

*Governing Body meeting
29th July 2016*

Community hospital consultation outcome paper

Agenda item 9, Paper 5	
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Executive Lead(s):	James Blythe, Director of Commissioning and Strategy
Relevant Committees or forums that have already reviewed this issue:	Previous conversations relating to the review process have taken place at Governing Body meetings and Governing Body seminars
Action required:	For discussion and decision
Attached:	The following attachments support this document: Independent consultation report (Participate report)
CCG Strategic objectives relevant to this paper:	Integration Elective care Urgent care End of life care Children and maternity Strategy implementation Quality and Performance Core business: relevant to all / most objectives
Risk	Some specific risks mentioned in this report, including interdependencies which could impact on implementation and timescales.

Compliance observations:	Finance: Financial analysis is included in this paper
	Engagement: Extensive engagement was undertaken as part of the review process, prior to a 14 week formal public consultation. Details on the process and a summary of feedback received as part of the consultation are included in this paper.
	Quality impact: Detailed Equality Impact Assessments have been undertaken for each option.
	Equality impact: Detailed Equality Impact Assessments have been undertaken for each option.
	Privacy impact: Not required
	Legal: Consultation was carried out in line with the CCG's legal requirements under sections 242 and 244 of the Health and Social Care Act.

EXECUTIVE SUMMARY

This paper provides the Governing Body with a summary of the review process, the outcomes from the public consultation and further areas of work undertaken, taking into account recent feedback from the public consultation.

The Governing Body are asked to discuss this paper and the independent consultation outcome report and consider the recommendation made in this paper, which is to proceed with 'option 2'. This would mean retaining inpatient beds at Dorking Hospital and Molesey Hospital and exploring the opportunity to transfer inpatient and outpatient services from the New Epsom and Ewell Community Hospital to the Epsom Hospital site. An inpatient bedded service at Leatherhead Hospital will not reopen.

Date of paper	29 th July 2016
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NHS Surrey Downs CCG Community Hospital Review Outcome and Recommendation

1. Background

- 1.1 In 2015 NHS Surrey Downs Clinical Commissioning Group (SDCCG) undertook a comprehensive review of the services delivered from the five community hospitals located within its borders. The review covered both inpatient and outpatient services, but focused primarily on the provision of community beds. The review used both qualitative and quantitative data to analyse activity, detailing the provision of services, examining the profiles of patients requiring access to community hospital services, and evaluating existing estate.
- 1.2 The focus of the review was to determine the optimum service configuration which would support the achieving of best clinical outcomes for Surrey Downs' patients.
- 1.3 The table below gives details of the services provided from each hospital

Table 1: Community Hospital Services

Site	Molesey	Dorking	New Epsom and Ewell Community Hospital (NEECH)	Leatherhead	Cobham
Inpatient capacity	12 beds	22 beds (6 extra winter pressure beds closed in July 2016)	16 general and 4 neurological beds.	No beds	No beds
X-ray	No	Yes	No	Yes	No
Day surgery	No	No	No	No	Yes
Outpatient appointments	5,000	26,000	6,000	37,000	12,000

- 1.4 The review took place over four months between April and July 2015. The review generated a series of recommendations and options which were presented to the CCG Governing body in September 2015.

2. Recommendations and options

2.1 The review found that care provided at the hospitals by CSH Surrey is good in terms of quality and patient care. However, it did identify some opportunities to further improve care. The review process led to a series of recommendations and four options for consultation.

2.2 The recommendations to improve care were to:

- Admit patients to the nearest available community bed as soon as possible so they can start their recovery
- Make sure patients only go to a community hospital if it is the right place for them
- Look at the need for specialist neuro-rehabilitation services
- Think about other ways of delivering care
- Buy more physiotherapy and occupational therapy services for people staying in community hospitals

2.3 The four options were as follows:

Option 1 – no change but Leatherhead becomes planned care centre and the beds stay closed

- Keep the current three-ward model with inpatient wards at Dorking, Molesey and the New Epsom and Ewell Community Hospital (NEECH)
- Develop Leatherhead Hospital as a planned care centre (Leatherhead in-patient ward remains closed)
- All other outpatient services stay the same

Option 2 – beds move from NEECH to Epsom General Hospital and outpatient services to nearby locations

- Transfer the New Epsom and Ewell Community Hospital beds and The Poplars (outpatient neuro-rehabilitation and therapy services) to Epsom General Hospital and move outpatient services elsewhere in the locality (e.g. more services to Epsom Hospital, other local hospitals or larger GP practices in the area)
- Services at Dorking Hospital and Molesey Hospital stay the same
- Develop Leatherhead Hospital as a planned care centre (Leatherhead in-patient ward remains closed).

