jointly provided by SHFT & HCC)
- CCT is a crucial element in hospital admission avoidance approach i.e. step-up care
- CCT can arrange immediate services to support people at EOL.

<u>This protocol covers</u>

Patients who are expected to die within weeks.

Prior to any CHC application if a clinician determines that a patient is eligible for Fast Track services as stated in the DH Guidance then a referral is made and submitted to SHFT. The referral form used is the National Fast Track paperwork with the basic client details and the clinicians signature. This will regarded as automatic acceptance onto the pilot.
SHFT will facilitate the discharge with services up to a period of six weeks. The SHFT Case Manager will oversee this package of care. If the patient is still in their terminal phase at the end of this period or if their medical situation has changed then the following will be considered:

- Eligibility for CHC/ and or eligibility for enhanced service
- Eligibility for a joint health and social care package
- Eligibility for social care
- Needs can be met within the virtual ward
- No services required at this point but will be reassessed as needs change

Please note that this pilot is free of charge for individuals.

This pilot will be reviewed/ evaluated within 3 months

Reference

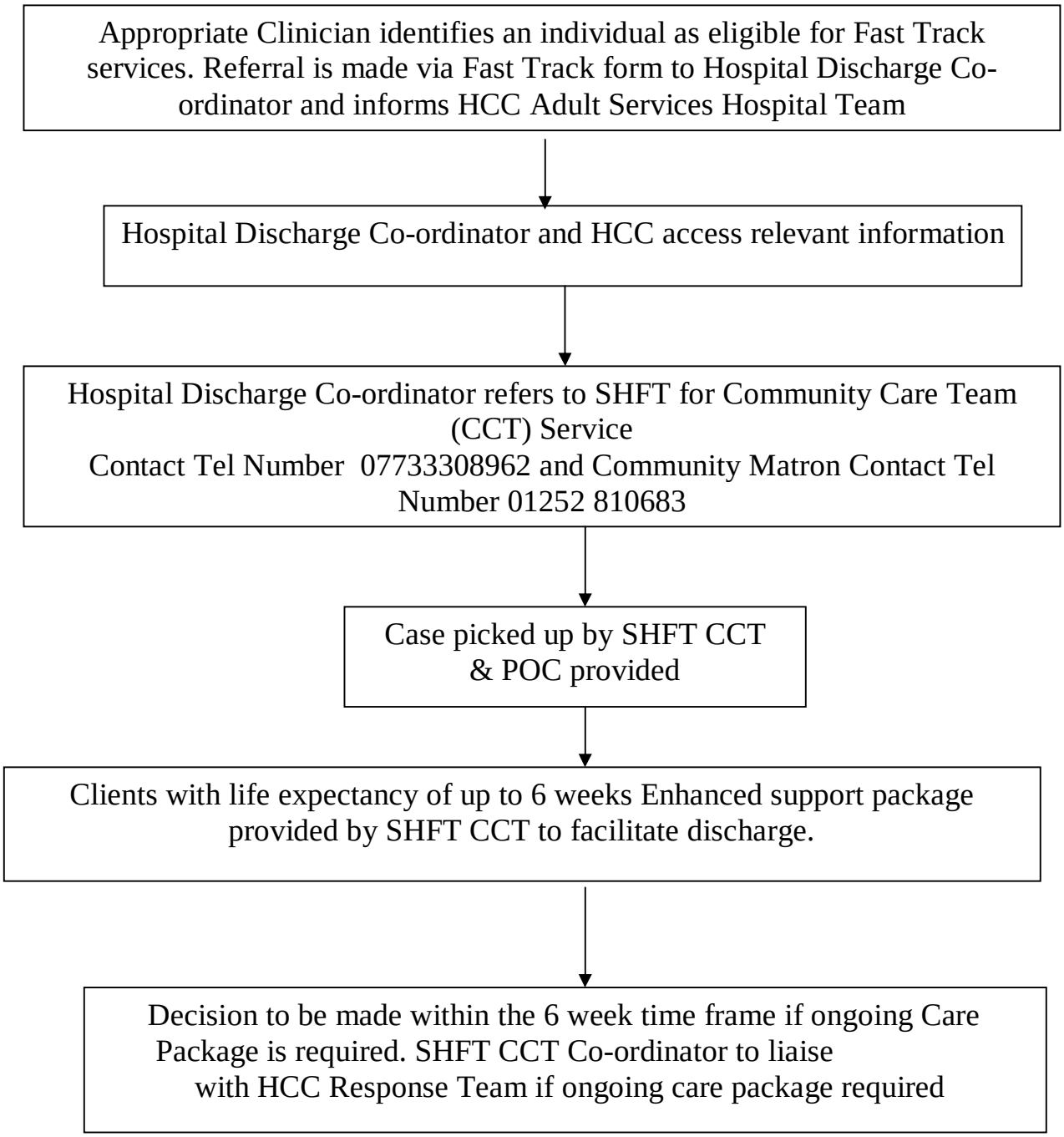
1 Fast Track Pathway Tool for NHS Continuing Healthcare, DOH July 2009

