



Improving community hospital care

A public consultation about proposed changes to
rehabilitation care and outpatient services

Background

As a Clinical Commissioning Group we are responsible for buying healthcare that meets the needs of the local population, both now and in the future. We take this responsibility very seriously and last summer we carried out a full review of the services provided at the five community hospitals in the Surrey Downs area. This included looking at inpatient (overnight) rehabilitation care, as well as day clinics and other specialist appointments (known as outpatient services).

Why did we need to do a review?

We did the review for a number of reasons, which are explained below.

- As a relatively new organisation, that only came into being in 2013, **we always planned to look at community hospital services**, and the services we would need in place to meet the needs of our ageing population. This review was an opportunity to do just that.
- **It was also an opportunity to look at the likely impact of new services.** For example, the local NHS and social services have recently launched new community hubs which provide extra support in the community for people over 65 years with long-term conditions. A new Clinical Assessment and Diagnostic Unit has also recently opened at Epsom Hospital to assess, diagnose and support frail and elderly patients. We want to understand how these new services are working and if they are likely to affect demand for community rehabilitation beds in future.
- **Nationally we have also seen some challenges in NHS services being able to recruit staff.** We have also experienced this locally and this has led to some community hospital services moving to other locations.
- **At the same time the hospital League of Friends' organisations were talking about making some planned investments at the hospitals.** We didn't want to see them spend their money on new equipment or developments when we knew we needed to do a review first, in case we felt changes were needed.

Rather than look at these issues individually, we wanted to bring them together and consider them as part of a thorough review that would help us develop a plan for how care should be provided in future.

What did the review look at?

The review took several months to complete. It was very detailed and looked at a wide range of issues including:

- where services are located now
- how many patients they see
- the quality of care patients are receiving now and any opportunities to improve care
- the condition of the current buildings (including the hospital environment and any maintenance work required)
- the health needs of local people
- expected changes to the population over the next ten to fifteen years that may affect the services we need in future

It wasn't just a 'desk-based' review. We asked a senior nurse to lead it and they worked as a nurse at the community hospitals to get a feel for how they function and to look for any ways to improve patient care.

What did it tell us?

The review told us that the care provided by CSH Surrey (the organisation that runs all the community hospitals, apart from Cobham, and provides the majority of services in them) is of a very high standard, which is what we would want for our patients. It also highlighted some opportunities to further improve care. In some cases this can be by making some small changes to how teams work. As these changes could happen 'behind the scenes' patients wouldn't really know any different but they would benefit from better care. In other cases, it would mean looking at where services are currently provided and whether these are the right locations longer term, given some of the issues we found.

This public consultation document summarises the changes we want to make following the review. It also includes some possible options for where services could be provided in future, giving the benefits and limitations of each. This consultation does not look at community services based in other community locations (for example community clinics and GP practices) as this was not part of our review.

Have your say!

Now we are asking what you think of the options, explained on the next few pages. We have included a short questionnaire at the end of this booklet, which you can return to us in the Freepost envelope provided. Or you can have your say in other ways (see p17).