Whether this option is possible, and how quickly, is dependent on the outcome of Epsom and St Helier Trust's estates review.

Option 3 – Molesey beds to Cobham and outpatients to nearby locations

- Transfer Molesey beds 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 stay the same
- Develop Leatherhead Hospital as a planned care centre (Leatherhead in-patient ward remains closed)

Option 4 – combines both options 2 and 3 above

- Transfer the New Epsom and Ewell Community Hospital beds and The Poplars (outpatient neuro-rehabilitation and therapy services) to Epsom General Hospital and transfer outpatient services elsewhere in the locality
- Transfer Molesey beds 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 stay the same
- Develop Leatherhead Hospital as a planned care centre (Leatherhead in-patient ward remains closed)

2.4 The Governing Body approved a moved to public consultation on the basis of these recommendations and the four options at a meeting on 25 September 2015. No preferred option was put forward.

3. Public consultation

3.1 The public consultation ran for 14 weeks from 28 January 2016 to 5 May 2016.

3.2 The overall aim of the public consultation was to deliver a public consultation in line with best practice that complied with the CCG's legal requirements and duties and maximised opportunities for stakeholders and local people to get involved and give their views.

3.3 To ensure the consultation captured views and feedback from local populations and key stakeholders the CCG engaged a wide range of groups including the following:

- People who use community hospital services, their carers and advocates
- Local NHS and independent healthcare organisations

- Surrey Downs GPs and practice staff
- Surrey Well-being and Health Scrutiny Board
- Healthwatch Surrey
- Local community organisations and community representatives
- Residents Associations
- Members of Parliament whose constituencies are within the CCG area
- CSH Surrey staff
- CCG staff and staff at other NHS provider organisations
- GP practice Patient Participation Groups
- Statutory and voluntary sector partner organisations
- Borough and district councils (Mole Valley, Epsom and Ewell, Elmbridge and Reigate and Banstead)
- Surrey County Council (including public health and social care)
- Media (including local press, radio, trade journals and regional media)
- Large employers within the Surrey Downs area
- Protected characteristic groups (to meet our equality duty)

3.4 As part of the consultation the CCG used a range of different channels to raise awareness of the consultation and encourage participation. These included:

- Distribution of over 7,000 hard copies the formal public consultation document and questionnaire (document and survey also available on the CCG website)
- Attending more than 40 public events and meetings to discuss the proposals and gain feedback. This included targeted meetings with voluntary groups and engagement with protected characteristic groups identified in the Equality Act.
- A series of public evaluation workshops, where local people participated in evaluating the four options, based on criteria developed as part of the pre-consultation engagement phase
- Media releases and coverage in local and trade media
- A social media campaign with regular posts on twitter, facebook and streetlife
- Information on the CCG website
- Articles in local magazines and community and borough newsletters
- Engagement with NHS staff (including CSH Surrey staff through their own internal communication channels and staff drop in sessions)

3.5 Full details of the methodology, including targeted engagement with the local community and protected characteristic groups and the channels used to engage can be found in the CCG's Consultation Plan, which is available on the CCG website (www.surreydownsccg.nhs.uk).

4. Summary of consultation responses

4.1 The CCG received 699 responses to its consultation questionnaire (including both hard copy and electronic responses), 47 emails, 11 letters by post and a petition against the reduction of services at Molesey (signed by 41 individuals). The highest level of responses came from the East Elmbridge locality (of those who stated their GP practice, 35% of questionnaire respondents were from East Elmbridge, who represent 18% of the Surrey Downs CCG population).

4.2 Events and consultation meetings were well attended, with 2,338 people having attended a meeting or event where we gave an update on the community review and consultation process.

4.3 Combined, this results in a total engagement figure of 3,136 individuals. This exceeds the target set to engage a minimum of 1% of the Surrey Downs population (3,000). However it should be noted that this figure does not reflect unique engagement (ie. people may have attended a meeting and completed a questionnaire) so is purely an indication of overall engagement levels.

4.4 The consultation asked the local community for its views on both recommendations to improve the current model of care and options relating to the future configuration of services.

4.5 A summary of the key findings is provided below. The full analysis and more detailed data, can be found in the draft independent report published by Participate.