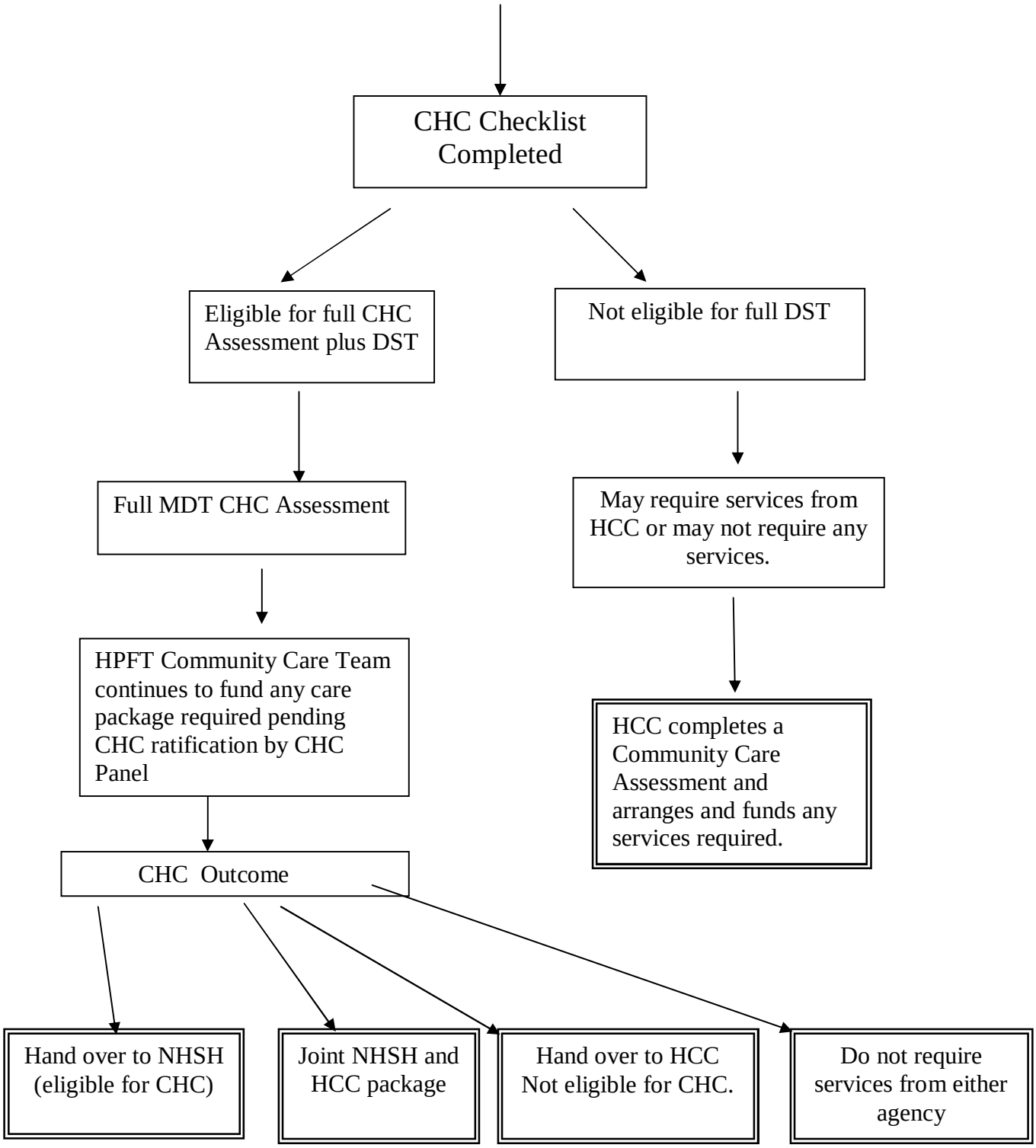
"Where an appropriate clinician considers that a person has a primary health need arising from a rapidly deteriorating condition which may be entering a terminal phase with an increasing level of dependency and so should be fast tracked for NHS continuing healthcare"

