

**West Gloucestershire Primary
Care Trust**

Community Hospital Strategy

November 2004

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1.0 PREFACE

1.1 West Gloucestershire Primary Care Trust (PCT) came into being on 1st April 2002 and provides primary care services for Gloucester, South Tewkesbury and the Forest of Dean.

1.2 The role of the PCT is to:-

- To develop and provide primary and community healthcare services
- Commission hospital and mental health services
- Improve the health of the local population and access to services

1.3 To assist the PCT achieve these roles a vision for the future was developed and it is with this vision in mind that services are continuing to be developed. The vision is to:-

- Improve the health and well being of local people by understanding their specific needs;
- Develop health and social care services closer to where people can best use them;
- Involve local people in decision making;
- Value, invest in and involve staff.

This vision is set within the national context of the NHS plan, National Standards and Service Frameworks and in particular “Keeping the NHS Local – A New Direction of Travel” (Department of Health, 2003)

1.4 Within this vision there are specific local aims which the PCT aspires to:-

- Reduce the growth in demand for secondary care services, especially in acute hospitals in order to build capacity in primary care and community health services and provide local services for our population.
- Improve mental health services;
- Develop wider engagement of front line staff and local people.

1.5 This strategy is part of the overall strategy for the provision of primary care and community services in West Gloucestershire. It relates specifically to the services provided at the two community hospitals operated by the PCT in the Forest of Dean:- the Dilke Memorial Hospital (based at Cinderford) and Lydney & District Hospital.

2.0 INTRODUCTION

2.1 This strategy has been prepared by the PCT to plan for the long term future provision of health services and particularly to establish a framework for developing the two community hospitals to meet the needs of the people of the Forest of Dean and a wider area if appropriate.

The PCT believe that the two community hospitals are integral to the provision of primary care services and will help the PCT in its specific aim of expanding primary care, improving intermediate care and reducing the growth in demand for secondary care services, especially in acute hospitals.

The purpose of this strategy is to assist the PCT and local people in deciding how community hospital services should be developed to meet the needs of the local population in the coming years.

- 2.2 The NHS Plan (July 2000) with the updated NHS Improvement Plan (June 2004) are the overall guiding policy documents, supported by “Keeping the NHS Local”. The NHS Improvement Plan emphasises the requirement for a locally integrated system of care for patients with general practitioners and community nurses working alongside each other and other healthcare and social work staff, from modern clean premises, in order to provide a wide range of services locally and in patients’ own homes. Developments in medicines, skills and technology mean that many more services can be provided outside the acute hospital setting than was previously the case. At the same time the continuing raising of standards such as infection control, may mean it is more cost effective to centralise certain services previously provided in GP Practices in order to ensure the required standards are met. The growing commitment within the NHS to meet the needs of patients as close as possible to their own homes without reducing the effectiveness of treatment or care also points to an increasingly significant role for community hospitals. This is particularly true in rural areas but interestingly many of the latest developments of new community hospitals are taking place in urban settings.
- 2.3 There are a number of National Service Frameworks that impact on health and social service provisions that include both individual targets and service improvement objectives. These include the NSF for older people and those dealing with specific chronic condition areas. It may make sense to provide specialist primary care services in a number of hubs, which would include community hospitals, rather than attempting to provide in all practices.
- 2.4 Patients, relatives and carers all have rising expectations of the standard and availability of healthcare. There are also rising expectations of local communities to have a significant voice in the shaping and development of services. This strategy is being developed through a process of public involvement including representatives from the voluntary sector, health sector, social services, general practice, the acute sector and members of the public, at all stages through conferences, smaller working groups etc.
- 2.5 The strategy is intended to reflect the many views put forward although inevitably it will not meet everybody’s aspirations. There will however, be further opportunities to shape this strategy into a final version, which will steer the development of community hospitals for the foreseeable future.
- 2.6 As well as public involvement a similar approach has been taken to the involvement of local staff and general practitioners in the development of the strategy. Staff from all professions have been involved throughout the process

and have led the range of sub-groups looking at specific issues. The document as written is a product of this process.

