NHS
Oxfordshire
Clinical Commissioning Group

Consultation on Proposals for Future Services at Townlands Hospital, Henley-on-Thames

13 May 2015 to 15 June 2015

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1. Introduction

Oxfordshire Clinical Commissioning Group (CCG) has been discussing the need to change the original service offer for the new Townlands Hospital in Henley-on-Thames with local NHS service providers, local GPs and the Townlands Steering Group.

As part of this work, we want to understand the public's views on the proposed changes to services in the hospital and our proposed model of care – a model which is not about saving money but about how to give patients the best possible health outcomes within the funds available to us.

At the heart of the changes are proposals for the delivery of good quality care close to home, which may include diagnosis, observation, treatment and rehabilitation. This type of care is known as 'ambulatory care' as it is not provided in the traditional bed-based hospital environment.

Within Oxfordshire the shift towards ambulatory care has already been made with the introduction of the Emergency Multidisciplinary Units (EMUs) in Abingdon and Witney. These Units are supported by GPs, community services and hospital specialist teams who work together to best meet the needs of patients by providing care in or close to their home, wherever possible.

Our desire to make ambulatory care available across Oxfordshire is central to the proposal outlined for the new Townlands Hospital model of care.

Between 12 May and 15 June 2015 we are asking people for their feedback to help us further shape our plans. You can give provide us with your feedback by:

- Completing the questionnaire at the back of this document and returning it to us using the freepost address

- Reading the consultation on our website: https://consult.oxfordshireccg.nhs.uk/consult.ti/Townlands/consultationHome and completing the questionnaire online

- Attending a public event on Thursday 21 May (6pm to 9pm) at Phyllis Court. This will give people the opportunity to hear from the clinicians involved in developing the proposals and discuss their plans with them. If you would like to attend please rsvp by contacting us on 01865 334638 or by emailing: cscsu.talkinghealth@nhs.net

Once the consultation closes, we will be carefully analysing and considering all the feedback received. We will report on our next steps to the Health Overview and Scrutiny committee at Oxfordshire County Council on 2 July.

We look forward to hearing from you.

David Smith, Chief Executive, Oxfordshire Clinical Commissioning Group

2. Our Vision

Pete McGrane
Clinical Director
Older People's Services
Oxford Health
NHS Foundation Trust

Dr Andrew Burnett
GP Locality Lead
South East Oxfordshire

Dr Antoni Chan
Clinical Director Integrated Medicine/Consultant Rheumatologist
Royal Berkshire
NHS Foundation Trust

The nature of healthcare is changing and at an unprecedented rate. Care which was once considered to require hospitalisation is increasingly being delivered in people's own homes.

There are many factors which have affected this shift in care.

We know that the health needs of the local population are changing. For example, the Henley area has a high proportion of elderly residents. There is expected to be a near three-fold increase in the population aged over 85 years (the frail elderly) in the next 20 years.

There is a growing body of clinical evidence both nationally and internationally which supports the view of clinicians that frail elderly patients often do not benefit from hospitalisation and may be better served by meeting their needs in their own homes (Appendix 1). This is perhaps most evident in the way in which we treat patients with dementia, where admission to hospital can often be distressing and associated with notable deteriorations in the patient's general condition.

As well as the growing body of clinical evidence, having care provided at or closer to home is what patients, their carers and families tell us that they want.

The increased availability of technology has enabled diagnostic tests to be delivered closer to a patient's home. For example, a blood test which would have required hospital analysis can often now be delivered at the patient's bedside with results available to the clinical team within minutes. Use of technology widely available to us on mobile phones has also transformed the way in which we can contact and support our patients.

The delivery of good quality care, close to home, without the need for a stay in hospital is at the heart of developing our proposed new model of care at Townlands. This care would include diagnosis, observation, treatment and rehabilitation and is known as 'ambulatory care' as it is not provided in the traditional bed-based hospital environment.

This approach has been endorsed by many clinical groups such as the Royal College of Physicians (RCP) Acute Medicine Task Force, the College of Emergency Medicine as well as The Kings Fund and others.

