Gloucestershire Care Services NHS Trust Board Meeting – 30th August 2018

Questions from members of the public on Stroke Rehabilitation Item

Please note – to clarify some of the issues highlighted in these questions an updated Board report was issued to Board members and made available on the Trust's website prior to the Board meeting.

Question 1: "The report on which the decision for a Stroke unit at the Vale Community Hospital is to be made I received on Friday 24th August just before a Bank Holiday. I would question its validity and voting on it at the meeting on 30th August, in that the only issues which many bodies have been made aware of is a 14 bed stroke unit. Even on the visit of Ingrid Barker, Paul Roberts and Candace Plouffe to the League of Friends meeting, there was no mention of a loss of services such as Physio, MIU and some of the Outpatients clinics, even though questions were raised on these issues. I would suggest that the only vote made today is on a 14 bed stroke unit and not the other areas such as Outpatients, Physio and MIU, café, etc." My concerns with regard to the report attached above. They have been circulated to GP's, League of Friends, Stroud and Berkeley Vale Patient Groups, local MP with a request that this is widely circulated by all of these groups before any other decisions can be made.	The normal process for the Gloucestershire Care Services Trust Board is to share public board papers on the website 7 days in advance. This was done with these papers. The Trust Secretary felt, reasonably, that it would be sensible to alert interested parties including League of Friends colleagues that the papers were there and she did so on Friday. As these issues have been thoroughly discussed and debated over the last two or three months, which has included a targeted engagement process as requested by the Gloucestershire Health and Care Overview Scrutiny Committee (HCOSC) this decision-making meeting comes at the end of a thorough engagement process. The Gloucestershire Care Services NHS Trust Board will therefore proceed with considering the recommendations put before them today on this matter, which only include provision of a 14 bed specialist stroke rehabilitation unit at the Vale Community Hospital. The reference to other services as noted in this query (that is Physiotherapy, MIIU services, outpatients) was an error and a revised paper has been issued

Qu 2 Please could all circulate to any other stakeholders or those that would have an interest. Further to the report from Gillian Steels, can I state that **any decision on the use of The Vale Community Hospital is delayed for at least a month.** Proposals with regard to use of The Vale as a stroke Unit for 14 patients are not the full truth and answers to questions by PPG groups and The League of Friends have at the least been misleading but mostly dishonest. INITIAL CONCERNS 2.1) Timescale I received this report by email on Friday 24 August at 16.53. If it had been widely circulated, many people would be leaving the office for a Bank holiday weekend. Many would not be back in the office before Tuesday at the earliest and maybe later than this. This leaves 2 days maximum at the most to make such drastic changes. Certainly not the way this should be done on making such important changes to Community facilities. Many will not be aware of the wide ranging changes to Community facilities at The Vale until the decision is made. I would like to think this is not intentional but have seen too many other changes made in this way. 2.2) Voting on the report:	As stated above the normal process for the Gloucestershire Care Services Trust Board is to share public board papers on the website 7 days in advance. This was done with these papers. The Stroke proposals have been discussed in many fora

It is far too early to vote on this report on 30th August as this report has only just been issued and not widely circulated to local GP's, Local League of Friends or Patients Groups Suggestions: • The report is circulated to all those involved so that they are fully aware that it is not just the loss of 14 hospital beds but losing all other community facilities at The Vale The Press are made fully aware of the facts. • Voting is delayed for at least 4 – 6 weeks	including the Board on previous occasions and it is timely now for the CCG and Trust to move to make their decisions.
2.3) Public meeting to Discuss this. It is unprecedented that such an important meeting to discuss this is organised at Coleford, as far away from those affected as to make it difficult for local people to attend. Suggestions: • That a public meeting is held locally • The date of this meeting and purpose is advertised in the press for the Dursley and Stroud areas • It is advertised on local radio One of the League of Friends members has suggested that we should go to Judicial review on the procedure in making this decision and the deception either deliberately or by default. This will not happen due to lack of funds but I find it appalling that those who are involved in fund raising and a lot of voluntary work to provide facilities for the local hospital should even consider this.	The Trust Board meeting is a meeting in public not a public meeting. The Coleford location was chosen because of the significant public interest in the decision-making as regards the Forest of Dean Hospitals location decision. Whilst the stroke unit decision has attracted some interest, particularly from the League of Friends, it has not done so to the same degree. The Board does endeavour to schedule its Board meetings across all localities over the year. The proposal, including both the size of the unit and location was received by the HCOSC. The proposal set out the intention to undertake targeted engagement . The Chair and CEO briefed local politicians on the proposal.

