

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	27 November 2012
Report Title:	Inquiries Received and Action Taken
Reference:	4468
Report From:	Director of Policy & Governance

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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
Alton Community Hospital	Southern Health NHS FT	Notice has been given of an urgent temporary closure to an inpatient ward at the Hospital. Representatives from Southern Health will be present to answer questions, and a paper can be found at Appendix 1 (page 6).	
<p>Recommendations:</p> <p>That Members confirm:</p> <ol style="list-style-type: none"> 1. If they support the temporary closure of inpatient beds on the Anstey Ward at Alton Community Hospital. 2. If they require any further information or a further update in relation to the planned temporary closure of these beds. 			
Fordingbridge Hospital	SHIP PCT Cluster	Representatives from SHIP PCT Cluster will attend to update Members on progress with both the building works at Fordingbridge Hospital, and the move of the radiology service. A paper can be found at Appendix 2 (page 7).	
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. Members confirm if they require any further information or a further update on Fordingbridge Hospital. 			
Development of a new model of care across their multiple hospital sites, including the proposed creation of a Critical Treatment Hospital	Hampshire Hospitals FT	Representatives from Hampshire Hospitals FT will present to the Committee on their clinical strategy for providing services across their multiple hospital sites, including their proposal to develop a 'Critical Treatment Hospital' on a new site.	

Topic/inquiry	Source	Action Taken	Comment
<p>Recommendations:</p> <p>1. Members confirm if they require any further information, or a further update, on Hampshire Hospitals new model of care.</p>			
<p>Temporary change in service for oncology inpatients</p>	<p>Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust</p>	<p>To receive a paper from RBCH FT on their plans to temporarily move inpatient oncology beds from Bournemouth to Poole Hospital. A paper can be found at Appendix 3 (page 10).</p>	<p>A small number of Hampshire residents are treated by the oncology team at the RBCH.</p> <p>We are still awaiting a response to the level of GP commissioner support for this temporary move.</p>
<p>Recommendations:</p> <p>Members confirm:</p> <p>3. If they support the temporary move of inpatient oncology beds to Poole Hospital.</p> <p>4. If they require any further information or a further update in relation to the planned move of these beds.</p>			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

Equalities Impact Assessment:

No implications arising from this report

Impact on Crime and Disorder:

No implications arising from this report

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?
No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?
No implications arising from this report



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Cllr Pat West
Room 105, Elizabeth II Court
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15 November 2012

Dear Pat

I am writing to inform you of the maintenance works that are taking place at Alton Community Hospital in November 12. There is a requirement to install new water and heating systems as part of the essential hospital maintenance programme.

Much of the work on-site will have little or minimal impact on patients visiting the hospital for clinics and outpatient appointments, and we have advised them to contact their clinic if they have any concerns.

Our inpatient ward, Anstey Ward will be affected, and as a necessary safety measure will not be open for two weeks (commencing on 26 November 2012) whilst the maintenance is being carried out. We have discharge plans agreed with the existing patients and their families which are tailored to each individual's requirements.

The Southern Health NHS Foundation Trust website has details of the works and it's timescale, and advice on contacting services there. (See: [Alton Hospital page on the Southern Health website](#)).

If you have any further questions or wish to know more then please contact me, we will also have representatives at the HOSC meeting on November 27.

Yours sincerely

Inger Hebden
Director of Capital Planning and Estates
SHIP PCT Cluster



Southampton, Hampshire
Isle of Wight & Portsmouth

Health Overview and Scrutiny Committee
27 November 2012

FORDINGBRIDGE HOSPITAL UPDATE

Introduction

This paper provides an update on the plans for Fordingbridge Hospital buildings. This is an update on the paper submitted to the Health Overview and Scrutiny Committee in May 2012.

Background

Fordingbridge Hospital mainly serves local residents living in the immediate area of Fordingbridge. NHS Hampshire owns the freehold for most of the site.

Fordingbridge GPs are part of the West Hampshire CCG. The Fordingbridge GP Practice owns the GP Surgery and some of the GPs own The Arch Clinic, which provides a combination of clinic and office space.

Engagement with key stakeholders

Subsequent to an initial wider stakeholder workshop held to explore service issues which could impact on plans for the site, this has been taken forward by the project group.

The Fordingbridge Project Group still meets to discuss service provision and commissioner plans and share the estate issues. This group includes local service providers, PBC and GP representatives. The separate stakeholder group, which was in place to consult with local Councillors, the League of Friends and other key stakeholders has now disbanded and the members have been invited to join the main Project Group.

Current position

The Hospital consists of five buildings; Ford Ward, the old laundry block, the former workhouse block and two associated pavilions. The workhouse block 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. These buildings are past their useful economic life, very expensive to maintain and are under utilised. Work has been progressing to relocate services and separate the infrastructure from the rest of the site. Once completely empty, the former workhouse and pavilions will be declared surplus and disposed of.