Within Oxfordshire the shift towards ambulatory care has already begun with the introduction of the Emergency Multidisciplinary Units (EMUs) in Abingdon and Witney.

These Units are supported by GPs, community services and hospital specialist teams who work together to best meet the needs of patients by providing care in or close to their home, wherever possible.

Our desire to make ambulatory care available across Oxfordshire is central to the proposal outlined for the new Townlands Hospital model of care.

The proposal is based on working in close partnership between clinical colleagues in the Oxford Health, Royal Berkshire Hospital and local clinicians in general practice, who are equally excited at the opportunity to deliver care closer to patients homes supported by a range of integrated health and social care services.

There is no doubt that there will be a need for some in-patient care in whatever model we agree as the needs of some patients will dictate that they cannot safely be looked after in their own homes despite their wish for this to happen.

We will need to carefully consider how we might deliver this and the proposal outlines a partnership between the hospital teams and the Order of St John as the most attractive option. The term used is 'step up and step down care'.

Delivering 'ambulatory care' is not easy. It will require clinicians and their patients to work together in ways that we haven't done up until now. It will require considerable focused investment and development of the community based health and social care teams to support patients and their families. It will require collaboration with patient's general practitioners and practice based health care teams to deliver this.

It will challenge our clinical teams to adapt to new models. It is however, the right thing to do for our patients for tomorrow and future generations. As clinicians involved in the delivery of the services across Oxfordshire and in the existing hospital in Townlands we welcome the opportunity to work with local people to make this vision a reality.

3. Why We Need to Change Our Plans

There are a number of reasons driving the need to change the plans for services:

- The model of services in the 2012 business case was based on the type of service provision that fitted with the way health care was organised and delivered at that time, which has changed considerably since then

- Public health experts have provided a more up-to-date analysis of local health needs which provide a better picture of future need for services

- There is a growing body of clinical evidence both nationally and internationally which supports the view of clinicians that frail elderly patients often do not benefit from hospitalisation and may be better served by meeting their needs in their own homes

- Clinicians have been working with social care colleagues to develop new ways to deliver care that are better integrated and better serve the health needs of patients both now and in the future.

In 2012, Oxfordshire Primary Care Trust (PCT) approved the business case for a new Townlands Hospital. The model of services in the 2012 business case was based on the type of service provision that fitted with the way health care was organised and delivered at that time. The nature of healthcare is changing and at an unprecedented rate. Care which was considered to be best delivered in hospitals is increasingly being delivered in people's own homes.

There is also a more up to date view of the changing health and social care needs of the local population. A health needs assessment was completed earlier this year by Oxfordshire County Council's Public Health Team (see page 7). This assessment provides an analysis of local people's health needs over the next 10 to 20 years compared to the one used for the 2012 business case. It helps to provide a much clearer picture of what the future need for both health and social care is likely to be. We also know that people of Henley and the surrounding area attend a high number of outpatient clinics, for a wide range of specialist help, often having to travel as far as Oxford or Reading to receive this care.

Locally and nationally people tell us they want services to work together to 'see the person' not just the' illness or disability'. Our aim in Henley will be to bring health and social care services together to ensure people experience care delivered by an integrated team focused on their individual needs.

There is already a wealth of support and care available in Henley and the surrounding villages to help support this aim – there are 15 residential care homes, three day centres and hundreds of groups and clubs run by volunteers, churches and organisations such as Oxfordshire Mind and Age UK, providing information, advice and everything from company and a cup of tea to getting a job or addressing a serious mental health problem. There are also 11 GP surgeries within a 10 mile radius of Townlands hospital all currently helping to support the care people need.

4. How Are Health Needs Changing?

Public health experts at Oxfordshire County Council completed an updated health needs assessment earlier this year. The health needs assessment views the health needs of the local population as opposed to the population currently accessing services at Townlands Hospital.