4.6 Key findings relating to the recommendations and current model of care:

- 75% of questionnaire respondents agreed that patients who are admitted to a community hospital should start their rehabilitation journey as soon as possible.
- 80% of questionnaire respondents agreed that the criteria for referrals for in-patient rehabilitation need to change to ensure referrals are appropriate.
- 76% of questionnaire respondents agreed that specialist neuro-rehabilitation care and how it should be delivered, should be reviewed.
- 80% of questionnaire respondents agreed that the CCG should explore other ways of providing care (eg. support innovative new services such as community hubs)
- 51% of questionnaire respondents agreed that the CCG should look at the benefits of having larger wards, although 22% of respondents disagreed with this idea (reasons given related to a lack of privacy, concerns around staffing and a perceived greater risk of infection).
- 85% of respondents agreed that the CCG should look to buy more physiotherapy and occupational therapy for patients staying on community hospital wards.

- 55% of questionnaire respondents ranked additional services that could form part of a new planned care centre at Leatherhead Hospital. The top ranked services were cardiology, back pain, eye clinics, ENT and joint care/ MSK services.
- 50% of questionnaire respondents agreed that services at Dorking Hospital should stay as they are currently. Many felt unable to comment as they were not familiar with the area or hospital.
- When asked to rank the criteria the CCG should consider when making its decision, the highest ranked factors were: 1) high quality patient care and good outcomes for patients, 2) convenience and accessibility (especially for older people who may find it difficult to travel), 3) patient experience and staffing issues.
- Themes from the questionnaire free text responses included concerns about transport and travel if proposed changes went ahead, concerns about parking availability and cost, support for Molesey Hospital and concerns relating to staffing and workforce issues.

4.7 Key findings relating to the four options:

- Based on the questionnaire responses, the most popular option was Option 1 (maintaining the current three ward model with beds at Dorking, Molesey and NEECH and develop Leatherhead as a planned care centre), with 62% of respondents choosing this option. This was also the preferred option where qualitative feedback was captured at meetings and events. Reasons for supporting this option included retaining services in local communities, continuity of service provision and a desire to retain services at Molesey Hospital.
- It should be noted that consultation response levels for residents in the East Elmbridge area were considerably higher (where respondents stated their GP practice, 35% of questionnaire responses were from people registered with an East Elmbridge practice, which constitute 18% of the SDCCG population). In February 2016 Molesey Residents Association included an article in their newsletter encouraging residents to take part in the consultation and select 'option 1' to retain Molesey Hospital. The East and West Molesey Facebook group posted similar messages, encouraging residents to choose Option 1, which we believe contributed to the increased support for this option.
- Option 2 (NEECH to EGH) and option 4 (NEECH to EGH and Molesey to Cobham) were joint second, both selected by 16% of respondents. Reasons for supporting option 2 included agreement if services at Epsom General Hospital are expanded, accessibility and a desire to retain services at Molesey Hospital. Reasons for supporting option 4 included making the best use of the NHS estate.
- Option 3 (Molesey to Cobham) was only supported by 7% of questionnaire respondents. Reasons for supporting this option included wanting to make better use

of the modern Cobham building, recognising the need for investment in the Molesey estate.

- Respondents were invited to give other options they felt should be considered and 18% of respondents chose to do so. Comments included retaining and expanding the Molesey site, incorporating GP services, opening the Leatherhead inpatient ward and calls for better transport.
- The highest response rate came from the East Elmbridge locality and this is reflected in the strong level of support for Molesey Hospital and option 1 (80% of East Elmbridge respondents chose option 1).

A breakdown of option responses, showing support by locality (where stated) is summarised in table 2 below:

Response	Overall		Dorking		East Elmbridge		Epsom		Other		Not Stated	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Option 1	434	62%	18	50%	196	80%	100	50%	11	61%	109	55%
Option 2	114	16%	6	17%	43	17%	27	14%	2	11%	36	18%
Option 3	64	9%	5	14%	6	2%	33	17%	1	6%	19	10%
Option 4	114	16%	14	39%	5	2%	52	26%	3	17%	40	20%
None stated	52	7%	3	8%	1	0%	7	4%	1	6%	40	20%
Total	699	100%	36	100%	246	100%	200	100%	18	100%	199	100%

