

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	17 May 2018
<b>Title:</b>	Outpatient, X-ray and community midwifery services in Whitehill & Bordon: Re-provision of services from alternative locations or by an alternative provider
<b>Report From:</b>	Alex Whitfield, Chief Executive Officer, Hampshire Hospitals NHS Foundation Trust

### 1. Purpose of Report

- 1.1. The report below describes the reasons for proposing the re-provision of the outpatient, x-ray and community midwifery services currently provided in Whitehill & Bordon from alternative locations and by alternative providers.

### 2. Contextual Information

- 2.1. Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton, and Whitehill & Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for community midwifery team who provide services from the hospital as well as home visits.
- 2.2. In the last 12 months HHFT received 3,918 referrals from the GP practices in Whitehill & Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up) around 74% were seen at our main hospitals or locations other than Whitehill & Bordon. 26% were seen locally in Chase Community Hospital.
- 2.3. The outpatient services currently provided at Whitehill & Bordon are run by medical and nursing staff and clinics are across five main specialties at differing frequencies between Mondays and Fridays. X-ray (plain film only) is provided across two sessions held on Mondays and Thursdays. Community midwives have a permanent base at the Chase Community Hospital. The Hampshire Hospitals NHS Foundation Trust outpatient services at the hospital provided 2,382 outpatient appointments in the last 12 months.
- 2.4. The table below shows a summary of the outpatient attendances in Whitehill & Bordon in the last 12 months by specialty. This activity represents 1,440 individual patients.

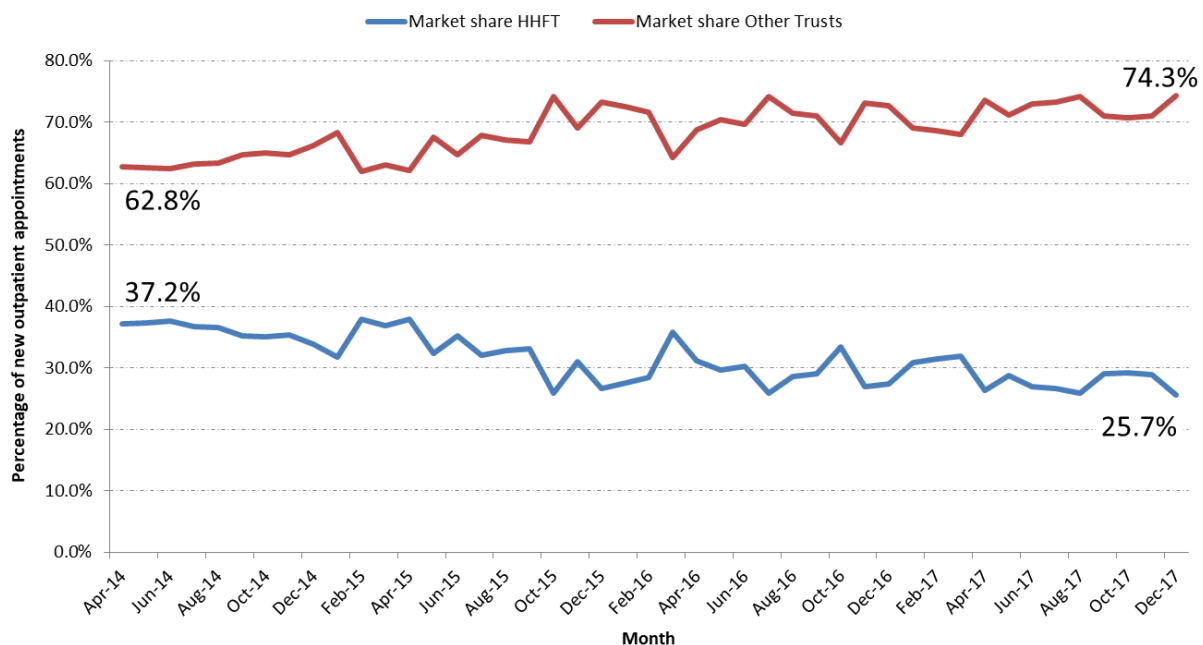
<b>Attendance Type</b>	<b>Clinic Specialty Description</b>	<b>Total attendances</b>
First	Audiological Medicine	64
	Ent	113
	Maxillo-Facial Surgery	43
	Ophthalmology	250
	Orthoptics	55
	Paediatrics	242
<b>First total</b>		<b>767</b>
Follow-up	Audiological Medicine	190
	Ent	102
	Maxillo-Facial Surgery	45
	Ophthalmology	652
	Orthoptics	164
	Paediatrics	462
<b>Follow-up total</b>		<b>1,615</b>
<b>Total number of attendances</b>		<b>2,382</b>

