

Consultation Report on Proposals for Future Services at Townlands Hospital, Henley-on-Thames

Contents

1. Purpose of Report	3
2. Background	3
3. Quantitative response and demographic data (completed questionnaires from individuals and organisations)	3
4. Key Findings	5
5. Next Steps	9

1. Purpose of Report

The purpose of this report is to present and analyse views submitted during the public consultation on proposals for future services at Townlands Hospital in Henley on Thames. It describes the consultation process, sets out the available demographic data, and identifies the benefits, concerns and issues expressed for consideration by the Oxfordshire CCG (OCCG) Governing Body when making its decision.

The report includes both qualitative and quantitative information and combines responses from a variety of sources to provide a comprehensive overview of the feedback and comments received.

Detailed analysis of the survey and written responses are available in Appendices 1 and 2. Notes of all the meetings held during the consultation period are available in Appendix 3. A full report of the consultation process can be found in Appendix 6.

The detailed analysis aims to ensure that all substantive points are reflected, including: aspects of the proposals which people liked, objections to the proposals, issues of concern and how these might be mitigated, questions and suggestions.

Consultation responses were received from individuals and organisations, and through a variety of channels which included questionnaires, written responses, meetings and events. Additional contributions, such as the Save Our Beds petition, were also considered within the analysis.

2. Background

A public consultation on proposals for future services at Townlands Hospital in Henley was held over five weeks between 12 May and 15 June 2015. Full details of the process can be found in Appendix 6.

The purpose of the public consultation was to gather feedback on a proposed future model of care to be delivered from Townlands Hospital, described as ambulatory care.

The public were invited to feed back on the proposed model of care and, in particular, plans for a Rapid Access Care Unit (RACU), give their views on the proposals to introduce 'step up and step down beds' to support the new model of care and to provide suggestions for future services to be delivered from the second floor of the new Townlands building.

3. Quantitative Response and Demographic Data (completed questionnaires from individuals and organisations)

Detailed analysis of the survey and written responses are available in Appendices 1 and 2. The results are further sorted and a tag tree (identification of key themes or "tags" from the survey results, shown in tabular form) can be seen in Appendix 4. Appendix 5 shows an analysis of social media engagement.

In total, 324 completed questionnaires were received. There were 205 postal and 119 online questionnaires returned to the CCG.

Of the 324 people who responded to the survey:

- 39 (12%) had previously used Townlands Hospital;
- 31 (10%) had a general interest in health matters;
- 206 (64%) identified themselves as Henley residents.

In addition, 9 people identified themselves as a carer of a patient that had used Townlands Hospital, 2 people said that they worked at Townlands Hospital, 5 are NHS staff/work at a GP practice, 1 response was from an elected official and 27 people cited other associations, which included:

- Member of a PPG
- The Chair of North West Reading Clinical Commissioning Group
- Retired from NHS
- Pharmacy
- Women's Institute Sonning Common
- South East Locality Forum
- Henley College, staff member
- College Student
- Townlands Steering Group member
- Member of the Goring Carers' Group
- Patient representative on the Diabetes Governance Committee at Royal Berkshire NHS Hospital
- Parish Councillor
- Chair of the West Oxfordshire Locality Forum
- MS Support Group
- Friends of Townlands Hospital (FROTH)
- Home based care for the Elderly
- Family connection
- Governor at the Royal Berkshire Hospital
- Henley Good Neighbours.

The map overleaf shows the spread of responses received. It is important to note that 80 people who responded in hard copy format did not provide their postcode, and, as such, are not reflected on the map.

