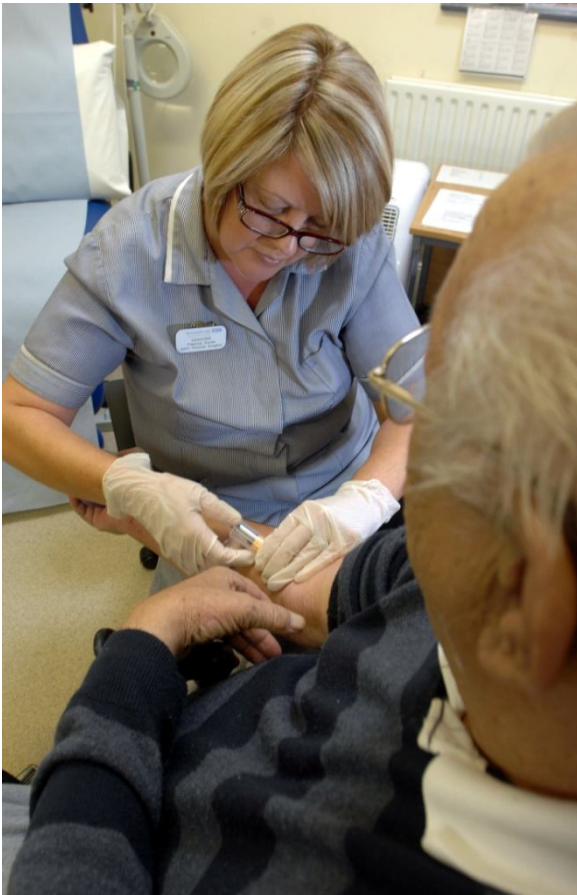


# The Future of Health Services for the Population of Whitehill and Bordon



## Redeveloping Chase Community Hospital

# Background



Following our attendance in September 2012 you wanted to know....

- the clinical case for change
- how the local population have been engaged
- the outline business case for the redevelopment of Chase
- the level of local GP support for the proposals
- commitment from key stakeholders and developers to the building of a new nursing home in Whitehill & Bordon area
- transport plans for access to those services featuring in the bed based model of care for service users, and for families and carers

# What do we propose to do?

## Services being retained

**Diabetes clinics**  
**Podiatry/chiroprody/orthotics**  
**Audiology and Ear, Nose and Throat**  
**Leg ulcer clinics**  
**Antenatal/Midwifery**  
**Occupational therapy**  
**Physiotherapy**  
**Eye clinic**  
**Retinal screening for diabetics**  
**Dietician services for children and teenagers**  
**Musculoskeletal (muscle and joint)**  
**Mammography**  
**Speech therapy**  
**Out of Hours**  
**Orthopaedics**

## Services being expanded

**Contraception**  
**Sexual Health**  
**Substance Misuse**  
**Wider range of acute services**

## New services

**Dermatology**  
**Nephrology (renal)**  
**Mental Health**  
**Older People's Mental Health clinics including memory clinics**  
**GP services**  
**Minor Injuries Service**  
**Community Clinics including IV antibiotics**  
**Oxygen assessment**  
**Voluntary services**  
**Healthy lifestyle initiatives**  
**Day case dermatology services**  
**Drug and alcohol support**  
**Diabetes education service**

