



Chase Community Hospital



Health and Overview Scrutiny Committee
22 March 2013



Background

- Chase Community Hospital is situated in Whitehill and Bordon and consists of a single building which was purpose built in 1991.
- The Hospital currently provides:
 - Inpatient care: (12 beds funded, 8 beds open) providing step up, step down and end of life care
 - A range of acute and community outpatient clinics including:
 - Diagnostics - radiology
 - Community Team bases
 - Out of Hours primary care base
 - Age Concern Day Centre
- Over the years there has been a gradual decline in the use of inpatient and outpatient services at the hospital.
- The future of the Hospital has been the subject of discussion for many years

What we'll cover



- Why change?
- How were proposals developed?
- What are the options?
- What are the next steps?



Why change?



- Population Health Need
- Utilisation
- Sustainability
- Equity



Health need



- Whitehill and Bordon has a population of around 14,000
- An Eco-Town is planned which will include some 4,000 new homes, 35% of which will be 'affordable housing'.
- The population is projected to increase from 14,000 to 23,823 by 2031.
- While the population of eastern Hampshire is generally healthier than the national average, the wards of Hangers & Forest, Whitehill Chase and Whitehill Deadwater are among areas with the highest health needs in east Hampshire.
- The local area also has higher proportions of under16s and older people than the average in England.



Utilisation



- Over the years there has been a gradual reduction in the use of inpatient and outpatient services at Chase Community Hospital
- Originally 24 beds open – 8 ‘step up’ supported by GPs, the remaining 16 beds have been provided elsewhere as OPMH and geriatric services were redesigned.



Current position:

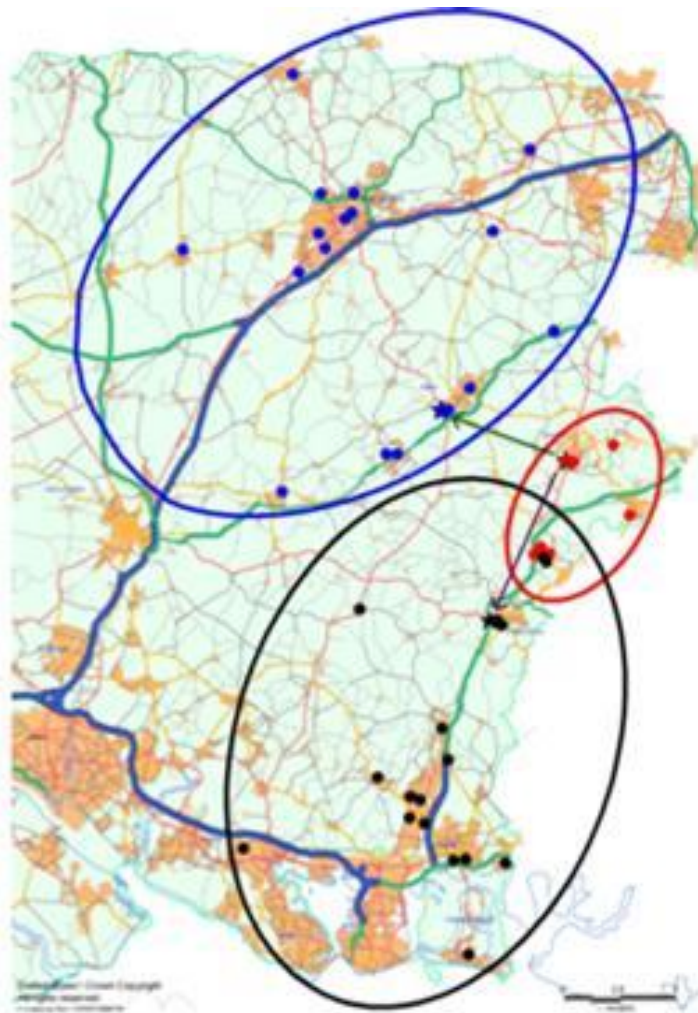
- 12 beds commissioned, for the last two years these beds have on average been occupied 61% of the time
- At the current time eight beds are open
- 136 patients were admitted during the period July 2011 until June 2012
- May 2011 audit showed that outpatient clinics in use 38% - 42% of the time
- X-ray facility available only two mornings a week.