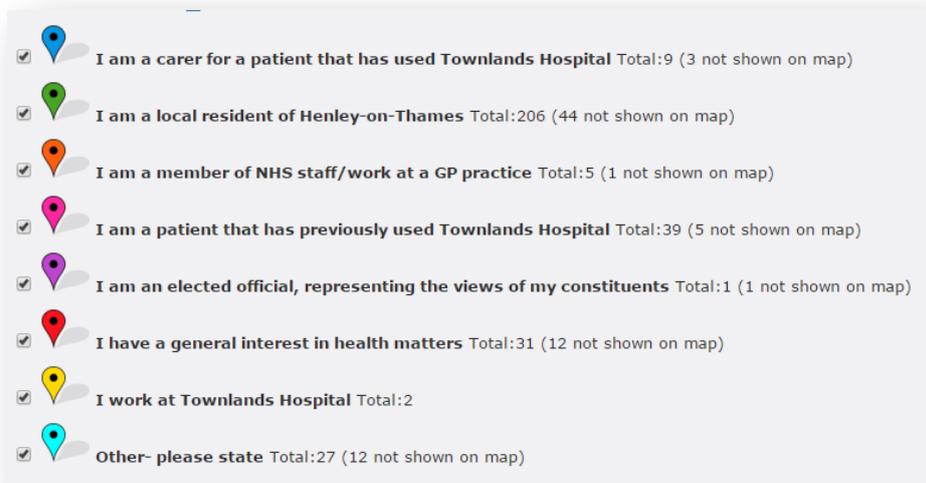
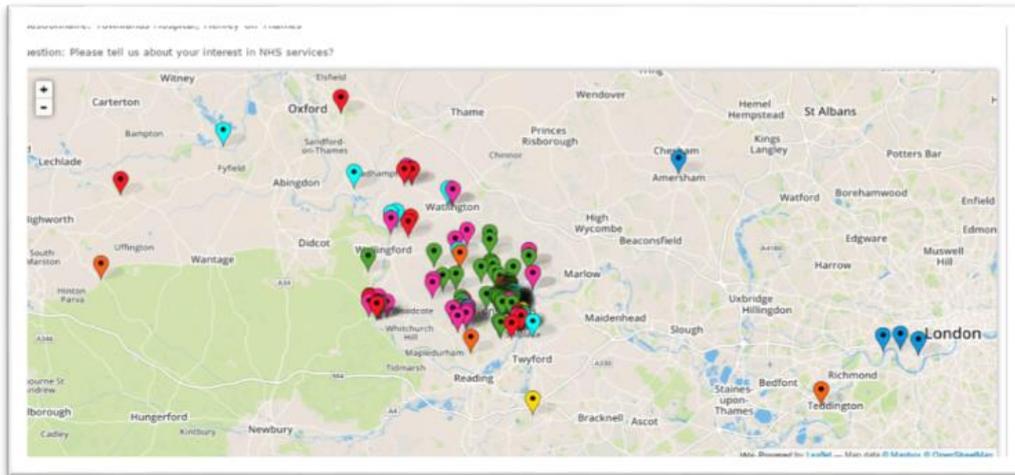


Figure 1: Map of respondents across Oxfordshire

4. Key Findings

Detailed analysis of the survey and written responses are available in Appendices 1 and 2. Transcripts of the notes taken at consultation meetings can be seen in Appendix 3.

4.1 Overall message

The consultation tells us that the majority of local people do not support the consultation proposals as a whole, because they do not accept that the case has been made to reduce the inpatient bed provision. Respondents were, on the whole, supportive of the proposal to introduce a Rapid Access Care Unit and could see the benefits this service could bring to the care of local people. However, their comments suggest that this is undermined by what they perceive as flaws in the proposal in terms of beds. The areas most consistently mentioned include:

- The view that the current beds are heavily utilised and if anything, more are needed.
- The suggestion that the methodology for calculating bed numbers is flawed

- The view that the services required in the community to enable the bed number reduction are not available
- The view that there is no realistic transition or implementation plan, and that even if the CCG bed numbers are correct there should be a gradual reduction as the new services commence
- The lack of consideration of other options.

GPs from the local Henley practices most related to the hospital have provided their feedback at a number of public meetings. They have expressed support for the proposed model of care and plans for a Rapid Access Unit. This support has been tempered by a number of reservations, including the capacity in social care and community nursing to help successfully deliver the proposed new model of care, the need for detailed transition plans, the impact on readmission rates and the ability of the proposals to tackle Delayed Transfers of Care. They also expressed views on the proposed bed provision, which covered a range of issues and suggestions, including the number of beds and the need for these to be provided within the hospital as part of more detailed transition arrangements.

The Henley Standard Save Our Beds campaign and petition to keep to the original proposal for 18 beds at Townlands Hospital gives a further indication of the strength of local feeling. To date, it has been signed by around 3,000 people. The Henley Standard has also reported that 2,500 people took part in a march through in Henley town centre on 11 July. Although this event took place after the close of the consultation, it has been included in this summary to provide further evidence to the Governing Body of the reaction of the local community to the proposals.

4.2 Bed Provision

72% people cited bed provision as an issue:

- 55 comments related to retaining the 18 beds planned in the 2012 business case
- 39 comments related to keeping a bed based/ward based model of care
- 14 comments related to a need for step down beds
- 4 comments related to keeping the 21 beds currently in Peppard Ward.

Comments made about bed provision included:

‘The minimum number of beds should cater for the demographic needs of Henley Area with a minimum call on other community hospitals as outlined in the original plan/budget for the provision of 18 beds’.

‘I think that we need plenty of beds available, the beds in the current ward are always full. This shows the need for the service, and demand. If the ward is closing, a similar ward should be made available. It is very stressful for patients and their families to have to travel out of town for services and to be cared for’

‘18 beds - as promised’.

'I don't know what step up/step down beds are. I am certainly in favour of ward based nursing. Some patients need proper nursing care 24 hours a day. This cannot be provided at home'.

