

**HAMPSHIRE COUNTY COUNCIL**

**Report**

<b>Committee:</b>	Health Overview and Scrutiny Committee
<b>Date of Meeting:</b>	27 July 2010
<b>Report Title:</b>	Proposals to Develop or Vary NHS Services
<b>Report From:</b>	Chief Executive

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**1. Summary and Purpose**

- 1.1. The purpose of this report is to alert Members to proposals from the NHS to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in March 2005. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006.
- 1.4. This Report is presented to the Committee in 2 parts:
  - *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
  - *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire and therefore support the delivery of the Corporate Strategy aim of maximising well being.

### ***Items for Information***

2. **South Central SHA: Consultation on proposals to fluoridate drinking water in Southampton and South West Hampshire**
  - 2.1. Some progress with the Judicial Review process has been confirmed. It is anticipated that the solicitors' appeal about whether the SHA took full account of the evidence when coming to a decision will be heard on 2 November in the High Court in London. The hearing of the Judicial review itself will take place in 2011 but there is currently no date set for this.

### ***Recommendations***

- 2.2. Members are advised of the outcome of the hearing on 3 November 2010 and kept briefed on progress with the Judicial Review.
3. **Hampshire County Council: Joint Scrutiny of Services for Children with Special Educational Needs**
  - 3.1. HOSC working jointly with the Children and Young Persons Select Committee has circulated its report on these services. The Chairman of the Review Panel summarised the findings of the report to the Children and Young People Select Committee meeting on 14 July. She grouped the recommendations under three main themes:
    - Theme 1: The importance of a strategy for, and development of, a jointly designed, funded and sustainable service provision that is fit for purpose
    - Theme 2: The importance of parental / customer support
    - Theme 3: Opening up choice of provider to include independent sector

However she noted that each recommendation was considered by the panel members to be important in its own right. Formal responses to the recommendations from Children's Services and the NHS to the report and its recommendations were requested by 17 September 2010.

### ***Recommendations***

- 3.2. That the Committee accept the report and its findings.

### ***Items for Action***

#### **4. Hampshire Partnership NHS Foundation Trust: Proposals to modernise adult mental health rehabilitation and psychiatric intensive care.**

- 4.1. Hampshire Partnership NHSFT has now completed the consultation process on its proposals. The feedback received and next steps will be outlined to the HOSC.

### ***Recommendation***

- 4.2. That the HOSC confirms if it is satisfied with the way forward proposed by the Trust.

#### **5. NHS Hampshire: Proposals to cease the development of Oak Park Hospital**

- 5.1. Correspondence is continuing to be exchanged with NHS Hampshire about the concerns that members have expressed about the viability of the options for re-providing the services planned for Oak Park Community Hospital in the Havant area. The most recent letter from the Chairman to NHS Hampshire and their response is attached at Appendices One and Two respectively.

- 5.2. The position set out by the HOSC at the last meeting is set out below.

- Should the plans to cease the development of Oak Park Hospital proceed this **would** constitute a substantial service change
- Members are **not** satisfied that there are viable options for the full range of care planned to meet the health needs of this highly vulnerable population
- The lack of coherence in the presentation of the options to date means that the HOSC is **not** convinced that they are in the interests of the community affected.

- 5.3. A further meeting of the Oak Park Panel took place on the 5 June and a verbal up-date on this will be provided at the meeting. A significant amount of information was provided about the way in which this population uses urgent care services. This is available from the scrutiny office on request and has been shared with local members electronically. Key points from this work have been incorporated into the information provided by NHS Hampshire for this meeting attached at Appendix Three.

- 5.4. Members have acknowledged some progress with identifying alternative provision of ambulatory care although there remain

concerns relating to the ambitious timelines for getting these services up and running.

- 5.5. Working with Hampshire County Council a potential model for inpatient services (both Older People's Mental Health and 'step up/down') and the provision of urgent care are emerging although there is little substantive detail to date. Confirmation of the options open are still qualified with the need for these to be affordable to the NHS Hampshire. This information is not yet available. Timelines for providing these services also need to be confirmed.

*Recommendation*

- 5.6. Members confirm if they are satisfied :

- With the next steps in this process proposed by NHS Hampshire.
- That viable alternatives to services planned for outpatients, inpatient and minor injuries should Oak Park Community Hospital not proceed are emerging.
- That the way forward proposed by NHS is in the interests of the population affected.

**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:**

**1. Equalities Impact Assessment:**

N/A

**2. Impact on Crime and Disorder:**

N/A

## **Appendix One: Proposals to cease the development of Oak Park Community Hospital. HOSC letter to NHS Hampshire- 20 May 2010**

Thank you for taking the time to attend the HOSC meeting earlier this week. As I am sure you will have noted members are acutely aware of the challenges facing not only the NHS but all public services as the scale of the economic pressures start to become clearer. We will very much look forward to the follow-up session booked for our July HOSC on this subject - at which we will have a chance to focus in more depth on financial issues.