3 BACKGROUND

3.1 Challenges facing West Gloucestershire PCT

3.1.1 For most people their first and most frequent contact with the NHS is through their local general practitioner or practice nurse. Primary care services are at a point of unprecedented pressure and opportunity. Among the specific challenges to be addressed are creating the right climate to enable the recruitment and retention of additional and replacement staff. There are two key challenges here for the PCT:

- Implementation of the new GP contract. This is important for the delivery of future services, including out of hours access for patients. In the community hospital context the PCT will need to be clear about the role and remuneration of GPs.
- Suitable premises. It is unreasonable to expect high quality primary and community hospital services in anything other than high quality, modern, fit for purpose premises. Quite apart from statutory issues such as the Disability Discrimination Act there are wide-ranging safety and quality issues when providing an expanded range of services in outdated and unsuitable accommodation.

3.1.2 The other key elements within the health system are acute hospital services social services, housing, transport and the voluntary sector. There is an on going need to improve communication and integration with these elements of service to achieve a seamless service for patients to be treated in the right setting with the right resources. Technology can help with integration but the most important requirement is for the different elements to work together constructively to achieve a patient centred focus.

3.2 Profile of the Forest of Dean

The Forest of Dean covers an area of 585 sq kilometres and is a largely rural area.

3.3 Profile of Service Users

3.3.1 The population served by the two community hospitals is approximately 80,000. In addition there is a planned housing development in Lydney that could add a further 3,000 to this figure.

3.3.2 Recent research (Health and Ill Health in the Forest by Jake Abbas), has shown the following:-

- The population as a whole is older than the population in England and Wales and the main population growth is forecasted in older groups with life expectancy increasing.

- The elderly population of the Forest of Dean is growing at more than twice the national average whilst the birth rate is falling six times faster than the UK norm.
- In post 65 age groups those people aged 65 – 74 is set to increase by 6% compared with the national average of 1%, and in the 75 – 84 age group there is an increase expected of 5% compared to the national average of 3%. In the 85+ age group the increase is expected to be 13% compared to 6% national average.
- There are many pockets of poor health and high deprivation in the Forest of Dean.
- The population in the Forest are more likely to suffer a limiting long term illness than people in other areas of the county although health levels are similar to the national average.

3.4 **Transport**

- 3.4.1 Accessibility to services is a major issue not only from a distance point of view to the main District General Hospital in Gloucester but also in the availability of public transport. A separate piece of work is being undertaken to consider transport issues but this will remain an important consideration when determining the configuration of services in the Forest of Dean.

4 **USE OF COMMUNITY HOSPITALS**

4.1 **Lydney & District Hospital**

- 4.1.1 Lydney & District Hospital is well located within the town of Lydney and is accessible to public transport. It has had considerable investment over recent years with a lot of support from the Hospital League of Friends.
- 4.1.2 A recent estates appraisal identified no significant problems, although there are issues of functional suitability and space utilization on site which will need to be addressed through the site development control plan (see 4.1.4 below). An appraisal will also be carried out on the out patient department with a view to improving current working conditions. The timescale for this work has not yet been agreed but it is envisaged to be in line with any appraisal work being carried out on the Dilke Memorial Hospital site.
- 4.1.3 The hospital provides 21 GP beds, 6 surgical beds, palliative care, a modern operating suite and recovery facilities, a physiotherapy department and a 24 hour intermediate casualty service supported by local GPs. Much of the inpatient surgery is day casework.

The other services include:

Outpatient Clinics

- Audiology
- Cardiology
- Chest/Thoracic Surgery
- Dermatology

- Dietetics
- Elderly Care
- ENT
- Family Planning
- Gastro-enterology
- General Medicine
- General Surgery
- Obstetrics & Gynaecology
- Oncology
- Ophthalmology
- Oral Surgery
- Orthopaedic
- Paediatric
- Plastic Surgery
- Psychiatry
- Urology

Elective Surgery

- General Surgery
- Gynaecology
- Oral Surgery
- Orthopaedics
- Plastic Surgery
- Urology

Therapies

- Occupational Therapy
- Physiotherapy
- Speech Therapy

Investigative/Diagnostic

- X-Ray
- ECG

Referrals come predominantly from local GPs who actively support the hospital and cover the 24-hour casualty rota.