- 2.5. In total HHFT delivered 602,457 outpatient attendances across all of our sites during the same period. The activity delivered at the Chase Community Hospital represents about 0.39% of the Trust total.
- 2.6. The number of outpatient attendances HHFT delivered (regardless of delivery location) for patients registered to one of the Whitehill & Bordon practices was 9,090 or about 1.5% of the Trust total.
- 2.7. The x-ray service at Chase Community Hospital performed 1,816 examinations in the last 12 months for around 1,280 individual patients (some individual patients have multiple x-ray examinations.)
- 2.8. In total over the course of 12 months HHFT typically provide around 167,000 x-ray examinations across all of its sites. The activity delivered at Chase Community Hospital therefore represents about 1% of the Trust total.
- 2.9. Whitehill & Bordon is being transformed into a prosperous and sustainable 'green and healthy' town. After over 100 years as a 'garrison town', the Army left the town in December 2015 and moved to a new base at Lyneham in Wiltshire. This has freed up over 100 hectares, presenting a unique 'once in a generation' opportunity to transform the town from 'garrison town to green and healthy town' by 2030.
- 2.10. In July 2015, the NHS launched the Healthy New Town programme with the aim of improving health through the built environment and shaping new towns to promote health and well-being. South Eastern Hampshire CCG and EHDC, together with a range of other partners, submitted a successful bid to NHS England for Healthy New Town (HNT) status with Whitehill & Bordon being announced as one of national demonstrator sites in March 2016.
- 2.11. A core ambition within the Healthy New Town programme in Whitehill & Bordon is the development of a new town centre health facility to be delivered in 2020. the stated aim was to provide everything that is currently included within the Chase Community Hospital plus innovative, state-of-the-art models of care from the new health facility.

### 3. Drivers for change

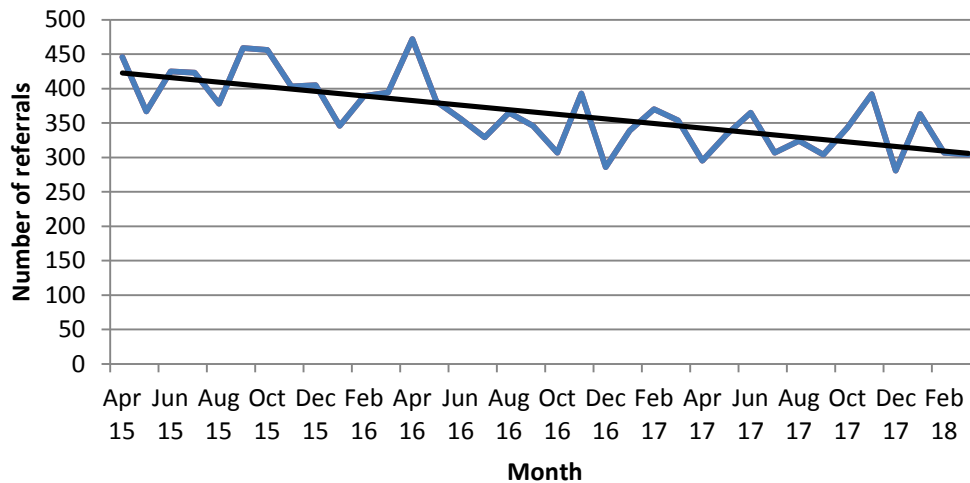
3.1. The Trust is proposing to re-provide these services from alternative locations for four key reasons: the declining share of activity coming to HHFT from Bordon GPs; the low numbers of patients attending clinics at The Chase; the disproportionate costs of renting space relative to the activity delivered; and the relative distance of Bordon from our main hospital bases. These are discussed and evidenced in the following paragraphs.