Inevitably our subsequent discussion about the provision of services in the Havant area highlighted a number of the issues you alluded to in your presentation. I am sure that you will have received feedback from you colleagues about the continued disquiet expressed by members about the lack of progress with agreeing the services that will be provided in the Havant area in the event that the Oak Park development does not go ahead.

We have acknowledged that some progress has been made with regard to the provision of ambulatory services and were encouraged when - for the first time - reference was made at our meeting to NHS Hampshire's commitment to addressing the urgent care needs of the Havant population as opposed to the rather circular debate about a MIU. However at this point in time there remains a significant amount of work to be completed as there are no clear definitions or specifications for an urgent care service and only very tentative progress with the development of plans for the provision of local beds.

There is now a rapidly diminishing window of opportunity to bring these plans and programmes together as a coherent whole by September. The next HOSC is scheduled for 27 July 2010 and when we meet we will need to be clear that viable alternatives exist for the provision of urgent care, GP 'step up/down' beds and Older Peoples Mental Health care pathways (including inpatient provision). At present this is not the case and significant concerns remain about the ambitious timelines set out for ambulatory services.

Until we have this information it is not possible to for the HOSC to be satisfied that the way forward proposed by NHS Hampshire is in the interests of the population of Havant and the surrounding area.

I know your team will be back in touch regarding possible dates to reconvene the Panel looking at this matter in greater depth, in the meantime please do contact me should you have any queries about our expectations for 27 July 2010.

## **Appendix Two: PROPOSALS TO CEASE THE DEVELOPMENT OF OAK PARK COMMUNITY HOSPITAL: Response from NHS Hampshire- 5 July 2010**

I write further to the attached letter sent to me from Cllr Anna McNair Scott on 20 May 2010. I apologise for the delay in responding.

I hope that my presentation to the Committee provided a useful introduction to the challenges ahead of us all. NHS Hampshire's Operating Plan has been approved by the Board and I will arrange for a member of my team to attend the next meeting to present a more detailed overview of the financial issues as requested.

I acknowledge the continued concerns of members regarding the ambitious timescales for developing ambulatory care, and I would like to assure the Committee that we will do everything possible to meet our key milestones. We will also be able to provide a more detailed update on our progress at the next HOSC panel meeting on 5 July.

I am also pleased to report that the development of options for the provision of inpatient care for older people is gaining pace. We are now working closely with Adult Social Care colleagues to develop a new model of care for Havant area residents and we have jointly made significant progress since the last Committee Meeting. As a result we are actively exploring the joint commissioning and provision of beds in Havant and fully expect to be able to provide more details on this to members of the Panel in July.

In addition, further work is taking place to understand both the aspirations and needs of local people in regard to urgent care. We will be providing the Committee with more detailed data around this as soon as possible, including results from our survey of, and discussion with, local residents.

Options for improving urgent care together with options for beds will be discussed with key stakeholders at a workshop to be held in Waterlooville on 9 July. These will also be shared with the Committee in July, with a view to making recommendations to the NHS Hampshire Board in September as promised.

I look forward to working with the panel on these important issues.

## **OAK PARK REVIEW**

### **DEVELOPING INNOVATIVE SOLUTIONS FOR THE LOCAL COMMUNITY**

#### **1. INTRODUCTION**

- 1.1. This paper provides an update to the Hampshire Health Overview and Scrutiny Committee [HOSC] on work to improve health services for people living in Havant Borough and the southern part of East Hampshire district.
- 1.2. The paper has been drafted to provide the HOSC with the current developments and emerging proposals for health service provision. In drafting such a paper, NHS Hampshire would stress the developmental nature of the proposals and that final arrangements will not be presented to the NHS Hampshire Board for consideration until September 2010.
- 1.3. Until June 2009 NHS Hampshire was planning to build a new community hospital on the Oak Park site in Havant. The hospital planned to have provided a new home for some services and bed based care already offered in local buildings such as Havant Health Centre and Havant War Memorial Hospital. In addition the new hospital would have created the capacity for more outpatient care to be provided so that fewer people had to travel to Queen Alexandra Hospital in Portsmouth. There were also plans for some older people's mental health beds to transfer from St James Hospital in Portsmouth City to the new community hospital at Oak Park..
- 1.4. In September 2009 the NHS Hampshire Board decided that a new hospital building in Havant was no longer affordable as there is less new money coming into the NHS than anticipated. However the Board reiterated its strategic commitment to improving local health services in an area of high deprivation and therefore asked the project team to:
  - find alternative ways of providing local ambulatory (outpatient clinics, physiotherapy, podiatry etc) services;
  - to determine how best to provide in-patient facilities for the population who would have been served by the community hospital; and
  - undertake further engagement with local people regarding minor injuries services for the community.
- 1.5. Since January considerable progress has been made to:
  - better understand the views of local people;

