

Extract from Guildford & Waverley Programme
Strategic Outline Business Case

Key Conclusions and Recommendations

Conclusion 1

That the proposed clinical model of care and pathways within [this] document are clinically appropriate and represent best practice.

Recommendation 1

That the proposed clinical model of care be adopted within the Guildford and Waverley areas.

Conclusion 2

Farnham Hospital is fit for purpose as a Specialist Rehabilitation Unit defined within the model of care.

Recommendation 2

That Farnham Hospital site be used as the Specialist Rehabilitation Unit predominantly facing the Frimley Park Hospital NHS Foundation Trust in Frimley.

Conclusion 3

The analysis of the evidence demonstrates the need for a single viable scenario for the location of the Specialist Rehabilitation Unit.

Recommendation 3

That Milford Hospital site be refurbished and used as the Specialist Rehabilitation Unit predominantly facing the Royal Surrey County Hospital NHS Trust in Guildford.

Conclusion 4

The analysis of the evidence demonstrates that the majority of patients in the Cranleigh area would be treated within the new consultant led model of care. This analysis strongly suggests that the 14 GP beds at Cranleigh Village Hospital that were temporarily closed by G&W PCT are no longer required. The analysis of the future needs of patients in the Cranleigh area indicates that approximately 6 – 8 NHS beds will be needed for conditions such as continuing care (including dementia patients), palliative care and shorter stay beds to avoid hospital admission. For this kind of care, we think we need to buy approximately 6-8 NHS beds in the Cranleigh area. It would be inappropriate to accommodate these types of patients in a single small unit. It is more usual for these to be provided by specialised nursing home facilities.

Annexe 2

Response from Waverley Borough Council on the consultation by NHS Surrey regarding the recommendations of the Guildford & Waverley Programme Strategic Outline Business Case, and in particular

- the commissioning of 6-8 NHS funded beds in the Cranleigh area;
- the establishment of a state-of-the-art consultant-led day assessment and rehabilitation service in the redeveloped Cranleigh Hospital;
- the permanent closure of the 14 GP-led beds at Cranleigh Village Hospital.

Summary of Key Points

Waverley welcomes:

1. the proposals for the enhanced services at Milford Specialist Rehabilitation Hospital serving patients from the Royal Surrey County Hospital.
2. proposals for joining up of care pathways under a lead provider.
3. the extension of services provided at Cranleigh, and the commitment to providing new facilities in which house them.
4. the retention of GP-supported beds at Haslemere Hospital.
5. the retention of the Specialist Rehabilitation Unit at Farnham Hospital primarily facing the Frimley Park Hospital.
6. the proposed independent evaluation of the two potential sites in Cranleigh for the redeveloped health centre and community hospital.

Waverley remains concerned about:

1. whether the way in which beds will be commissioned in Cranleigh for palliative care will be sufficiently flexible to meet changing needs of an increasingly ageing population.
2. whether the rehabilitation pathway has been considered in isolation to the wider body of work understood to be taking place as part of the Guildford and Waverley Programme.
3. the lack of consideration of the transport-related needs of patients and carers in accessing services.
4. the risk that the emphasis on providing rehabilitation and support in patients' homes, as part of the new model of care, will lead to additional costs for social services, or individuals.

These points are amplified in the following paragraphs.

8. We note that there are two site options for developing the facilities in Cranleigh, and the process by which these options will be evaluated. Whichever site option is selected, we have reservations about whether £4.7m is adequate for what is proposed, and whether the time frame to commit funding by April 2011 is realistic. However, we note the time pressures in relation to the funding allocations.
9. We are also concerned about whether the proposed 6-8 beds for palliative and continuing care will be sufficient number going forward, bearing in mind the forecast change in demographics detailed in the Joint Strategic Needs Assessment 2008 (Section 2.2); and whether the intention to commission these from local private nursing home providers will offer adequate opportunities to increase provision when local needs demand. We look for an absolute guarantee from NHS Surrey that these beds, or a greater number when required, will be purchased and made available according to local needs.
10. Whilst Cranleigh and neighbouring communities in particular have a more vested interest in the outcome of the evaluation of the two site options for Cranleigh, we are concerned that you ensure the process by which this evaluation takes place is open and transparent. We would wish to see the evaluation criteria for the business cases published as soon as possible, to allay fears that will persist otherwise that criteria were weighted to support a decision already taken. There should also be a clear process that gives the whole community the opportunity to have its voice heard about their future needs as well as the clinical view.
11. Model of care
We note that the accepted model of care for specialist rehabilitation services is based on national standards and clinical evidence. However we have concerns over the move towards increased delivery of rehabilitation services in patients' homes and the implications for the division of care between health and social services. We would not want to see NHS Surrey's attempts to follow national clinical guidelines in this model of care to be undermined by any potential limit in social care support available or the passing of costs from the national taxpayer to the local taxpayer. We are also concerned about the worries that local residents may have about the potential additional burden that could be placed on vulnerable patients if speedy discharge from hospitals means they will be subject to means-testing and having to contribute to their homecare support costs.
12. We note from the Joint Strategic Needs Assessment 2008 (Sections 8.2.1, 8.3.1) that compared with the national and comparator group averages, Surrey County Council already provides community homecare support to a much lower number of households; and that the likely need from older adults may increase by between 5-28% by 2015. We look for assurance that NHS Surrey is working with Surrey County Council to develop an appropriate level of service to meet the increased demand for homecare support that can be anticipated under this new model of care; and that the resource allocation at

beds at Haslemere are still part of NHS Surrey's plans for in-patient care, but seek clarification and reassurances regarding the adequacy of provision for in-patient palliative and end-of-life care in the GP-led beds at Haslemere. This is particularly important following the closure of the MacMillan unit and beds at King Edward VII Hospital which were available to patients from Waverley.

17. We ask that the NHS Board and NHS Surrey Chief Executive make arrangements to provide Waverley members with a comprehensive statement of development plans for community health services in Waverley, across all current workstreams.
18. We will be pleased to continue to support the various workstreams and our strategic partners to ensure that we can, together, address the evolving health needs of our communities in the future.