# Who we have talked to....

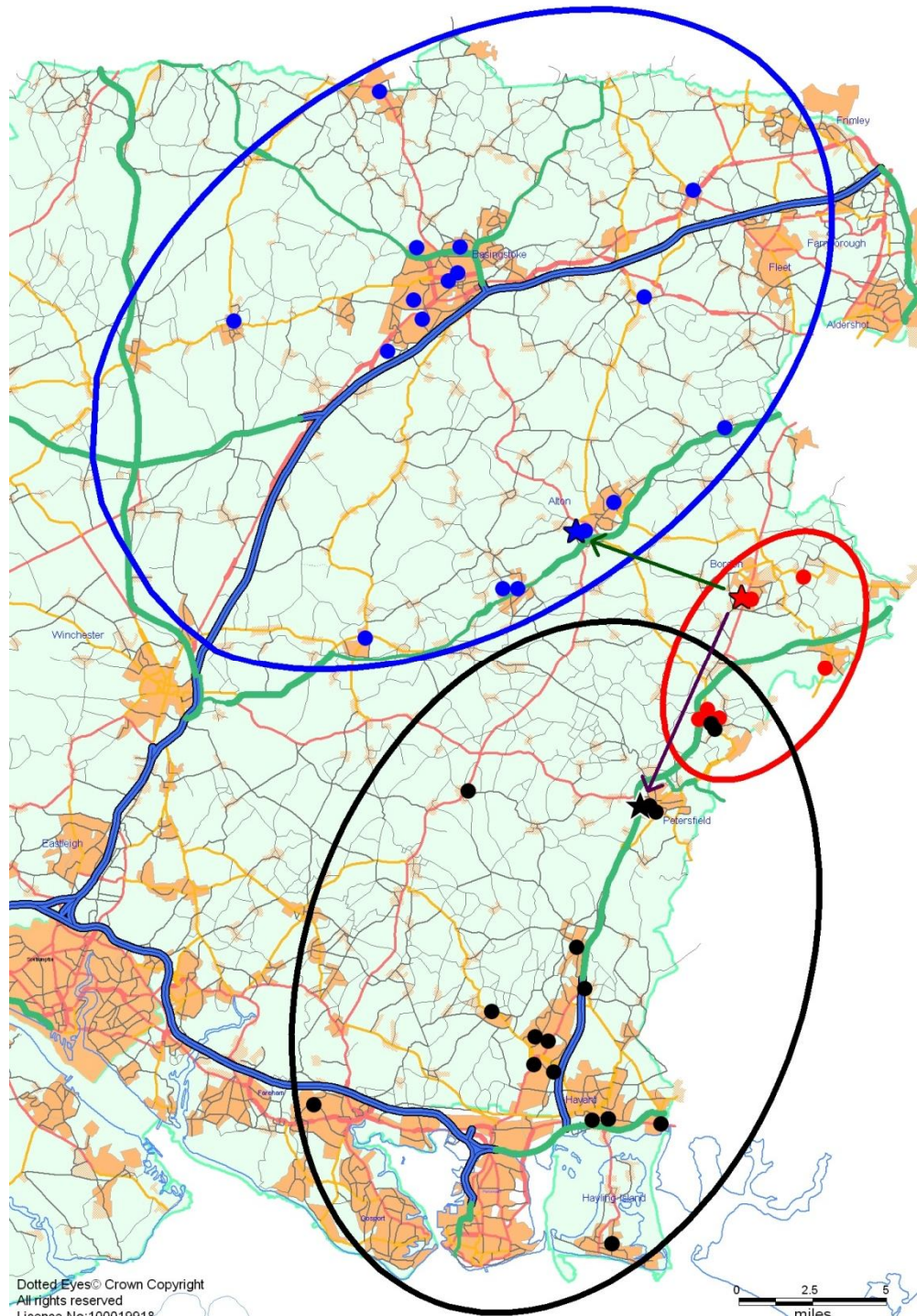


We started talking in 2009 with local stakeholders, who have helped shaped the options for the redevelopment of Chase Community Hospital. We have now:

- engaged with more than 500 residents
- held over 17 meetings with MPs/councillors/county councils
- carried out two surveys (2009 & 2011) – 331 plus responses
- run three stakeholder workshops to help shape the services (October 2011, January 2012, March 2012)

Most recent engagement in October 2012 includes:

- six drop in events
- survey
- question and answer forum Lindford Community Centre
- question and answer forum at St Marks Church



Travel:

Chase to Alton  
•25 minutes  
•9.2 miles

Chase to Petersfield  
•17 minutes  
•9.7 miles

## What we have learnt is....



Local people wholeheartedly support:

- expanding outpatient, day and diagnostic services;
- integrating the mental health teams with the community services
- growing the community nursing and therapy teams
- 55% of the 127 people who answered our survey supported the new model of care

But there remains concern about:

- the future of the beds and possible closure of the ward.
- if a nursing home will be built in the town
- the responsiveness of community based end of life care

# Bed based care: the background

## Current situation:

- Eight beds open
- 136 patients a year
- average bed occupancy: 7.5 patients
- only six local practices have admitting rights
- Medical cover: in-hours = GP / evening and weekend = OOH
- Staffing requirements: 10.2 WTE nursing staff
- Average Length of Stay: 19 days (
- Cost: £1.02m (£373 per OBD vs £164 per OBD average in Hants)

## Bed Audit:

- 60 patients reviewed
- 20%: EOL patients (9/10 expressed a preference to die at home)
- 37%: step up (16% of these had no 'health care' need)
- 43% step down

## Conclusion:

- 94% of admitted patients were identified as being potentially suitable for care in their own home, or for patients who need 24-hour care outside a home environment in a nursing home



# Why do we believe we need to change.....



South Eastern Hampshire  
Clinical Commissioning Group

## **We know that:**

- most people are keen to stay at home as long as possible and/or return home after a hospital stay as soon as possible
- returning people to independence as quickly as possible gives the best outcomes
- that admitting people into a facility that is unable to manage their clinical needs is not good quality care
- Most people express a preference to die in their home
- these choices depend on patients and clinicians being confident that they and their carers have the right support in place
- changes in patients' needs and ways in which healthcare staff can support these needs in patients' own homes has developed. This has meant that the demand for and use of inpatient beds at traditional Community Hospitals has declined