- engage local partners such as GPs, local authorities and NHS providers; and
  - involve elected members, voluntary and advocate groups and community representatives in discussions about the future.
- 1.6. Despite a significant level of disappointment in the local community about the Board's decision, all stakeholders have actively engaged in discussions about how to ensure that local people have access to the range of services that were originally planned to be located in the new hospital build.
- 1.7. In reality the lack of a new building has led to some innovative and creative solutions being put forward and to greater partner collaboration.
- 1.8. As a result some very real and exciting models of care are now under development to:
- co-locate an increased range of local outpatient clinics with therapy services; X-ray, ultrasound & echo and rapid assessment for older people on the Oak Park site;
  - offer local bed based care on the Oak Park site for older people who have had an illness or injury;
  - offer local bed based care for older people with mental health problems on the Oak Park site; and
  - ensure that local people have access to an appropriate range of urgent care services in the community including development of enhanced primary care led minor injury services.
- 1.9. Further details of each of these are set out in this paper.
- 1.10. Older person's care runs through all of the above services but in order to manage the project the services are addressed separately below. When it comes to facilities, opportunities for sharing accommodation are also being explored where appropriate.

## **2. AMBULATORY CARE**

- 2.1. Ambulatory care is any health care delivered on an outpatient basis. Local people currently have access to a range of ambulatory services across a number of local sites and at Queen Alexandra Hospital (QAH). The original plans for Oak Park Community Hospital were designed to bring these ambulatory services into one purpose built local building. The services that would have been available in the new building were:
- 24,000 outpatient appointments across a range of specialties (currently mainly undertaken at QAH);
  - Diagnostics (plain film X-ray, ultrasound & echos);
  - Therapies (physiotherapy, occupational therapy and speech & language therapy);
  - Assessment Treatment and Rehabilitation Centre (i.e. rapid assessment unit);
  - Endoscopy;

- A small minor injuries unit to replace the one at Havant War Memorial Hospital;
  - Podiatry;
  - Base for community teams;
  - Facilities for mobile scanners to visit the site (i.e. MRI).
- 2.2. Following the decision of the NHS Hampshire Board that the construction of new hospital was unaffordable a rapid assessment of alternative local facilities was undertaken. This revealed that the Oak Park Children's Centre (on the same site as the planned hospital build) had capacity to house a range of ambulatory services (with a small adaptation).
- 2.3. Following detailed engagement with local people, community groups and elected members during the autumn of 2009, the NHS Hampshire Board (January 2010) agreed that the preferred option to deliver ambulatory services alongside children's clinical services from Oak Park Children's Services building should be progressed and developed into a business case. It was agreed that endoscopy should be excluded from the future development. This decision is clinically based and due to the higher infection control procedures that now need to be put in place for endoscopy. It was also decided to exclude the Minor Injuries Service planned to replace the one at HWMH whilst further work was undertaken to review the requirement for such urgent care in the Havant area.
- 2.4. Work has progressed and we now have a plan which accommodates all of the agreed services (except for endoscopy and MIU). The ambulatory services will be provided from the Oak Park Children's Services Centre. This being will be remodelled to accommodate both the clinical function of the childrens services teams, as well as outpatient appointments. The PCT is on schedule to submit a Stage 1 Business Case to NHS Hampshire Board in September 2010.

### **3. BED BASED CARE FOR OLDER PEOPLE**

#### **Original Plans**

- 3.1. The original plan was for the new Oak Park Community Hospital to provide 49 beds, which included 25 intermediate care inpatient beds, to replace the 21 beds at Havant War Memorial Hospital (HWMH). HWMH was due to close when the new hospital was completed.

#### **Current bed based care**

- 3.2. Havant War Memorial Hospital currently has 21 beds delivering intermediate care to patients registered with the following GP Practices:
- Rowlands Castle Surgery
  - Emsworth Surgery
  - Homewell Practice
  - Staunton Practice
  - Curlew Practice
  - Park Lane Surgery
  - Waterlooville Health Centre
  - Bosmere Surgery

- Middle Park Way

- 3.3. Between February 2009 and January 2010, there were 250 admissions to Havant War Memorial Hospital with the average length of stay being 18.5 days (based on February 2010 data). Based on the same data, bed occupancy was just under 71%. Intermediate care beds are also provided in Petersfield Hospital.
- 3.4. It should be noted that a limited number of nursing home providers in the area is one cause of this comparatively high length of stay in the inpatient facility.

