

## Special Scrutiny – Health Care in North Wales is Changing 19.9.12

### Response to Written Questions

1. Making no assumptions about any hospital closures, but in the knowledge that Enhanced Care is being introduced across North Wales, please provide assurances about how you will manage the change using the following as examples:

- a. Community Services need to be in place before any bed closures

*Plans to provide Enhanced Care at Home across all localities in North Wales are being developed. The implementation and timing of these is linked to the outcome of the proposals currently out to consultation, which will not be known until December.*

*Where bed closures are agreed, arrangements will be put in place to ensure that alternatives are available. For example, Enhanced Care at Home will need to be implemented alongside the changes to beds to ensure no gaps in services. Likewise, access to alternative NHS inpatient beds for those patients requiring admission will need to be in place at the time of any closure.*

- b. People need quick access to the equipment and expertise which they need.

*The availability of equipment and adaptations, as well as Telecare etc. is considered as part of the local implementation of Enhanced Care.*

*In terms of a referrals made to the Enhanced Care Team – this is responded to within 2-4 hours (depending on the urgency determined by the GP) and an immediate care package agreed across the multi-disciplinary team, including access to equipment.*

- c. Please explain the impact of the Community Care model for support at home including carers and how this will be funded sustainably.

*A care plan is agreed by the GP and Enhanced Care 'team' for each patient who receives Enhanced Care, including the ability to provide a 24/7 service if required. This includes consideration of carers needs.*

*A formal evaluation has been undertaken on the Enhanced Care service initially introduced in North Denbighshire. The views of every patient and carer had been sought through a questionnaire survey. There was a good response rate, with high levels of patient and carer satisfaction reported.*

*The resources for Enhanced Care are financed through savings from the proposed service changes in the consultation and the effect of less demand for inpatient admission within the main hospital sites as a result of more care at home.*

2. Can you give assurances that any savings on service changes are going to be invested in local community services.

*A finance briefing paper has been published to provide further detail in relation to the proposals being consulted upon. This is attached for information. This shows an increase in expenditure on community service across North Wales as a result of the proposed changes.*

3. Are all local health professionals – e.g. GP's, nurses and therapists supportive of the Enhanced Care Service proposals in Flintshire?

*All the GP Locality Leads are aware of the proposals to provide Enhanced care at home in Flintshire and have shared this with their multi-agency Locality Leadership Teams.*

*Discussions have started with a number of local health and social care professionals, including GPs. The principles of Enhanced Care have been widely supported, however there are some detailed areas which require more work which will take place as part of the implementation planning. This is not dissimilar to the experiences in North Denbighshire where a small number of GP practices originally signed up to the service and now all practices support and refer to the service.*

*The North Wales Local Medical Committee (LMC) which represents GPs were involved in the detailed development of the enhanced care services specification for the service. They remain supportive of this model of delivering more care in the community, co-ordinated by GPs.*

4. We know your existing community health services in Flintshire, and in particular physiotherapy (in the community – not community hospitals); equipment and stores infrastructure; district nursing, occupational therapy, are all extremely stretched. What assurances can you provide that there will be adequate resources within the plans to support the expansion of these services necessary to support people at home?

*As part of the implementation of Enhanced Care at Home services each locality leadership team maps the current service provision & capacity, and then identifies gaps. In order to establish Enhanced*

*Care at Home these service gaps will be filled and resourced (as detailed in the attached finance paper).*

5. Transport – what additional resources are you putting in to ensure timely transport for patients and carers? How will those without transport be able to receive treatment? Is there a direct public transport link to Holywell Hospital or are patients expected to walk from the centre of the town and back?

*Appropriate, reliable access to public transport is a multi-agency issue. BCUHB will continue to work with Local Authorities and local community transport providers to explore and agree how they can best support transport to NHS sites.*

*This may be by agreeing with public transport providers to change schedules and routes and also to see how a community transport provider can best provide transport. Community transport providers already provide transport to people accessing NHS services and so we need to raise awareness of their current services as well as supporting some specific additional transport services.*

*As part of this work, BCUHB has identified a budget of £80,000 for Community Transport services to provide additional support for patients, their families and carers access NHS services.*

*It is also important to note that eligible patients will be able to order Welsh Ambulance non-emergency transport as well.*

*At present we know that there is a limited bus service to Holywell Hospital and patients and visitors complain that they have to walk from the bus stop to Holywell Hospital. This is being addressed by the Locality Leadership Team. Discussions are ongoing with providers and transport officers to change routes and provide a bus stop near to the Hospital.*

6. Why are you proposing to close community hospital beds whilst leaving acute beds untouched? Both the economics and your overall intentions would suggest that reducing acute beds and transferring that resource to the community would be more effective.

*The attached finance paper shows that resources to support the implementation of the Enhanced Care at Home service will come from both re-investment of community resources and a shift of resources from hospitals.*

7. How are these proposals going to balance the books for BCU?

*These proposals do not balance the books of BCUHB and the service reviews which sit behind them were not designed to achieve cost savings at the expense of service.*

*Whilst efficient use of public money has to be one of the drivers for reviewing services, the proposals being consulted upon also address the need to improve patient safety and service quality.*

*BCUHB is tackling the financial challenges we face by making sure as much money as possible is put into front line services and improving productivity and efficiency. We have reduced our management costs by 20% since we became a Health Board and have detailed plans to save costs across all areas, for example efficiencies in procurement, energy, estates management, management of theatres etc.*

8. Many of our current residents use the Countess of Chester as their local acute hospital. What are the reassurances that this arrangement won't change, so that we can allay the fears of local people?