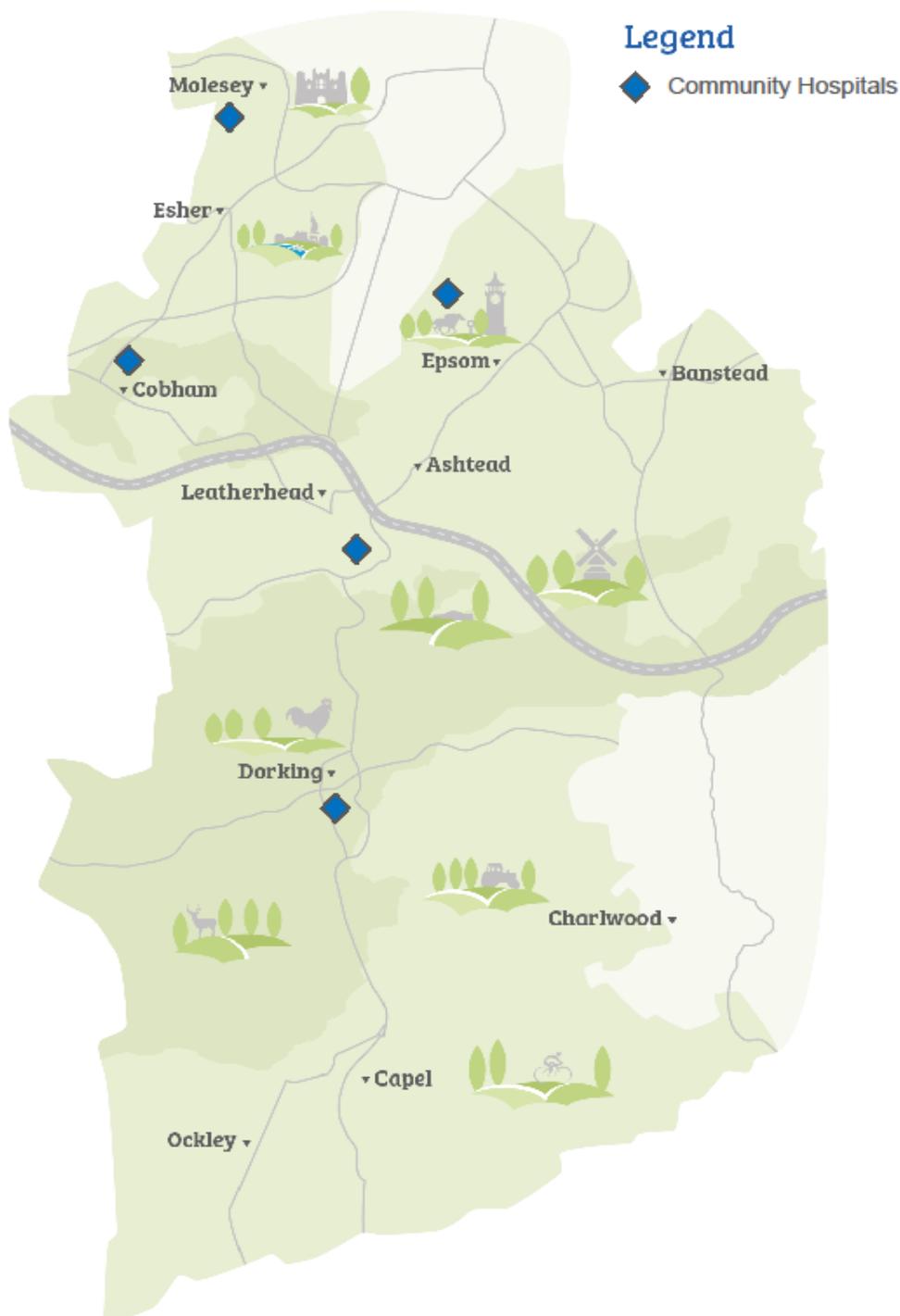
This consultation will run from 28 January until 5 May 2016.

We genuinely want to hear what you think so please do tell us your views. We will look at all your feedback and our Governing Body will take your views into account in any decisions they make after the consultation has ended.

Before we go into the recommendations and the options themselves, we thought it would be helpful to give you some background about the five hospitals, including where they are and what they do. More detailed information about each of the hospitals can be found in our full Review Outcome Report (see later in this document for details).

About the community hospitals

The five community hospitals in the Surrey Downs area are Cobham Hospital, Dorking Hospital, Leatherhead Hospital, Molesey Hospital and the New Epsom and Ewell Community Hospital (also known locally as NEECH). The locations of these hospitals are shown on the map below.





Cobham Community Hospital

The original hospital opened in 1905 but was later demolished and re-built. Cobham Hospital as it is now opened as a modern, purpose built NHS building in 1998.