### **Developing a new model of care**

- 3.5. NHS Hampshire has been working with Hampshire County Council, Portsmouth Hospitals NHS Trust, local GPs and local people to develop a new model of care for local older people. A range of discussions have explored the different ways that bed based care could be developed. Local people, patient groups, staff and clinicians have helped to shape this at a number of meetings, deliberative events, workshops and by sharing views through a local survey.
- 3.6. Building upon this engagement there is now broad agreement between NHS Hampshire and Hampshire County Council to take forward a joint approach that will provide a cohort of mainly elderly patients with an intensive package of health and social care support that will enable them to regain their independence and return home after an acute hospital stay, rather than move permanently to full time residential or nursing care.
- 3.7. Previously known as step down care, this model is now known as reablement. It is proposed that in Havant the reablement beds would be located in an appropriate residential or nursing home setting where there is an ethos and culture of actively maximising people's independence with the aim of providing an increased opportunity for the person to return to their own home. There will be an overall reablement period within a structured, timed and agreed programme which is coordinated with health and social care input. The primary aim is to assist the person to return to their own home within a six week period.
- 3.8. The model also recognises that at the point of discharge from hospital patients are often required to make long term decisions at the wrong time and in the wrong place, leading to avoidable long term residential care placements.
- 3.9. Further work is required to develop the criteria and specification with key stakeholders. However the intention would be to move away from a medical model to one that actively supports maximising a patient's independence.

## **4. CARE FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS**

### **Original plans**

- 4.1. Oak Park Community Hospital was planned to provide 49 beds which included 24 Older People's Mental Health (OPMH) beds to replace the beds at St. James Hospital, Portsmouth (currently 10 beds are in use) However, recent improvements in community based services have shown a significant reduction in the need for as many inpatient beds. Other factors contributing to this have been:

- More people are able to access early diagnosis through memory clinics
- Closer working with GPs
- Clinics run from GP services in the South East Hampshire area
- Improved range of day therapy services provided in local areas
- Public engagement generally indicating a desire for more community based services and less reliance on inpatient provision

### **Current bed based care**

4.2. Older people experiencing mental health problems in the borough of Havant and the southern parishes of East Hants currently have access to the following community mental health services provided by Hampshire Partnership NHS Foundation Trust:

- Community Mental Health Nursing
- Memory Assessment
- Outpatient Clinics
- Psychological therapies
- Day Therapy Service

4.3. There are also inpatient Services at the following sites

- **Fernhurst ward – St James Hospital.** Fernhurst Ward is at present an acute functional assessment ward at St James Hospital with 10 beds. It had been planned to move the service for Hampshire patients to Oak Park Community Hospital in Havant in due course. May be useful to say that previous accommodation not suitable, so now in different ward?
- **The Willows – Petersfield Hospital.** The Willows is a 10 bed organic ward for people with dementia which has a declining occupancy of long stay patients. The ward has single rooms and is well suited to acute assessment of patients with organic mental health needs whose behaviour may be challenging at times
- **Daedalus Ward.** Located at the Gosport War Memorial Hospital is a 17 bedded, organic assessment ward.
- **Dryad Ward.** Based at the Gosport War Memorial Hospital is a 16 bedded, functional assessment ward.
- **Summervale – Coldeast in Fareham.** Summervale is a 20 bedded unit located on the Coldeast site. The provision focuses on those people with organic illnesses deemed to be of a more challenging nature.

### **Developing a new model of care**

4.4. In 2008 Hampshire County Council (HCC) and NHS Hampshire developed an Older People's Mental Health (OPMH) Commissioning Strategy. In developing the Joint Commissioning Strategy, extensive engagement and consultation was conducted by NHS Hampshire and Hampshire Adult Services to identify what the local population felt was important in the future of older people's mental health services.