This analysis offers an insight into the services that would directly benefit the local population and has helped to inform clinicians' thinking when they were developing their proposals for a new model of care.

A copy of the full health needs assessment is available on the CCG's website and a hard copy is available on request. The key findings in the report are:

- The population both within South Oxfordshire as well as the locality around Henley-on-Thames will change significantly over the next two decades

- The total population of South Oxfordshire is only expected to grow by 12% (from 135,500 to 151,200), compared to 16% nationally. Whilst the total population is expected to grow at a lower rate than England, South Oxfordshire will see a faster rate of growth amongst the elderly population

- The number of people aged over 65 years living in South Oxfordshire will increase by 70%, from 25,800 to 43,800

- There is expected to be a near three-fold increase (288%) in the population aged over 85 years in the next 20 years from 3,500 to 10,100 individuals

- The population has low levels of 'at risk' groups. There are relatively few homes with lone parents with dependent children, few travelling communities and a low proportion of black and ethnic minorities

- Diseases that have a relatively high incidence or prevalence within the area include cancers (especially breast and prostate cancers), stroke and transient ischaemic attack (TIA), hip fracture and depression and dementia.

- The population living in the area access a large number of specialist services including a high number of outpatient appointments in trauma and orthopaedics, cardiology, dermatology, obstetrics and gynaecology and urology for which significant travel into Oxford or Reading is currently required

- The opening of the minor injuries unit has increased the number of emergency attendances within the area, suggesting a previously unmet need for clinic appointments.

5. Our Proposal

The range of services that will be delivered from the new Townlands Hospital will meet the current and future health and social care need of people living in the Henley area.

By moving to what is known as an ambulatory model of care we will be able to increase the range and number of services that will be available in Henley.

What are the new services that we'd like your views on?

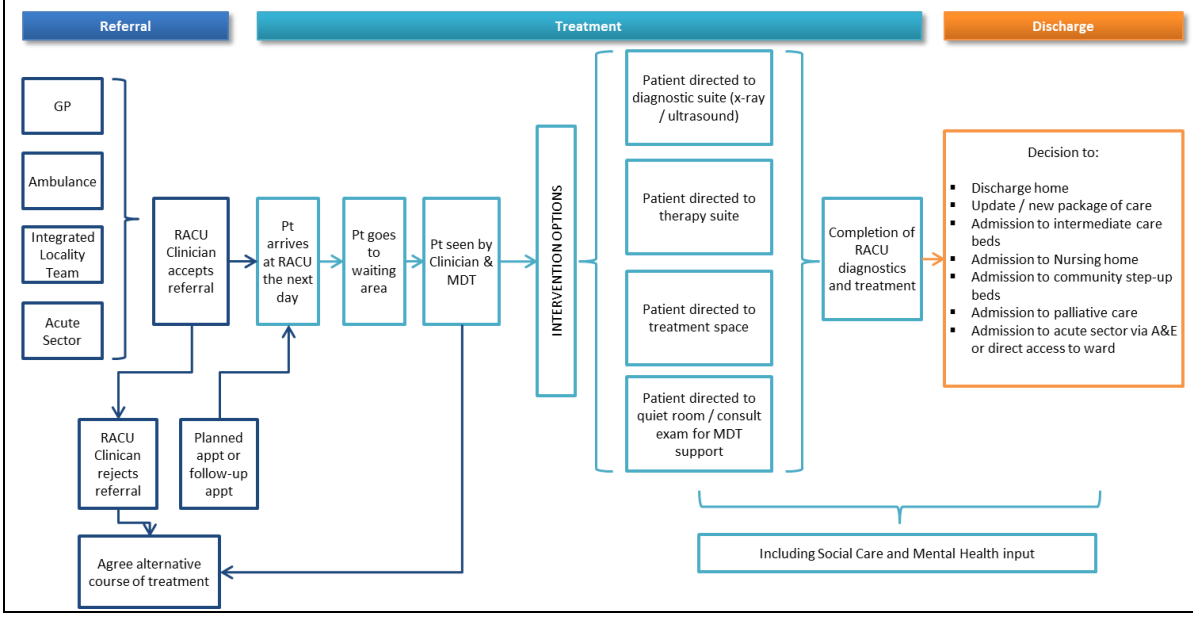
Rapid Access Care Unit

This will be an integrated, multidisciplinary service led by a clinician (consultant or GP) who will work with a wide range of health and social care professionals including community nurses, physiotherapy and occupational therapy practitioners, social care staff, mental health staff and hospital teams.

