



Working together to build a bright future for Hythe Hospital

[Waterside and Totton](#)

Local GPs, Hampshire Community Health Care and NHS Hampshire are all committed to keeping Hythe Hospital open and ensuring it continues to thrive in years to come.

80,696 people live in the Waterside and Totton areas. Of these 18% are over 65 and 2.3% over 85. This figure is expected to rise by 21% for Waterside and 16% for Totton by 2012.

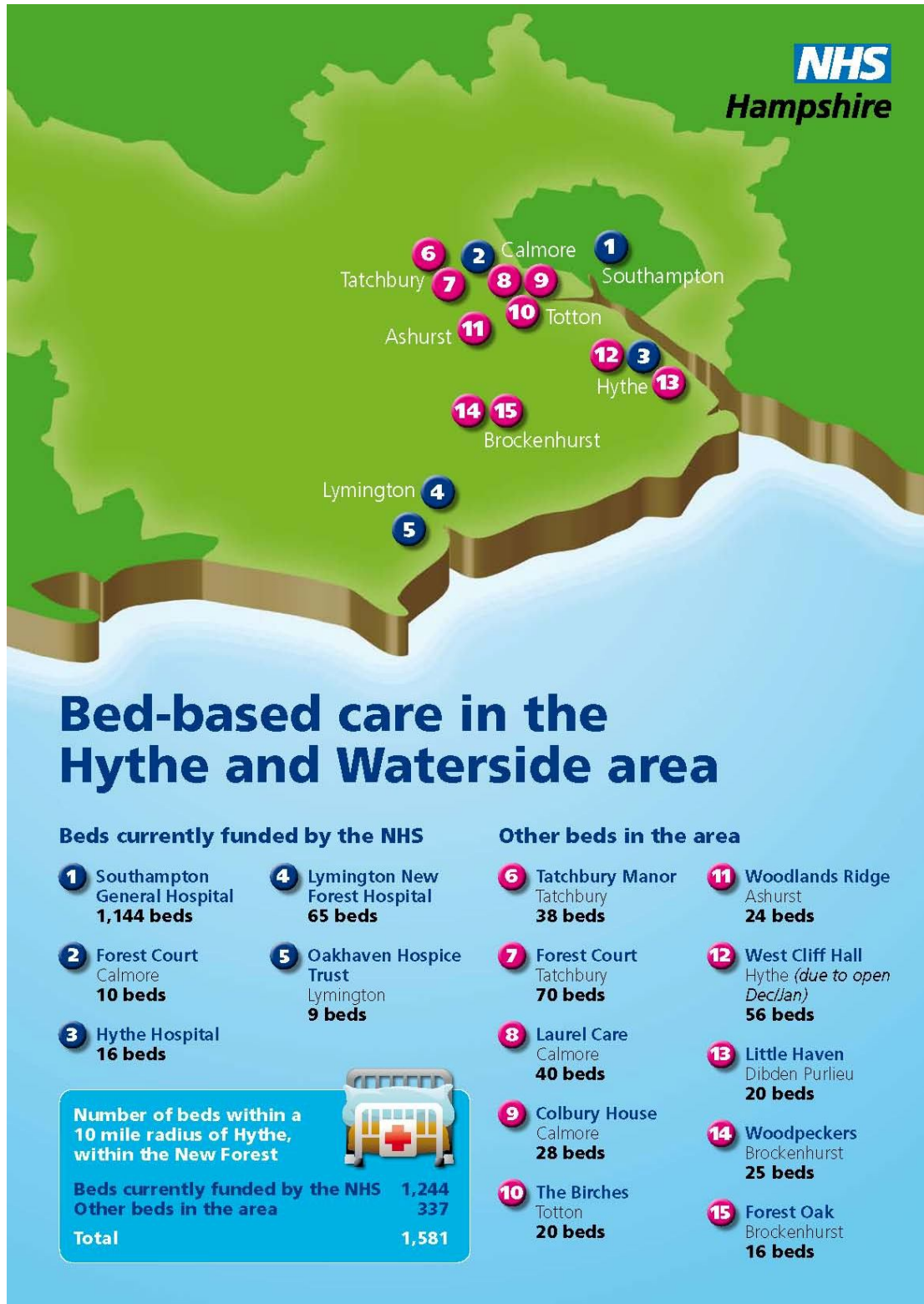
This means we need to ensure that we have the right balance of health services to look after local people when and where they need it, both now and in the future.

