

# INTERMEDIATE Care SERVICES IN SHEPWAY



## WHAT ARE INTERMEDIATE CARE SERVICES?

Intermediate Care is the term used for health & social care services which ensure that people (particularly older people) get the help and support they need:

- To prevent them going into hospital unnecessarily
- To prevent them going into a residential or nursing home prematurely
- If they are in hospital, to make sure they don't stay in any longer than they really need to by putting in extra support for them at home or elsewhere
- By giving them this type of support in the best place for them

People might need this kind of care if they have an illness, operation or accident which means they temporarily cannot cope on their own or with the help of families or friends.



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## INTRODUCTION

This Public Consultation, on the in-patient services at the Royal Victoria Hospital (RVH) in Folkestone is only part of an exciting development programme to improve health services for people who live in Shepway.

The consultation is being managed by Shepway Primary Care Trust (PCT) on behalf of, and in partnership with, East Kent Hospitals NHS Trust and Mid-Kent Social Services and is a result of well established, effective, joint working between health and social care in Shepway.



After reading this document, local people are invited to give their own views and opinions on the proposals during the 12 week period from 1st December 2004 to 23 February 2005. The opinions of local people and staff who work in the services will help the NHS and social care organisations to reach a final decision on the proposals.

This document sets out the local NHS vision for services. Some of the proposals are challenging and bold, but that is essential if we are to ensure that Shepway residents get the right kind of local health and social care services they deserve.

## OUR AIM AND PROGRESS SO FAR

### OUR AIM

Shepway Primary Care Trust and its partners have a vision for a wider range of Primary Care Services and enhanced intermediate care and community services in Shepway. The PCT is determined to encourage independence and enable local people to be supported and cared for in their own communities wherever possible, with prompt and easy access to a wide range of services, provided in the most appropriate and convenient settings.

**The aim is to ensure that as part of health service provision in Shepway, the Royal Victoria Hospital is developed as a vibrant local one-stop health and social care site. If Folkestone is to have a proactive health service which local people can identify with, it is important that we avoid continuing with inappropriate and outdated models of care. The development of a really modern primary health care centre of excellence at the RVH to compliment other services in the community is at the heart of our vision.**

We would like to develop further local dedicated intermediate care services, jointly run by Social Services and the PCT, with the expert support of clinicians and other key staff from the East Kent Hospitals NHS Trust. These services would support people in Shepway whether they remain in their own homes, in recuperative care in residential settings, respite care or day care services.



### PROGRESS SO FAR

Over the past five years we have, in collaboration with Social Services, invested significant amounts of money into developing and improving community services. Our aim has been to ensure that people have access to a wide range of rehabilitation and nursing services within their own homes, a nursing home or some other type of rehabilitation facility. This investment has meant that fewer older people need admitting to a hospital for anything other than essential short term treatment.

For older people too, the Age Concern Centre in New Romney has been transformed into a modern facility providing a good range of intermediate day care services. There are plans to develop these services even further with the introduction of Assistive Technology and Telemedicine (technology to support people at home).

We also have an excellent range of other community services such as nursing, therapies, young people's and social services.

### A NEW WALK-IN CENTRE

The PCT, in partnership with other organisations, is actively developing the ground floor in the new wing of the Royal Victoria Hospital, into a Walk-In-Centre due to open late spring/early summer 2005. This will give patients the options of accessing advice, assessment and care, and builds on the success of the Minor Injuries Unit incorporating highly skilled Nurse Practitioners. Patients will be seen with minor illnesses as well as minor injuries. Its opening times will be from 7.00 am to 10.00pm. A full range of out-patient clinics will continue to be provided as they are now.

This service development will integrate many services, including mental health, physiotherapy, X-rays, blood sampling, medical assessment and rehabilitation. The expectation is that other services will be incorporated in the future, such as elements provided by social services and the District Council. The centre will also form the focus of care for the out-of-hours service, which will include urgent medical advice when it is really needed.

As a result, residents of Shepway will look to this modern centre to provide their urgent care whilst recognising that certain conditions such as acute chest pain must go directly to the William Harvey Hospital. This development demonstrates our determination to ensure that local access to health care is greatly increased and improved where this is medically appropriate.