2 Gold Standards Framework

3 Gold Standards Framework /RCGP Prognosis Indicator

Flow Chart - Hospitals



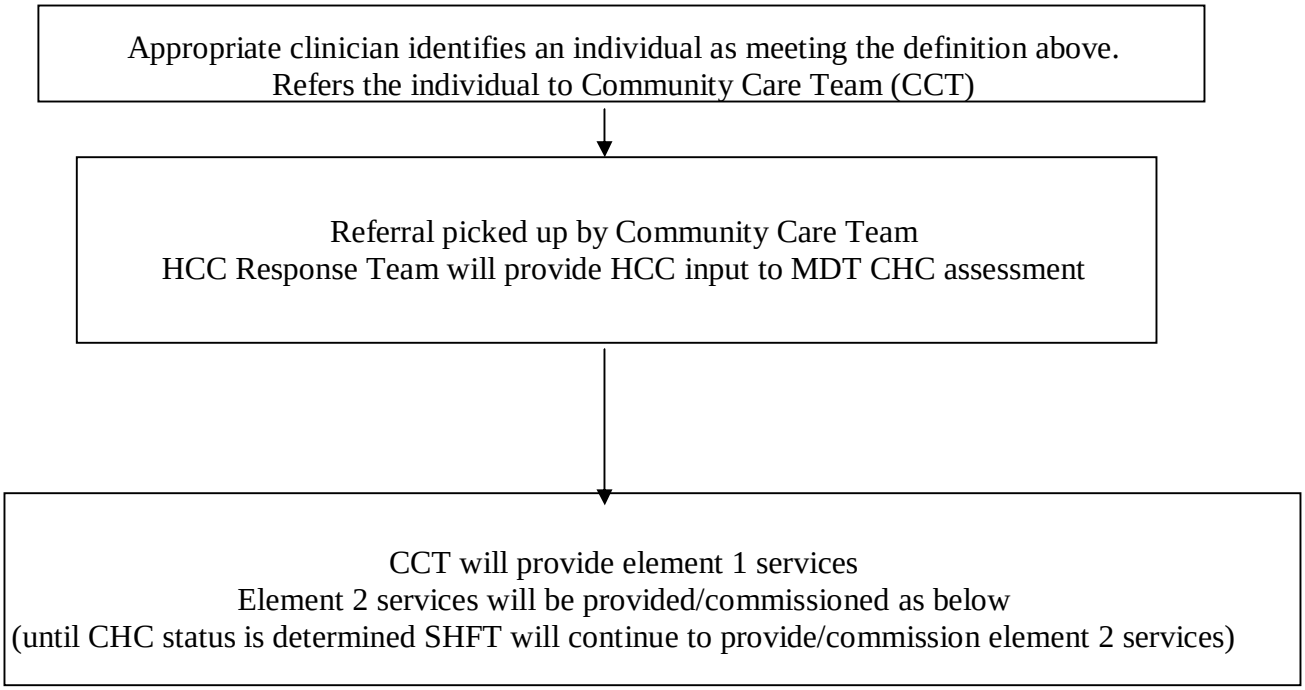

CHC Checklist Completed
Eligible for full CHC Assessment plus DST
Not eligible for full DST
Full MDT CHC Assessment
May require services from HCC or may not require any services.
HPFT Community Care Team continues to fund any care package required pending CHC ratification by CHC Panel
HCC completes a Community Care Assessment and arranges and funds any services required.
CHC Outcome
Hand over to NHSH (eligible for CHC)
Joint NHSH and HCC package
Hand over to HCC Not eligible for CHC.
Do not require services from either agency