*Flintshire residents have been accessing services in the Countess of Chester for many years. BCUHB are committed to continuing to provide access to services at the Countess of Chester in the future and GPs continue to have discretion to refer.*

*However, working with local GPs we have developed more local services in Deeside Community hospital to support the Deeside population and to provide services closer to home for patients.*

9. What are the partnership arrangements between BCUHB and English Health Trusts in terms of ensuring a safe discharge from hospital?

*The management of discharge from hospital for North Wales patients who have received acute care from an English Health Trust (e.g. the Countess of Chester Hospital; Broadgreen Hospital, The Walton Centre etc) is managed in partnership with those organisations.*

*BCUHB recognise that the Countess of Chester hospital provides significant care for Flintshire residents and support this arrangement by funding a Discharge Liaison Nurse post in the Countess of Chester hospital. In addition the Flintshire Intermediate Care Services link in with the Countess of Chester to support safe discharge arrangements for Flintshire residents.*

*Patients who require ongoing care and support are facilitated to have safe rehabilitation and recovery closer to home. The Community Hospitals are utilised to support people who require 'step down' care from acute services but still have ongoing needs. The establishment of the Enhanced Care at Home service will provide support to allow more patients to be safely discharged to their own home from an acute hospital. Again any acute hospital will be able to arrange discharge support via the patient's own GP and the Enhanced Care Team.*

10. The proposed Primary Care Resource in Flint – will this be in place before any reductions in beds? What provisions will be made available to the people of Flint once the hospital has closed.?

*If the proposals are approved the Primary Care Resource Centre will not be built before the inpatient service in Flint Hospital ceases.*

*If the closure of beds is approved, the Enhanced Care at Home service in NW Flintshire Locality will be implemented alongside the closure of inpatient beds at Flint Hospital. In addition a further 4 beds will be available at Holywell Hospital if required.*

*If the changes are agreed for minor injuries services the MIU in Flint would close, with the service being available 7 days per week, 8am-8pm at Holywell Hospital. All other services which are currently provided from the Community Hospital, eg phlebotomy, dressings and minor surgery, will continue to be provided in the town until the Resource Centre is open.*

11. Can we believe what you say when previous representatives have stated "Flint Hospital is safe in our hands" and "We will provide you with a flagship medical centre that you will be proud of."

*The Health Board is proposing a package of changes which are subject to full consultation. Once the consultation is complete the Board will consider all the responses received before making final decisions and will then move to implementation at the earliest opportunity in order that the benefits of these service changes can be delivered promptly. This would include the provision of the Primary Care Resource Centre in Flint.*

12. Can you honestly say to the People of Flint, "place your trust in us -we will not fail you "?

*The proposals we are consulting on have a sound evidence base and we believe are effective in meeting our 'Triple Aim' of improving population health, improving quality, safety and patient experience, and controlling or reducing cost.*

*The current service provision across North Wales is not sustainable and the case for change is set out in detail. We believe that we have to change the way services are provided to meet the challenges that face us, ensuring that the people of Flint and other parts of North Wales have the services they need, now and in the future.*

13. The South Locality, whilst retaining a hospital at Mold (albeit without minor injuries or x-ray facilities)) will no longer have a hub.

<b>Population anticipated</b>	<b>Housing development units</b>
South - 53,493.....	1285 houses

North East - 51,847 .....	1459 houses
North West - 44,369 .....	340 houses

The population figures and new housing projections demonstrate a mismatch of provision against population/demand – please comment on this.

*In undertaking the review of community services, consideration has been given to the population changes expected in North Wales, based on the needs assessment for North Wales published by Public Health Wales (PHW). This has also been used to support the development of the Health, Social Care & Well-being Strategies led jointly at a county level by each LA and BCUHB.*

*In relation to housing developments we work closely with each LA to best understand how this will impact on the NHS service demand in the area, particularly in relation to primary care and community services. Plans to meet this change in local demand are then developed alongside PHW information in relation to population growth, age profile, levels of deprivation etc.*

*In the proposals, the hub for South Flintshire would be Deeside Hospital. However, it is well recognised that Mold Hospital must continue to provide an important service for the local population and patients from other localities. Deeside and Mold Hospitals would work closely together to provide and develop a range of community based services that compliment each other and do not incur unnecessary duplication.*

14. How have population plans been fully taken into account in the specific proposals on which we are being consulted?

*In undertaking the review of community services, consideration has been given to the population changes expected in North Wales, based on the needs assessment for North Wales published by Public Health Wales. This has also been used to support the development of the Health, Social Care & Well-being Strategies led jointly at a county level by each LA and BCUHB.*

*Population changes were also referred to in the Case for Change Board paper (attached).*

15. How has BCUHB determined the financial viability and sustainability of the proposals in the wider BCUHB financial context?

*The attached finance briefing paper provides further detail in relation to the proposals being consulted upon. This shows that the changes are affordable and sustainable.*

*The paper highlights a net investment in community services. The overall community service review includes a focus upon prevention of ill health, or deterioration of health, including further provision of*

*evidence based services such as falls prevention and pulmonary rehabilitation. By helping people maintain good health and support people to manage their health in their own homes and communities this will assist in delivering our Triple Aim: improving population health, improving quality, safety and patient experience, and controlling or reducing costs.*

*There are also ongoing financial plans which address the financial pressures BCUHB face as highlighted in the answer to question 7.*