Table 2 – consultation responses by option

- Key themes from the qualitative feedback included:
 - Strong support for all five community hospitals, and very strong support for Molesey Hospital
 - concerns relating to travel and journey times under the options
 - concerns about the suitability of EGH for a community ward and the space that could be made available
 - questions relating to how options 2 and 4 fit with the Epsom estates review and longer term plans for Epsom
 - concerns about the availability and cost of parking (at Cobham and EGH)
 - concerns about transport links between Molesey and Cobham if services transferred to Cobham Hospital
 - a view that the Molesey estate has not received the investment it should have seen and a feeling that the hospital is being ‘run down’

- some support for the 'croft' pilot at EGH and the benefits of co-location with diagnostics but also some concerns about the area used and whether this would be appropriate for rehabilitation
- issues relating to workforce and staffing, including whether larger wards could be adequately staffed
- concerns about the potential impact of the Surrey County Council transport review
- a number of people commented that the Leatherhead beds should be re-opened (26 people out of the 699 that completed the consultation questionnaire, equating to 4% of total questionnaire respondents)

5. Areas of further work

5.1 The consultation identified several issues and concerns, which required further consideration. These included:

- concerns relating to the impact proposed options could have on journey times
- proposed changes to local bus services as part of a Surrey County Council review and how this might impact on journey times under the options and;
- the need for clarity relating to estates and financial modelling in relation to the four options

An update on these further areas of work is provided below.

6. Journey time mapping

6.1 Given feedback and concerns relating to travel times received as part of the consultation, working with our Commissioning Support Unit, potential journey times have been analysed using Igeolise mapping software.

6.2 The software produces heat maps, which illustrate a patient's average journey time to their nearest community hospital services, under each of the four options put forward for public consultation. Visually, areas closest to community hospitals appear in warmer colours, with areas that require more travel shown in cooler shades. Each option has been mapped for accessibility by private car journeys and by public transport (see enclosed journey time mapping pack).

6.3 Key findings from journey mapping:

- Under the current three ward model (Option 1), with beds at Dorking, Molesey and NEECH, the majority of patients can access their nearest community hospital within 20 minutes (private car journey) and within 90 minutes by public transport. However, there are some pockets where journey times would take in excess of 40 minutes for private car journeys and in excess of 120 minutes by public transport. Journey times for those living in the south east and south west of the CCG area (including

Newdigate, Charlwood, Hookwood, Leigh, Ewhurst Green and Forest Green are considerably longer and are less accessible by public transport.

- Under Option 2, which would see services transfer from the New Epsom and Ewell Community Hospital to Epsom General Hospital, as under the current model, the majority of patients can still access their nearest community hospital within 20 minutes (private car journey) and within 90 minutes by public transport. This option appears to reduce average travel times for the Surrey Downs population overall, particularly for those living in the Epsom and Banstead area, where the population profile is more dense and there are more people over the age of 65 years. As with Option 1, there are still some pockets where journey times would take in excess of 40 minutes for private car journeys and in excess of 120 minutes by public transport. As with the previous option, journey times for those living in the south east and south west of the CCG area (including Newdigate, Charlwood, Hookwood, Leigh, Ewhurst Green and Forest Green are considerably longer and are less accessible by public transport.
- Under Option 3, which would see services transfer from Molesey Hospital to Cobham Hospital and outpatients transferred to other community locations, as with the other options the majority of patients can access their nearest community hospital within 40 minutes (private car journey) and within 90 minutes by public transport. This option appears to marginally reduce average travel times for the Surrey Downs population overall, however, travel times in Molesey increase, with residents potentially travelling to Cobham Hospital instead. When overlaid with population density maps, these show a high population density in the Molesey area, and a high number of people over the age of 65 years who could be disadvantaged as the main users of community hospital beds. As with Option 1, there are still some pockets where journey times would take in excess of 40 minutes for private car journeys and in excess of 120 minutes by public transport. As with previous options Journey times for those living in the south east and south west of the CCG area (including Newdigate, Charlwood, Hookwood, Leigh, Ewhurst Green and Forest Green are considerably longer and are less accessible by public transport.
- Under Option 4, which would see both options 2 and 3 combined (NEECH services to EGH and Molesey services to Cobham) as with the other options the majority of patients can access their nearest community hospital within 40 minutes (private car journey) and within 90 minutes by public transport. This option appears to reduce journey times for the Surrey Downs population as a whole, with more of the population now able to access their nearest community hospital within 15 minutes by private car journey. As with Option 3, when overlaid with population density maps, these show a high population density in the Molesey area, and a high number of people over the age of 65 years who could be disadvantaged as the main users of

community hospital beds.

