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Rothbury Update

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Our five year strategy

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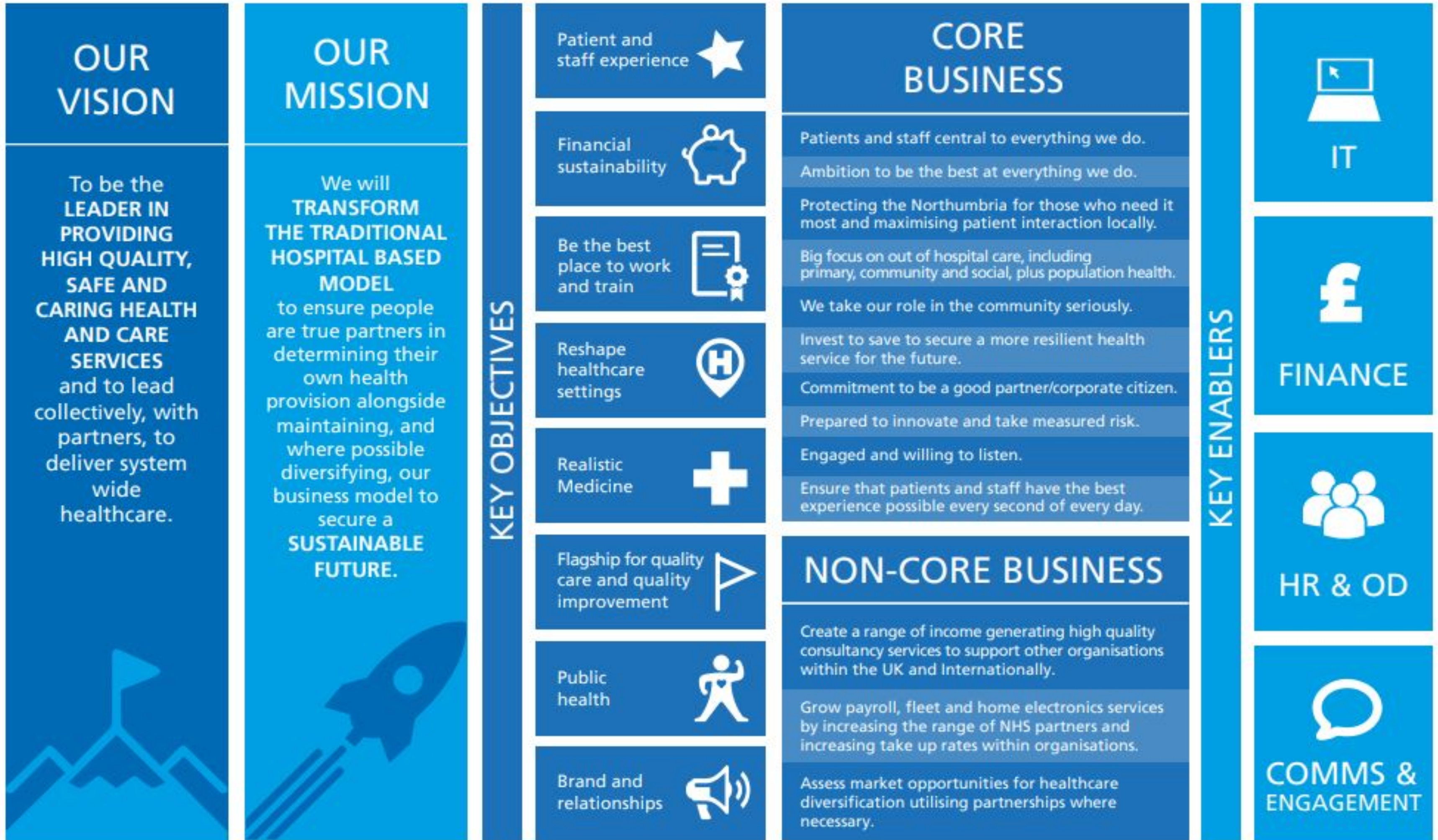

