



**Health and Wellbeing Overview and Scrutiny Committee
(Rothbury Review Group)**

Following the first meeting of the Health and Wellbeing Overview and Scrutiny Committee (Rothbury Review Group) on 4 December 2018, please find below answers to the questions presented by the review group to NHS Northumberland Clinical Commissioning Group (CCG) and Northumbria Healthcare NHS Foundation Trust (the Trust)

Review area 1- The Future of the site, content of wellbeing centre and review of in-patient beds.

While awaiting the outcome of the Independent Reconfiguration Panel (IRP) the Trust and CCG were not able to continue with the development of ideas for the health and wellbeing centre or begin any further engagement as they did not wish to pre-judge the outcome of the IRP deliberations. Therefore the first floor of the building has remained unchanged over this period.

However during the intervening period the GP practice (previously located in Rothbury) relocated to the ground floor of the hospital site. This move has enabled the co-location of a number of services which support the Rothbury community including:

- Community nurses
- Physiotherapists
- Podiatry
- Community Paramedic

In addition the Trust has worked with Macmillan to appoint a Specialist Palliative care nurse to support patients and their families with palliative care needs in their own homes.

The Trust has also been successfully developing the role of new technologies with those patients who may require an outpatient consultation. Virtual consultations via telecare links are proving successful. Not only do they give patients access to a consultant this also reduces greatly the need for a patient to travel, sometimes long distances, for a 10 minute appointment. This has been working well with outpatients clinics with good success rates and with positive feedback from patients in fracture clinics. The Trust continue to explore opportunities in this respect with a number of other outpatient clinical areas. This may therefore open up the opportunity for further outpatient specialist sessions to be made available locally reducing the need to travel.

The CCG and Trust have also worked together to audit the length of stay of patients; this is important to maximise flow in all hospital sites as well as ensure that patients are

discharged home as soon as they are medically fit and safe to return. This work has enabled all partners to understand any delays both in the hospital and the community.

In August 2018 the North locality, including Rothbury, has been involved in a new approach to community care which has refocussed community teams to be more responsive to the needs of high risk patients. It has promoted a multidisciplinary approach to care with the aim of promoting a proactive approach to ensure patient's wishes are respected, providing the right level care to meet their needs, whilst ensuring their health and care needs during a medical emergency are addressed in a timely and appropriate manner.

The Trust and the CCG continue to monitor the impact of the temporary closure and, after recently reviewing activity in community services and bed occupancy in both Alnwick Infirmary and the Whalton unit, no significant variation has been highlighted as shown in both figures below. This is an ongoing process carried out between the Trust and CCG along with other stakeholders.

Figure 1 Bed Occupancy – This shows no significant variation in the mean midnight occupancy in both Alnwick Infirmary and The Whalton Unit.