- 4.1.4 The main issues for Lydney & District Hospital are concerned with utilisation rather than the building itself. In essence the operating theatre is under-used at 40-50% of capacity and outpatient space is severely limited. In part these two issues are linked as a lack of outpatient space means many patients cannot be seen initially at Lydney, which in turn can mean that if they need an operation they are less likely to receive it at Lydney.
- 4.1.5 The hospital provides inadequate outpatient services to generate theatre workload if the theatre is going to be cost-effective. In addition to date the expansion of new primary care led services has been under-developed as patients in the Forest are still travelling to acute hospitals for diagnostic procedures and interventions which could be more appropriately and safely

and/or most efficiently provided in a primary care setting. A more active approach to developing theatre and outpatient work is required and wider options should be considered which might include partnerships with the independent sector.

4.2 **Dilke Memorial Hospital**

4.2.1 The Dilke Memorial Hospital, situated in a rural setting outside Cinderford, has not benefited from significant investment recently. The location of the hospital is not ideal. It is approximately 2 miles out of the main part of the town and only easily accessible by car or, when available, public transport.

4.2.2 A recent appraisal of the buildings drew the following conclusions:

- The buildings are generally sound and in good condition;
- A number of minor repairs are required to flat roofs, flooring, suspended ceilings and décor;
- Fire compartmentalisation problems needed to be dealt with following a recent incident;
- Numerous problems with the boiler plant, heating system and water distribution mean complete replacement is needed;
- A number of electrical distribution boards need replacement;
- Specialist ventilation systems need to be reappraised;
- Nurse call and patient entertainment systems need replacement.

The approximate cost of all these works is £1.3M. As a result of the location of the hospital, there is no access to mains gas and as a result heating costs will always be approximately 40% higher than if gas was available.

There are also of course issues with the functional suitability of the accommodation itself and there is an ongoing need to review how this might be adapted and upgraded to meet modern expectations.

4.2.3 The hospital provides flexibly 12 GP beds, 24 Rehabilitation beds (elderly care) and a 12 place rehabilitation/day care unit. A 24-hour minor injury treatment service is also available with on call support from local GPs.

4.2.4 Other services include:

Outpatient Clinics

- Surgical
- Renal
- Gynae/Obstetrics
- Endoscopy
- Osteopathy
- Dermatology/thoracic
- Orthopaedic
- Gastro-enterology
- Psychiatry

- Rheumatology
- Paediatric
- Cardiology
- Urology
- ENT
- Elderly Care
- Spinal Pain Clinic

Therapies

- Occupational Therapy
- Physiotherapy
- Speech Therapy

Investigative/Diagnostic

- Colonscopy
- X-Ray
- Ultrasound
- Sigmoidoscopic/Endoscopic Examination

Referrals come predominantly from the local GPs who actively support the hospital and cover the 24-hour casualty rota.

4.2.5 Utilisation of Beds

At times there has been an under utilisation of beds at the Dilke Memorial Hospital but this has been less evident in recent months. Indeed the hospital has played a major role in ensuring that delayed discharges of Forest patients from Gloucester Royal Hospital have been minimal.

The utilisation of beds could be further addressed by extending admission rights to Community Practitioners other than GPs, by broadening of the catchment area and by altering the current mix of primary and secondary care beds to ensure bed usage supports the PCT priorities of providing better access to crisis intervention for the local population.

Work is currently in progress to develop a stroke satellite unit and this provides an opportunity to consider further developments in stroke management. Research and government policy suggests that rehabilitation in specialist stroke units is far more effective and can also be more cost effective and efficient than delivery in patients' own homes, particularly in relation to specialist therapy services.

The development of new roles in primary care are essential to support the development of new ways of working in the hospital, particularly the development of enhanced GP services and General Practitioners with Special Interests.

4.2.6 Other

A related issue to offering services in the Cinderford area is the poor quality of some primary care premises in the town.