## OLDER PEOPLE

The main focus of this next part of our service transformation is on providing a wider range and quantity of services for adults (particularly older people).

Services for older people have undergone significant changes since the publication of the National Service Framework for Older People by the Department of Health in 2001. Services that have traditionally been provided in hospital beds are being provided in people's own homes by highly qualified and skilled staff.



The benefits of providing services at home, whenever possible, are enormous, particularly for older people. It has long been widely accepted that there are increased risks to older people when they are hospitalised for long periods. These risks include:

- An increased risk of hospital acquired infection, e.g. MRSA, chest infection or urinary infection
- An increased loss of independence
- The increased likelihood of placement in a nursing or residential home
- The loss of people's individuality
- Lack of motivation
- Isolation from friends, families and usual daily contacts which can lead to depression
- A higher risk of being unable to cope if and when people return to their usual home

Recent best practice has produced firm evidence that some people have better outcomes with the right support in their own homes, or in properly integrated health and social care facilities. Detailed clinical assessments are being undertaken to provide information as to the future alternative services that should be provided to meet individual needs as locally as possible.

### ALTERNATIVES TO IN-PATIENT CARE

The success of the current intermediate care and rehabilitation services in Shepway has resulted in the ability to offer alternative care options to large numbers of people which promote independence and enable people to remain in their own homes. **We intend to make sure that even more people can benefit from these services.**

In the past two years, a number of surveys of patients in in-patient beds have been undertaken to ascertain whether they are being cared for in the best way possible to meet their needs. **These surveys have consistently shown that over half of the patients in the beds could and should be discharged to their own homes with support from intermediate care or community services.**

In Shepway the services currently available to older people are:

- **Community Assessment and Rehabilitation Team (CART)** providing rehabilitation at home for up to six weeks following discharge from hospital. This team works very closely with both local general practitioners and district nurses who offer ongoing support to people in the community
- **Rapid Response Team** providing health and social care at home for conditions such as urinary tract or chest infections and to avoid people having to be admitted to hospital in the first place
- **Recuperative care, residential home and nursing home beds** providing an opportunity for rehabilitation for patients who are unable to remain at home
- **Day services** providing assessment and rehabilitation in the hospital or at Age Concern
- **Domiciliary care** from Care Force who give social care and support to people at home
- **In-patient beds** at the Royal Victoria Hospital into which patients are transferred from the William Harvey Hospital in Ashford for rehabilitation following hospital treatment
- **Winslow Day Hospital** within the Arundel Unit at the William Harvey Hospital
- **The Shepway Community Mental Health Team for older people**
- **A memory information group** in the New Romney area for dementia clients/carers

### WHAT STILL NEEDS TO BE DONE?

**We need to find ways of redirecting our existing resources and money into new and changed services which meet the need of local people today. It is also our responsibility constantly to review services to ensure that they don't become outdated and inefficient.**

We want to deliver our vision of more services in the community and avoid the risks to people that are associated with long-term hospital stays. We will need to reinvest the funding that currently pays for the in-patient beds at RVH, into a range of community services.

These will include nurses, both those skilled in working with older people and those with a special expertise in supporting older people with mental health problems, doctors with an interest in the care of older people, therapists and rehabilitation workers.

We also want to put additional investment and skilled staff into social services centres such as Broadmeadow. This will ensure that 18 beds will be available in Folkestone for people with the need for intensive rehabilitation and those older people with mental health problems. The number of care packages and domiciliary care workers available through social services will also be increased.

## CASE EXAMPLE

Mrs X (80) usually lives independently in her own home. She is admitted to hospital with an injury to her shoulder following a road traffic accident. She has a number of investigations in hospital.

**Scenario 1:** Mrs X remains in hospital for four or five weeks. She becomes more dependent on the hospital staff and less able to manage for herself. She develops a chest infection, becomes poorly and confused. She stays in hospital longer and becomes more dependent. The likelihood of her returning to her own home is slim.