Key principle that guide us…

‘Local first – as long as it is safe and sustainable’

Background

- Decision made in September 2016 to temporarily suspend services at Rothbury Community Hospital - occupancy <50%
- Consultation process – three month consultation 31 January until 25 April 2017 – led by the CCG made recommendations to the OSC to permanently close the community beds
- The OSC referred the decision to the SOS for Health who in turn referred to the IRP
- In November 2018, SOS for Health with the advice of the IRP sent a letter concerning the proposed changes to Rothbury Community Hospital. IRP recommendation – uppermost of which is to work with the local community to get the best out of the hospital

Moving forward

- In response to the IRP, the CCG is leading the Rothbury engagement group (independently chaired) - to build a partnership between the people who use health services in Coquetdale and the agencies which buy and deliver those services to co-design a longer term solution
- This process is expected to conclude around autumn
- In the meantime, the Trust has met privately with some members of the campaign group to look at the 'Art of the Possible'
- This presentation summarises where we are currently

The ask…

Engagement with campaign group, local parish councillors and local clinicians has described a potential gap in provision for the population of Rothbury and Coquetdale and this gap is focused on the following:

- **Long term residential and nursing care -** Limited local provision and limited likelihood of this developing in the foreseeable future
- **End of life care -** Good wrap around into patients home if death is manageable for family and carers with appropriate home support. No local bed provision where death becomes hard for family/carers and community teams to manage
- **Rehabilitation -** Services for rehab is provided out of Rothbury at other Trust community hospitals and into patients home depending upon level of input required
- **Respite -** No structured respite support which may result in hospital attendance/admission for individuals
- **Day care services -** No structured coordination of provision although likely to be a number of services running in a variety of locations across the area

The ‘Art of the Possible’

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Beds

- Recognise the campaign group’s position however reviews have shown that previous occupancy was low and there was some use of NHS funded beds for respite – recent reviews support this and this gives rise to challenges for the viability of bed based services.
- **But** – rurality must be considered especially in light of palliative care and distances for travel to alternative services

Potential solution considered…

- Develop a model that is supported by community teams to ensure that patients identified by clinical teams as needing specialist support that cannot be provided either at home or as part of enhanced day serviced can access a bed at Rothbury.
- Reviews have confirmed that the NHS does not pay for respite care and this will not change. However, we are aware that there is respite available at the RAFA and this has always been managed by the local authority
- Partnership with NPC and trust specialist teams to clinically support those patients who require additional specialist care.

1. Partner discussions – commenced – Now to end September
2. Staffing model – July/August
3. Social care model for respite – July/August
4. Job planning for consultant cover (underway)
5. Job planning for virtual clinics (underway)
6. Technology agreed

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The ‘Art of the Possible’

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Other Services

- Trust has been reflective re the opportunity to provide more services from Rothbury Community Hospital

Potential solution considered…

- Dentistry service – ongoing discussions
- Falls clinic – managed via visiting elderly care physician
- Oncology/Chemo service
- Mental Health Services
- Utilising the digital offer to reduce miles travelled through telecare for services such as..
    - T&O follow up clinics
    - Rheumatology
    - Surgical follow up clinics
    - Cardiology
    - Community clinics
    - Third sector clinics supported by Hospice

Making this happen…

1. Further clinical conversations required

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Levels of support

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Own bed – people supported through current community services.

Virtual Ward bed – people supported in their own bed, but with additional Nursing and carer support depending on need.

Rothbury Community Hospital bed – people needing increased support not able to be provided in the community as per agreed clinical criteria.

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Criteria for admission

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Palliative care

- Symptom control that cannot be managed with enhanced home support
- Care needs in the day and/or overnight and can not be provided at home.
- Ability for family and carers to be with their loved ones

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Clinical Criteria for step up

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Step up care-

- Planned as part of an Emergency Healthcare plan – agreed with either Lead Nurse and or GP/Care of the Elderly Physician for ward based care.
- Just in case medication available as part of the plan.
- Patient and carer aware of the plan and the reason for being directly admitted to Rothbury Community Hospital.
- If not within the agreed criteria patients would still need to go through existing services – 999 / ED NSEC.

