

APPENDIX H

WAVERLEY BOROUGH COUNCIL

EXECUTIVE - 29 SEPTEMBER 2009

Title:

**NHS SURREY GUILDFORD & WAVERLEY PROGRAMME BUSINESS CASE –
CONSULTATION RESPONSE BY WAVERLEY BOROUGH COUNCIL**

[Portfolio Holder: Cllr Robert Knowles]

[Wards Affected: All]

Summary and purpose:

NHS Surrey has published its proposals under the Guildford & Waverley Programme for the future provision of care in south-west Surrey for stroke rehabilitation, orthopaedic rehabilitation and post-acute care for complex elderly who may have added care needs such as dementia. The report covers all hospitals in Waverley.

The headlines are that Farnham Hospital will be the main rehabilitation hospital for Frimley Park Hospital; a refurbished Milford Hospital will be the main rehabilitation hospital for the Royal Surrey; the fourteen beds at Cranleigh hospital, which have been temporarily closed since 2006, will be closed permanently; a new day assessment centre will be developed at Cranleigh, as an extension of the Milford service; and, 6-8 NHS-funded beds will be commissioned in the Cranleigh area for continuing and palliative care. Haslemere Hospital is unaffected by these specific proposals. Only the recommendations on the change of services for Cranleigh are subject to formal consultation by NHS Surrey.

As a key stakeholder, the Council will wish to respond to the consultation. A draft response is attached, for consideration by the Executive, with a view to submitting a final draft to the Council on 20 October.

How this report relates to the Council's Corporate Priorities:

Waverley has no direct responsibility for providing healthcare services. However, Waverley does have a Corporate Priority to improve the quality of life for all, particularly the more vulnerable in society. Members have shared local residents' concerns over a number of years regarding the long-term future of the community hospital services in Waverley, and has lobbied Surrey PCT (now NHS Surrey) to resolve these outstanding issues and to improve access to local primary health care and hospital services.

Equality and Diversity Implications:

The NHS Surrey proposals are based on national quality standards of care for stroke rehabilitation, orthopaedic rehabilitation and post-acute care for elderly patients with complex conditions, including dementia; and the development of a model of care

based on clinical evidence. This should ensure that all patients are treated equitably, based on clinical need and model pathways of care.

The proposals in the consultation document exclude any comment on the historic and current concerns regarding the non-emergency patient transport service; the extent to which this has to be supplemented by community transport schemes due to the restrictive eligibility criteria applied by NHS Surrey; and the sustainability of these community transport schemes, including Hospital HOPPA services and voluntary car schemes. There is concern that without ensuring effective transport provision, some patients or relatives will have inadequate access to services care or be unable to see their relatives receiving care. This will have greatest impact for the elderly, infirm and lower income households.

Resource/Value for Money implications:

There are no direct resource implications for Waverley.

Legal Implications:

There are no legal implications for Waverley.

Background

1. Between 2002 and 2006 the former Guildford & Waverley Primary Care Trust embarked on a major modernisation programme of locally based healthcare services. The consultation document, *Modernising Your Local Healthcare* (December 2005), set out five options for change, all of which considered the future of services provided at Milford Specialist Rehabilitation Hospital, Cranleigh Community Hospital, Haslemere Hospital and Farnham Hospital & Centre for Health. The options were consulted on from December 2005 – February 2006, in what was a highly contentious and political process.
2. The Public Consultation Outcome document provided information about the outcome of the public consultation, which was a recommendation to pursue *Option 1*. This proposed, amongst other things, that the Milford Specialist Rehabilitation Hospital should close and services be relocated to Farnham Hospital, and that the 14 beds and Day Hospital at Cranleigh Community Hospital should close.
3. In October 2006, Surrey Primary Care Trust (now known as NHS Surrey) was established, and it was agreed that the decision to implement *Option 1* would be 'put on ice' until such time as the wider review on the *Fit for the Future* programme was concluded. However, notwithstanding that decision, because of financial and service pressures, the PCT decided to close the beds and Day Hospital at Cranleigh Community Hospital as an urgent, temporary measure.
4. The *Fit for the Future* programme focussed on improvements in clinical services, reflecting clinical evidence gathered nationally and locally, and set

standards for acute service provision in seven speciality areas. Following the adoption of the *Fit for the Future* business case by the Surrey PCT Board in September 2007, the Guildford & Waverley Programme was set up to take forward the actions set out by the former Guildford & Waverley PCT and the Surrey & Sussex Strategic Health Authority with regard to the hospitals in Milford, Farnham, Haslemere and Cranleigh, i.e. the so-called *Option 1*. It is important to note that besides the recommendations to close Milford Hospital and the beds at Cranleigh, there were also recommendations to develop diagnostic facilities at Cranleigh, Farnham, Haslemere and Godalming; day hospitals at Farnham and Haslemere; and local treatment facilities for the population of Godalming.