The unit will provide assessment and treatment of patients with a crisis or deterioration in their health or long term condition – this includes patients with complex medical, social and/or mental health needs.

The service will offer next day, one-stop diagnostics and treatments and will deliver care such as blood transfusions or administering antibiotics.

This means patients will be seen, assessed and treated on the same-day. When you are discharged you will be treated in your own home or closer to where you live, avoiding the necessity of long journeys to Oxford or Reading for the care you need.



Integrated Locality Teams

When patients are discharged to their own homes, they will receive support from an integrated locality team.

Oxfordshire Clinical Commissioning Group, Oxford Health NHS FT and Oxfordshire County Council are working together to deliver a locally based community health and social care team in Henley. Each locality team will be working closely with a group of GP practices, to deliver joined up support and care to people in their own home. Integrated Locality Teams will include:

- District Nurses
- Physiotherapists
- Occupational Therapists – across physical health, mental health and social care
- Older people's mental health nurses
- Palliative Care Matrons
- Integrated team practitioners and support workers
- Social Workers
- Reablement
- Care Home Support service
- Falls Prevention service
- Co-ordinators
- Health and Well Being Centres.

Opportunities for new health related services on 2nd floor

The model of care that we want to deliver means that the space on the second floor of the Townlands building is not required. As you may be aware, we are looking at all the options to maximise this space for health-related services but do not expect Sue Ryder to be part of this option.

We would like your views on proposed changes to the new ambulatory model, which will mean 'Step up Step down' bed provision?

Delivering an ambulatory model of care means that beds will be used differently to provide what is known as "step-up" and "step down care".

Step-up care is when beds are used by staff from the Rapid Access Care Unit if they need to stabilise people, provide more time to ensure a patient gets the most appropriate package of care or if a patient requires it a longer period of observation. It is likely that patients will only need to require step up care for between 24 to 48 hours.

Step-down care is when a patient no longer needs acute hospital care but is not yet fit enough to return home.

Because the aim of our proposal is to meet people's healthcare needs in or close to home, a smaller number of beds will be needed over time than the 14 general rehabilitation beds that are currently provided in Peppard Ward.

We anticipate that a minimum of five beds would be needed within the new care home being built by the Order of St John on the Townlands site. However, we would ensure that there is enough flexibility in this arrangement should there be any increases in demand within the Henley area.

What will stay the same?
Patients will still be able to access the full range of services currently provided by the minor injuries and out-of-hours service at Townlands Hospital.

Minor Injuries Unit/Out-of-Hours services - for treatment of non-life threatening or serious injury or illness for both adults and children.
Outpatient Clinics, including: ▪ Cardiology ▪ Dermatology ▪ General Surgery ▪ Breast Surgery ▪ Gynaecology ▪ Rheumatology ▪ Ophthalmology ▪ Orthopaedics ▪ Paediatrics ▪ Neurology ▪ Urology ▪ Dietetics and Nutrition ▪ ENT/Audiology ▪ Endocrinology ▪ Renal ▪ Gastroenterology
Diagnostic Unit: X-Ray and Ultrasound
Dental Services General dental services including special care dentistry, dental access for urgent care, sedation and oral surgery and provide services complementary to high street dentistry.
Podiatry Assessment, diagnosis and treatment of disease and conditions affecting the foot and lower limb.
MSK Physiotherapy Service – therapy assessment, diagnosis and treatment of complex multi trauma and conditions affecting the whole neuro musculoskeletal system.
Speech and Language Therapy – assessment, treatment and support for patients suffering with speech, language and communication problems.