# Options for Bed based Care

Option	Benefits	Disbenefits
<b>Do nothing</b>	<ul style="list-style-type: none"> <li>Very short-term absence of disruption to the continuity of services</li> </ul>	<ul style="list-style-type: none"> <li>current situation arrangements would rapidly become unsustainable</li> <li>number of patients accessing inpatient and outpatient care outside of Whitehill and Bordon likely to increase</li> </ul>
<b>Expand</b> the number of staffed inpatient beds in the hospital from 8 to around 20	<ul style="list-style-type: none"> <li>ensures provision of inpatient beds in Whitehill and Bordon</li> <li>reduces the unit cost of each occupied bed day</li> </ul>	<ul style="list-style-type: none"> <li>elements of redevelopment strategy not achievable</li> <li>disinvest from community nursing and therapy team, home based EOL and specialist nursing by around £600,000 to allow investment in inpatient staffing</li> <li>patients would need to be admitted to hospital - but they would prefer and would achieve better outcomes if supported at home</li> <li>patients from outside of Whitehill and Bordon would need to be cared for in the beds. This would require local GPs to agree to care for other practices' patients. This would also destabilise Alton or Petersfield. Currently 5 practices refer into Chase; 21 practices refer into Petersfield; 17 practices refer into Alton</li> </ul>
Implement the <b>new model</b> of care	<ul style="list-style-type: none"> <li>allows for the redevelopment of the Hospital (£2.5m)</li> <li>significantly expands the range of services able to be provided locally</li> <li>delivers inpatient provision for local people</li> </ul>	<ul style="list-style-type: none"> <li>transitional arrangements would mean patients (and relatives) requiring inpatient admission would need to travel to Liss (6.3 miles)</li> <li>The absence of an existing nursing home in the Whitehill and Bordon area will require the NHS to work with developers and the Local Authority to secure such a facility for the local population.</li> </ul>

# Level of GP support



South Eastern Hampshire  
Clinical Commissioning Group

GPs recognise and strongly support the principle that Chase Community Hospital needs to change but have expressed concerns about the new model of care. This is how we have acted in response:

There has been an increase of 45% in community staffing (7.6 to 14.6 ) to ensure that both the capacity and capability exists to deliver the new model of care. £125k has also been identified to up skill nurses in history taking and assessment, CUSP (community up-skilling programme) training and Independent Prescribing. All staff will have completed the necessary training by the end of March 2013

Geriatrician input is already being delivered on fortnightly basis

- Geriatrician will be on site 1 x week
- Community diabetes, heart failure and respiratory are all aligned with the CCG borders and have extended provision commencing May 2012 for all teams.

Community diabetes team provides:

- access to the provision of DESMOND courses for patients newly diagnosed with diabetes
- support both primary and community care in management of their patients

Community heart failure nurses:

- support community care teams
- take direct referrals from both primary and community care

Respiratory nurse specialists:

- support the complex case management of patients for whom first line treatment has not provided an increased response
- provide a home oxygen assessment and review service
- run a clinic every two weeks at Chase to assess for those patients who require oxygen for a broad range of respiratory conditions

# Commitment to a new nursing home

- Positive discussions have been held with a number of nursing home providers
- SEH CCG is also working closely with other public sector partners eg. Hampshire County Council, to understand the social care and nursing needs for the population of Whitehill and Bordon
- HCC Adult Services would procure beds for social care in this area on a spot purchase basis
- Meetings arranged with East Hampshire District Council Planning Department to seek its support in taking forward any future development and granting a change of designated planning use of suitable land

## Interim Solution:

Two nursing homes have been identified by GPs

Wenholm Holt (NHS already has a contract to provide continuing health care beds) and Eastfield. Both also provide end-of-life care.

Both homes are keen to work with the SEH CCG as the interim solution

# Transport plans



Stakeholders have expressed concerns about travel arrangements outside of the Whitehill and Bordon area:

In the 2011 survey:

- 100% of respondents said it was reasonable to travel up to 7 miles for an inpatient stay
- 63% said it was reasonable to travel between 7 and 10 miles
- 84% travel using their own car
- 7% get a lift from friends and/or family
- 4% using volunteer transport services

Residents who wish to visit their relatives in a nursing home at Liss (6.3 miles) would have their transport, if appropriate, arranged to and from the home, if they do not have their own transport.

# Key Risks....



## **Continuity of Inpatient Care**

Southern Health NHS Foundation Trust [SHFT] have signalled that they do not believe that safely sustaining inpatient beds in their current form at Chase is viable in the long term. Currently staffing at the hospital is underpinned by staff coming in from Petersfield. There is a risk that SHFT could serve notice on the provision inpatient services at the Hospital

## **Continuity of Staffing**

Whenever service change is considered, it inevitably creates uncertainty for staff, a number of whom will look at alternative roles. There is a risk that staff will leave creating on going recruitment challenges and a reliance on agency staff.

## **Restructuring of the NHS**

Ownership of the building will transfer to a new national body called NHS PropCo. Unless the business case for £2.5m investment in the Hospital can be agreed by the PCT prior to the transfer (1.04/13), there is a risk that PropCo may not consider such an investment a priority.

# Recommendation

## Four Tests set by the Secretary of State:

- patient choice
- engagement
- GP support
- clinical Case

## We ask HOSC to:

- Agree to support finalising the business case for the redevelopment and taking it to the Hampshire PCT Board for approval
- Agree to the CCG returning in March 2013 to provide the final business case, and risks and how we would propose to mitigate these risks