- 4.5. Hampshire Partnership NHS Foundation Trust has subsequently held four formal public engagement events across the county which received general support for members of the public in:
- having good co-ordination between community and inpatient treatment
  - promoting independence
  - providing support to carers
  - working closely with other organisations providing care to patients.
- 4.6. In addition, these events identified that people wanted:
- more community services
  - more immediate help for patients and carers, particularly out of hours
  - to avoid hospital admission
  - help for patients to maintain their independence at home
  - easily accessible community clinics and therapies
  - a better understanding from general hospital staff of how to support patients with mental health needs
  - inpatient services that were available if needed.
- 4.7. This has led to the development of different models of care. The key elements of the new care pathway are:
- Early diagnosis
  - Improved support in the community
  - Admission to specialist mental health beds
  - Improved intermediate care
  - Improved care in nursing and residential homes
  - Improved end of life care
- 4.8. The model of care for OPMH has been changing over the last three years following the publication of the Hampshire OPMH Commissioning Strategy with step changes towards a more community focused service taking place across the County. The options for OPMH in Havant are predicated on this agreed strategy.
- 4.9. The proposed service model emerging encompasses:
- Acute mental health inpatient care - patients from the area requiring acute mental health inpatient care will continue to receive these at the existing wards (Fernhurst at St James and The Willows in Petersfield), but HPFT and commissioners will closely monitor ongoing need for the number of beds.
  - the development of a nursing home on Oak Park site with designated OPMH beds with specialist in-reach. This cannot be a substitute for acute mental health care but would significantly help reduce length of stays in existing wards.
- 4.10. It is likely that over time this model and increasing provision of community services will result in a reduction in the need for inpatient care. This may result

in the closure of beds but only when the numbers of beds are greater than the need of local people.

4.11. As this occurs we will reinvest in supporting people in their own homes including:

- Increase community services
- Increase Day Therapies
- Increase access to memory clinics
- In-reach to new nursing home
- Reduce length of stays

4.12. It is envisaged that further and localised engagement and consultation will be undertaken in the SE Hants area with key stakeholders, the general public, service users and carers and interested community groups and clubs. This will build on the engagement that has already taken place on Oak Park services including the Older Person's services workshops and will help to shape more detailed options.

## **5. MAKING THESE MODELS A REALITY**

5.1. There are a number of options as to how to realise these ambitions that currently under consideration by NHS Hampshire. One emerging option which would allow the delivery of the models of care outlined above, is for NHS Hampshire and Hampshire County Council to jointly procure a commercially provided nursing home (circa 50 beds) and extra care housing (50-60 units). These would be located on the Oak Park site and would see the Oak Park site becoming part of a health and well being campus.

5.2. The facility could provide jointly commissioned reablement beds, alongside beds for older people who require mental health care. There is also the possibility of commissioning end of life care beds in the facility.

5.3. OPMH commissioners and providers have confirmed that this development could supply respite care for OPMH patients currently using St James.

5.4. An alternative option would be the use of existing capacity at Queen Alexandra Hospital in Cosham to re-provide bed based services for Havant and South East Hampshire.

5.5. OPMH options also include the potential for developing a specialist unit to serve South East Hampshire or to provide beds in existing facilities elsewhere in the South East Hampshire area.

5.6. These options for older people's mental health services do not preclude enhancing community care in order to provide support to people in their own homes.

5.7. In all circumstances, medical and specialist support would be provided as required and this could include in-reach to nursing homes and tailoring of services to meet individual needs.

- 5.8. The emerging options will be discussed with key stakeholders and will continue to be shaped over the summer. Some options may be discarded following qualitative evaluation.
- 5.9. The final options and their evaluations will be presented to the NHS Hampshire Board in September 2010.

## **6. SUMMARY OF EMERGING OPTIONS FOR BED BASED SERVICES**

- 6.1. The options that are emerging for bed based care in the area are therefore:

**Options 1a and 1b are not included as options for consideration by key stakeholder but are included for bench marking purposes.**

Option 1a– proceed with Oak Park Community Hospital (for bench marking purposes)

Option 1b – proceed with Oak Park Community Hospital but exclude ambulatory services (for bench marking purposes)

### **Older People’s Intermediate Care:**

Option 2a – retain beds at Havant War Memorial Hospital and do the minimum amount of work needed to bring facilities up to a ‘fit for purpose’ standard

Option 3a – enhance community services and close beds at Havant War Memorial Hospital.

Option 4a – jointly commission a new nursing home on the Oak Park site and close beds at Havant War Memorial Hospital

Option 5a– transfer beds to Queen Alexandra Hospital and close beds at Havant War Memorial Hospital

### **Older People’s Mental Health Care:**

Option 2b – retain beds at St. James Hospital and do the minimum amount of work needed to bring facilities up to a ‘fit for purpose’ standard

Option 3b – enhance community services and close OPMH beds at St James Hospital

Option 4b – jointly commission a new nursing home on the Oak Park site, and close OPMH beds at St James

Option 4c – jointly commission a new nursing home on the Oak Park site, and retain OPMH beds elsewhere in South East Hampshire

Option 4d – jointly commission a new nursing home on the Oak Park site, and provide a specialist OPMH unit for Hampshire

Option 5b – transfer beds to Queen Alexandra Hospital and retain OPMH beds elsewhere in South East Hampshire.