The hospital has a ward with space for 18 rehabilitation beds but this area of the hospital has been closed since 2004, because at the time the local NHS felt the beds were not needed.

The hospital provides a range of services including physiotherapy and sees more than 12,000 patients each year at a variety of clinics (outpatient services). Specialist clinics at the hospital care for patients with many different health conditions including heart problems, skin conditions, ear, nose and throat care, eye care and joint care. They also provide day surgery.

In 2012 a Surrey-wide Sexual Assault Referral Centre, which is run by Surrey Police, also opened on the site.

Dorking Community Hospital

There has been a community hospital in Dorking since 1904, but the current hospital dates back to the 1970s.

The hospital has a 28 bed rehabilitation ward, a large physiotherapy gym and offers a wide range of outpatient clinics. These include x-ray, physiotherapy, skin care, a diabetes clinic, ear, nose and throat care, ultrasound, general surgery and a neurology clinic amongst others.

The hospital sees more than 26,000 outpatients every year and more than 500 people stay as inpatients.





Leatherhead Community Hospital

Leatherhead Hospital, in its current form, was built in the 1940s. The hospital has an 18 bed ward area (which is currently closed) and provides a range of outpatient services. In December 2014 the inpatient beds were transferred to Dorking Hospital and the New Epsom and Ewell Community Hospital (NEECH). This move was due to recruitment issues affecting the community hospitals.

Some local people are keen to see the beds re-open and this is something we looked at as part of the review.

Outpatient services at the hospital include physiotherapy, heart care, skin care, general surgery, occupational health, x-ray, continence care, wheelchair services, renal care and sexual health clinics amongst others. The hospital sees more than 37,000 patients as outpatients each year, the largest number of all the hospitals. In previous years the ward cared for around 220 patients each year.

Molesey Community Hospital

Molesey Hospital is the oldest of the five community hospitals, with the site dating back to 1891. The current hospital was built in the 1920s.

Today it has a 12 bed rehabilitation ward and also provides outpatient services including physiotherapy, general surgery and urology. The hospital sees just over 5,000 outpatients each year and around 200 patients on the ward.



New Epsom and Ewell Community Hospital

The New Epsom and Ewell Community Hospital (sometimes known locally as NEECH) is on the West Park Estate, just outside Epsom. The hospital dates back to 1873, but the current building opened in 1990.

The hospital has a 20 bed ward, which cares for just over 300 patients each year. Four of these beds are for patients who need neurological rehabilitation (for example following a stroke or a brain injury). The site is also home to The Poplars outpatient physiotherapy department, which sees just under 6,000 patients each year, and the community-based neurological rehabilitation service is also based there.

The ward area was refurbished in 2014 and while this work took place the beds were transferred to the Epsom General Hospital site, in an area of the hospital known as Croft ward (see p8 for more details on this).

Summary of services currently provided at the community hospitals

The table below shows how many patients attend each hospital for either an outpatient appointment or inpatient rehabilitation care (staying overnight on a hospital ward).

Community Hospital	Number of outpatient appointments each year (where patients go for tests, day surgery and attend day clinics)	Number of patients who receive inpatient rehabilitation each year (stay on the ward overnight)
Cobham Hospital	12,000	Service not currently provided. Past data not available
Dorking Hospital	26,000	500
Leatherhead Hospital	37,000	Service not currently provided but 220 based on past data
Molesey Hospital	5,000	200
New Epsom and Ewell Community Hospital	6,000	300

How care is provided now

Looking at the types of care the community hospitals provide, we can see that they provide a wide range of services to local people, often being more convenient and closer to home for patients. We can also see that the majority of care is planned (it is booked or by appointment) with care provided through clinics and outpatient (day) services. In fact, these services account for as much as 99% of all hospital activity in some cases. So, whilst inpatient services are important, they are only used by a very small number of people, compared with other services at the hospitals.

It is clear community hospitals play an important role in caring for the local community but is there more we can do to improve care?

What changes do we want to make and why?