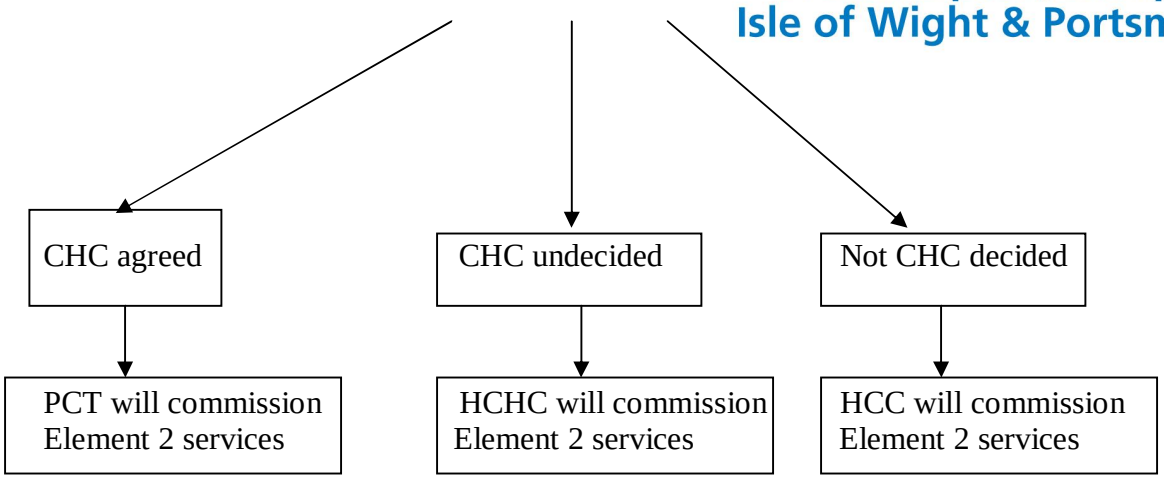
EOL Community Care Team

Protocol is for those individuals for whom Fast Track CHC may apply i.e those individuals who an appropriate clinician considers to have a primary health need arising from a rapidly deteriorating condition, which may be entering a terminal phase with an increasing level of dependency.

CCT has services of Community nurses and therapists **(element 1)**
CCT also has a small team of health care assistants (jointly provided by SHFT & HCC) **(element 2)**
CCT is a crucial element in hospital admission avoidance approach i.e. step-up care
In the chart below:
Element 1 services refers to Nursing, therapy (professional) input
Element 2 services refers to directly provided/commissioned care services (packages)

Flowchart





Review with respect to CHC eligibility / ineligibility may occur at any point subsequently. Case manage in co-operation with HCC, where HCC is involved

Appendix Two

Committee:	Health Overview and Scrutiny Committee
Date:	24 January 2012
Title:	Review of Continuing Healthcare Arrangements in Hampshire
Report from:	Sarah Elliott Director of Nursing

Purpose of Report

In response to recent concerns of a number of stakeholders the Director of Nursing of Hampshire Primary Care Trust (PCT) and Director of Adult Services, Hampshire County Council (HCC) jointly commissioned a review of current working practice within the Continuing NHS Healthcare (CHC) arrangements in the County. This review is being conducted by an Independent Consultant – Mr Jim Ledwidge who has worked at the Department of Health and was personally involved in writing the national CHC Framework. The Consultant has held discussions with a wide range of CHC staff, hospital clinicians and Local Authority officers. In addition the consultant has participated in panel discussions, reviewed paperwork and systems to manage the CHC process.

The briefing is intended to update Members and covers the context of the review, interim feedback and timelines for future action.

2. Contextual Information

2.1 In 2006, the 7 former PCT's across Hampshire came together as one, this highlighted variations in working practices within the CHC teams. Lack of standardisation of systems and processes resulted in:

- inconsistent application of the CHC eligibility criteria;
- increasing financial demand;
- a potential risk to patient safety if there was inadequate information about the needs of patients; and
- a general view that the costs associated with many cases were inappropriately attributed to the NHS.

2.2 To address this situation, external consultants were appointed in 2010 to establish a systematic approach and support CHC staff to ensure arrangements for assessing cases for eligibility and approving CHC funding were compliant with the CHC Framework. Simultaneously, co-ordination of various personnel dispersed across the county were brought together into a CHC team administrative "hub" at Fareham Reach.

2.3 As part of the work, the consultants supported the development of a number of practice protocols including a protocol for scrutinizing applications for "Fast Track CHC funding",

targeting eligibility of people at the end of life. Partner organisations including Hampshire County were consulted on these protocols although they were never ratified.

