

Changes at Rothbury Community Hospital

Overview

October 2017

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Clinical Chair

Strategic Head of
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Introduction

- Why change was initially considered
- Sequence of key events
- Consultation and assurance
- Evidence for change
- Financial decision
- Future proofing
- Impact on other services
- Potential winter impact
- The Health and Wellbeing Centre



Why change was initially considered

**Medical
advances**

**More care
provided at
home**

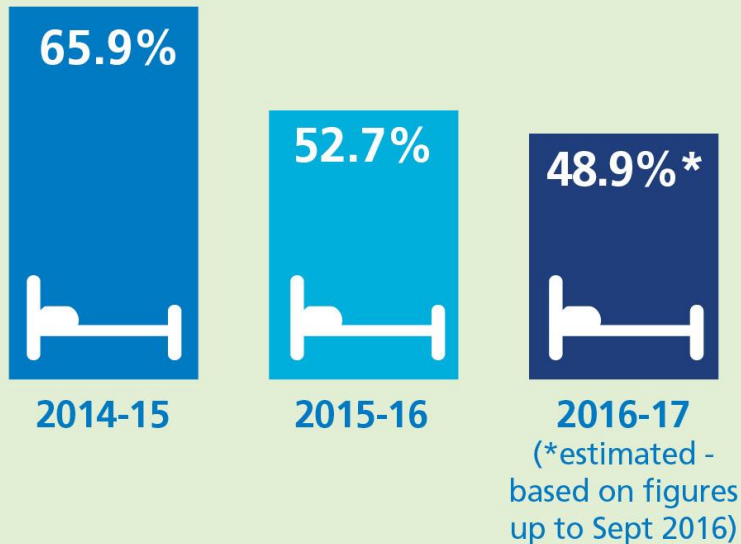
**National and
local policy**

**Older people
fare better at
home**



Why change was initially considered

Percentage bed occupancy 2014-17



The review of bed occupancy at Rothbury Community Hospital, during autumn 2016 showed this has reduced from around 66% in 2014-15 to just under 49%* in 2016-17.

This low bed occupancy rate means that the skills and expertise of nursing staff are not maximised.



Sequence of key events

2016

Summer	Community Hospital Steering Group
September	Temporary suspension of inpatient care
October	Inpatient service review and engagement
November	Review published at public meeting (<i>Appendix A</i>)
December	Review findings considered by JLEB and options outlined (<i>Appendix C</i>)

2017

January	JLEB agreed to consult on Option 5
Jan – 25 Apr	Formal consultation period (<i>Appendix B</i>)
February	Discussions with Health and Wellbeing Board and scrutiny committee
28 June	Consultation outcome discussed with scrutiny committee
15 September	Decision making report circulated to JLEB
27 September	JLEB decision making meeting held in public
17 October	Scrutiny committee consider JLEB's decision



Consultation

31 January - 25 April 2017

NHS
Northumberland
Clinical Commissioning Group

Proposed changes at
Rothbury Community Hospital

Public consultation | Your views are important

Public consultation
Your views are important

We are proposing to permanently close the 12 bed inpatient ward at Rothbury Community Hospital and shape existing services around a Health and Wellbeing Centre on the hospital site.

We would like to understand more about any concerns or views you may have.

Please see overleaf for a number of ways you can share your views, including a series of public events in Rothbury.

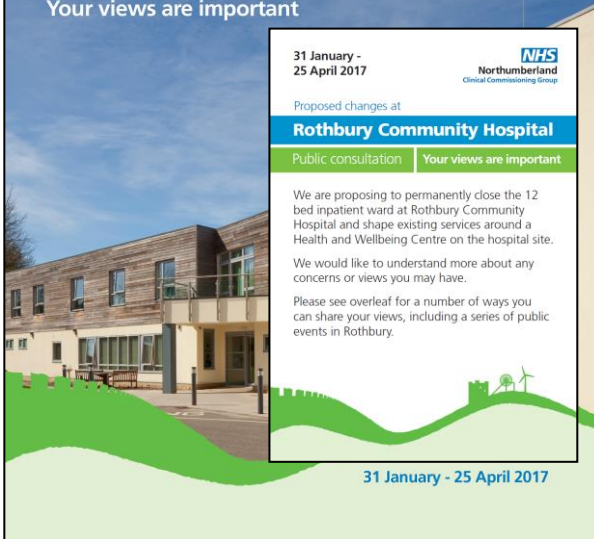
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How to share your views or find out more:

- Complete the survey: Available online at: www.northumberlandccg.nhs.uk/get-involved/RCHconsultation or request a paper copy by contacting us using the details below.
- Email: norccg.enquiries@nhs.net
- Write to: Rothbury Community Hospital Consultation, NHS Northumberland Clinical Commissioning Group, County Hall, Morpeth, Northumberland, NE61 2EF
- 01670 335178
- Attend one of our public events

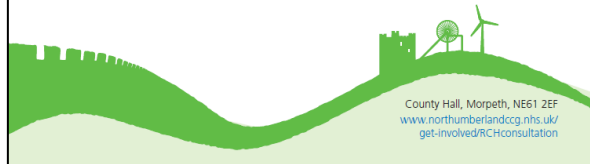
Copies of the full consultation document are available here:

- Rothbury Community Hospital
- The Rothbury Practice
- Rothbury Library
- Jubilee Hall
- Rothbury Swimming Pool and Gym

Join us at a public event:

- Public meetings:
 - Thursday 16 February: 2.00pm – 4.00pm Jubilee Hall, Bridge Street, Rothbury NE65 7SD
 - Thursday 30 March: 6.30pm – 8.30pm Jubilee Hall
- Drop-in sessions:
 - Saturday 4 March: 10.00am – 12.00pm Simonside Room, Jubilee Hall
 - Monday 13 March: 4.00pm – 6.00pm The Group Room, Rothbury Community Hospital, Whinton Bank Road, Rothbury NE65 7RW
 - Tuesday 21 March: 6.00pm – 8.00pm The Group Room, Rothbury Community Hospital
 - Wednesday 5 April: 2.00pm – 4.00pm Simonside Room, Jubilee Hall

County Hall, Morpeth, NE61 2EF
www.northumberlandccg.nhs.uk/get-involved/RCHconsultation



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Consultation *(Appendix B)*

- Informed by initial engagement feedback
- Full range of options outlined but consulted on the preferred option
- H&WB Board and OSC informed that consultation had started
- Extensively promoted and document widely distributed
- Online survey by an independent research company
- Series of public meetings and drop in sessions
- People could engage via survey, email/write or phone the CCG
- Healthwatch Northumberland focus groups with older people
- JLEB initially considered the feedback report in June 2017
- CCG offered the opportunity to discuss the feedback to the campaign group
- Consultation feedback made public and shared with stakeholders in August 2017
- No support for the preferred option from local people or public stakeholders



Assurance

- Due to limited scope of proposals NHS England set out proportionate assurance arrangements with the CCG
- The 5 national reconfiguration tests have been undertaken (this includes the new test introduced in March 2017):
 - Concerted efforts to engage with patients and the public
 - Local choice diminished but choice still available
 - Clear clinical case for change
 - Commissioning support from all localities
 - Sufficient alternative provision
 - New treatments reduce the need for inpatient beds
 - Credible plan to improve healthcare performance



Evidence for change - national evidence

- National strategy for sustainability and transformation, which is based on reducing dependence on hospital care
- Clinical evidence that it is harmful for older people to be in hospital for longer than they need to and to be transferred between healthcare settings more often than necessary
- Patient preferences, which mostly favour care at home and dying at home



Evidence for change - national direction

The *Five Year Forward View* outlines the long term future of the NHS it seeks to:

- Change the focus so that out-of-hospital care becomes a much larger part of what the NHS does
- Focus on prevention
- Address the care and quality gap, shifting the way care is delivered, reducing variation and making better use of technology



Evidence for change - clinical evidence

- Being in hospital is an infection risk, particularly for older people
- Immobility can also lead to particular problems for older patients and they may be able to maintain greater mobility at home (Hopkins et al, 2012)
- 10 days in hospital (acute or community beds) leads to the equivalent of 10 years ageing in the muscles of people over 80 (Gill et al 2004)
- Extended hospital stays also risk undermining older people's confidence about their ability to live independently, and can be particularly confusing and distressing for patients with dementia



Local feedback

- Some support for the Health and Wellbeing Centre but universal rejection of proposal to close beds. Much covered already or in later slides but in addition:
- Concern about travel and distance
 - Flexible visiting times
 - Getabout Service
- Lack of palliative care beds
 - Community based specialist nursing increased
- Lack of evidence to temporarily close beds
 - Facility well known by Trust and local GPs
 - Evidence of use where appropriate
- Better management of acute and community beds
 - Trust and local GPs used beds when appropriate
 - Medical advances mean that there is less requirement for Rothbury level of care – now delivered in the community
- Insufficient system capacity to cope with additional patients
 - Numbers involved would have very little impact on existing or future capacity
- Lack of respite care beds
 - Not funded by NHS hospitals
 - Provision at Rothbury House