5. The Programme Mandate for the current consultation was approved in March 2008 and set out how *Option 1* was to be tested. Separate workstreams were established, covering Cranleigh, Godalming (including Milford), Farnham, Haslemere, and specialist rehabilitation services. An additional working group was set up to review transport and parking issues. This consultation is mainly about one of the workstreams.
6. In July 2008, the NHS Surrey Board accepted the recommendation from an Independent Panel that *Option 1* did not meet the requirements of the White Paper *Our health, our care, our say*, or other recent health policies, including the national stroke strategy. A brief was agreed setting out the revised scope and objectives for the Guildford & Waverley Programme. The work of the Programme in relation to specialist rehabilitation services has now concluded, and the recommendations of the Programme were agreed by the NHS Surrey Board on 4 August 2009.

Current Proposals

7. The recommendations of the Guildford & Waverley Programme Strategic Outline Business Case reflect the implications of adopting a new clinical model of care in south-west Surrey for stroke rehabilitation, orthopaedic rehabilitation, and post-acute care for complex elderly who may have additional complications such as dementia.
8. The new clinical model of care has been developed with stakeholders and clinicians and is based on national policy, best practice and local factors. It has been considered in co-design events, which have been attended by clinicians, local organisations, and Waverley members and officers. The proposed model aims to deliver improved patient outcomes and is based on a menu of care options for consultant-led multi-disciplinary assessment and treatment either in an acute hospital, a specialist rehabilitation unit, or in the patient's home.
9. The proposed model of care has implications for the locations from which various services are provided, which is of particular concern to Waverley. The conclusions and recommendations are set out in [Annexe 1](#). Full details of the new model of care, the explanation of the implications, and the options appraisals and cost-benefit analysis are available in the Guildford & Waverley

Programme Strategic Outline Business Case document. This document is available online at the NHS Surrey website at: www.surreyhealth.nhs.uk/contactus/HaveYourSay/Pages/Improvingrehabilitation-services-in-Guildford-and-Waverley.aspx

10. The key recommendations are:
- 1) That Farnham Hospital site be used as the Specialist Rehabilitation Unit predominantly facing the Frimley Park Hospital NHS Foundation Trust (no change).
 - 2) That the Milford Hospital site be refurbished and used as the Specialist Rehabilitation Unit predominantly facing the Royal Surrey County Hospital NHS Trust (essentially, no change in patient pathways).
 - 3) That there should be a consultation on the implications for Cranleigh Hospital, these being:
 - the commissioning of 6-8 NHS funded beds in the Cranleigh area (*probably from private nursing care homes*);
 - 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.

Milford Hospital

11. The alternatives to refurbishing Milford Hospital, at an estimated cost of £585,000-£1,451,000, were to establish a new-build specialist rehabilitation hospital either on the RSCH site, or at Cranleigh. Both of the new build options were estimated at £6m, plus the cost of decommissioning the beds at Milford. (*NB This alternative option reviewed by the PCT was not one that involved the Cranleigh Village Hospital Trust*).
12. Milford Hospital currently provides the Milford Assessment & Rehabilitation Centre (MARC) plus two 20-bed wards. Whilst these buildings are apparently in reasonably good condition, there is a further 20-bed ward (Oak Ward) that has been closed for some years. Healthcare Special Interest Group (SIG) members saw for themselves when they visited Milford Hospital last December that it has been allowed to fall into a state of disrepair.
13. Whilst it is not intended at this time to re-commission Oak Ward, the brief for the tender for refurbishment of Milford Hospital will include Oak Ward. This is part of the provision to establish a range of beds to enable the system to flex to meet increased or decreased demand (Conclusion 6).
14. The proposals appear to be good news for Milford Hospital, and provides certainty over its future. The Milford Hospital Campaign Group has formally responded to the proposals to welcome and endorse the investment in rehabilitation services at Milford.