Over recent years, services and staff in the older buildings have been moved either to the Ford Ward building or the old laundry building which was converted for office use. During 2011 services moved from the pavilion buildings into the Ford Ward out-patients suite, following an extensive refurbishment of part of that building. Earlier this year the clinical sessions for the community mental health team also transferred to the outpatient facilities in Ford Ward and to Ringwood Medical Centre, for patients in that area. The office functions transferred to the old laundry building which already provides office facilities for other Southern Health community team staff.

In June 2012 approval was given by the PCT, the West Hants CCG and the HOSC to a £1m capital scheme to improve accommodation and rationalise site infrastructure at Fordingbridge Hospital. Works have just been completed and the two buildings to be retained for long term use are now independent of the remainder of the site in terms of engineering services and infrastructure. An Open Afternoon for the public was held on Ford Ward on 10th November to celebrate the completion of works, attended by the public, patients, staff and the Hospital League of Friends. It has been agreed with stakeholders that the name Ford Ward will no longer be used but will be known as Fordingbridge Hospital.



Radiology

Radiology is now the only clinical service remaining in the former workhouse building.

The radiology service is still provided by Salisbury Hospital Foundation Trust. It provides GP direct access plain film x-ray in two sessions a week and 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.

A radiology review sub-group that included service providers and GPs was set up to review the capacity and demand for plain film x-ray to establish if a case could be made for new facilities.

Local GPs offered the Arch Clinic as a new base for this service and on 5th July the West Hampshire CCG board approved and supported the proposal to move the radiology service to the Arch Clinic. Salisbury Hospital Foundation Trust radiologists have confirmed that they would be prepared to continue to provide the service in Fordingbridge at the Arch Clinic and a lease is now being negotiated with the landlord.

A planning application submitted for a door and ramp into the Arch Clinic has now been approved and the work is programmed to start this month (November) and be complete by 31 March 2013. The service will continue to be provided to patients in the current building until the work is finished.

The work to the Arch Clinic is the final stage of the work to allow the workhouse and pavilions to be declared surplus to requirement.

Fran Buxey
Project Manager
Capital Planning and Estates

Health Overview and Scrutiny Briefing

Temporary change in service for oncology inpatients

From 5 November 2012, the Trust will be making a temporary change to where its inpatient oncology service is provided. Although most oncology treatment is provided on the day care ward as an outpatient, if patients do need inpatient hospital care they will be admitted to the oncology ward at Poole Hospital, rather than the Royal Bournemouth Hospital. There is no change to the outpatient or day care services.

Currently, both Poole and Bournemouth Hospitals provide an inpatient oncology service. Recently it has been extremely difficult to recruit and provide enough appropriately trained medical staff needed to look after patients who need complex oncology inpatient care on both sites. This is because of a national shortage of suitably qualified staff.

By temporarily moving the inpatient service to Poole the Trusts can pool the staff resources to increase the medical staff available and ensure patients have access to the best care possible. The Trust will review the inpatient service again in six months.

Patient affected

The change affects a very small group of patients. Between 1 October 2011 and 30 September 2012, a total of 257 oncology patients had 346 admissions to hospital. Of these, 74 had elective admissions, allowing the vast majority of patients to plan for their hospital admittance. There were 207 emergency admissions.

In terms of where our oncology inpatients came from:

- 47.4% (122 patients) are resident in Bournemouth
- 2% (5 patients) are resident in Poole
- 14.5% (37 patients) are resident in Hampshire
- 35% (90 patients) are resident in Dorset

The remaining percentage/number of patients are resident from other areas of the country.

For the majority of patients, travelling the extra few miles further east will not significantly impact on their ability to access the inpatient service. The patients that have to travel the furthest, from Hampshire, make up a small proportion of our total patients.

Of all those patients who were admitted to hospital as an inpatient, the average length of stay is 5.7 days. This means that any difference in travelling for family and friends is also limited to a short period.

Other oncology services

All outpatient, day care and open access call services are unaffected. Patients will come in to, or call the Royal Bournemouth Hospital, in the same way that they do now. It is only if they need admitting to hospital that they will be admitted to Poole Hospital.

Patients will remain under the care of their current consultant even if they are admitted to Poole Hospital as an inpatient. Consultants are very used to working at both hospital sites, as they do this already.

Supplementary questions:

- **What was the clinical need to temporarily operate this service from Poole rather than Bournemouth Hospital?**
To ensure we could sustain appropriate middle grade rotas. The number of inpatients treated at Bournemouth Hospital (RBH) is significantly lower than at Poole Hospital. There are only four beds at RBH. The middle grade rota at Poole Hospital is more secure at Poole Hospital.
- **What is the access like to Poole Hospital?**
Good railway network from the New Forest. Poole Train Station is 10 minute walk from Poole Hospital.
- **Support from GP commissioners for the temporary move?**
The Primary Care Trusts support the move in year. This support was agreed at both contractual meetings and included NHS Hampshire, NHS Bournemouth and Poole and emerging CCGs.
- **The distance between RBCH and Poole Hospital is 8 miles**

Helen Lingham
Chief Operating Officer
October 2012