Earlier on we talked about some 'behind the scenes' changes that we want to make to services. These would involve us working closely with CSH Surrey (who run four out of the five hospitals) and their nurses, therapists and other staff to look at where we can do things differently and better. We believe making a few small changes will make a real difference to patient care.

We want to improve care by...

- **Making sure patients who are being admitted to a community hospital start their rehabilitation journey as soon as possible.** If someone has been badly injured, has a severe illness or life-threatening medical condition, or is recovering from surgery they are usually cared for in a large hospital (sometimes known as an 'acute' hospital because they care for the most acutely unwell or most sick people). Today many patients stay in these large acute hospitals longer than they need to because they want to wait for a bed at their local community hospital. This delays the start of their rehabilitation and is very expensive for the NHS as these patients don't need this higher level of care. By looking at the community beds available across the whole of Surrey Downs and transferring patients to available community beds quickly, the local health system will be more efficient. It will also mean there are more beds available in the larger acute hospitals for the most poorly patients. We understand some patients may be concerned about being a bit further from home, and whether relatives would be able to visit as much, and we are looking into whether transport could be provided if this was needed.
- **Working with CSH Surrey and other healthcare organisations to review, and agree, criteria that sets out the types of patients that would be suitable for rehabilitation care at a community hospital.** This will help ensure patients are only referred to a community hospital if this is the best place for them. Currently, some patients stay in a community hospital because they are waiting for an assessment or for some other reason (this is sometimes known as convalescence care). The new criteria will mean that community beds are only used by patients who will benefit from rehabilitation care. We plan to look at other options for people who do not need rehabilitation (for example because they need a social care or continuing healthcare assessment) and the most suitable environment for these patients, who only need short term care. This may include buying beds in care homes if we need short-term capacity as this would be more appropriate for these patients and it would also be a better use of NHS resources.
- **Reviewing specialist neuro-rehabilitation care provided at the New Epsom and Ewell Community Hospital.** Currently there are four neuro-rehabilitation beds next to the general ward that provide specialist neuro-rehabilitation care for people who have suffered a brain injury or had a stroke. These beds are managed through the new Community Hubs, with general nurses and specialist therapists providing care, and local doctors providing medical support. This GP led service is unusual for specialist neuro-rehabilitation care, which is more commonly provided by specially trained staff. As there are only four beds there is often a waiting list, which can delay rehabilitation. Following our review, we want to re-look at the demand for neuro-rehabilitation care, and consider best practice models. We will also need to take into account the Surrey-wide review of

stroke services, which is currently taking place.

- **Exploring other ways of delivering care.** One example that came up as part of the review was the possibility of a day rehabilitation centre. This would provide rehabilitation support to patients as outpatients, instead of them being admitted. We feel we need to look at this in more detail to see if it would work. We have recently started working with Epsom and St Helier University Hospitals NHS Trust on a new service called the Clinical Assessment and Diagnostic Unit. This service will act as an alternative to A&E at Epsom, assessing and treating patients, particularly elderly and frail patients who may need extra support. When the New Epsom and Ewell Community Hospital was being refurbished we temporarily relocated the ward to what is known as 'Croft' ward on the Epsom Hospital site. This gave people access to a much wider range of tests and services on the Epsom Hospital site so people were able to return home sooner. This is another area we are exploring as part of this consultation.
- **Re-looking at where rehabilitation beds are located, taking into account evidence that suggests there are benefits to having larger wards** (a minimum of 16 beds). Larger wards offer benefits in terms of patient care. For example, larger wards often have access to a wider range of support services and better access to social care, which can mean people are ready to return home more quickly. There are also benefits in terms of staffing. To provide safe services, and allow for any potential staff sickness, you would need the same minimum number of staff for a small ward as you would for a larger ward so a larger ward increases efficiency.
- **Buying more physiotherapy and occupational therapy for patients staying on community hospital wards.** Our review found that when we compare ourselves to other similar areas, we buy less inpatient physiotherapy support. We believe this could help people recover faster so we have bought extra physiotherapy for these patients over the winter period. We will evaluate this afterwards and, if we see it has had a positive outcome and helped people's rehabilitation, we will buy more services in future.