3.2. **A declining share of outpatient activity.** The number of Whitehill & Bordon patients choosing to have their first outpatient appointment with Hampshire Hospitals NHS Foundation Trust (regardless of where they attend) is declining. Using the Badgerswood surgery as an example (from which the Trust receives nearly 70% of all its Whitehill & Bordon area referrals) the Trust's share of the new outpatient appointments for patients registered at the practice shows a steady decline. The difference between the share in April 2014 and December 2017 is a fall of 11.5%. Subsequent activity - such as elective procedures - is usually determined by the provider of the first outpatient appointment.

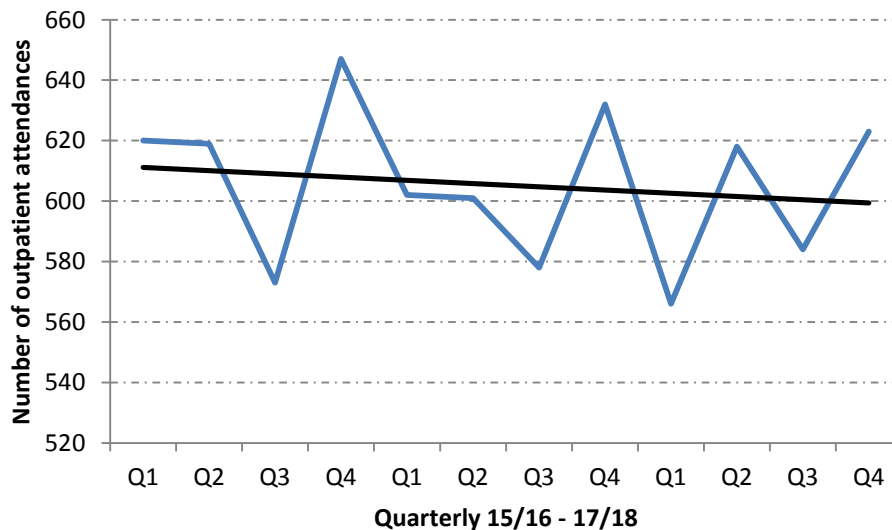


3.3. The share for other providers has increased correspondingly. Whitehill & Bordon patients now enjoy a much enhanced and active service from the Royal Surrey County Hospital NHS Foundation Trust which accounts for the majority of the change. This shift in GP and patient choice has caused Hampshire Hospitals NHS Foundation Trust to re-evaluate Whitehill & Bordon as part of its core geography.

3.4. This is also reflected in the numbers of referrals the Trust receives from Whitehill & Bordon. The chart below shows the downward trend in referrals over the last three years.



- 3.5. **The small number of outpatient attendances seen in Whitehill & Bordon.** In the last 12 months Hampshire Hospitals NHS Foundation Trust provided 2,382 outpatient appointments from Chase Community Hospital which represents 0.39% of the Trust’s total outpatient workload.
- 3.6. The Trust has managed to maintain steady activity in Whitehill & Bordon despite the downward trend in referrals. The chart below shows the quarterly attendances over the last three years and demonstrates a very small, but downward trend in resulting activity. This low level of activity in relation to the Trust’s overall activity has become difficult to sustain for the reasons outlined in this paper



- 3.7. **The cost of renting space at Chase Community Hospital is disproportionate to the activity delivered.** Each year HHFT pays NHS Property Services £22,858 to occupy 100.8m<sup>2</sup>. This includes the x-ray suite which NHS Property Services requires us to pay a full occupancy basis despite HHFT only being there for two sessions each week. The Trust also pays approximately £11,100 per year in additional sessional fees for individual clinic rooms. This is a total of £33,958 to deliver around 4,000 appointments (including x-ray) which is £8.40 per contact per year.

- 3.8. Hampshire Hospitals NHS Foundation Trust has compared this with the cost of rental of Alton Community Hospital at £161,984 per year to occupy 642m<sup>2</sup> with no additional charges. The Trust delivers around 30,000 appointments per year (including x-ray) from this hospital, a cost of £5.30 per contact per year.
- 3.9. The Trust has negotiated with NHS Property Services and the current cost includes a reduction from around £50,000 per year that was in place prior to 2015/16. Nonetheless, renting space at Chase Community Hospital for this amount of activity remains poor value for money.
- 3.10. Associated with the clinical environment is equipment. The x-ray machines in particular, although well maintained, are at risk of breaking down irreparably given their age. Centrally-limited capital availability means that the Trust will not be able to replace this equipment should it break down.
- 3.11. **The relative distance of Bordon from HHFT's main hospital sites.** The work independently undertaken as part of the long term strategy planning for acute care in mid and north Hampshire determined the Sunday travel times (as the best case) from Whitehill & Bordon to the nearest acute hospital.