5 CONCLUSIONS

Lydney & District Hospital and the Dilke Memorial Hospital between them should provide a broad range of services to support the PCT strategy of providing local services for local people. Both hospitals should provide a range of services which support the delivery of enhanced primary care to their respective patch population and practices according to the priorities identified in the patch business plan. In addition both the hospitals will develop their role as community resource centres by providing a base for staff who provide services into practices or into the patients' homes and will act as a central focus for the development of partnership working with social services, mental health services and the voluntary sector, particularly in relation to intermediate care and the promotion of independence and wellness. They will also provide a base for education and training and clinical governance for each patch. Facilities for the delivery of complimentary therapies might also be made available.

Services will include the following:

- Minor injury service supported by X-Ray with digital resonance units and telemedicine links to acute hospital
- Ultrasound and ECG services
- Out-of-Hours minor injury and minor illness service
- A base for OOH District Nursing and Home-Care
- Physiotherapy
- Occupational Therapy
- Intermediate care
- Palliative care
- Primary care led outpatient services provided by GPSIs, therapists and nurses
- Social services

In addition both hospitals will focus on providing a different range of services to meet the needs of the Forest and if appropriate to the whole of the PCT.

Lydney and District Hospital will focus on providing diagnostic and treatment services to support and extend primary care to deliver the shift of services from a secondary to primary care setting. The development of telemedicine links will further support this shift. This will include the following services :

- A broad range of diagnostics to support diagnosis by primary care or speed the diagnosis by secondary care.
- A broad range of outpatient consultations by consultants and others as above
- Minor and intermediate day care procedures undertaken by consultants, GPSIs, GPs, podiatrists and nurses
- Intermediate care where the dominant requirement is for medical/nursing rather than therapy, eg blood transfusions, chemotherapy
- Possibly renal dialysis

The Dilke Memorial Hospital will focus on the provision of rehabilitation, reenablement and intermediate care where therapy input is a significant requirement. This may include some or all of the following services plus many others:

- Specialist heart failure service
- COPD Rehabilitation
- Continence services
- Dementia care services
- Inpatient and outpatient rehabilitation for patients with a stroke, post-op hip replacement etc and those requiring complex care packages
- Direct admission for patients requiring medical, nursing and therapy input but not requiring acute hospital admission
- Cardiac rehabilitation
- Acquired brain injury services
- Services for younger physically disabled people
- Dietetics
- Leg ulcer service
- Specialist therapy eg neurophysiotherapy, neuropsychology, paediatric O.T.,
- Specialised services for people with MS, motor neurone disease, parkinsons' disease
- A range of health promotion and preventive services including exercise promotion and healthy lifestyles
- Mental health services
- Orthopaedic services where the dominant treatment is therapy
- Rheumatology
- Facilities and support for self-help groups, expert patients and range of voluntary sector groups

Transport is a significant issue in the Forest as in many rural areas. A strategy to provide some services at only one of the hospitals would need to be supported by a sound transport policy, particularly in relation to the voluntary sector.

6 RECOMMENDATIONS

8.1 The main recommendations are as follows.

- **The Dilke Memorial Hospital** will continue to provide and develop a range of services which support the delivery of enhanced primary care to the patients living in the North Forest patch. This could include minor injuries, primary care centre, intermediate care, X-ray facilities etc. In addition it will continue to provide and develop a range of rehabilitation and reenablement services to meet the needs of the whole of the Forest and potentially patients from outside the Forest.
- **Lydney & District Hospital** will continue to provide and develop a range of services which support the delivery of enhanced primary care to the patients living in the South Forest patch which could include minor injuries, primary care centre, intermediate care, X-ray facilities. In addition it will focus on the provision of diagnostic and treatment services to support and extend the shift

of services from a secondary to primary care setting for the whole of the Forest and perhaps beyond.

Full option appraisals including the potential value of services to be provided should be undertaken to ascertain the best way forward for the development of the hospitals and nearby primary care services. The process would be undertaken with representatives of the community served in both localities. The appraisals need to examine all options including the 'do nothing' and 'merging of existing community hospital services' elements. Full site option appraisals would need to be carried out in conjunction with this work. An ongoing programme of staff/patient/public involvement will be developed during the option appraisal process.