6.4 **Based on this journey time analysis, Option 2 appears to offer the most**

accessible solution, reducing journey times for some areas and increasing access to the community hospitals for the population in and around Epsom and Banstead, which has a high population density and a high population profile of those over 65 years. This option is more favourable than Option 4 which, when combined with the Molesey to Cobham option, could reduce access to those living in the Molesey area, which has a dense population and a greater number of those age 65 years and over.

6.5 This journey time analysis is modelled from statistical journey time data and assumes normal traffic conditions. It does not take into consideration time to park or time spent walking to the clinic or registering with a service. This additional time is assumed to be similar for all options and journeys.

7. Surrey County Council transport review

7.1 A public consultation on proposed changes to local bus services closed on 14 March 2016. The outcomes from the consultation informed the final proposals drawn up between Surrey County Council and the bus operators. These final proposals were considered by the Local Area Committee Chairs Group (19 April 2016), the Economic Prosperity, Environment and Highways Board (21 April 2016) and finally the council's main decision making body, Cabinet (24 May 2016).

7.2 Surrey County Council is now in the mobilisation phase. The agreed changes to bus services were communicated at the end of June 2016, and the changes will come into effect from early September 2016.

7.3 For the Surrey Downs area, the most significant change is the replacement of the 516 service (Dorking - Pixham Lane - Boxhill – Headley - Leatherhead – Ashted – Epsom - Kiln Lane Sainsbury's) with a new 21 service which will run slightly less frequently (two hourly, as opposed to an hourly 516 service. In addition, there is another new service which will run from Kiln Lane Sainsburys in Epsom to Epsom town centre and on to Ashted and Leatherhead, which will run hourly, Monday to Saturday.

7.4 Given the minor changes above, the outcome of the Surrey County Council review is not anticipated to have a significant impact on public journey times to community hospitals in the CCG area or have a significant impact on access to any of the sites.

8. Finances and estates

8.1 Work has been undertaken to model the financial implications of the four options put forward for public consultation and this work is summarised in the table below:

Table 3 – financial implications

Option	Option 1 – current 3 ward model (and Leatherhead developed as a planned care centre)	Option 2 – NEECH to Epsom General Hospital	Option 3 – Molesey to Cobham	Option 4 – NEECH to Epsom General Hospital and Molesey to Cobham
Revenue estates costs relating to this option	£2.2m per annum This is the current cost to CCG.	£2.4m per annum This cost is based on a larger 24 bedded award. This cost excludes capital investment from NHS Property Services which, if secured, could make this option cost neutral to the CCG.	£2.1m per annum	£2.3m per annum As with option 2, this cost excludes capital investment from NHS Property Services which, if secured, could make the move from NEECH to EGH cost neutral to the CCG.
Capital investment required to address estates issues (20yr period) by site	Dorking Hospital - £3.1m Molesey Hospital - £1.9m NEECH - £2.1m Leatherhead Hospital - £3.7m Cobham Hospital - £884,000 (estimated)	Dorking Hospital - £3.1m Molesey Hospital - £1.9m Epsom General Hospital - £3.2m Leatherhead Hospital - £3.7m Cobham Hospital - £884,000 (estimated)	Dorking Hospital - £3.1m NEECH - £2.1m Leatherhead Hospital - £3.7m Cobham Hospital - £1.3m (estimated)	Dorking Hospital - £3.1m Epsom General Hospital - £3.2m Leatherhead Hospital - £3.7m Cobham Hospital - £1.3m (estimated)
Total capital investment required under this option	£11.6m	£12.7m	£10.2m	£11.3m

- 8.2 The table shows that the estates costs are similar under each option. Given that the focus of the review was on opportunities to improve clinical care, the difference in the estates costs is a consideration but it is not significant.
- 8.3 Furthermore, the costs included under Option 2 and Option 4 exclude potential capital investment from NHS Property Services which, if secured, could make the transfer of services from the New Epsom and Ewell Community Hospital to Epsom General Hospital cost neutral to the CCG. This would need to be the subject of further discussions between the CCG and NHS Property Services and would also involve discussions with Epsom and St Helier University Hospitals NHS Trust as part of their estates review and work already underway to develop a Strategic Outline Case looking at possible estates options.
- 8.4 The table also shows the capital investment costs, to address estates issues and enable each site to meet the required estates standards (known as category B - sound/ operationally safe on a scale of A-D), over a 20 year period. As above, these costs do not vary substantially and the costs under Options 2 and 4 would be subject to further discussions with NHS Property Services and Epsom and St Helier trust, with potentially significant opportunities to achieve reductions via integration within the wider Epsom and St Helier estates strategy.