From Bordon to....Hospital	Minutes	Miles
BNHH (Basingstoke HHFT)	41	23
RHCH (Winchester HHFT)	42	24
QAH	27	24
Royal Surrey	27	22
Frimley	29	18

- 3.12. There are only minimal differences in the distance to Hampshire Hospitals NHS Foundation Trust (HHFT) hospitals when compared with other providers such as QAH, Royal Surrey or Frimley but a disproportionate difference in travel time of around 15 minutes.
- 3.13. As a comparison, travel to HHFT's outpatient department in Alton is a 25 minute journey of just over 15 miles from Basingstoke and North Hampshire Hospital BNHH and a 32 minute journey over 19 miles from Royal Hampshire County Hospital RHCH. The great majority of clinics at Alton and Chase Community Hospital are staffed by Basingstoke-based clinicians.
- 3.14. This relative distance impacts the Trust in a number of ways. Supporting single session clinics such as those at Chase Community Hospital can mean that clinicians are only able to deliver one whole clinical session in a day or may not be able to offer a full clinic. The road improvements between Whitehill & Bordon and Guildford have positively impacted travel time for patients which has impacted HHFT's share of activity as highlighted above. And lastly, increased travel impacts on staff travel costs.
- 3.15. HHFT's proposal will mitigate both poor financial performance and operational issues in several ways. No additional accommodation will be required to provide the capacity at the alternative locations of Alton, Basingstoke or Winchester dependent on patient choice. Some staff costs will also reduce through saving travel time. Maintenance costs for equipment will also be saved.
- 3.16. HHFT recognises that not all costs will be saved given the need to re-provide the capacity at alternative locations. Nonetheless HHFT estimates that the improvement

will be sufficient to address the economic drivers for change and improve the consolidation of resources at our more established sites.

3.17. From a quality perspective HHFT believes our more established services at alternative sites offer greater support for patients across a wider number of specialties, and a more stable staff given the higher levels of activity and proximity of supporting services.

3.18. HHFT also recognise that this will affect the Trust's income. Given that 74% of patients referred from Whitehill & Bordon GPs already attend their appointments elsewhere, HHFT has assumed that income will continue to decline in line with the current rate of loss in share of activity.

3.19. In most cases HHFT have made plans to re-provide these services and patients who wish to be referred to HHFT will continue to be offered appointments at Alton, Basingstoke or Winchester depending on their choice.

#### 4. Individual services and re-provision plans

4.1. The table below summarises each specialty, the average number of monthly attendances at Chase Community Hospital based on the last 12 months, the HHFT re-provision plans and any existing commissioner plans to replace the capacity in Whitehill & Bordon.

Specialty	Monthly average number of New attendances (last 12 months)	Monthly average number of Follow-up attendances (last 12 months)	Total monthly average appointments	HHFT re-provision plans	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Audiology	5	16	21	These appointments will be re-provided by our established services at Alton or other locations depending on patient choice.	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Maxillo-facial	5	5	10		Activity is too low for an alternative provider	This service will not move to the new health hub
Ophthalmology (including visual fields and orthoptics)	21	54	75		Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Paediatrics	20	39	59		Further work underway with HHFT to understand the services provided and how they will be re-provided	

Specialty	Monthly average number of New attendances (last 12 months)	Monthly average number of Follow-up attendances (last 12 months)	Total monthly average appointments	HHFT re-provision plans	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
ENT	10	9	19	See paragraph below	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
<b>Totals</b>	<b>61</b>	<b>123</b>	<b>184</b>			