Equity



- NHS Benchmarking Network's report states the average number of community hospital beds per 100,000 local population is 29
- The NHS Estates Strategy states any new community facility being built should have at least 48 beds and serve a population of at least 100,000 to 200,000.
- The Whitehill and Bordon population of 14,000 local people currently have access to 53 community hospital beds per head of population
- If all 24 beds were open it would increase to 171 beds per 100,000 population
- This is six times the average number of beds and would create significant inequality across Hampshire
- Only six local practices have admitting rights
- Admission into the beds at other community hospitals such as Petersfield and Alton is much higher as any patient who meets the referral criteria may be accepted irrespective of which GP Practice the patient is registered with

South East Community Hospitals



Travel:
Chase to Alton
• 25 minutes
• 9.2 miles
Chase to Petersfield
• 17 minutes
• 9.7 miles

Sustainability



- Staffing requirements: the absolute minimum level of staff to ensure one trained and one untrained nurse at all times and therefore provide a safe service. Southern Health aim to have two trained nurses at all times.
- Average Length of Stay: 19 days
- Cost: £1.02m (£373 per occupied bed day vs. £164 per occupied bed day average in Hampshire)
- Nurses are dealing with insufficient patients to guarantee their clinical competency is maintained, to ensure patient safety and the quality of care provided adheres to best practice.
- To support the beds at Chase Community Hospital agency nurses have to be used regularly and nurses from Petersfield Community Hospital have had to transfer to cover any shortfalls in staff.
- This is becoming increasingly difficult to sustain



Developing proposals for the future of the hospital

Working together to find a solution



- A Stakeholder Group, made up of community and patient representatives, NHS staff and local GPs has been in place for several years
- Six weeks of public engagement in 2011 about how to develop the right services on the hospital site and make sure that people have access to the highest quality care.
- Three workshops with a wide range of stakeholders were then held in late 2011 and early 2012 and a number of options considered.
- Every one agreed:
 1. Doing nothing was not an option
 2. Closing the hospital was not an option
 3. The best option was to redesign services at the hospital to fully utilise the facility and ensure it is a sustainable healthcare facility serving the local population.

Creating a vibrant community facility



What's being proposed?

- Significantly expand the range of outpatient services locally from 8,900 outpatients to 18,000
- Improve patient choice for outpatient services
- Extend contraception, sexual health and substance misuse services
- Expand current services by introducing new services :
 - a) Dermatology
 - b) Nephrology (renal)
 - c) Mental Health
 - d) Older People's Mental Health clinics including memory clinics
 - e) GP services on site (up to two practices)
 - f) Minor Injuries Service
 - g) Community Clinics including IV antibiotics
 - h) Oxygen assessment
 - i) Voluntary services
 - j) Healthy lifestyle initiatives
 - k) Diabetes education service
 - l) Phlebotomy
 - m) Local screening

Creating a new model for bed based care



A new integrated care team

- A new Integrated Care Team will be established in Whitehill and Bordon. An additional 7 nurses have been recruited to double the team to 14 wte.
- The development of Integrated Care Teams is designed to expand on the 'virtual ward' model of care that is already operating in Hampshire.
- Integrated Care Teams are grouped around a population of approximately 30,000 people and made up of:
 - GPs and practice nurses
 - community nursing teams led by community matrons with input from therapists, specialist nurses and mental health nurses
 - support from consultant geriatricians and in reach nurses
 - social workers, domiciliary care, community independence team and access to reablement beds.



Creating a new model for bed based care



How does an integrated care team work?

- Provides each patient with a designated care co-ordinator
- Uses the latest clinical software and their knowledge of patients to identify those most in need of support
- Anticipates patients' care needs
- Ensures the multidisciplinary team intervene early
- Visits a patients' home between the hours of 0700 and 2330, as required by their clinical need
- Provides night nursing between the hours of 2200 and 0700 if required
- Provides direct access and referral to the GP out of hours service if the patient should deteriorate and require admission to an acute hospital; and
- Facilitates an earlier discharge for any patient admitted to an acute hospital under the supervision of the community matron to ensure that there is an opportunity to regain and maximise independence.