9. Feasibility study

- 9.1 The CCG has recently been in discussion with NHS Property Services on plans to undertake a feasibility study to look at the primary care estate in the east Elmbridge area.
- 9.2 Given the condition of the current Molesey Hospital site, and outstanding estates issues, if the Governing Body supports an option that would retain services at Molesey Hospital it is recommended that the hospital, and opportunities to develop and enhance the current hospital site, is incorporated into the study.
- 9.3 Given the support for bringing primary care services onto the Molesey Hospital site, noted as part of the consultation feedback, considering these issues together as part of one review, would present an opportunity to respond to this feedback and explore this option further.

10. Considerations for the Governing Body in making their decision

- 10.1 As part of the community hospital review, patients and local people were involved in a series of workshops. The last of these focused on the evaluation criteria the Governing Body should use when making their final decision.
- 10.2 Feedback from the workshops ranked 'good clinical outcomes' as the most important factor, followed by 'accessibility of services' (including for visitors), followed by 'cost' and 'services being patient-centred and overall patient experience'.

- 10.3 These themes were consistent with the feedback received as part of the consultation, where questionnaire respondents were asked to rank factors that the CCG should consider when evaluating the different options (from 1 highest to 8 lowest).
- 10.4 High quality patient care and good outcomes for patients was the highest ranked factor (average ranking 1.7) – the next highest ranked factors were Convenience and accessibility, especially for older people who may find it difficult to travel (average ranking 2.8), Patient experience (average ranking 3.8) and Staffing (average ranking 4.4).
- 10.5 Meeting attendees were in favour of a model providing the best clinical care and modern purpose built facilities. Inclusion of mental health and local authority care into the model was supported at meetings. At meetings generally people felt that good health outcomes should be the most important factor.

11. Recommendations and proposed next steps

- 11.1 Based on the outcome of the consultation and the findings of further work areas, the following next steps are proposed.
- 11.2 The table below provides details of the recommendations relating to the model of care, and proposed next steps outlining how these should be taken forward, given each area was supported through the public consultation.

Table 4. Recommendations and proposed next steps

Recommendation	Proposed next steps
Introduce/confirm a single Surrey Downs community bed approach where patients are placed in the first available, suitable rehabilitation bed regardless of which hospital the bed is available in.	CCG will work with CSH Surrey and acute hospitals to apply patient choice principles, where a patient is offered one opportunity to turn down a rehabilitation place before being transferred to the next available bed.
Review the scope and capacity of the NEECH neurological rehabilitation beds in the context of both current and future demand for services and the outcome of the Surrey-wide stroke review.	The CCG is committed to providing a neurological inpatient rehabilitation service for Surrey downs patients and this is being considered as part of the stroke review.
Consider the requirement for a distinct type of community inpatient service, separate from the current rehabilitation beds, that can accommodate patients who are awaiting long-term placement but not acutely unwell. Whilst this could be part of a community hospital model, other settings of care may be more appropriate and cost-	The CCG has developed a proposal to commission nursing home beds for patients awaiting long-term placement. The model was piloted during December, January and February 2016 as part of the winter capacity (Systems Resilience Group) programme. These transition beds will be used to facilitate patient

effective.	acclimatisation to long-term care environments whilst freeing capacity in acute care and the community hospitals.
Work with the new community hub teams to consider the case for introducing ambulatory rehabilitation services, both to complement the hubs, but also to manage some of the future demand which may otherwise fall on inpatient rehabilitation care.	The Community Hub teams have developed different models across each locality. The Epsom hub has included the Clinical Assessment & Decision unit (CADU) and a Community Assessment and Rapid Response Service which build on the Ambulatory Care principle so this concept is already being tested.
Operate a model where no fewer than 16, and ideally 18 – 20 beds, are typically open in an inpatient rehabilitation facility at any time. Ensure a common and appropriate level of support to patients on admission, during admission and at discharge is achieved to maximise the benefits of this model including specific consideration of physiotherapy input levels.	<p>As part of the response to the public consultation, 51% of respondents agreed that the CCG should explore using larger wards.</p> <p>If services at Molesey Hospital are retained, given Molesey Hospital currently has a 15 bedded ward, the feasibility study would need to consider ward size and any opportunities to re-develop the ward space to increase capacity, if this was required.</p> <p>The CCG has worked with CSH Surrey to run a pilot to enhance therapy provision at the inpatient sites. A new model with additional physiotherapy and occupational therapy input for community hospital inpatients was piloted by CSH during December, January and February 2016 as part of the winter capacity (SRG) programme. The pilot demonstrated a reduction in patient length of stay, which has been attributed to the more intense therapy given to patients. CSH Surrey will submit a business case for increased physiotherapy and occupational therapy, on the basis of a reduction in bed base and specifically averting the need for System Resilience funding of the six extra beds at Dorking Hospital</p>