Cranleigh Hospital

15. The Cranleigh Hospital issue is very sensitive. There is no disagreement locally with the view that the current GP and Health Centre in Cranleigh is no longer fit for purpose, and NHS Surrey has made a commitment to replace this. This project has been delayed pending the outcome of the Guildford & Waverley Programme.
16. The hospital buildings in which outpatient, therapy and rehabilitation services are currently provided are also in need of replacement and expansion in order to accommodate the proposed modern consultant-led outreach day assessment and rehabilitation service. These buildings are attached to the Listed Cranleigh Village Hospital building, and any development will be subject to normal planning processes.
17. NHS Surrey has had an independent audit carried out on the admissions to the 14 GP-led beds at Cranleigh Hospital in 2005/06, immediately prior to the temporary closure. Of the 184 admissions, 142 were from the Cranleigh area. If these admissions came forward under the new model, 78% would enter the new model of consultant-led care for complex elderly and rehabilitation services; 7% would be dealt with by the Falls service; and 15% would enter the End of Life (palliative) care pathway.
18. The position of NHS Surrey, therefore, is that the clinical evidence supports the permanent closure of the 14 GP-led beds at Cranleigh Hospital. It also supports the commissioning of 6-8 NHS-funded beds in the Cranleigh area, to provide respite care, end of life care, and step-up type services to prevent the need for acute hospital admission. These beds will be nurse-led. It is proposed that in the short-term, at least, these beds will be commissioned in local nursing homes. It is noted that there are no hospices that are local to Cranleigh to provide palliative care.
19. As the uses of these beds will vary, the NHS Surrey position is that there appears to be no particular advantage in locating these beds together. Therefore NHS Surrey proposed to commission these beds in local nursing homes.
20. Members will be aware that there is another community-led, option for delivery of hospital and health centre services in Cranleigh. The principal partner in this proposal is the Cranleigh Village Hospital Trust, which over the years has raised considerable funds from the local community to progress the objective of developing a new village hospital for Cranleigh. A site has been acquired in Knowle Lane, through a land exchange between the Parish Council and a local benefactor. Outline planning permission exists for a new Village Hospital and health centre on this site, although the detailed planning permission has now lapsed.
21. NHS Surrey proposes that the business cases for the redevelopment of the hospital/health centre site, and for the development of a new build on the Knowle Lane site, will be worked up in parallel and independently evaluated

according to criteria prescribed by the Department of Health. The intention is that a recommendation will go to the January 2010 NHS Surrey Board meeting. For either scenario, NHS Surrey only has a commitment of £4.7m capital funding, which must be fully committed by April 2011.

22. It is important to note that NHS Surrey only has a legal duty to consult on the change of services in Cranleigh, not the location from which they will be provided. It is anticipated that planning applications for both sites will be submitted to Waverley by NHS Surrey by the end of October.

Publicity on the options

23. Waverley has helped promote the consultation exercise through information on its website and is encouraging its residents to have their say on the future of stroke and orthopaedic rehabilitation and post-acute care services in the Borough. NHS Surrey has provided a roadshow in Farnham, Haslemere, Milford, Godalming and Cranleigh, and is also committed to holding a public meeting in Cranleigh before the end of the consultation period.

Draft response by Waverley Borough Council

24. The draft response, attached at Annexe 2, is based on the discussions of the Healthcare SIG, following a presentation by Helena Reeve, Communication Director, and Jill King, Programme Director on 18 August. It has also been informed by discussion at the meeting of the Towns & Parishes on 14 September. The Healthcare SIG met again on 16 September to consider the draft consultation response further and to take account of the points made at the Towns & Parishes meeting.
25. In principle, the SIG felt that it was important for Waverley to take a borough-wide perspective on the proposals, as there are local interest groups who will respond on the specific issues relating to Milford and Cranleigh.
26. In short, the response welcomes the proposals for Milford, and offers guarded support for the proposals for Cranleigh. However, it is clear from discussions that there is considerable frustration with the narrow focus of the proposals; with the piecemeal approach to service development by NHS Surrey, which means that proposals of end-of-life care outside Cranleigh are not addressed; with the way in which wider issues, particularly for local services in Godalming, and non-emergency patient and carer transport, seem to have been forgotten; and with the difficulty for lay people to understand the 'big picture' of what services are available, where, when, and for whom.
27. Whilst these issues are beyond the scope of the current consultation, we feel that it is important that they be raised, both in Waverly's response and also directly to the NHS Surrey Chief Executive by letter from the Chief Executive and Portfolio Holder.

Conclusion

28. The consultation period on the proposals for Cranleigh closes on 10 November. In view of the importance of the proposals to our residents and the political sensitivity of the Cranleigh proposals in particular, it is recommended that Waverley's response is considered and agreed by Council at its meeting on 20 October.

Recommendation

The Executive is asked to consider the draft consultation response, and make any amendments, prior to submission to Council on 20 October for consideration.

Background Papers (HEDP)

Guildford & Waverley Programme Strategic Outline Business Case (version 1.12, 27 July 2009) NHS Surrey Programme Office

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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.

Recommendation 4

A recommendation in this Business Case is therefore to consult on:

- *The commissioning of six to eight NHS beds in the Cranleigh area.*
- *The establishment of a modern consultant led outreach day assessment and rehabilitation service in the redeveloped Cranleigh Hospital*
- *The permanent closure of the 14 beds at Cranleigh Village Hospital.*

Conclusion 5

The principle of joining up care pathways formed through the co-design process can best be delivered by a single lead provider.