Creating a new model for bed based care



Keeping local beds

- On-going concern of the Stakeholder Group and local people has been retaining access to bed based care for patients from Whitehill and Bordon
- In response to these concerns the CCG committed to purchasing nursing home beds to ensure that local people, who need to be cared for in a nursed bed, would still have access to this type of care.
- There isn't a nursing home in Whitehill and Bordon so two nursing homes have been identified in Liss, which is 6.3 miles from the town
- The CCG will fund transport for relatives/carers and overnight accommodation will be available for relatives of end of life patients
- The NHS already has a contract with one of the nursing homes to provide continuing health care beds. Therefore the new model of care could be put in place as soon as required.
- Patients with a higher level of need could also be admitted to Petersfield Hospital.

Creating a new model for bed based care



Keeping local beds

- Ideally we would want to commission nursing home beds in Whitehill and Bordon and we've held positive discussions with a number of nursing home providers about building a home in the town
- The Steering Group have identified some possible sites
- One of these sites, Quebec Barracks, has recently been sold to The Homes and Communities Agency (HCA). The HCA expect to submit a planning application by the end of 2013, which includes potential for a nursing home, with works starting in 2014 and completing by 2015.
- A local nursing home provider has also identified the potential for a nursing home in Whitehill and Bordon on a smaller scale than a national provider would be seeking
- The CCG is also working closely with:
 - Social Services to ensure minimum impact on carers (an additional £100,000 has been included in the business case to facilitate this)
 - Macmillan Services to ensure end of life care is available to those patients who wish to die at home

What did local people think?

These proposals were tested with local communities in a period of engagement in October and November 2012.

The feedback from this engagement suggests 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 (of a local population of 14,000) who answered our survey supported the new model of bed based care.

But there remain concerns about:

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



This is reflected by a petition with 2973 signatures (including 239 that were out of area) requesting that the beds are not closed at the hospital.



What did the HOSC say?

November 2012

This proposal was last presented to HOSC November 2012.

The HOSC advised:

- CCG to consider two additional options and return in March 2013

Three options were therefore developed:

- **Option 1:** Redesign the hospital and provide a new model of care
- **Option 2:** Expand the number of beds at Chase Community Hospital to 24 step up and step down beds to cover a wider catchment area and co-locate mental health services and community services on site.
- **Option 3:** Expand the number of beds at Chase Community Hospital to 12 step up and step down beds and 12 end of life care beds to cover a wider catchment area.



The three options and their impact



Impact of Option 1

Redesign the hospital and provide a new model of care

- Re-provides Chase Community Hospital's eight inpatient beds at a local nursing home in Liss (6.3 miles from Chase Community Hospital)
- 23,422 patients would benefit from this option
- Fully utilises Chase Community Hospital
- Provides new model of care with a Geriatrician on site at Chase Community Hospital and the Nursing Home once a week
- Enhances care delivered at patients' homes (when applicable) by team of nurses, doctors and other health professionals
- Increases level of community nurses from 7 to 14
- May impact on carers and increase demands on Adult Social Services so additional funding has been set aside to support both

Impact of Option 1



Redesign the hospital and provide a new model of care

- Centralises outpatients, clinical community services, community team base, primary care (2 x GP surgeries) and mental health services on one site
- Significantly expands the range of outpatient services able to be provided locally from 8,900 outpatients to 18,000
- Extends contraception, Sexual Health and Substance Misuse services
- Introduces new services to the hospital:
 - a) Dermatology
 - b) Nephrology (renal)
 - c) Mental Health
 - d) Older People's Mental Health clinics including memory clinics
 - e) GP services on site
 - f) Minor Injuries Service
 - g) Community Clinics including IV antibiotics
 - h) Oxygen assessment
 - i) Voluntary services
 - j) Healthy lifestyle initiatives
 - k) Diabetes education service

Impact of Option 1

Redesign the hospital and provide a new model of care

- Requires a capital investment in the building of £2.5 million
- Allows patients who express a wish to die at home to do so supported by community care teams
- Involves relocation of adult and older people's mental health services for improved integrated working
- Reduces travel for local population for outpatient appointments but means patients would need to travel to Liss for admission to a nursing home (6.3 miles)
- Provides free transport for relatives to visit patients admitted to a nursing home bed
- Provides additional car parking spaces at Chase Community Hospital