2.4 In the meantime, working arrangements have been challenged by stakeholders who feel there are barriers to accessing CHC funding, evidenced by correspondence between Cllr Pat West and Debbie Fleming, CEO, SHIP PCT Cluster. Furthermore, there has also been increasing challenge from local clinicians whose recommendations for CHC funding were not always being accepted, resulting in delayed discharge whilst a CHC assessment was progressed for people wishing to die at home.

2.5 These specific concerns were discussed amongst clinicians and commissioners in the Basingstoke area. An outcome of these discussions was to introduce a multi-agency pilot to ensure timely hospital discharge and support for patients preferences.

2.6 Based on the success of this pilot, a similar approach is now being rolled out across South East Hampshire and South West Hampshire including the New Forest, ensuring that local services are successfully incorporated in the specific end of life pathway in each area.

2.7 The jointly commissioned independent review has been progressed in parallel to these developments.

3. Independent Review

3.1 The first phase of the independent review commenced November 2011. The verbal feedback and an interim report recommended the following immediate changes:

- Changing the process for "triaging" fast track applications
- Changing the process for scrutinizing checklists i.e. quality control of referrals requesting full consideration

3.2 The response to interim feedback has been positive. A detailed action plan that includes areas of joint working has developed. This covers specific activities associated with:

- "Fast track" Continuing NHS Care
- "Fast track" process and checklist in Hampshire
- Operational working practices including staffing and capability at the Fareham Reach team administrative "hub"

3.3 Immediate changes have been made in some areas. There are clear joint plans to strengthen arrangements in the coming weeks and months. The review will now proceed to the second phase as a basis for the further development required to deliver whole system improvement

4. Timelines/next steps

4.1 The next phase of work that will take place and will be reported to HOSC will include;

a) Ascertaining whether the arrangements for allowing individuals to be involved in MDT meetings are sufficiently compliant with the Framework and also whether the emphasis of reviewing arrangements is right.

b) Whether there are any 'care group specific' issues to be addressed, i.e. whether the Framework is operating well for all adults in the county, irrespective of age or reason for requiring support.

c) A communication strategy will be needed, including mechanisms to facilitate co-ordination and future communication between partner agencies.

d) Consideration needs to be given to jointly prepared and jointly delivered training for health and social care staff across agencies.

e) The need for the local authority and PCT to agree on the key messages and to deliver these jointly to relevant staff.

f) The need to for PCT and Adult Services Department to work together in order to achieve a fair, consistent and cost effective application of the Framework as we move towards the abolition of PCTs (and Strategic Health Authorities) and the consequent handover of statutory responsibilities to Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board.

4.2 The considerable work to be undertaken over the next few months to implement and embed changes should not be under-estimated. It has been agreed that this work will be coordinated between the PCT and Adult Services including handover arrangements to CCGs from April 2013.

5. Conclusion

5.1 This briefing has provided an update for Members on the progress of improvements associated with Continuing NHS Care in Hampshire and demonstrates a genuine commitment to ensure fair access to safe and appropriate care.

Southampton, Hampshire
Isle of Wight & Portsmouth

Appendix Three

Southampton, Hampshire
Isle of Wight & Portsmouth

Health Overview and Scrutiny Committee
24 January 2012

Fordingbridge Hospital Update

Executive summary
This paper provides an update on the plans for Fordingbridge Hospital buildings. There is a mixture of buildings on site; the main site is owned by NHS Hampshire and the Fordingbridge GP Practice owns the GP Surgery and The Arches building at opposite ends of the site.

The older buildings on site are comprised of the former workhouse and two small pavilions (both empty).

There are estate issues on site and a project group has been working with local stakeholders to determine the future use of the hospital in order to produce a plan for the maintenance / replacement of some buildings on site.

The project group has concluded that it is possible to reduce the risks on site by re-providing the services from the former workhouse to other existing, more functional buildings on site.

This paper sets out the intention to re-provide the services on site, to declare the old buildings surplus and to produce a business case for capital investment in the remaining infrastructure.

Introduction
This paper is intended to update the Overview and Scrutiny Committee on work that has been taking place at Fordingbridge Hospital, driven by the need to improve the estate. Although this work is driven by estate needs, it has been undertaken with local clinicians, to ensure that Fordingbridge Hospital continues to provide safe and functional facilities for patients, visitors and staff and to reduce the risk of sudden, unplanned failure of facilities. It is also planned to reduce waste and increase the efficient use of the estate on the site.