ISSUES RAISED BY LEAGUE OF FRIENDS MEMBERS ON READING THIS REPORT 2.4 (Question 1) – Physio Service On 3 separate occasions the issue was raised with regard to Physio services for local people and whether there would be a loss of services to Stroke patients Response: A separate stroke unit would be set up for Stroke Patients Fact: This is not the case as the report recommends relocating MSK services to Stroud to free up space for Stroke patient services 2.5 (Question 2) – Outpatients Outpatients that were provided at The Vale had been discontinued and no new services provided for a few years. Concern was expressed with regard to Ophthalmology patients being sent to Stroud when they are not allowed to drive due to having drops in their eyes, a taxi for a person from Berkeley costing £50 Response: The group were sympathetic and would look into this Fact: The only outpatients clinics mentioned in the report is for Stroke patients and the report intimated that other Outpatients will be organised elsewhere 2.6 (Question 3): MIU Questions were asked with regard to MIU at PPG and League of Friends meeting. Response: No response was made with regard to its future and in view of the statements in the report, its future was already known.	<u>MSK Services</u>: It is recognised that Appendix 1, included with the main report to provide the Board with the detail on how the location decision was made, identified a number of possibilities across all sites reviewed on how to release space to accommodate the Specialist stroke rehabilitation unit. This included a suggestion that Musculoskeletal (MSK) services, including physiotherapy could be either accommodated on the ground floor of the Vale or relocated to Stroud hospital. This was not a recommendation that was taken forward, for two reasons 1. The MSK service is a well utilised outpatient service and therefore would not be appropriate to move and disrupt this service 2. There is sufficient space to accommodate both the proposed stroke service as well as the existing MSK service <u>Outpatients Services:</u> The report provided to the Trust Board was specifically to consider its intention to provide this newly commissioned service and to do so at the Vale Community Hospital. It was not to review the total services provided at this location. As explained in local Patient Participation Group meetings as well as meetings with the Vale League of Friends, the Trust is committed to having a vibrant outpatient service at its sites. It is working with system partners (including the commissioners of the services as well as Gloucestershire Hospitals Foundation NHS Trust) to determine which services are clinically appropriate to be provided away from the two district hospitals, and in which localities these should be provided in. Gloucestershire Care Services NHS Trust has also recently

Fact: It is not designated for an Urgent Treatment Centre and its use will become redundant as these are introduced. 2.7 (Question 4): Urgent Treatment Centre at Stroud This had been discussed as one of the Urgent Treatment Centres and the PPG asked for confirmation. Response: This was not confirmed and side stepped by the first UTC's in the Pilot scheme being discussed Fact: It has also been sidestepped in a similar manner at other meetings I have attended. It could be that our nearest UTC will be Gloucester, which is already overwhelmed by demand and cannot meet targets. 2.8 (Question 5) The Vale Bed Facilities for local people At the League of Friends meetings, the question was asked about 'creepage' of beds for Stroke patients. Response: There could be no guarantees that this would not happen Fact: The report does not make it clear that there will not be 'creepage' or that the beds will be used for local people. This is not the case at the moment. Often local people are sent further afield on discharge from GRH. If anything the report is designating the hospital as a Stroke Unit and it is likely to be the case that all 20 beds will be used for Stroke Patients. Question 6: Returning Patients to their local areas Raised and discussed at a PPG meeting. What will happen to patients from across the County if they are not able to	appointed a dedicated OP manager to focus on increasing the utilisation of the outpatient areas in both our Community hospitals and local community clinics. <u>Minor Injury and Illness Units (MIIUs) and Urgent Treatment Centres (UTCs):</u> There is national guidance from NHS England to implement a more integrated urgent care offer with Urgent Treatment Centres in place by December 2019. Therefore the decision on provision of MIIUs and UTCs will be subject to a separate consultation as part of the wider transformation of urgent care services in the county. In the interim the Trust has been asked to participate in a "test and learn" programme to determine the feasibility of implementing some of the standards for UTC set by NHS England. Cirencester MIIU is participating in this programme, and we are planning to test NHS111 service being able to book appointments directly for patients requiring a MIIU appointment, which will give an alternative option to walking in and waiting which will also continue to be available. <u>Ring Fencing Beds:</u> Detailed modelling was undertaken by the Clinical Commissioning group, in conjunction with clinicians to determine the number of beds required to support the small cohort of stroke patients who would require this service. The Trust has been requested to provide a 14 bedded specialist stroke rehabilitation unit (alongside the remaining 6 beds for local community hospital service provision) and will be staffed according to these bed numbers.