Financial decision

- Costs directly attributed to the CCG is a reduction in a block contract by £500K
- The small inpatient numbers now cared for in alternative beds or community within community based services have not required any additional resources



Future proofing

- Table to show the number of people aged 65 and over

Rothbury	Northumberland	North East	England
30.4%	23.1%	19%	17.7%

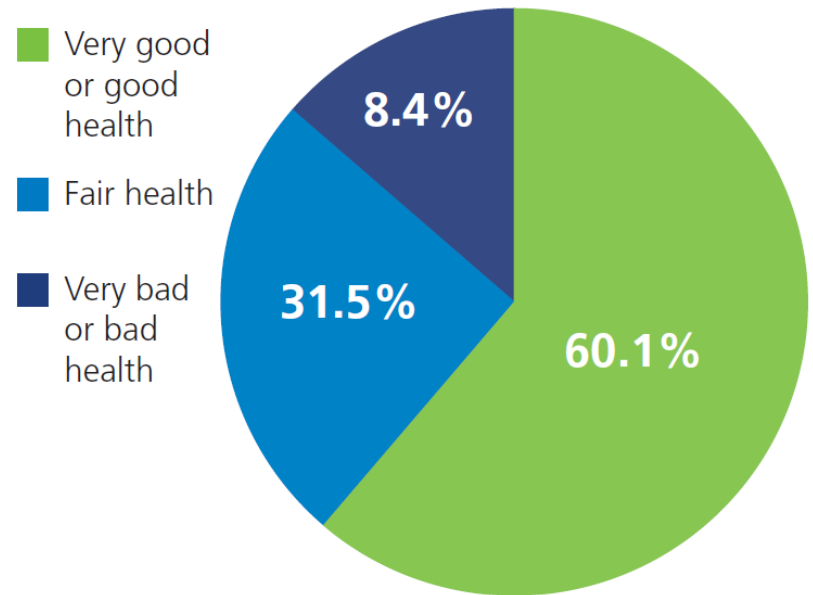
- Over the next 10 years, the number is expected to increase by 22.8% and over the next 20 years by 44.8%
- Continued medical advances and expansion of care out of hospital is the current plan to meet this increase locally and nationally



Future proofing

- People in Rothbury are healthier than elsewhere
- 8.4% in Rothbury, 15.4% in Northumberland and 19.5% in the North East in bad or very bad health

General health 2011 (age 65 and over)
Rothbury



Future proofing

- Future medical advances will continue to result in shorter hospital stays and less beds needing to be available
- Not a good use of resource to run an under-used service in case it is required in future years
- Health and Wellbeing Centre will potentially benefit many more people – keeping them healthier longer and reducing the need for hospital admissions



Impact on other services

- We have monitored the impact of closure of the beds for 12 months and found significant evidence of the lack of impact on all aspects of the healthcare system.

We specifically focused on:

- Community Nursing
 - Rothbury practice GPs and North Locality practices
 - Local authority/social care
 - Other community hospitals
 - Cramlington Emergency Care Hospital; other acute hospitals
 - Ambulance Service
- We found no evidence of increased admissions/re-admissions to NSECH
 - No complaints/SIs/incidents reported on SIRMS/Significant Learning Events/ Friends and Family data/PALS issues
 - No adverse health impact or discernible additional pressure
 - Small numbers of patients involved mean that little impact has been experienced in the overall healthcare system



Potential winter impact

- Northumberland has one of the highest levels of inpatient beds in the country
- Rothbury beds represent less than 1% of the total bed stock available to Northumberland residents
- The beds were closed over last winter with no adverse consequences
- The number of beds have a negligible impact on overall capacity in times of surge



The Health & Wellbeing Centre

- Staged approach outlined in the decision making report
- Will require some investment but many would be at no extra cost, due to relocation bringing services closer to patients
- Local people and the healthcare system will benefit – people healthier for longer and reduced admissions to hospital
- Wanted local people to co-design it
- Working group would be established at the earliest opportunity to further develop proposals



Summary

- Low bed occupancy does not demonstrate the effective, efficient or economical use of resources
- Beds represent less than 1% of the total bed stock available
- All financial decisions are currently being scrutinised by NHS England
- Living in a world of continuous clinical development – the clinical strategy currently being developed is clear that the overall bed base in Northumberland will continue to reduce as less time is spent in hospital in future and even more care is delivered at home
- No significant adverse health consequences for the local population
- We understand local people don't support this decision, however we must look at building a sustainable health system for all patients in Northumberland and the most appropriate clinical model for doing so
- A Health and Wellbeing centre on the Rothbury site will benefit more local people



Clinicians commissioning healthcare
for the people of Northumberland

Questions