We know that there are three main groups of people who need fairly regular care:

- **Some health concerns**
About 8% of people are generally well but have an on-going health concern that requires regular support from their GP, social services or community health services. Occasionally these people become unwell or suffer an injury that needs nursing or therapy support.
- **Regular support required**
Some people (about 5%) have substantial health needs which means that they are often unwell and therefore need higher levels of support from their GP, social services and community health services (such as a district nurse or specialist team) on a regular basis. These people are more likely to experience complications, illnesses or injuries (especially falls) that mean they need bed-based care at some point in time.
- **Most frail and unwell**
A small minority (3%) have complex or critical health problems including those requiring end of life care.

Where are services now?

People in this area access bed based care and clinics at a range of locations:



Number of beds	Acute medical conditions needing specialist	General medical and nursing care for patients	Unexpected short-term illness or injury or a long-term	Rehabilitation and support after a stay at hospital before	Longer term nursing support for	Reablement – short-term health and social care support to	Specialist nursing and support at the
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		input or surgery	who need assessment and treatment	condition needing intensive nursing or therapy (step-up beds)	returning home	people who have had an illness or injury	older people who have come out of hospital, to regain skills and confidence for independent living	end of life
Southampton General Hospital	1,144	√						
Lymington New Forest Hospital	65		√	√	√			
Hythe Hospital	16			√	√			
Nursing home beds currently funded by Hampshire County Council and supported jointly with the NHS	10 Forest Court, Calmore					√	√	
Other nursing and residential home beds available within 10 mile radius in New Forest	291 (figures from HCC website) 56 available at West Cliff Hall, Hythe from Dec/Jan			√	√	√	√	
Local hospices	9							√
Care at home (from GPs, community nursing/care teams and hospice at home services)	100 virtual ward beds with 964 patients cared for last year 200 episodes of care delivered to patients by Rapid Response teams last year			√	√	√	√	√

In addition to this, approximately 1000 people received funded nursing care during the last year in Waterside and Totton and at any one time approximately 200 people from the area receive NHS funded continuing healthcare.

Current outpatient clinics at Hythe Hospital include:

- Phlebotomy services
- Urology
- Renal outpatient services

- Orthopaedics
- ENT
- Opthamology
- Pain management
- General medicine
- Diabetic clinic
- Dermatology
- Rheumatology
- Paediatrics
- Gynaecology
- Dietetics
- Podiatry
- Physiotherapy/Occupational Therapy

All of these services will remain and we hope to enhance these further.

What have local people told us so far?

Since January 2009 local GPs, Hampshire Community Health Care and NHS Hampshire have been talking to community leaders, the League of Friends, councillors, MPs and local elected representatives about health and social care services in Waterside and Totton.

It is clear from discussions that local people believe Hythe Hospital provides an ideal local venue for a range of health and social care services.

Information from complaints, patient feedback, case studies and stakeholder events to date shows that the major areas for concern appear to be around:

- Communication and information (including service “signposting”)
- Speedier assessment and rehabilitation packages (community based)
- Better integration and co-ordination of services (social, mental and physical care)
- Speedier discharges (especially to own home) and personalised post discharge support
- Support to carers
- Transport provision
- Improvements to X-ray and other diagnostics access
- Services needing to be based around patient pathways and clinical groups

Some initial suggestions from stakeholders, for new services at Hythe Hospital include:

- Increased respite care
- Additional smoking cessation services
- Obesity management programmes
- Safe sex education linked to HPV injections
- One stop clinics/day services, especially for long-term conditions
- A ‘one-stop’ centre for older people’s services
- Step-up and ‘reablement’ beds
- Befriending groups for carers
- Day respite
- Earlier recognition and acknowledgement of depression and dementia by health and social care professionals.
- Community Innovations team

But what about inpatient beds?