Impact of Options 2 & 3



Option 2: Open 24 step up and step down beds at Chase Community Hospital and co-locate mental health services and community services on site

Option 3: Open 12 step up and step down beds and 12 end of life care beds and co-locate mental health services and community services on site

- Maintains provision of inpatient beds in Chase Community Hospital
- Allays stakeholder concerns about bed closures
- 9,360 patients would benefit from these options
- To be fully occupied 107 patients using the beds would come from Whitehill and Bordon and 353 from across South Eastern Hampshire
- GPs from outside of Whitehill and Bordon have said they would not refer into Chase for step up or end of life care. Opening more beds at Chase Community Hospital could destabilise Alton and Petersfield Community Hospitals
- For patients from outside of Whitehill and Bordon to be cared for in the beds local GPs need to agree to care for other practices' patients.

Impact of Option 2 & 3



Option 2: Open 24 step up and step down beds at Chase Community Hospital and co-locate mental health services and community services on site

Option 3: Open 12 step up and step down beds and 12 end of life care beds and co-locate mental health services and community services on site

- Up to 27 mile journey for relatives of patients from across S.E. Hampshire with patients admitted to Chase Community Hospital regardless of their home location
- Poor public transport links to Whitehill & Bordon will impact on relatives of patients from across South Eastern Hampshire being able to visit patients at Chase Community Hospital
- Would require relocation of the Physio Department away from Chase Community Hospital to accommodate the inpatient beds
- Loss of administrative support space i.e. meeting room.

Impact of Option 2 & 3



Option 2: Open 24 step up and step down beds at Chase Community Hospital and co-locate mental health services and community services on site

Option 3: Open 12 step up and step down beds and 12 end of life care beds and co-locate mental health services and community services on site

- Means that elements of redevelopment strategy not achievable:
 - a) No GP surgery on site
 - b) No provision of Minor Injuries Service
 - c) No expansion of outpatient services
 - d) No co-location of mental health services i.e. re-provision of Elizabeth Dibben Centre
- Does not result in improved patient choice for outpatient appointments
- Less patients would be treated at home which we know provides better outcomes and is what people would like
- Requires £391,633 additional investment each year to staff the ward which would need to be taken from existing services.
- Requires additional capital investment of circa £400k to upgrade aspects of the environment to meet current standards for step up care

Impact of Option 3



Open 12 step up and step down beds and 12 end of life care beds and co-locate mental health services and community services on site.

- Requires further additional funding each year for specialist palliative staffing (specialised nurses and consultant support) and medication
- Additional capital investment of £1.4 million for Chase Community Hospital environment to meet the standard for specialist palliative care
- More patients will die in hospital than at home. The Hampshire End of Life Strategy and advice from Macmillan and other providers suggests that the majority of patients express a wish to die at home
- Work to undertake conversion of the ward area to provide single bedrooms with en-suite facilities would take approximately six months and the ward would need to close whilst this was undertaken

Options Appraisal workshop

February 2013



- To assess each of the three options and identify a preferred solution an options appraisal workshop was held in February 2013
- The criteria used to evaluate the options had been previously developed by key stakeholders in October 2011
- Attendees included local councillors, community representatives, local clinicians, NHS providers and commissioners
- 19 of the attendees completed the options appraisal forms
- 12 were members of the Steering Group including GPs, councillors, LINK, adult services, patient representatives, voluntary sector representatives

Testing the options

Options appraisal workshop: February 2013



	Option 1			Option 2			Option 3		
	Redesign the hospital and provide a new model for inpatient care			Expand the number of beds at Chase Community Hospital to 24 step up and step down beds to cover a wider catchment area and co-locate mental health services and community services on site			Expand the number of beds at Chase Community Hospital to 12 step up and step down beds and 12 end of life care beds to cover a wider catchment area		
	No Fit	Partial Fit	Good Fit	No Fit	Partial Fit	Good Fit	No Fit	Partial Fit	Good Fit
Total Votes	11	65	99	55	87	34	56	91	29
Raw Score	-11	65	297	-55	87	102	-56	91	87
Weighted Score	-1.22	6.49	30.47	-5.39	8.92	10.55	-5.45	9.54	8.87
Rank			1 st			2 nd			3 rd