11.3 It is also recommended that specific action is taken in the following areas in response to feedback received as part of the public consultation:

- **Parking arrangements at Leatherhead Hospital are reviewed**, working with CSH Surrey and the League of Friends, to address concerns relating to current capacity,

and also plans to develop the site as a planned care centre, which could increase demand for parking.

- **Feedback relating to parking arrangements at Epsom Hospital will be shared with the trust and considered as part of the trust's estates review** and in the development of an Strategic Outline Case. It is recognised that this was a concern raised as part of the consultation feedback, particularly if additional services (such as the community ward) were to move onto the site.
- Concerns **were raised relating to the need to ensure that if the community ward relocated from NEECH to Epsom Hospital it will be located in an appropriate, purpose-designed area** and would retain its identity as a community ward. This will need to be considered as part of the development of the Strategic Outline Case.
- **Consideration will need to be given to where community hubs are located** if options 2, 3 or 4 are supported.
- **Consideration will need to be given to how estates are used in future** if the Governing Body supports an option that would see services transfer from a community hospital site (options 2, 3 and 4).
- **Feedback relating to primary care (access, capacity and quality) received during the consultation have been shared with the CCG's primary care and quality teams** and will be considered as part of our wider primary care strategy.
- **Concerns relating to recruitment were raised as part of the consultation and given national recruitment issues for some clinical staff groups, the CCG will continue to monitor this closely**, working with CSH Surrey.

12. Preferred option

12.1 Taking into account feedback from the consultation process, information gained from the initial review process and findings from the additional areas of work (relating to journey times and transport, finance and estates), **Option 2 is being put forward as the recommended option for consideration and discussion by the Governing Body at their next meeting on 29 July 2016.**

12.2 Option 2 is summarised as follows:

Transfer the New Epsom and Ewell Community Hospital inpatient and outpatient services to the Epsom General Hospital site and develop Leatherhead Hospital as a planned care centre.

Option 2 will result in the following outcomes:

- The inpatient ward at Leatherhead Hospital remains closed and Leatherhead Hospital is developed as a planned care centre. This option is supported by the installation of new x-ray facilities at Leatherhead Hospital from August 2016, funded by Leatherhead Hospital League of Friends.
- Opportunities to transfer the inpatient and outpatient services from the New Epsom and Ewell Community Hospital (NEECH) to the Epsom Hospital site are explored further. This work is subject to the outcome of the Epsom & St Helier estates review and the development of an Outline Strategic Case for the Epsom site. For clarity this option includes the potential transfer of: twenty inpatient beds at the NEECH site, the Poplars therapy unit and the Neurological Rehabilitation outpatient service.
- Retain Molesey Hospital and continue to deliver both inpatient and outpatient services from the site. As part of this recommendation it is suggested that the hospital site is included in a feasibility study to be undertaken by NHS Property Services. The scope would include the potential to deliver primary care alongside the inpatient and outpatient services. This would consider the current estate and primary care capacity and respond to feedback received as part of the consultation, where the redevelopment of the Molesey site was a popular 'fifth' option. This option was not put forward for consultation because of the challenges in recycling any capital receipts to a new business case. We are more optimistic that this can be achieved and on this basis the feasibility study has been scoped with NHS Property Services. Whilst the CCG is keen to explore this option, it should be noted that there is no guarantee that capital funding will be secured to fund a re-development of the current site and facilities.
- The inpatient ward at Cobham Hospital remains closed and the outpatient / day surgery facilities delivered from the Cobham site are unaffected. Non-clinical use of the Cobham ward space, or an early surrender of the lease, is explored.
- Services at Dorking Hospital remain unchanged.
- Community bed capacity will be closely monitored and extra community beds, funded through System Resilience Group or 'winter' funding, will be flexed up and down in line with demand.