Local people and their carers have told us that when they need care they would prefer it to be at home or close to home with the right level of support.

So we need to ensure that when people need to be cared for in a bed it is:

- High quality and safe

- Close to home
- Value for money
- We are able to get them home safely and as soon as possible

Due to the age and fabric of the building the current inpatient facilities at Hythe War Memorial Hospital do not meet today's standards and therefore does not provide the best inpatient care.

Why is this and what needs to change?

From conducting an inpatient feasibility study, we know that the current inpatient area at Hythe Hospital:

- does not comply with privacy and dignity standards as many patients need to walk through other wards to access toilet and shower facilities
- makes it difficult to move beds due to the width of entrances and corridors
- does not meet clinical safety and infection control standards due to the location of a single sluice
- means that all the beds cannot be observed properly from the nursing station
- does not comply with health building regulations regarding adequate space around beds
- does not have the diagnostic and medical support to deal with particularly complex patients

What won't change?

Hampshire Community Health Care and NHS Hampshire guarantee that Hythe Hospital will continue to be a thriving centre offering a range of outpatient clinics, day services, therapy and diagnostic tests. Local GPs will be exploring how these services can be enhanced to offer a greater range of local, personalised services.

What services could be provided in the future?

Waterside GPs want to ensure that a wide range of services are in place to support the health needs of the local population, now and in the future, including the highest quality inpatient facilities.

The common vision shared with Hampshire County Council is to:

- Promote health, well being and independence
- Avoid unnecessary hospital admissions
- Prevent longer than necessary stays in hospital
- Provide personalised end of life care in community settings

We need to:

- ensure that people are cared for in the setting most appropriate to their needs
- meet the needs of an ageing population now and in the future
- deliver consistent, high quality and affordable care
- help people to return home when possible with the right support

What kind of services do local GPs have in mind?

Local PbC leads have worked with local stakeholders to discuss what services should be provided at Hythe Hospital. From these extensive discussions local GPs have developed the following list of options:

- An enhanced range of outpatient clinics
- More diagnostic services e.g. ultrasounds, X-rays
- Day case services including enhanced minor surgery and ophthalmology
- Themed care days linked with outpatient services, social services and voluntary organisations
- Local signposting and information services in conjunction with local voluntary services and carer support, including respite facilities
- Improved dementia care and chronic illness management
- A minor injuries unit, consulting room and diagnostic facilities
- More services offered by other organisations and agencies
- Personalised end of life care ensuring patients are able to die at home if they wish

Preventing unnecessary admissions to hospital

It is also important to provide a range of services that would prevent unnecessary admissions to hospital and reduce the length of stay if admitted to hospital, by:

- Using more care at home through local GPs, community matrons and nursing teams with rapid assessment units and increased input from an elderly care physician
- Further development of community services involving district nurses, specialist nurses, therapists, social and mental health services
- Developing the right support to allow earlier discharge home including re-ablement beds, domiciliary care and the right packages in residential/nursing homes

How are we taking this forward?

Local GPs have worked with local stakeholders to develop a comprehensive set of options for future services for Hythe and we will be asking for further views on this proposed range of services through existing stakeholder discussions and through a set of public drop-in sessions.

We know that Hythe Hospital is really valued by local people. We therefore also want to determine the most important aspects of bed based care to local patients through these discussions and meetings.

Feedback from this engagement will then help develop future options for bed based care in the area, which we will then discuss through a second round of engagement.