Where could services be located in future?

We started with a long list of possible options for how community hospital services could be provided in future. These came out of conversations with CSH Surrey staff, local doctors, patients and local people, NHS staff and other health organisations that provide care out of the five community hospitals. Our thinking was also guided by national best practice and the information we have about the hospitals.

A Programme Board, which was chaired by one of our Governing Body GPs, met to discuss the possible options and rule out any options which were not thought to be realistic or viable. This was because:

- they would not improve care for patients
- they would not provide stability for local services and local people in the longer term or
- they were not considered to be achievable by the CCG, given financial issues and other factors we have to take into account

We managed to get the long list down to a shorter list, with just four options. It is these four options that we want your views on.

Option 1

- Keep the current three-ward model with inpatient wards at Dorking, Molesey and the New Epsom and Ewell Community Hospital (NEECH).
- Leatherhead Hospital would be developed as a planned care centre (Leatherhead inpatient ward remains closed).
- All other outpatient services remain unchanged

Option 2

Whether this option is possible, and if so, how quickly it could happen, will be dependent on further discussions and the outcome of Epsom and St Helier University Hospitals NHS Trust's estates review. We want to seek your views on this now, as part of this consultation, so we can explore it at a later date.

- Transfer the New Epsom and Ewell Community Hospital inpatient ward and The Poplars (outpatient neuro-rehabilitation and therapy services) to the Epsom General Hospital site and transfer a small number of outpatient services elsewhere in the locality. This could include moving more services to Epsom Hospital, other local hospitals or larger GP practices in the area.
- Services at Dorking Hospital and Molesey Hospital would remain unchanged
- Leatherhead Hospital would be developed as a planned care centre (Leatherhead inpatient ward remains closed).