- 4.2. **ENT** (Ear, Nose and Throat) service has already needed to make plans to move these appointments to Alton. This is due to a change in consultant availability. Affected patients are being informed and the last clinic at Chase Community Hospital will be at the end of May.
- 4.3. **X-ray services** perform on average approximately 151 examinations each month. Multiple examinations are frequently performed on individual patients and this represents an average of 107 patients per month. These examinations will be provided from our x-ray services at Alton or other locations depending on patient choice.
- 4.4. Discussions are underway between the CCG and a potential alternative provider. The x-ray equipment belongs to HHFT but the Trust is willing to transfer the asset at no cost to an alternative provider dependent on commissioner intentions.
- 4.5. **Community Midwifery services** have an active caseload of women in the Bordon and Whitehill area. The majority of antenatal and postnatal care is provided locally by Hampshire Hospitals Community Midwives in the GP practices, Chase Community Hospital or at home.
- 4.6. Women will continue to choose to birth with one of four providers, Hampshire Hospitals, Royal Surrey County Hospital, Frimley Park Hospital or Portsmouth. The number of women choosing to birth at Hampshire Hospitals has declined over recent years thus the majority of women are birthing with other providers and there is little continuity of care for women and their families.
- 4.7. The Trust will continue to work closely with the commissioners for these services and the provider leads to provide pathways for continuity of care for each of the maternity services.
- 4.8. Hampshire Hospitals Community Midwives will continue to support women who wish to choose to birth with Hampshire Hospitals by providing community midwifery care from a team based in the Alton. The Trust will agree a simple transfer of the caseload of women to each of the other providers (depending on which they choose) to ensure continuity of care for the women and their families who book with other providers. The aim of this is to continue to provide care locally as the model is now but with continuity through each of the providers.
- 4.9. The service leads of each organisation are developing a plan to achieve this model and agree the pathways prior to any transition.

4.10. In recent weeks, independent of these discussions, the Royal Surrey County Hospital midwifery team has started working from Chase Community Hospital and are in place to expand their service provision in Whitehill and Bordon.

## **5. Commissioner support and involvement**

- 5.1. We advised our commissioners through our usual channels of our intention to re-provide services in early February 2018.
- 5.2. Since that time HHFT has been developing a communications and engagement plan with support from South Eastern Hampshire CCG to ensure that the views of local people and key stakeholders are gathered and taken into account.
- 5.3. The commissioner has also been considering potential alternative providers to deliver replacement services at Chase Community Hospital. HHFT will provide detailed information on caseload and facilities to these potential providers as necessary.

## **6. Patient and stakeholder engagement and involvement**

- 6.1. A communications and engagement plan sets out how HHFT, with support from the CCG, will ensure appropriate and timely engagement and communication with patients, key stakeholders and the public.
- 6.2. Pending presentation of this report to HASC no specific engagement and involvement has yet taken place with the exception of those affected by the change in ENT services outlined in 4.5
- 6.3. As part of the communications and engagement plans HHFT will describe the proposed changes directly to patients in clinics, appointments and visits so their views can be taken into account as the plans are finalised and implemented. The Trust is also available to accompany the CCG to stakeholder groups.
- 6.4. Working closely with commissioners in the development and delivery of engagement and communications HHFT recognises the potential for public and stakeholder concern. The communications and engagement plan therefore sets out plans for appropriate and timely communication and engagement with all other stakeholders.
- 6.5. The CCG runs a Steering Group made up of community representatives and this has been in existence for more than five years. The group has been linked to engagement mechanisms within the Whitehill & Bordon Regeneration programme.
- 6.6. The CCG also has a Community Engagement Committee and Locality Patient Group (made up of representatives from each Patient Participation Group) and all three groups have been regularly involved in the development of plans for Whitehill & Bordon. A range of engagement has been carried out in the local area since 2011 and these are set out below.
- 6.7. Throughout this period local people have told the CCG that they want to be able to access a range of high quality and accessible health services in the local area, preferably co-located and provided seamlessly with other advice, support and well-being services.
- 6.8. Since its inception in 2013 the CCG has been actively engaging residents in Whitehill & Bordon to ensure that facilities in the town meet local health need. This built on engagement carried out by NHS Hampshire, the CCG's predecessor organisation.