13. Rationale

- 13.1 There are a number of considerations which have led to the recommendation of Option 2.
- 13.2 **Learning from the 'Croft ward' pilot** – Given patient outcomes and quality was ranked as the most important factor to consider, first and foremost Option 2 presents an opportunity to improve care, taking the learning from the 'croft' ward pilot. The review contained evidence which demonstrated the efficacy and quality of the community inpatient service when it was relocated to the Epsom Hospital site during 2014 whilst NEECH underwent refurbishment. The pilot identified benefits relating to patient care and outcomes (including increased access to diagnostics on site). However, it also highlighted that the ward environment used was not considered to be conducive to long-term use as a rehabilitation unit. Therefore, consideration would need to be given to the development of a purpose designed centre or ward area.
- 13.3 **Journey time analysis** - the journey time analysis, considering both accessibility and population density, is also an important consideration. During the review process the need to maintain accessibility to community hospital services came out as the second most important factor when ranking the key factors the CCG should take into account in its decision-making. Based on the journey time analysis undertaken, Option 2 appears to offer the most accessible solution, reducing journey times for some areas and increasing access to the community hospitals for the population in and around Epsom and Banstead, which has a high population density and a high population profile of those over 65 years. This option is more favourable than Option 4 which, when combined with the Molesey to Cobham option, could reduce access to those living in the Molesey area, which has a dense population and a greater number of those age 65 years and over.
- 13.4 **Public support** – Option 2 was the joint second most popular option, after Option 1. During the public consultation communications and campaigns led by resident groups, particularly in the east Elmbridge area, encouraged local residents to support Option 1 over all other options so feedback indicates that support for Option 1 was significantly increased as a result. Whilst the quantitative data suggests greater support for Option 1, qualitative feedback relating to Option 2 demonstrates there is public support for this option, particularly in terms of clinical benefits to patients (reduced length of stay and increased access to diagnostics). Taking the above into account, and given that Option 2 would retain services at Molesey Hospital, there is support for this option.
- 13.5 **Support for retaining services at Molesey Hospital** - the recommended option would also see the retention of Molesey Hospital for both inpatient and outpatient services. The feedback received during the consultation process in support of Molesey Hospital was both significant in volume and strength of feeling. Taking into account this feedback, alongside the other available evidence (including journey time mapping and

financial and estates information) there is insufficient evidence to support the re-location of services from Molesey to Cobham. Furthermore, the transport and population heat maps indicate the over 65 years population are better served by retaining the services at Molesey Hospital.

- 13.6 Re-locating services to Cobham** - Whilst there was some support for re-opening the ward at Cobham Hospital, and transferring services from Molesey, this was considerably less than the support expressed for retaining Molesey Hospital. Given that there would be no clinical benefits in transferring services to Cobham, and concerns relating to parking, the case for Cobham was weaker than the case for retaining services at Molesey. However, there was recognition that the building is relatively new in comparison with other sites and the CCG has signed a long-term lease for the ward area at Cobham, and that the site should be fully utilised.
- 13.7 Feedback from CSH Surrey and their staff** - The consultation included feedback from providers including CSH Surrey. As the provider of the inpatient Community Hospital services CSH Surrey were given the opportunity to visit the Cobham site and the review the ward space available. CSH Surrey provided comprehensive feedback, which indicated that the available space would require substantial remodelling to accommodate a rehabilitation function. Concerns relating to limited parking availability at the Cobham site and the lack of comprehensive public transport links also made the Cobham site less attractive, both from the perspective of CSH Surrey staff and residents of east Elmbridge.
- 13.8 Impact on community hubs** - In 2015 the CCG established the Community Hub Programme in the three localities. The Elmbridge hub has been operating fully since December 2015 and has proven successful at reducing Non Elective admissions for patients with complex health needs. The Elmbridge Community Hub is based at Molesey Hospital and the Hub team have expressed concerns that the closure of the Molesey Hospital site and relocation to Cobham would have a negative impact on the quality and efficiency of the service.
- 13.9 Feasibility study** - Given the condition of the current estate, it is recognised that the Molesey Hospital site will require a degree of remedial building work to maintain its integrity and safety compliance. Subject to the Governing Body decision, it is recommended that, as part of this recommendation, the CCG works with NHS Property services to include the Molesey hospital site in a feasibility study, considering the long- term potential for development of new inpatient, outpatient and potentially primary care facilities.

14. Recommendation

- 14.1** Taking into account the above, the Governing Body is asked to consider Option 2 as the recommended option and to make a decision on next steps.