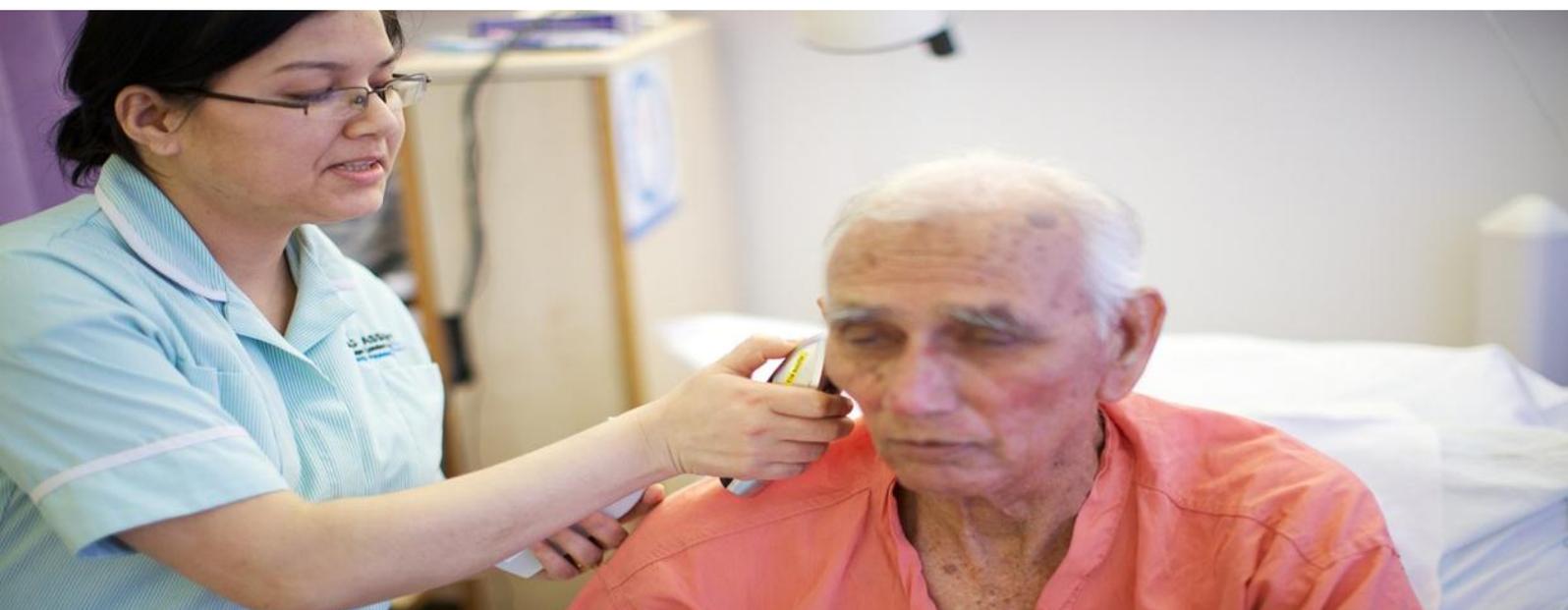
Option 3

- Transfer Molesey inpatient ward to Cobham Hospital and outpatient services to other nearby locations such as Emberbrook Clinic or larger GP practices in the area.
- Services at Dorking Hospital and the New Epsom and Ewell Community Hospital would remain unchanged
- Leatherhead Hospital would be developed as a planned care centre (Leatherhead inpatient ward remains closed).

Option 4

Whether this option is possible, and if so, how quickly it could happen, will be dependent on further discussions and the outcome of Epsom and St Helier University Hospitals NHS Trust's estates review. We want to seek your views on this now, as part of this consultation, so we can explore it at a later date.

- Option 4 combines both options 2 and 3 above.
- Transfer the New Epsom and Ewell Community Hospital inpatient ward and The Poplars (outpatient neuro-rehabilitation and therapy services) to the Epsom General Hospital site and transfer outpatient services elsewhere in the locality. This could include moving more services to Epsom Hospital, other local hospitals or larger GP practices in the area.
- Transfer Molesey inpatient ward to Cobham Hospital and outpatient services to other nearby locations such as Emberbrook Clinic or larger GP practices in the area.
- Services at Dorking Hospital would remain unchanged
- Leatherhead Hospital would be developed as a planned care centre (Leatherhead inpatient ward remains closed).



How will we decide which option to go with?

We are asking people who live in the Surrey Downs area to tell us what they think of the proposals.

We will be out and about talking to local people at town centre roadshows and drop-in events and we will also be holding public workshops that will focus on evaluating the options. Details of all the events taking place will be published on our website at www.surreydownsccg.nhs.uk.

In the summer we asked local people to tell us which factors they think are most important when it comes to evaluating the options.

They said we needed to look at each option in terms of:

- High quality care and good clinical outcomes
- Patient experience
- Convenience and accessibility, especially for older people who may find it difficult to travel
- Transport
- Estates and the environment for patients
- Cost and affordability
- Any impact on other local NHS services
- The space available
- Staffing

So these are the areas we will be focusing on at our public workshops.

Following this public consultation all the responses we receive will be analysed by an independent company called Participate. A full consultation report will be produced and the report findings will be considered by the Governing Body in summer 2016. The Governing Body will then make a decision about how care is provided in future.

Common questions

We have spoken to many local residents, patients, carers, staff, doctors and partner organisations about these possible options and these are some of the common questions we have been asked.

Why do none of the options include re-opening the ward at Leatherhead Hospital?

We understand some local people will be disappointed that this is not one of the options. It was included in our long list because local people told us they wanted us to consider it – and we did, very seriously. When we looked at how many people use the community beds, where they live, and looked at the changing health needs of the local population, we found that we did not need four community hospital wards, which is what we had previously.