Transition

In order to move from the current service provision to the new ambulatory model of care, we are developing a detailed Transition Plan. The Transition plan will ensure that people currently treated in Townlands continue to receive the care they need whilst we establish the new services and create space on the Townland site for the extra care housing and nursing home facilities that have been planned.

APPENDIX 1

Evidence for the Ambulatory Care model

The Royal College of Physicians vision for the 'future hospital' (https://www.rcplondon.ac.uk/projects/future-hospital-commission)

The Royal College of Physicians vision for the 'future hospital' calls for radical changes to the way hospitals are structured. They recommend that clinical teams work across hospital and community settings to co-ordinate seven day services close to patients' homes, supported by staff skilled to be part of an integrated care system.

The Kings Fund: Specialists in out-of-hospital setting (http://www.kingsfund.org.uk/publications/specialists-out-hospital-settings)
The Kings Fund says ' Evidence shows that specialist input into the delivery and co-ordination of out of hospital care, coupled with GP work to co-ordinate hospital and community services, can improve patient outcomes and staff satisfaction, and can reduce hospital use.'

In Leeds an interface geriatrician service is working across the local health system to help prevent unnecessary hospital admissions. A geriatrician attends A&E five afternoons a week between 2-5pm. Patients are triaged and receive a comprehensive geriatric assessment before they are admitted to hospital. GP's and allied health professionals have access to a Primary Care Advice Line that provides advice and allows direct admission to wards. Geriatricians also attend community based MDT meetings and may visit patients in their own homes. ---- The geriatric teams' approach was recently highlighted as an area of outstanding practice by the Care Quality Commission (CQC)

In conclusion the Kings Fund says ' In an environment where patients outside hospital have increasingly complex needs and organisations across the health and social care system often fails to work together effectively, their case studies have shown the pressing need to develop a new role for hospital consultants. This involves specialists looking beyond the four walls of their hospital to work as part of a multi-disciplinary team to develop services that address the needs of the local population at each stage of their journey from home to hospital and home again.

APPENDIX 2

What Would Care Look Like to a Patient Using the Rapid Access Care Unit?

Mr Smith is an 85 year old from Henley. Although in good health and relatively independent, Mr Smith has fallen in his home.

The ambulance team are called and assess Mr Smith's injuries – he appears to have no broken bones or serious injuries but the ambulance team want a more comprehensive and integrated assessment to ensure he is ok and prevent this from happening again in the future.

The ambulance team call the Rapid Access Care Unit (RACU) at Townlands Hospital and, after a conversation with the clinical team; an appointment is made for Mr Smith to attend the unit the next day.

The team arranges patient transport to collect Mr Smith and bring him to his appointment in the morning. Mr Smith is quickly seen by a clinician who makes an initial assessment and directs Mr Smith for an x-ray on a swollen ankle.

Following the x-ray and treatment for his ankle, Mr Smith is reviewed by the therapies team who assess Mr Smith mobility and suggest a few ways to keep mobile and a couple of modifications to help Mr Smith at home.

Whilst Mr Smith is being prescribed pain medication for his bumps and bruises, the multidisciplinary team at the RACU contact the Integrated Locality Teams to put a package of care in place which includes installing new rails and banisters in his home and a visit later that week by the Occupational Therapist and Falls Prevention Service.

Once all the arrangements are in place, Mr Smith is picked up by the patient transport service and taken home on the same day.

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Consultation on the future of services at Townlands Hospital, Henley-on-Thames

Questionnaire

We would like to ask you some questions about your use of and views on the future of services at Townlands Hospital in Henley-on-Thames.

This consultation is about having an open dialogue with the residents of Henley and those people who use Townlands Hospital, either as patients or staff working there. We are also keen to hear from organisations representing members of the public in the local area.

We are keen to understand whether the future proposal of services will meet the needs of people in the local area and to identify any concerns within the local community about the future of services at Townlands Hospital.