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Criteria for admission

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Step down care-

- Discharge to Assess – assessment undertaken at home
- Focussed period of rehabilitation prior to returning home (this may be daily rather than in-patient).

New model of care

- Dedicated team to cover both the virtual ward and Rothbury Community Hospital.
- Access only via Emergency Healthcare Plan – therefore patients are known and planned for.
- Reasons for admission as specified
- OOH's nursing and medical cover provided through existing contracts

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Flexible Staffing Model

- Team based in Rothbury Community hospital but supporting both the virtual ‘at home’ beds (High risk patients identified via MDT’s in Primary care / CATCH patients) and hospital beds
- Nursing / GP involvement-mainly task focussed and so should with some additional resource / funding be able to follow their patients into the best place for their care with the right support

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Why should we do this?

- We could potentially lead the way nationally regarding the provision of excellent/outstanding services within rural communities
- Given the NHS Long Term Plan and the focus on out of hospital and local services – it is important that we find the right balance for rural communities
- Population base has changed locally with further growth expected
- **It is the right thing to do…**

What do we still need to work out

- Confirm clinical protocols and standards
- Confirmed Staffing model
- Contractual arrangements with partners
- Finalised financial plan

SOS DHSC – IRP What we needed to consider

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- There were flaws in the engagement and consultation process
- CCG to work alongside Northumberland Health and Wellbeing OSC to consult properly when developing the future hospital.
- Whilst the IRP recommended that the inpatient ward should not be immediately re-opened, further action locally is required to agree and implement the proposed health and wellbeing centre, potentially including inpatient beds at Rothbury Community Hospital. This further action should include;
    - The CCG and Trust in collaboration with the HOSC and local community should;
        - Concentrate their efforts in refining the current 'possible' and 'probable' list of services into something more tangible
        - Undertake an appropriate assessment to examine the impact of additional travel, costs and inconveniences for families and carers
        - Focus on those most affected

- It went on to conclude that;
    - Consideration of the option of re-opening the inpatient ward must form part of this work. With a specific evaluation made on the fifth test and the wider development of services at the hospital and the local community.
    - That local stakeholders and the HOSC should be involved in the evaluation leading to the CCG consideration of the case for whether the beds are reopened.

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How we believe we have adhered to the SOS DHSC Letter

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- CCG led engagement group – designed to understand the views from the local community, share key areas of work and involve community in decisions as a result
  - Transport/travel assessment
  - Geographical assessment
  - Clinical audit
- Trust led – coproduction group set up in partnership with key members of the campaign group to look at the 'art of the possible' and address the challenges. This group to continue.
- Art of the possible created – includes beds – flexible up and down, alongside other health and wellbeing services
- Introduction of a new metric – miles travelled
- Introduction of a Northumberland Rural Health Commissioning – guide us for the future
- CCG, Trust Board support – funding agreed

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Questions and issues arising

- How can we be satisfied that this model is sustainable and will not get into the same position as last time?
- How will you staff the ward? What will be the cover on the ward overnight?
- What has changed from last time?
- Why beds in Rothbury – when other rural communities don't have this?
- The stats say there isn't a need for beds – why are you doing this?

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Our response

- We are not proposing that we re-open the beds as they were, this is a flexible model with an emphasis on enhanced community support
- When a patients need can be met within the hospital, we will need to ensure we can comply with safe staffing levels etc
- This is a new, flexible innovative model. It will involve investment in staffing and is novel but we think can work
- The stats show that there isn't a need for the substantive beds, open all the time. That's why we are trying this unique, flexible model

Next steps

- If agreed plans to be created to operationalise
- Expected to be in place from 1 April 2020
- Plans to continue with community engagement and involvement

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