Background
There are a number of buildings on the Fordingbridge Hospital site. Some of these buildings are relatively new and in good condition, some are past their useful economic life.

NHS Hampshire owns the freehold for most of the site and the Fordingbridge GP Practice owns the GP Surgery and The Arches building, which provides a combination of clinic and office space.

The former workhouse building and two pavilions are owned by the PCT. These formed part of the original buildings on site and are Grade II listed, which we have a duty to maintain. It is these buildings that are past their useful economic life, very expensive to maintain and are under utilised.

Fordingbridge Hospital mainly serves local residents living in the immediate area of Fordingbridge. Fordingbridge GPs are currently part of the West Hampshire CCG which has also reviewed this paper and agreed its intentions. It is worth noting that some of the PCT owned estate is likely to transfer to community service providers, and this may lead to Fordingbridge Hospital transferring to Southern Health Foundation Trust. However, these factors will not change the urgent need to take action to secure the estate issues at Fordingbridge.

The need to take action

The NHS building infrastructure; boilers, gas, heating and water systems etc. are all on a single system serving the site and are in need of replacement. There have been recent incidents of high legionnaires in the system and urgent remedial action was taken. This recently resulted in a short term, unplanned closure to Ford Ward in order to undertake the work.

In order to avoid disruption to services we need to produce a business case for capital investment to replace the main infrastructure. This would be a major under-taking requiring a capital investment. In order to make a case for investment on the site it is vital that we take into account the services on site and the changes that have taken place.

Over recent years, many services in the older buildings have been moved to other, more functional buildings on site. In recent months, services have moved into the Ford Ward out-patients department following an extensive refurbishment of that area.

The pavilions are now empty and the main workhouse building is under utilised, but still houses community mental health teams, radiology and a kitchen. These services can all be accommodated on site in other existing buildings, with some adaptations.

Radiology

The radiology service is provided in the former workhouse main block by Salisbury Hospital Foundation Trust. It is provided for two sessions per week and provides GP direct access plain film x-ray. It mainly serves Fordingbridge patients. This service also provides around 70 non urgent x-rays per year for in-patients in Ford Ward as part of those two sessions. This service is currently under review by local GPs, commissioners and the provider, with the aim being to try and increase demand at the hospital in order to ensure that the service is sustainable.

Engagement with key stakeholders
Subsequent to an initial wider stakeholder workshop held to explore service issues which could impact on plans for the site, these have been taken forward by the project group.

A Fordingbridge Project Group has been meeting to discuss service provision and commissioner plans, to share the estate issues and to jointly find a solution. This group includes local service providers, PBC and GP representatives. There is also a radiology review sub-group that includes service providers and GPs. This group is reviewing capacity and demand for plain film x-ray to establish if a case can be made for new facilities.

A separate stakeholder group is in place to consult with local Councillors, the League of Friends and other key stakeholders. We discussed this with them on 5 December 2011 and the group will continue to work with us through the process.

The Solution
The project group has arrived at a point where we are ready to reach wider agreement on our intention to move the remaining services from the former workhouse building into the more functional buildings on site. This includes the re-provision of x-ray facilities at this time and plans would be put in place to respond to the outcome of the radiology review that is currently taking place.

We will produce a business case to replace the essential infrastructure on site. This will enable the independent operation of various buildings, and allow us to declare the workhouse and pavilions surplus to requirement.

If no one else in the NHS or public sector wants to purchase the surplus buildings, they will be disposed of on the open market. As the buildings are listed and the cost of adaptation and maintenance would be high, my judgement is that the most likely use for them would be as private apartments.

The following table shows the various buildings on the Fordingbridge Hospital site:

Building	**Owner**	**Services**	**Provider**	**Intention**
Ford Ward	NHS Hampshire	Inpatients, out patients, community clinics and therapies	Mainly Southern Health	Retain, adapt and fully utilise
Two pavilions	NHS Hampshire	Void	N/A	Declare surplus
Workhouse – main block	NHS Hampshire	Community mental health teams, radiology (plain film x-ray) and a	Southern Health and Salisbury NHS FT	Re-provide services into existing buildings on site. Review

		large kitchen		radiology. Declare building surplus
Laundry Block	NHS Hampshire	Community teams	Southern Health	Retain
GP Surgery	GP practice	Primary Care	GPs	Explore options for sharing space with other providers
The Arches	GP practice	Primary care, clinics and offices	Various	Explore options for sharing space with other providers

This solution improves the quality, safety and functional suitability of the environment for patients, visitors and staff to the hospital; reduces backlog maintenance, ensures that future investment is made wisely and reduces the risk of failure of facilities on site that already exists.