Oxfordshire Clinical Commissioning Group along with its social care colleagues and local health providers propose to move towards an ambulatory model of care, which is described in this consultation document.

This new model of care looks at integrating primary care, community health and hospital specialists to provide outpatient treatment / care for acute illness and preventative health in the community. This means older people will be treated for an acute illness in a community setting as an outpatient or in their own home.

For ALL to complete: Questions (please tick or fill the circle to indicate your answer)

1) Please tell us about your interest in NHS services

- I am a local resident of Henley-on-Thames ◯
- I am a patient that has previously used Townlands Hospital ◯
- I am a carer for a patient that has used Townlands Hospital ◯
- I work at Townlands Hospital ◯
- I am a member of NHS staff/work at a GP practice ◯
- I am an elected official, representing the views of my constituents ◯
- I work for an organisation which has an interest in Townlands Hospital ◯

Please state which organisation you work for or support.

_____

- I have a general interest in health matters ◯

- Other- please state ◯

_____

2. At the heart of the changes are proposals for the delivery of good quality care close to home, which may include diagnosis, observation, treatment and rehabilitation. This type of care is referred to as 'ambulatory care' as it is not provided in the traditional bed-based hospital environment.

With this in mind please could you tell us if you agree or disagree with the following statements?

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
People should be cared for at home as much as possible					
Services need to be fit for the future					
Looking after someone at home (if medically appropriate) is better than keeping people in hospital					
Townlands Hospital should have services that are suitable for all patients					
Services at Townlands should meet the needs of people that live in Henley on Thames					
Patients in Henley should travel to other community hospitals in Oxfordshire if they need care that is not available at Townlands Hospital					
NHS services should support Patients to be as independent as possible					
Health services should work together, providing the best care					

3. The proposed models mean that we will provide 'step up/step down' beds rather than the traditional ward based bed care currently provided at Townlands Hospital. Please can you tell us what you think about this?

4. **The model of care that we want to deliver means that the space on the second floor of the Townlands building is not required. Please could you tell us if you think there are any additional services that should be considered in future for Townlands Hospital?**

5. **Please could you tell us what excites you about the future model of services proposed for Townlands Hospital?**

6. **Please could you tell us what concerns you about the future model of services proposed for Townlands Hospital?**

7. **If you have used Townlands Hospital in the last 2 years, please tell us the reason why?**

- I am a carer and was accompanying someone else ◯
- I attended the Minor Injuries Unit ◯
- I attended for an X-ray ◯
- I was being treated for a long term condition in outpatients ◯
- I was/am an inpatient at Peppard Ward ◯
- I attended a clinic for diagnosing a condition ◯
- I attended a follow-up clinic ◯
- I attended for a check- up ◯
- I attended for my feet ◯
- Other- please state ◯

_____

8. **If you have any other comments you would like to make about this consultation or the future of NHS services at Townlands Hospital, please tell us.**

Personal Details

We would be grateful if you would provide the following information – it will help us know if we have received responses from a representative group of people**.**

Age Range

Under 16 ☐

16-24 ☐

25-34 ☐

35-44 ☐

45-54 ☐

55-64 ☐

65-74 ☐

Above 75 ☐

Gender

Male ☐ Female ☐ Prefer not to say ☐

Ethnicity

White	☐
Mixed	☐
Asian or Asian British	☐
Black or Black British	☐
Chinese	☐
Other	……..
Prefer not to say	☐

Do you consider yourself to have a disability?

Yes ☐ No ☐ Not stated ☐

If you would like to hear the outcome of this work we would be happy to send you any details. Please complete your name and address below.

Name:
Address:

Email address:
Telephone number:

Please return all completed questionnaires by 15 June 2015 to:

Oxfordshire Clinical Commissioning Group, Communications & Engagement
FREEPOST RRRKBZBTASXU
Jubilee House
5510 John Smith Drive
Oxford Business Park South, OXFORD OX4 2LH

For further information about this consultation please email : cscsu.talkinghealth@nhs.net or call 01865 334638