## **7. URGENT CARE**

### **Original plans**

- 7.1. A small Minor Injuries Service was originally planned for the Oak Park Community Hospital. This would have replaced the service at Havant War Memorial Hospital which shut in December 2008 amid concerns about the quality of care and facilities. Only 93 patients had been seen in the previous year at the unit in Havant.
- 7.2. A separate paper has been produced for the HOSC which details the current needs and demands for urgent care services, but the key findings of this paper are set out below.

### **Current services**

- 7.3. The major roads in South East Hampshire; including the A3, A3 (M), and A27; provide ready access to urgent care providers. For Havant & Waterlooville residents it is sometimes easier to reach Queen Alexandra than other urgent care providers. Some residents of Leigh Park are more likely to be dependent on public transport.
- 7.4. In 2009 it is estimated that Havant & Waterlooville residents' use of urgent care services was two thirds higher than use by East Hampshire residents (17,549 attendances vs. 10,658 attendances per 100,000 residents). Across all providers there has been an increase in activity. There is no evidence that this growth is need led – i.e. the most likely explanation for the growth is that it is demand led.

### Portsmouth

- 7.5. Between 2008/9 and 2009/10 the number attendances at QAH has increased by 8.7% for all NHS Hampshire residents, by 10.1% for East Hampshire residents, and by 14.1% for Havant residents. There appears to have been a particularly dramatic jump in the number of minor A&E 'resource use' attendances. This partly reflects a genuine increase in attendances from South East Hampshire residents, but mainly a change in coding. Commissioners asked the Trust to improve the quality of its coding so that the balance between minors and majors more accurately reflected activity.

### Chichester

- 7.6. Between 2008/9 and 2009/10 there was a 7.9% increase in the number of NHS Hampshire residents attending A&E's in the Royal Sussex NHS Trust area. Most of these will have been seen at St. Richard's hospital. The volume of attendances in 2009/10 was 6.1% of that going to Portsmouth urgent care providers.

### Petersfield Hospital MIU

- 7.7. Activity at Petersfield Minor Injuries Unit (MIU) has increased rapidly from 2,915 attendances in 2008 to 7,144 in 2009. The increase in activity appears to be continuing into 2010. It is estimated that approximately 80% of activity is related to East Hampshire residents.

### St. Mary's Walk in Centre

- 7.8. Activity increased from 38,217 attendances in 2006 to 46,661 in 2008. Activity appears to be plateauing. Approximately 12% of attendances are Havant & Waterlooville patients, and 1% East Hampshire patients.

### Out of hours GP services

- 7.9. Performance monitoring demonstrates that residents in East Hampshire tend to receive a better out of hours service than Havant & Waterlooville residents, despite having lower health needs. In Havant & Waterlooville 58% of care is provided face-to-face, and 42% through telephone advice.

### Ambulance conveyance

- 7.10. Between 2008/9 and 2009/10 there was a 5.9% increase in the number of ambulance conveyed emergencies for East Hampshire residents, and a 9.0% increase for Havant & Waterlooville residents. About a third of patients who arrive in ambulances do not get admitted to hospital.

### GP triage

- 7.11. Ambulance crews have the option of contacting GPs to see whether a patient can be cared for in the community. The number of patients affected is small, approximately 6,000 a year across NHS Hampshire. However around 9 in 10 patients are accepted by GPs into their care, saving on an A&E attendance.

### Ambulatory care

- 7.12. Conditions that are usually managed in primary care account for 12% of hospital admissions. The top five conditions accounted for 63% of related South East Hampshire emergency admissions in 2009/10: influenza and pneumonia; ENT infections; COPD; convulsions and epilepsy; and dehydration and gastroenteritis. Havant & Waterlooville has among the highest admission rates for these conditions, and East Hampshire among the lowest, in Hampshire.

### GP practice and pharmacy provision

- 7.13. The existing pharmacy minor ailments scheme is treating fewer patients than previously. One GP practice in Havant is piloting open access to make it easier for patients to attend their GP without a prior appointment.

### Local admissions avoidance

- 7.14. There are a number of schemes already in place including:

- rapid response team in Havant,
- core community care teams,
- end of life virtual wards under development

- 7.15. Both East Hampshire and Havant & Waterlooville Practice Based Commissioning groups have plans to develop schemes in 2010/11. The plans for Havant & Waterlooville are more developed.

## Service reconfiguration at Queen Alexandra A&E

- 7.16. Services are being redesigned at Queen Alexandra to meet the 4 hour wait target, and manage existing increased activity. A pilot rapid assessment service started in November 2009. Plans for 2010 include emergency nurse practitioner triage.