Recommendation 5

NHS Surrey commissions lead providers within clearly set contractual arrangements.

Conclusion 6

Clinical opinion is to establish a range of beds to enable the system to flex to meet increased or decreased demand.

Recommendation 6

The principle of utilising a range of beds is approved.

Annexe 2

Draft 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.
1. Waverley Borough Council welcomes the publication of NHS Surrey's proposals for Waverley's hospitals in relation to a new model of care for stroke rehabilitation, orthopaedic rehabilitation and post-acute care for complex elderly who may have a additional care needs such as dementia. The long delay from the publication of the earlier *Option 1* through to the publication of these proposals has caused a great deal of uncertainty and anxiety amongst our communities about the future of services at Milford and Cranleigh in particular. Waverley has not been well-served by the NHS of late, and we look forward to a more positive future working in partnership to meet the care needs of our various communities in both rural and urban settings.
 2. Waverley is pleased to see that the conclusions and recommendations of the Strategic Outline Business Case are based on clinical evidence of patient needs and national quality of care standards, rather than financial needs alone.
 3. We welcome the recognition in the proposals that Waverley patients relate to two acute hospitals, and that they face in different directions given the transport and access difficulties faced within the Borough but we are very concerned that many proposals in 'Option 1', have not been addressed.
 4. Milford
The proposals for the refurbishment of Milford Hospital are particularly welcome, given the excellent work that takes place there currently in what must be a particularly trying physical environment.
 5. Cranleigh
With regard to the proposals for Cranleigh, we are pleased that there is finally a proposal in relation to the longstanding issues relating to the temporary closure of the beds at Cranleigh Hospital, the closure of the Day Hospital, and the redevelopment of the Health Centre.
 6. We have noted the new services that have been provided at Cranleigh since 2005, and welcome this expansion in provision. However, we feel there has been some misrepresentation in the consultation document about the extent to which these services are available. We understand now that in fact some are only available for part of the year, and others are extension services and

that patients still have to travel elsewhere for treatment. It would have been more helpful and transparent if this had been made clear from the outset.

7. 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.
8. 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.
9. Whilst the Cranleigh community 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.
10. 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 local residents may have of 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.
11. 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 district level will reflect the specific demographic changes forecast for

Waverley which already has significantly higher number of 75+ and 85+ residents than other areas...

General points

12. As noted above, Waverley is pleased that Milford Specialist Rehabilitation Hospital will be retained and its facilities enhanced. We are guardedly supportive of the proposals for Cranleigh, which at least resolve some long-standing issues and allow the development of infrastructure so that facilities can be provided in fit-for-purpose buildings. The recommendations for both sites are a significant step forward from those set out in *Option 1*.
13. However, we are disappointed to note what is missing from the current business case. Besides the proposals to close Milford Hospital and the beds at Cranleigh, *Option 1* also included recommendations for the expansion of diagnostic facilities at Cranleigh, Farnham, Haslemere and Godalming; day hospitals at Farnham and Haslemere; and development of local treatment facilities at Godalming. Subsequently, the *Guildford & Waverley Programme Mandate* (March 2008) outlined six workstreams, of which only one related to specialist rehabilitation services. We are concerned that the proposals of the specific workstreams relating to Cranleigh, Farnham, Godalming and Haslemere, and the working group to review transport and parking issues, have been overlooked.
14. We are aware that Farnham and Haslemere Hospitals, like Cranleigh, have seen developments in the range of diagnostic and treatment services available. However, it is apparent that there is a lack of clarity over what services are available where, and when, and to whom. We also note that the previously recognised needs of Godalming have been overlooked entirely, and there is no evidence of any enhanced community health services for Godalming residents, nor any explanation of why this situation continues to be ignored.
15. Concern has been expressed that Haslemere Hospital is not referred to in the consultation document. However, we understand that the recommendations for specialist rehabilitation services do not affect the services currently provided from Haslemere Hospital. We also understand that residents of Haslemere and its environs will enter the care pathway for stroke rehabilitation, orthopaedic rehabilitation and complex elderly care via consultant-led services from the Royal Surrey County Hospital. We welcome assurances given during the consultation process that non consultant-led 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.
16. The model of care relies on patients being able to access day assessment and rehabilitation services at Milford and Cranleigh. It is disappointing that the proposals continue to ignore the non-emergency transport needs of patients and carers, especially when it has been well documented that the current contract and arrangements for funding and meeting the needs of patients and

carers is inadequate. We remain concerned that NHS Surrey does not have measures in place to ensure that patients and relatives trying to access assessment, rehabilitation, and other outpatient services in the Borough are not always able to do so; and are disappointed that the working group to review transport issues seems to have been lost without trace and look for confirmation that NHS Surrey recognises the differing transport requirements of this rural area.

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.