**Scenario 2:** Mrs X is discharged home having spent three days in hospital. She receives support from the community intermediate care team. The team visits three times a day to help with Mrs X's personal care, oversee the preparation of meals and help her to rebuild her confidence. She receives support from the intermediate care team's physiotherapists to increase balance and mobility and occupational therapists to assess her living environment, increase her stamina and functional ability in personal care, meal preparation and bathing. The likelihood of Mrs X continuing to care for herself in the future in her own home is greatly increased.

Investment into voluntary sector services may also be appropriate.



**This consultation focuses on the in-patient rehabilitation beds on Edinburgh and Fitton wards, at the Royal Victoria Hospital in Folkestone. In order to continue with our plans we have to make essential changes.**

## WHY MUST THERE BE CHANGE?

It may no longer be appropriate for some rehabilitation to take place in a hospital ward setting, for all the reasons identified earlier in this document.

However at RVH there are even more reasons why this should no longer be so. The building is over 100 years old, and the wards are no longer suitable for delivering high quality in-patient services, patient care or successful rehabilitation with the level of privacy that people deserve. We need to be bold in our thinking to ensure that we provide the best services for local people.

At the RVH, there are three in-patient wards:

- Richard Stevens Unit – 16 bedded rehabilitation stroke unit
- Edinburgh Ward – 23 bedded acute rehabilitation ward
- Fitton Ward – 18 bedded acute rehabilitation ward

In January 2005 the Richard Stevens Unit (rehabilitation unit for stroke patients) will transfer to the William Harvey Hospital, Ashford. The move of the Unit, which is no longer considered to be suitable in its present location, will ensure that patients needing acute stroke care and rehabilitation can receive this in the best place. It will also ensure that local stroke services meet national standards.

**Once the Richard Stevens Unit has moved, it will be extremely difficult to provide other in-patient services on the other two wards, that comply with the stringent health and safety regulations under which the NHS now works. The lack of medical cover, because of the removal of the Richard Stevens Unit and the clinical safety of the remaining two wards would be a concern.**

As well as the direct changes in services at the RVH, there will be small changes at the William Harvey Hospital that will also have an impact on the RVH. A ward that cares for patients with fractures is being given additional staff and funding so that their patients can be discharged directly to their own homes with the support of rehabilitation services. This will mean that there will no longer be the need to transfer these patients to the beds at the Royal Victoria Hospital for rehabilitation.

## OPTIONS TO BE CONSIDERED

There are three options to be considered regarding Edinburgh and Fitton wards at the RVH.

OPTIONS	OPTION DESCRIPTIONS
ONE	Do nothing – keep the wards as they are and where they are.
TWO	Close the two wards at RVH and set up 26 additional beds in wards at Buckland Hospital in Dover and admit Shepway residents to the beds there rather than the RVH.
THREE	Close the two wards at RVH and enhance the community intermediate care and rehabilitation services already available in Shepway as an alternative to the current beds in the RVH



## OPTIONS APPRAISAL

### Option One:

- Offers the least change from the current services
- Staff would not need to be relocated
- Patients could still recuperate in their local area close to friends and family
- Poses potential risks to patients as detailed earlier in this document
- May prevent full implementation of the vision that the local NHS has for the improvement of services in the future
- This would be unlikely to meet the requirement of the Royal Colleges, because of the lack of medical cover from doctors and other medical staff
- Would reduce the likelihood of patients returning to independent living in their own home

### Option Two:

- This option would mean that people could still be discharged into a non-acute hospital bed after hospitalisation
- The staff currently working on the wards at RVH would be able to transfer into different jobs in Dover (or elsewhere in the East Kent Hospitals NHS Trust)
- Does not contribute to the PCT's vision of providing modern rehabilitation services to people being discharged from hospital
- May prevent full implementation of the vision that the local NHS has for the improvement of services in the future
- Residents that have previously been able to recuperate and receive rehabilitation in Shepway will have to go to Dover
  - There may be difficulties relocating staff living in or around Shepway
  - Issues for travelling and transport for people's relatives and friends
- Does not provide the improved access to 'local' services
- Poses potential risks to patients as detailed earlier in this document
- Would reduce the likelihood of patients returning to independent living in their own home
- Change can be challenging
- Twenty six beds may not be adequate on their own to replace the current number of beds at the RVH