## **8. Views of users**

### In depth interviews with “hard to reach” Havant residents

- 8.1 Interviews with 8 people from Leigh Park and 8 people from Wecock Farm occurred during November 2009. These interviews demonstrated a general lack of awareness about the proposed Oak Park Hospital. 15/16 interviewees said they were either “very” or “fairly” satisfied with the provision of local health services. If people had a minor injury their first choice tended to be Queen Alexandra A&E.

### Oak Park Review survey

- 8.2 On 29/6/10 there had been 180 responses. 88% of respondents were either “very” or “fairly” satisfied with local health service provision. 89% would prefer a local minor injuries service. Almost half of respondents were prepared to travel over 3 miles for this minor injuries service.

### South Central urgent and emergency care report

- 8.3 Thirty-one per cent (31%) of Hampshire residents surveyed did not understand the concept of a Minor Injuries Unit. Some users of A&E were well aware of primary care alternatives for minor illnesses and injuries, but were attending A&E regardless. The survey and interviews also revealed that of those attending A&E inappropriately many were classified as ‘worried and confused’ and were not sure where to go for help.

## **9. Developing a model for urgent care**

- 9.1 Commissioners across Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) are currently developing an Unscheduled Care Strategy. The focus of the Strategy will be to take a public or patient perspective of urgent care services and address the public demand for the highest quality service where and when they need it. In particular the Strategy focusing on three typical user groups:
- 9.2 **the unwell.** These are the worried well, as well as the possibly seriously ill! They are a more demanding public than in the past, and just as work and business makes higher demands on them in terms of flexibility and communications, so they expect similar from their health service: a more flexible GP service, a real OOH alternative, an unclogged A&E.

- 9.3 **the at risk.** These are the patients who are at risk or chronically ill. They manifest in the system as ‘frequent fliers’. They frequently use the system for minor things, such as repeat prescriptions and with the day to day issues of dealing with chronic illness, as well as having periods of acute exacerbation or ‘falls’ often due to poor management of their conditions. These patients currently turn up for treatment in the system as a minor or major incident. The significant difference for this group – is that they can identify themselves, and if we can too – can we better manage their problems to avoid downstream cost and produce better patient outcomes.
- 9.4 **the critically ill.** These are the patients who will be entering the system through an ambulance, and or via A&E. They are not making choices – they are requiring a responsive service that can ensure they receive the right expert clinical intervention, that are used to dealing with their problem, and that are primed and ready to go, with all the ancillary services and backup needed.
- 9.5 The Strategy will be built around the needs of each of these patient groups. This will involve a programme of engagement with local people and users of the service to ensure that the Strategy is designed around their needs and aspirations for urgent care services.

Although the Unscheduled Care Strategy is still under development the emerging model for unscheduled care services in the Havant and southern east Hampshire area is based around the needs of these three groups, in keeping with the forthcoming strategy.

- 9.6 The Oak Park Community Hospital plans were never intended to replace or enhance all of the local unscheduled care services. However working in partnership with the Hampshire Overview and Scrutiny Committee has led us to undertake a comprehensive analysis of the local unscheduled care services for this population (see separate paper). The Committee have consistently raised concerns about the levels of deprivation in this community and therefore the requirement to better understand if their unscheduled health needs were being adequately met by current service provision.
- 9.7 The resulting analysis has shown that the evidence around demand and need (see separate paper) suggests that the development for a new MIU, either at Queen Alexandra or in Havant, would generate demand as opposed to meet the health needs of the population. Such a policy would encourage the inefficient use of NHS resources, and increase the number of inappropriate attendances.

Instead the following sets out the emerging service models for each of the patient segments outlined above:

- 9.8 **The Unwell:**  
Local people have told us that they would use a local service (ie. in this community) when they were unwell or had had a minor accident, but they needed this service to be accessible and responsive and designed around their convenience.

In response we are proposing to:

- 1. Improve access to and awareness of 'walk-in' services in primary care** (such as walk in service in GP surgeries and local pharmacies) for treatment for minor injuries (cuts and sprains) and advice/triage for the 'worried and confused' segment to ensure that they access the appropriate service). This would involve offering a minor injury LES to practices to provide to registered and non registered patients, where they can show an open access service exists and the service can be offered 8am-6pm.

The type of problems/queries that the doctors and nurses will be dealing with:

- Sudden illnesses eg chest/ abdominal pain
- New backache
- Eye infections
- Coughs and colds
- Asthma and chest infections
- Diarrhoea and vomiting
- Earache
- Minor injuries
- Contraception queries including morning after pill
- New rashes and eczema
- Sinus problems
- Skin infections
- Sore throats
- Temperatures/fever
- Thrush and vaginal infections
- Urinary infections
- Bites and stings
- Allergies and hay fever

- 2. Build awareness** of the alternatives that can avoid A&E attendance, at all times of day, and signposting the alternatives.