6.9. The following grid details the previous engagement undertaken:

Date	Engagement activity
2009 - 2012	Six-week consultation exercise which included: <ul style="list-style-type: none"> <li>• 17 meetings with MPs/councillors/county councils</li> <li>• carried out two surveys (2009 &amp; 2011) – 331 plus responses</li> <li>• three stakeholder workshops to help shape the services (October 2011, January 2012, March 2012)</li> </ul> Regular Chase Stakeholder Group meetings Six drop-in events Survey Two Community Question and answer fora Monthly Chase Stakeholder Group meetings
2013- 2014	Options appraisal with local community representatives. Report to Community Engagement Committee Co-production of Chase Charter with local people Updates to HOSC Monthly Chase Stakeholder Group meetings
2014 -2015	Attended two community events and surveyed local people about their views on plans for Chase Hospital Monthly Chase Stakeholder Group meetings Regular newsletter Updates to HOSC
2015/16	Survey of local people about how they use of primary care services and their views on primary care in the future Survey of local people about how they use of community services and their views on community services in the future Workshops seeking the views of local people about local health services Monthly Chase Stakeholder Group meetings Regular newsletter
2016/17	Design workshop with local community representatives to determine and agree the health outcomes for local people in Whitehill and Bordon and then identify the services that are needed to deliver these and to focus on the types of buildings needed for these services and how they can work together. Options appraisal workshop

## 7. Impact on patient choice

7.1. HHFT recognises that this proposed change will affect patient choice for around 26% of outpatient appointments that are for patients registered with one of the Whitehill & Bordon practices.

7.2. Below is a summary of the numbers of outpatient appointments from the last 12 months for patients registered with a practice in Whitehill & Bordon . The activity delivered at Chase Community Hospital represents 1,440 individual patients.

Attendance Type	Total Attendances at HHFT	Total Attendances at Chase Community Hospital	% Attendances seen at Chase Community Hospital	% Attendances seen in other locations
New appointment attendances	2,629	767	29.17%	70.83%
Follow-up appointment attendances	6,461	1,615	25.00%	75.00%
<b>Total outpatient attendances</b>	<b>9,090</b>	<b>2,382</b>	<b>26.20%</b>	<b>73.80%</b>

7.3. The proposal will affect a much higher percentage of those attending for plain film x-ray. Below is a summary of the numbers of patients seen by the x-ray service in the last 12 months for patients registered with a Whitehill & Bordon GP practice. This represents 1,280 individual patients.

	Total GP-requested x-ray exams at HHFT	Total x-ray exams at Bordon	% exams seen in Bordon	% exams seen other locations
Number of x-ray examinations	2,249	1,816	80.74%	19.26%

7.4. The CCG is having discussions with alternative providers. The impact on patient choice will be reviewed in light of these discussions, when they have concluded, and the feedback received during the engagement.

## 8. Clinical support

- 8.1. The plans have been discussed at the Trust's Executive Committee meeting where it was supported by the Chief Medical Officer and Medical Directors
- 8.2. The plans have also been shared with local GPs. Local GPs are reporting since the A3 tunnel has opened patients are increasingly choosing to use services at the Royal Surrey County Hospital. The CCG has been in discussion with local GP practice representatives about the proposal to re-provide HHFT services currently offered at Chase Community Hospital at the Trust's other sites and these discussions will continue during the next few weeks. The CCG's Clinical Associate for Whitehill and Bordon is actively involved in discussions with alternative providers to bring replacement services to Whitehill and Bordon and the CCG's Clinical Chair (a GP in Liphook and Liss) is also informing these conversations.

## 9. Progress and next steps

- 9.1. Pending the views of the HASC, HHFT working closely with commissioners, will implement the communications and engagement plan. The themes from the feedback gathered will then be taken into account as the plans are finalised and implemented.
- 9.2. HHFT are able to enact the plans to relocate services within a short period of time and following appropriate communications with local GPs, commissioners and patients, would propose to complete the transition by the end of July 2018 subject to

HASC and stakeholder views and this date is flexible to account for commissioner and stakeholder feedback.

- 9.3. HHFT will work with commissioners and any future alternative providers to ensure the transfer of care for those patients who wish to continue to be seen at Chase Community Hospitalis smooth.

## **10. Conclusion**

- 10.1. The proposal to re-provide the outpatient, X-ray and community midwifery services from various locations in Whitehill & Bordon to alternative locations was made because it is no longer possible for HHFT to provide these services in an effective and sustainable way. Work has progressed at pace to ensure that re-provision plans are in place and alternative provision for Whitehill & Bordon is being explored by the CCG.