Once we knew we needed three wards across all five hospitals, we found we needed one ward for each of our three localities (East Elmbridge, Epsom and Leatherhead and Dorking). We then looked at which locations would be most suitable, taking into account the condition of the buildings, access, where those most likely to be admitted to a community hospital lived and other factors.

For the Epsom and Leatherhead population it came down to a choice between Leatherhead Hospital and the New Epsom and Ewell Community Hospital (NEECH). In comparing the two we looked at both quality of care and the buildings themselves. People living in the Leatherhead area have been receiving care in the other community hospital wards since December 2014 and this has not compromised their care.

In terms of the buildings, Leatherhead Hospital would require major investment and development if physiotherapy services were to transfer there from NEECH. On the other hand, the New Epsom and Ewell Community Hospital was refurbished in 2014 at a cost of £380,000. Taking these issues into account, the Programme Board felt that the ward would be better located at the New Epsom and Ewell Hospital, which is already co-located with The Poplars physiotherapy unit.

What is a planned care centre and what would this mean for Leatherhead Hospital?

This would mean more services would be provided at the hospital, closer to home. As part of the consultation we want to hear about the types of services people would like to see at Leatherhead if the hospital did focus on offering a wider range of booked appointments and outpatient services and clinics for people with specific health conditions (sometimes known as 'planned care'). To help us understand what this could look like, we have written to local health services and other partner organisations to ask them about the types of services they would be interested in bringing to the Leatherhead Hospital site. They include:

- Outpatient care for skin, ear, nose and throat, eye and back problems provided by hospital consultants or mixed teams of health professionals and GPs
- Extending the range of services acute hospital trusts provide at Leatherhead Hospital. These include care for joints and soft tissue, eyes, kidneys, skin, ear nose and throat, and the male and female reproductive system. It could also include establishing new 'satellite' clinics for heart care, neurology, midwife clinics and pain management services.
- A clinical assessment and triage service for people with muscle, joint and bone problems (sometimes known as musculoskeletal care)
- Working with Mole Valley District Council to develop a social rehabilitation and wellbeing centre that would enhance physical rehabilitation and support mental well-being, helping to minimise social isolation. The centre could offer exercise classes and activities to stimulate the mind and enhance people's well-being.

Why do none of the options include changes to services at Dorking Hospital?

Our review found that, of the community hospitals, Dorking does very well. It has lower length of stays (people return home with the right support more quickly), operates more efficiently and because it has a larger ward and nursing teams have more freedom to innovate and develop new initiatives to improve care. This, together with the range of clinics and outpatient services provided on the site, and the problems we would face trying to find alternative locations if we tried to move them, led us to the conclusion that services at Dorking Hospital should stay as they are.

One of the options talks about moving beds from Molesey to Cobham Hospital and moving outpatient services to other locations in the local area. Where would they go?

There isn't space for all the outpatient services at Cobham Hospital so instead we would look at relocating them within the local area. This could mean more services going into local GP practices, some of which are relatively large and modern and already have consulting rooms and access to diagnostic equipment.

We want to provide more services closer to home and we are already working with local GPs to develop plans that would see more services provided from GP practices. As a first step, we are extending the heart care services provided by local GPs, and by spring 2016 we plan to have launched a new community heart care service in the Thames Ditton area. As the community review showed, 99% of patients who attend a community hospital go for outpatient services so we know it's really important we keep, and build on, these services.

Is this about closing hospitals to save money?

No. We started this review because we wanted a clearer picture of how community hospital services are provided now and what we need in future, taking into account changes in our ageing population.

Under all four options there would still be the same number of wards (we are recommending wards at three sites, as there are now following the transfer of beds from Leatherhead Hospital in December 2014), **the same number of community beds** (currently 60, which includes extra beds for winter which may not be needed all year round) **and the same number of outpatient services.**

We are also looking to increase the amount of inpatient physiotherapy patients receive so we are actually looking to increase investment in community services following this review.