Conclusion

Fordingbridge Hospital is in need of capital investment in the infrastructure to keep it safe and operational. The former workhouse building and pavilions are no longer required to provide patient care and are under utilised or empty. The remaining services in these buildings should be re-provided in more functional, higher quality accommodation on site.

This will allow for the workhouse and pavilions to be declared surplus. This will reduce the risks on site and enable us to target investment in the infrastructure required for the future provision of health services.

Recommendations / Actions

- To comment on the intention to vacate the older buildings on the Fordingbridge Hospital site and re-provide the services on site
- To note that the radiology service is under review
- To note the production of a business case for investment in the retained infrastructure for further consideration by the CCG, NHS SHIP Board and NHS South

Inger Hebden
Director Capital Planning and Estates

Southampton, Hampshire
Isle of Wight & Portsmouth

Appendix Four

Southampton, Hampshire
Isle of Wight & Portsmouth

Hampshire Health Overview and Scrutiny Committee
Update on South East Hampshire Community Diabetes Team

In 2011 a new opportunity arose to extend the Community Diabetes Team which consisted of specialist diabetes nurses and a GP with specialist interest providing education, DESMOND training, advice and support to patients, practice nurses and GP's across south east Hampshire.

An innovative model (The Super Six) was developed to include a team of diabetes consultants who prior to this had been solely based at Queen Alexandra Hospital, Portsmouth.

The benefits of this innovative model of care include GP's now having direct access to a diabetes specialist either by phone or email on a daily basis to support the management of their patients. This means patients receive care closer to home, allowing their GP and diabetes consultants to focus on what has been identified as the 'super six' (antenatal diabetes, diabetic foot care, renal, insulin pumps, type 1/adolescent diabetes and inpatient diabetes) within the acute hospital setting.

Diabetes consultants now work with the Community Diabetes Team to provide specific in-house education to all the GP practices within the South East Hampshire and Fareham and Gosport Clinical Commissioning Groups. Any GP, practice or community nurse can get rapid advice on helping to manage their patients within the surgery or home environment avoiding unnecessary referrals to hospital and providing a faster service.

The unique aspect of this service is that it supports health care professionals to not only manage day to day clinical issues but also develop skills in diabetes management for the future through a clear educational framework.

The new model of care was launched on November 1, 2011 and is led by Dr Partha Kar and Dr Tim Goulder. GPs and practice nurses have responded positively to working closely with the expanded community diabetes team. So far 16 practices have had or booked educational visits.

377 patients have been successfully discharged from Portsmouth Hospitals NHS Trust and are being managed by their GPs in the community with the support of the diabetes consultants. The key to this success has been the flexibility with the community team which adapts to individual GP practice need and requests.

Patients have responded positively to the DESMOND training days; below are some of the comments received:

- An excellent day well presented and informative
- The pace of the day was right, the activities varied and were inclusive
- The day was good value for money (although we did not have to pay, someone somewhere did and I can reassure them it is good value for money)
- I would recommend the DESMOND training for everyone newly diagnosed with diabetes.

Practice nurses and GP's feedback from the service has also been very positive:

- I find it very useful having you as a resource to run ideas past, you are very accessible
- It's nice to know I have someone to turn too if I have a problem with a patient.
- You are very swift in returning emails and answering emails, phone calls promptly
- This is an essential service for nurses and GP's with diabetic patients
- As a practice we are very happy with your service, with your help we have been able to select and convert nine patients onto insulin, all has gone smoothly and patients are pleasantly surprised with the ease this has happened.

National attraction has also been drawn, as reflected in the November bulletin of the NHS Medical Director / NHS Commissioning Board Medical Director, Sir Bruce Keogh. This is available online at http://mdbulletin.dh.gov.uk/2011/11/30/diabetes-super-six.

Note:
The DESMOND Programme (Diabetes Education Self Management Ongoing and Newly Diagnosed) has been developed to help people better manage their type-2 diabetes.