- 3. Improve effectiveness of OOH providers** so as to improve patient experience and reduce inappropriate visits to A&E.

### **9.9 The at risk.**

We know that this community has higher incidences of COPD, heart disease and diabetes. This strand of work is focused around the development of alternatives to A&E in the community and better support for people with long-term conditions. GPs in Havant, Waterlooville and East Hampshire are

already developing the following schemes to reduce attendance at or conveyance to A&E and these will continue to be developed.

- **Virtual Ward (vWard).** Defining the Havant & Waterlooville care model that optimises the services available.
- **Community COPD.** To enhance the management of chronically ill patients with COPD, utilising vWard and other community care models to avoid repeat inappropriate admissions.
- **End of Life Care.** To enhance the management of terminally ill patients (cancer plus), utilising vWard and other community care models to avoid repeat inappropriate admissions.
- **Care Home Specialist Nurse Support.** To provide effective guidance to Nursing and Residential Home staff on the preparation and implementation of End of Life Plans and avoidance of inappropriate, or frequent, A&E attendances and admissions of residents with long term chronic illnesses.
- **GP Referrals to MAU.** Identifying and providing access to alternative, lower cost, diagnostic services, that avoid attendance/admission at MAU.
- **Frail Elderly Rapid Assessment.** To provide a one-stop rapid assessment service for the management of frail and elderly patients in Havant. (Already in place at Petersfield Community Hospital).
- **Heart Failure Specialist Nurse.** To provide community care and case management of patients with heart failure to avoid attendance/admissions to Secondary Care.
- **Flying Doctor.** To investigate and establish the need for a rapid response GP during working hours where GP access difficulties impact on ability to respond to patients in their normal place of residence, in conjunction with GP-Ambulance triage, and avoid admission to Secondary Care.
- **Emergency Paediatric Admissions.** To address risk-averse behaviour and other factors that lead to unnecessary overnight paediatric admissions at A&E.

#### **9.10 The critically ill**

These patients need urgent attention by skilled clinicians 24/7 and the Havant and southern east Hampshire community have access to this service at Queen Alexandra Hospital, which is no more than 5 miles from any of the local communities.

To ensure that this service meets the needs of patients and provides the highest quality care there are a number of work programmes underway to reconfigure the service at Queen Alexandra (eg. Nurse practitioner emergency triage).

#### **10. Next Steps**

- 10.1 The Local Involvement Network hosted an event for members on July 5<sup>th</sup> and an Oak Park Stakeholder Workshop was held on July 9<sup>th</sup> 2010 when the emerging options were discussed with key stakeholders including local people, elected members, clinicians, and special interest groups e.g. charities.
- 10.2 The next step is to undertake an option appraisal exercise using the quality criteria that were generated by stakeholders at previous events.

## 11. Summary

The emerging plans set out in this document provide a number of innovative options to replace the services originally planned for the new hospital build. Most of these could be located on the Oak Park site as set out in the table below.

Service planned for hospital	Current location	To be available locally	Where?
24,000 outpatient appointments	20,800 Queen Alexandra Hospital. 3200 Havant Health Centre	Yes	Oak Park Children's Services Centre
Podiatry 7,000 appointments	7,000 Havant Health Centre	Yes	Oak Park Children's Services Centre
Diagnostics (plain film X-ray, ultrasound & echoes) 25,000 attendance per year	12,000 Havant Health Centre 13,000 Queen Alexandra Hospital	Yes	Oak Park Children's Services Centre
Therapies (physiotherapy, occupational therapy and speech & language therapy) 20,000 appointments	20,000 Havant Health Centre	Yes	Oak Park Children's Services Centre
Endoscopy	Queen Alexandra Hospital	No	Queen Alexandra Hospital
Base for community teams	Oak Park Children's Services Centre, Havant Health Centre and Emsworth Victoria Cottage Hospital	Yes	Nearby offices and HHC
Small minor injuries service to replace the one at Havant War Memorial Hospital	Closed	Yes - Revised	Tbc – I
Assessment Treatment and Rehabilitation Centre (i.e. rapid assessment unit) 10,500 attendances	<b>New service</b>	Yes	Oak Park Children's Centre

per year including groups.			
Facilities for mobile scanners to visit the site (i.e. MRI)	St Marys Hospital	Yes	Oak Park Children's Centre
25 intermediate care inpatient beds	21 beds at Havant War Memorial Hospital	20/30 reablement beds	Oak Park site
24 Older People's Mental Health	10 beds at St James plus beds at The Willows, Petersfield	30 OPMH nursing home beds	Oak Park site
		Inpatient beds as required	Currently St James and The Willows (Petersfield)
Extra care housing	New service	Yes	Oak Park site