### Option Three:

- Will enable the PCT and its partners to deliver their vision of locally accessible community services
- The staff currently working on the wards at RVH would be able to transfer into different jobs in Shepway (or elsewhere in the East Kent Hospitals NHS Trust)
- Would provide people with care and rehabilitation either at home or in a facility near family and friends
- Independent living in patient's own homes can eventually be achieved more frequently
- Travelling and transport for people's relatives and friends would remain local
- Would reduce potential risks to patients, as detailed earlier in this document
- Change can be challenging

## RESOURCE IMPLICATIONS

**The cost implications of each of these options are currently being developed. The aim is to re-use current resources in a better and more efficient way. A full financial appraisal will form part of the decision making process as to which option to progress.**

The Government allocates funding to the NHS for people's health needs. Social Services are funded to meet people's social care needs. Intermediate care frequently involves meeting both health and social care needs. Thus there are financial implications for both the NHS and Social Services in providing the appropriate level of intermediate care, which is free at the point of delivery.

**The purpose of intermediate care is not to save money – it is to provide patients with the most appropriate care for them at the time. It is sometimes, but not always, cheaper than hospital care.**

**Shepway PCT's proposals to expand intermediate care are similar to those being made up and down the country.**

The RVH is a small hospital providing a range of care including out-patient treatments and clinics.

**The selection of either Option Two or Three would mean the beginning of a new era and a host of opportunities for the Hospital.** When the RVH was built, it was intended to provide excellent, local services for the people of Shepway. This intention has not changed but the services provided from the RVH must do so in order to keep pace with the changing needs of the population and the demands of modern medicine. If Option Two or Three is chosen it will be important to ensure that:

- Replacement services are in place before changing the use of the beds at the RVH
- New services are able to respond as quickly as required
- Effective discharge planning at the William Harvey Hospital is in place
- More therapists, nurses and domiciliary carers are available

In June 2003 the Independent Reconfiguration Panel (IRP) endorsed the East Kent Hospitals NHS Trust's reconfiguration plans.

The panel also recommended that "a health community transformation team led by the four PCTs in East Kent, should ensure that all health services that do not need to be provided on hospital sites should be located in a local non-acute setting".

Shepway PCT and East Kent Hospitals NHS Trust welcomed this recommendation and are working together on these new and exciting changes which underline the role of the RVH as a focus for services to the community in Shepway.

#### **Together we can continue to transform our services**

We understand that these proposals need your careful consideration and we want to hear your views and discuss our proposals with you. There are several ways in which you can obtain more information and feed back to us with your comments and views.

#### **Public meetings will be held in two locations**

At: Radnor Day Centre, Royal Victoria Hospital, Radnor Park Rd, Folkestone on Thursday 13 January 2005 between 6 p.m. and 8 p.m.

At: St Marys Bay Hall, Jefferson Road, St Marys Bay on Friday 14 January 2005 between 10 a.m. and 12 noon.

If you would like to attend one of these meetings you will be made very welcome, just turn up. Representatives from the local NHS and social services will be available to answer your questions and hear your views, either publicly or individually as you wish. If you cannot attend one of these meetings you can still put forward your views and suggestions which will be very important to us when making the final decision.

You can comment in writing to: Intermediate Care Services in Shepway, Communications Unit, Protea House, Marine Parade Dover, CT17 9HQ or you can email a message to: [nick.loe-startup@shepwaypct.nhs.uk](mailto:nick.loe-startup@shepwaypct.nhs.uk)

Or you can telephone and record your message verbally. Your comment will be put in writing and added to the consultation feedback data. Call 01304 216854 between 9 a.m. and 5 p.m. Monday - Friday or you can telephone to arrange for someone to come along and make a presentation or have a discussion with your group or organisation - on 01304 216854 or look on our website [www.shepwaypct.nhs.uk](http://www.shepwaypct.nhs.uk)