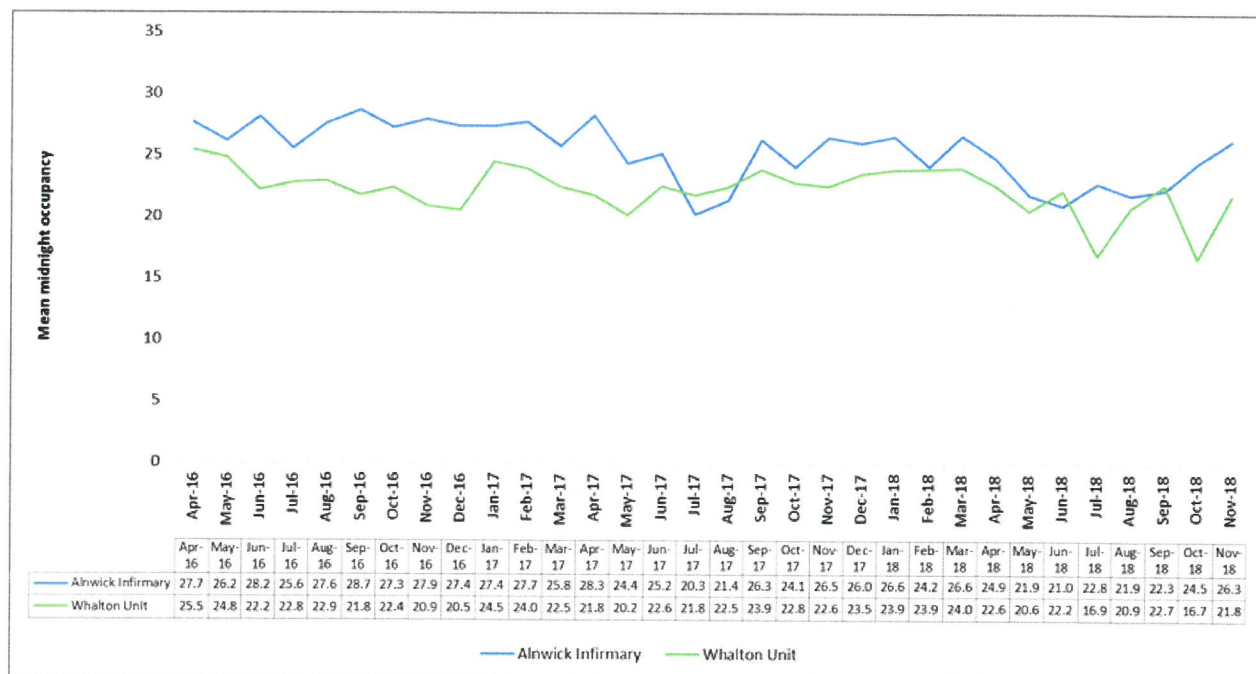
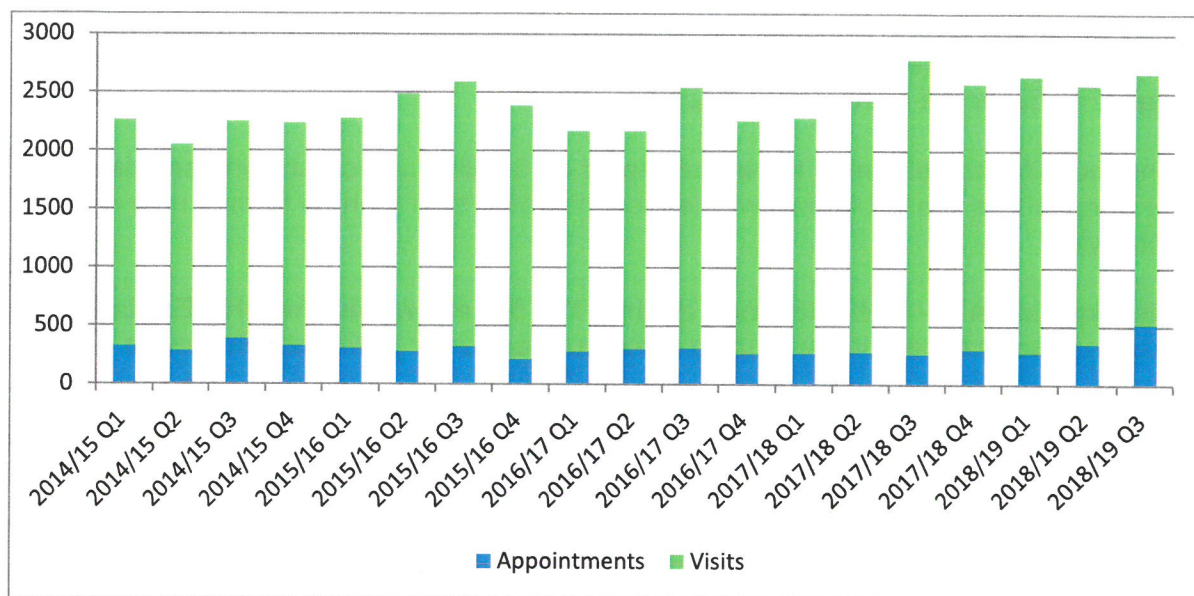


Figure 2 - Finished appointment and visits 10/04/14 – 31/12/18. Rothbury case load District Nurses.



The CCG is in the early stages of discussion concerning potential engagement and co-design methods. This process will start initially with the campaign group and Healthwatch aiming to expand into the wider community as the work progresses. The CCG and Trust are also keen to investigate good practice where other CCG's have carried out different engagement methods and or co design of services.

Review question 2 – The impact of the temporary closure on patients, families and carers.

A key impact of the temporary closure on patients, families and carers was linked to increased travel. The overall travel analysis conducted in 2017 showed that while the greater number of patients (145 out of 203) would have had to travel further had they been admitted to Alnwick Infirmary or the Whalton unit in Morpeth, instead of Rothbury community hospital, a significant number (58 out of 203) had a shorter journey time. The 145 patient on average travelled 3.8 miles to Rothbury community hospital with the closest patient only travelling 0.4 miles and the furthest travelling 15 miles. If they were to go to the next nearest site, the average journey would increase by 13.8 miles. The full travel impact analysis from July 2017 is at Appendix 1.

In updating this information a review of each community within the North has been explored to understand which community hospital site is the closest, followed by the 2nd closest, 3rd and 4th. This information includes mileage, time and taxi prices. Appendix 2 refers.

Appendix 1 contains information about bus services which showed that people living west of Rothbury would be most adversely affected. From Harbottle there are only two bus services to Rothbury on a Tuesday and Thursday and no bus services direct to Alnwick or Morpeth. This information remains unchanged from July 2017. By car there would be an additional 12 miles to Alnwick infirmary, 16 miles to the Whalton unit and 21 miles to Wansbeck General Hospital. Wansbeck has been added into the report due to the temporary move of the Whalton unit to Wansbeck general Hospital.