In terms of the hospital buildings, we don't own them. They are owned by NHS Property Services and we pay rent for them. If we were to move services out of a hospital, and the hospital was no longer needed, we would save money on rent if the building or site was sold, but we wouldn't receive money from the sale. We believe the savings on rent would be similar to the amount we would have to spend on addressing estates issues and improving the community hospitals and other buildings over the next few years so one would offset the other.

During the review, we were asked about costs and how much we spend on providing care at the different hospital sites. People told us they would like to see this information as part of the consultation so the table below summarises what we spend now, and how much money we would need to invest in improving the current buildings so they meet the required standards.

Hospital	Useable space at site available to the CCG (square metres)	Capital investment required (to address estates issues and meet required standards)	Current cost to the CCG (includes rent, electricity, catering etc) per year	Future cost to the CCG per square metre per year
Cobham Hospital	1,263	£884,000 (estimated)*	£773,000	£647.00
Dorking Hospital	2,202	£3.1m	£699,000	£388.73
Leatherhead Hospital	2,217	£3.7m	£824,000	£455.48
Molesey Hospital	867	£1.9m	£452,000	£635.08
New Epsom and Ewell Community Hospital (NEECH)	1,525	£2.1m	£514,000	£408.85

*Cobham is a modern, purpose-built community hospital so any investment required relates to general maintenance and redecoration only.

Although this review is not about saving money, as a public organisation, funded by taxpayer's money, we do need to make sure we get good value for money from the healthcare we buy – and at our public workshops local people told us cost needed to be a consideration as part of the review. That's why 'cost and affordability' is one of the areas we will need to look at when we consider the different options.

There were plans for a new x-ray service at Leatherhead Hospital. Is this still happening?

Because of the review, these plans were put on hold for a short time but we are now working closely with Leatherhead Hospital League of Friends, NHS Property Services and Epsom and St Helier University Hospitals NHS Trust to replace the hospital's x-ray machine with a new machine and refurbish the x-ray area, which will improve the service patients receive. We hope the new and improved service will open in the summer.

What happens next?

Now we want your views on the four options we have talked about in this leaflet.

You can have your say by...

- **Filling in and returning the questionnaire at the back of this booklet.** We have included a freepost envelope so you don't need to pay for a stamp.
- **Or filling in our questionnaire online at www.surreydownsccg.nhs.uk**
- **Coming along to one of our events or public workshops** (full details are available on our website www.surreydownsccg.nhs.uk)
- **Emailing us your views** at contactus.surreydownsccg@nhs.net or write to:
FREEPOST RTEY-LSGG-UHBE
Surrey Downs Clinical Commissioning Group
Cedar Court
Guildford Road
Leatherhead
Surrey KT22 9AE
- **Contacting us by SMS through our textphone** on 07912 998809

Due to the volume of responses we expect to receive, we won't be able to write back to every letter but we will do our best to respond to any questions. Where a telephone number is provided, we will try calling you to answer your question in person.

All feedback received as part of the public consultation will be considered and taken into account by our Governing Body in any decisions they make.

Please be aware that any responses we receive as part of this consultation will be passed to a company called Participate for independent analysis and so that they can be summarised anonymously as part of our consultation report.

Are we speaking your language?

If you would like a copy of this document in large print, on audio tape or translated into your own language please call us on 01372 201721.

CHINESE	若你想要取得更多以你語言撰寫的資料，請依以下地址聯絡我們。
SPANISH	Si usted desea más información en su propia lengua, por favor contáctenos en la dirección indicada al pie.
URDU	اگر آپ اپنی ہی زبان میں مزید معلومات چاہتے ہیں تو براہ کرم ہم سے مندرجہ ذیل پتے پر رابطہ کریں۔
PORTUGUESE	Se quiser mais informação na sua língua, por favor entre em contacto conosco no endereço abaixo indicado.

This booklet was produced by the Communications team at NHS Surrey Downs Clinical Commissioning Group.

To find out more about us, and what we do, visit our website or find us on facebook or twitter.



www.surreydownsccg.nhs.uk