In summary, the main objections, concerns and comments were:

- The number of planned beds is insufficient to meet local needs;
- The unmet need to provide convalescent care;
- That the NHS is going back on its commitment to deliver 18 beds at the new Townlands Hospital;
- Respite care should be provided;
- End of life care should be provided;
- That the EMU in Abingdon has an adjacent 24 bedded ward to support the model of care;
- Concerns about the use of step up or step down beds to provide care for up to 48 hours only and the inability of social care to provide packages of care within this timeframe;
- The unmet need to ensure single sex provision at the Order of St John beds;
- Concern about the methodology used to calculate the proposed bed requirements;
- A perception that the current Peppard Ward is always full and therefore the same or more beds should be provided;
- The reduction in the planned number of beds is driven by cost cutting;
- That a hospital is not a hospital without beds.

In summary, the main aspects of the proposal that were seen as positive were that:

- a RACU could bring added value to Henley if combined with an increased number of beds or if the number of beds reduces over time;
- the premise of step up and step down care is a positive step but that a transition period is required.

4.3 The Ambulatory Model of Care and the Rapid Access Care Unit (RACU)

The proposals for the introduction of an ambulatory model of care and the Rapid Access Care Unit (RACU) were viewed more positively. However, there were still a number of respondents who expressed clear disagreement with the model. This was reflected almost as a 'No' vote to the proposals, and the desire to keep a bed-based model of care.

The reception of the local Henley GPs to the proposals also appears to be an influencing factor for local people. Respondents took on board their reservations about the capacity of community and social care services and the need for transitional arrangements and these are reflected in comments made in the survey responses. For example:

"The Henley GPs who spoke felt that generally the services to be provided were good and well thought out except for the provision of beds. I feel that if you cannot convince the local GPs on the issue of beds then I cannot support your proposals."

'The presented model is not proven yet so the full number of 14 beds should remain until proven. The views of our local GPs seem to have been totally ignored. The numbers presented at the Town Hall meeting do not add up. For over 30 years the people of Henley have been promised a new hospital to care for local people. The Health Authority have had the towns funds for this period and after all this time they now choose to spend the towns money how they want to spend it. The new hospital is a replacement for the one taken away years ago, this point seems to be been totally ignored'.

Further indication of people's objection to the proposals included concerns and comments expressed about:

- The ability of social care services to meet demand when current services are seen as already overstretched;
- Pressure on the social care budget;
- Opening times and that appointments would be on a next day basis;
- The need for additional staff to deliver ambulatory care and more care at home;
- Lack of provision for young people, students and visitors to the area;
- Increased pressure on families and carers;
- Lack of evidence to support the proposed model of care versus current provision;
- In view of the lack of evidence and an assumption that the model would work, should result in a phased implementation plan;
- Concern that the proposed model presents cost cutting or that NHS funds were unavailable to support the plans;
- The lack of qualified staff to support the step up/step down beds in the Order of St John Care Home (Order of St John);
- The perceived lack of involvement of Henley GPs in the development of the proposals;
- Preference for a full Emergency Multidisciplinary Unit (EMU), such as at Abingdon and Witney Community Hospitals;
- The model would increase the social isolation of elderly people;
- Lack of trust in the ability of the NHS to deliver the proposed model of care;
- Pressure would increase on parking arrangements;
- Lack of public transport to support families and carers who may have to travel further afield to visit those being cared for in other community hospitals.

Aspects of the proposals that were positively received included:

- Opportunities for increased outpatient services;
- A multidisciplinary team available locally to respond quickly to patients' needs;
- Opportunities to make services more patient-centred and holistic;
- Improved services at the Minor Injuries Unit, better technology and the opportunity for same day treatment;
- Better outcomes for patients;

- Reduced time spent in hospital;
- Improved patient care;
- Increasing the number of people that can be treated;
- Improvements to delayed transfer of care (bed blocking);
- Less travel to Reading and Oxford;
- Better integration of staff in social and community services.

4.4 Suggestions for Future Services on the Second Floor of Townlands Hospital

60% of those who responded to the question about what services could be provided on the second floor of the Townlands building answered that they would like to see the space used for the originally planned 18 beds.

Further detail is included in the Appendices of the suggestions for future services, which included:

- More beds/reinstate Peppard Ward
- Mental health services
- End of life care
- Youth and maternity services
- Prevention and wellbeing services
- Diagnostics
- Therapies
- Primary care services
- Community facilities / services
- Specialist services
- Urgent care services
- Surgery

4.5 Consultation Process

The consultation process is fully described in Appendix 6. Concerns were raised about the consultation process, namely:

- The design of the questionnaire and the questions asked
- Insufficient information about the model of care
- Insufficient publicity
- Lack of opportunity to hear the consultation proposals

5. Next Steps

The final consultation report will be presented to the Governing Body of Oxfordshire Clinical Commissioning Group on Thursday 30 July 2015.