The proportion of people aged 65 years and over who have access to a car or van in the household is higher in Rothbury (at 85.4%) when compared to Northumberland overall (72.6%) or the North East (61.2%)

It is not possible to determine the travel impact on families and carers who are visiting other hospitals as it is not known where they may start their journey from (it may not be Rothbury).

Review question 3 – The challenge against the 5th test within the NHS England “Planning assurance and delivering service change for patients” Guidance

NHS England Chief Executive Simon Stevens announced that proposed significant bed closures would in future have to meet one of the following three new conditions before NHS England would approve them:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of the bed closures, and that the new workforce will be there to deliver it: and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care.

This became known as the 5th test. Due to the timing of the announcement this requirement did not form part of the initial considerations, but was included within the Decision making report in September 2017, (page 43, 10.1.5 New test in relation to bed closures refers).

With regard to sufficient alternative provision, the impact of the interim closure has been closely monitored as part of the review process and has continued to be monitored during the longer closure period, across community services, the GP practice, community hospitals at Alnwick and Morpeth, Wansbeck General Hospital, the Northumbria Specialist Emergency Care Hospital and the North East Ambulance Service NHS Foundation Trust. Datasets are currently being updated and analysed. These will be shared and discussed with stakeholders for further analysis, in advance of sharing with the committee. A further review of complaints, incidents and serious untoward incidents has been carried out in December 2018 and none have been recorded.

Providing more care within people own homes is a national priority. It does reduce reliance on hospitals both by avoiding unnecessary admissions and reducing the length of time people need to be in hospital. In Rothbury, as in other parts of Northumberland,

increasing numbers of older people are already being supported to stay in their own homes. Given the constant advances in medical care it is anticipated that even more care will be provided in the home in the future.

In August 2018 the North locality, including Rothbury, has been involved in a new approach to community care which has refocused community teams to be more responsive to the needs of high risk patients. It has promoted a multidisciplinary approach to care with the aim of engendering a proactive approach to ensure patient's wishes are respected, providing the right level care to meet their needs, whilst ensuring their health and care needs during a medical emergency are addressed in a timely and appropriate manner.

Review question 4 – The query as to whether there is any evidence of an equality impact assessment having been undertaken prior to the public consultation.

The CCG carried out an Equality Impact Assessment (EIA) ahead of the start of the consultation period. This was updated for inclusion in the final decision making report. The EIA (Appendix 3 refers) which included consideration of the protected groups for whom there is most impact i.e. older people and in particular the small number of frail, older people for whom inpatient services at Rothbury community hospital were available, until the interim closure. This also included steps that could be taken to reduce the impact; including the ongoing strategy to provide more support for people in their own homes and the reshaping of existing services around a health and wellbeing centre - providing benefits for a wider population. One change already completed, as mentioned above, is the move of primary care, now enabling the co-location of Primary care with community services.

Review question 5- The issue in relation to OSC not being consulted on the temporary closure of beds in advance of the decision.

The in-patient services at Rothbury community hospital were suspended in September 2016 on a temporary basis. The temporary suspension of inpatient services at Rothbury was an operational decision made by the Trust, supported by the CCG, in response to continued low occupancy and the need to ensure staff were available to support higher levels of occupancy in other Northumberland wards. Hospital trusts are able to make this type of decision in response to emerging operational issues. As the initial decision was to temporarily close the ward there was no formal requirement to inform OSC and ask if it considered the change to be a significant variation in service provision (which would have then required formal consultation ahead of the closure). The CCG however did take the opportunity at the time to open up informal discussions with the Chair.

On 21 December 2016, the CCG liaised with the scrutiny officers to relay information about proposals to make the changes to inpatient services permanent, and to inform the Council of the CCG's proposed public consultation on the changes. The CCG explained that further information would follow in the New Year (2017).

The CCG published a press release the next day, 22 December 2016, about the forthcoming consultation and this was copied to the HWOSC Scrutiny Officer.

As the Secretary of State's letter highlighted that communication between the CCG, Trust and OSC could be improved, it is considered that the development of a protocol, which outlines the respective organisation's expectations and responsibilities in similar situations, could be developed.

Review question 6 – The financial justification of closure of inpatients beds.

The block contract the CCG has with the Trust has reduced by £500,000 following the interim closure of the beds, which reflects a reduction in direct staff costs. However, the cost savings cannot be realised in recurrent terms while awaiting the outcome of the IRP. The preferred option, which was subject to consultation, would enable the recurrent release of the funding.

The below table shows the cost of a Palliative Care Nurse which is a new post created to support patients with palliative care needs within their own homes. This is funded by Macmillan for the first three years.

Net Recurrent Revenue Saving Reduction in block contract	£500,000
Less costs of continued service provision	£48,972
Net recurrent revenue saving	£451,028

Appendix 1: Full travel impact analysis - July 2017

Appendix 2: Rothbury Travel Impact

Appendix 3: Equality Impact Assessment