return home after their stay in The Vale. Currently there is a waiting list for local care homes and we would not like to see these beds used for people outside the area. Response: These patients will be returned to care facilities in their own area. Fact: Unlikely to be the case as there is a desperate shortage of these. They are likely to remain in The Vale or be placed anywhere in the County where a space becomes available. Other Issues Potentially good alternative use of a high quality but underutilised Hospital, and lowest impact on inpatient bed In the report, I am not sure on what basis this assumption is made as in all the reports I have seen, it has the highest level of bed occupancy and use of Outpatients facilities in the County. Café for patients and their relatives: A café facility is mentioned. This will make any serving of tea and cakes by the League of Friends redundant. In my opinion, it may also make their role as League of Friends redundant as it seems there will be no Community facilities that local people would wish to contribute to. Tablets for patient and family communication: The League of Friends, together with the Dursley Lions Club	Any change to the mix of patients in these beds would require further discussion and consideration by the Trust Board, including understanding the impact on the wider bed provision for subacute and core rehabilitation care in the local area. Between Stroud and Dursley there are adequate community beds for the local population. Much attention is devoted to ensuring that Gloucester and Cheltenham have services in place which mean that local patients are supported in the community.. <u>Delayed Transfers of Care and Returning Patients to their local areas</u> The Trust performs exceptionally well in ensuring patients continue on their care journey and do not become delayed in a community hospital bed while they wait for any additional supports to allow them to return home or an alternative community setting. On average we have 2-3 patients a day across all of our 196 beds who could move to another setting but is waiting to do so. Patients who require residential care are placed either close to their current residence or near family, ensuring they continue to have close links to their support network, rather than nearest to the hospital they are in. <u>Bed Occupancy and Outpatient Facilities</u> The Trust is contracted to and aims to achieve a 92% bed occupancy. A number of initiatives are in place to support patient not staying longer than they need to in an inpatient bed setting and this includes developing community and home based services as an alternative to inpatient bed provision. As such our bed occupancy continues to reduce to the contracted

are purchasing tablets for dementia patients. Are these the communication tablets being referred to in the report or will separate tablets be purchased by The Trust for Patient communication? As already stated, please delay these decisions with regard to use of The Vale and redirecting of services to Stroud until they can be handled as they should be with proper consultation and Media publicity sufficient so that all local people, local GP's and staff at these hospitals can be aware of the full picture and not just believe that it is only the loss of 14 beds for Stroke patients.	level. The last outpatient utilisation report noted the Vale Hospital at 64%, which is the highest utilisation rates across all our settings. However there is still spare capacity which is the reason for the trust undertaking focussed work on improving the provision of local outpatient services where clinically appropriate to do so. <u>Café Provision:</u> Having social space available for both patients and relatives was identified as a desirable feature by the clinicians for the specialist stroke rehabilitation unit. However there is no plan to provide a café facility and indeed it is hoped that the already positive work undertaken by the League of Friends in the tea and cakes service can be built upon to continue to support all of the patients at the Vale Community Hospital. Tablets for Patient and Family communication <u>Tablets to Facilitate Recovery and Rehabilitation:</u> The tablets in which the League of Friends and Dursley Lions club are earmarked to support the Dementia care in the hospital including the reminiscent therapy that is undertaken. Separate tablets will be provided to ensure the appropriate technology is in place to facilitate communication between patients and their family and friends, following recent positive trails which have occurred in other Community hospitals
3. Change of use of Dursley Community Hospital It would appear that the National requirement for a Stroke rehabilitation unit has been outstanding for many years and apart from reviews no action has been taken to resolve this matter. You would appear to have made the decision, some	<u>Alternative Location for the Specialist Stroke Rehabilitation Unit – Forest of Dean:</u> The Forest of Dean hospitals, including the proposed provision of the new Community hospital was considered as part of the options appraisal of site location. However this was discounted

time ago, that the preferred site is The Vale Hospital , a community hospital in Dursley. As part of the justification you state a change in strategy that infers a reduction in requirement for community beds. “By reducing unnecessary lengths of stay and ensuring people use community hospital beds where they will actively benefit there will be confidence in the numbers of available beds across the county. Over the past 10 years it has been recognised that home is best for a wide range of people, supporting reduction in the risk of loss of independence associated with longer stays in hospital.” Why therefore build a new community hospital, in The Forest of Dean? And why was it not considered at least as an option for The Stroke rehabilitation unit? It is my experience that modifying already constructed buildings is always much more expensive than including them in the original design, the new hospital presents you with that opportunity but I fear that once again it has been missed Indeed the National recommendation is so old that it could have been considered as part of the The Vale original design. Why was it not considered? In reading your justification report there are many questions to be asked as the consultation process was by no means sufficiently transparent leaving many residents unaware of the pending loss of the community hospital. I ask and support the request for a delay in the decision making process. I would appreciate if my comments were considered in relation to the proposal to change the use of Dursley Community hospital. Under the circumstances a delay on this decision is requested.	in part due to the geographic location of the hospital, but also because the new hospital is not scheduled to be ready to 2020/21, which is an unacceptable timescale to wait to address this gap in stroke service provision. <u>Timescales with this Proposal in addressing the National Guidance:</u> System partners have been working on a number of initiatives to become compliant with the national recommendations referred to in the paper. The initial focus has been on addressing emergency and acute provision following a stroke, as this gives the best chance of survival and minimising the consequences following a stroke. Now that these improvements have been made, the focus has now been on the rehabilitation element, which includes the provision of the community specialist stroke inpatient rehabilitation unit.