Financial and Economic

Appraisal of the Options



Chase Hospital Option Appraisal

Summary Option Appraisal

Options	Revenue Costs Impact FYE	Non Recurring Revenue costs	One off costs Capital Excl VAT	Net Cash Flow 25 years	Net Present Value	Benefits Score	Cost per Benefit point	Rank
	£'000	£'000	£'000	£'000	£'000	No *10	£'000	
Option 1 - Redesign hospital and provide new model of inpatients care	353,950	325,000	2,322,543	11,850,237	8,778,625	36	245,625	1
Option 2 - 24 step up/ step down beds, co-locate MH services and community services	1,063,042	-	322,715	27,961,807	18,906,299	14	1,342,777	2
Option 3 - 12 Step up/step down beds plus 12 end of life beds	1,245,512	-	1,379,501	33,762,813	23,118,562	13	1,783,840	3



Financial summary of options

- Option 1 is the most financially advantageous as a result of the level of achievable savings. Although it has the highest capital cost these are offset by the level of net savings generated by the new model of bed based care.
- Option 2 is substantially (£700,000) per annum more expensive than the preferred option.
- In the current challenging financial climate options 2 and 3 do not represent value for money, are not affordable to the local health system and could not be delivered.
- Option 1 provides the best level of benefits of all the options at an affordable cost.

It is concluded that Option 1 is the preferred option.

Moving forward

The next steps



- Outline Business Case approved - March 2013
- Full business case developed – March to July 2013
- Detailed design – April/May 2013
- Planning application submitted - April/May 2013
- Planning approval obtained - July 2013
- Tender for works – June 2013
- Build costs complete – July 2013
- Staff consultation - March to July 2013
- Nursing home beds commissioned - April to July 2013
- New model of bed based care finalised – April to July 2013
- Medical cover contractual arrangements agreed – April to July 2013
- Full business case approved – July/September 2013
- Beds close at Chase Community Hospital and new model of care implemented – September 2013
- Works start on site – September/October 2013
- Redevelopment of Chase Community Hospital completed – March/April 2015.

There are risks...

..and contingency plans



Risk	Mitigation
<p>Once the decision to proceed to Full Business Case is taken staffing the beds becomes increasingly difficult and safety is compromised</p>	<p>Nursing home beds could be commissioned immediately if required to ensure local people have access to beds. The Integrated Care Team is fully staffed and could be operational sooner if required.</p>
<p>Identifying a Nursing home provider</p>	<p>Engagement with national and local nursing home owners underway to encourage development of a new nursing home in Whitehill & Bordon. Potential sites have been identified and the project team are working with EHDC Eco-Town Development Team for a nursing home to be included in the town master plan. Discussions are also occurring with a local provider who has expressed an interest to deliver a new nursing home in Whitehill & Bordon.</p>
<p>Allocation of capital monies</p>	<p>The capital requirement for the redevelopment has been included within in the 5 year forecast capital spend for NHS Property Services and will be subject to approval of a full business case.</p>

The final word

GP support for the model of care



- From July 2011 until October 2012 the CCG held six meetings with the local GP Practices to discuss outpatient services and the new model of care.
- The Steering Group includes one GP from the Liphook and Liss Practice and one GP from Badgerswood and Forest practice
- Local GPs have also been involved in the three workshops about the new models of care and the redesign of the hospital and services.
- When surveyed S.E Hampshire GPs outside Whitehill and Bordon said they wouldn't refer their patients to Chase
- Three local GPs were involved in the options appraisal process
- The Clinical Commissioning Group's Clinical Cabinet, made up of six local GPs elected by all 28 local practices, have agreed the Business case.
- The Clinical Commissioning Group's Governing Body, which includes local GPs, lay members and a secondary care doctor, have agreed the Business case.
- Some local practices have reservations but GPs support the model of care and want to see it working

Support from HOSC



The South Eastern Hampshire Clinical Commissioning Group is requesting support from HOSC to:

- enhance and expand acute outpatient and community services at the Chase Community Hospital
- relocate primary care services and adult and older people's mental health services into Chase Community Hospital
- implement an integrated care team in Whitehill and Bordon
- commission four nursing home beds in Liss
- close inpatient beds at Chase once Stage 2 Business case is approved