

Designing Your Local Health Services

Frequently Asked Questions

October - November 2017

Q Are Community Hospitals closing?

A No decision has been taken on the future of community hospitals. Over the coming months we will be working with clinicians, patients and local stakeholders to design the future of local health services that meets the needs of local people.

Q Haven't all the Community Beds closed for good? If not, then why have staff been re-deployed or made redundant?

A The situation at the moment is that some community beds in our five community hospitals have been temporarily closed to new admissions. This has meant that staff have been re-deployed whenever possible, although unfortunately some support staff have been made redundant.

Q Will there still be community beds for rehabilitation?

A There will still be about 130 community beds across our area including 70 rehabilitation beds.

Q How will the local health service cope during winter without the beds that have been closed?

A The rehabilitation beds were not commissioned for assessments for on-going care to be carried out, or for A&E overflow. They should not be used as waiting rooms for patients who are much better served with care in their own homes or in their assessed permanent place of residence following a health and/or social care assessment.

In August 2016, a spot check was undertaken to identify whether the patients in the community hospital beds needed to be in hospital. This study, carried out across the adult intermediate and rehabilitation beds open across our five community hospitals, showed that the 91% of patients were receiving assessments or care that could be carried out at home or a care home or were waiting for another service.

We have been working closely with Staffordshire and Stoke on Trent Partnership Trust (SSOTP) and University Hospitals of North Midlands Trust (UHNM) to develop a service known as Discharge to Assess to ensure that patients are discharged home from hospital with the right clinical assessment, and with social care support where required and therefore reducing the requirement for an admission into a bed.

Q How can you be sure that the care is in place in the community based to support people when they go home?

A We would like to reassure people who have raised concerns that home based care is not yet fully in place. We have recently invested over £24 million in improving the range and quality of community health services such as district nurses, intermediate care teams and specialist nursing teams to make sure that support and care are based around the individual patient with the aim of delivering high quality care, closer to home.

Q What about those elderly, frail people who need 24 hour care – how can that be provided at home?

A If patients require 24 hour care, they would not be cared for at home. They would be cared for in a nursing home.

Q Is this about saving money?

A With diminishing resources and increasing pressures on services across the whole of the NHS, we have to be clear that both Stoke-on-Trent and North Staffordshire CCGs are facing financial challenges. Maintaining services as they are is not the best way to spend the Staffordshire pound wisely and to get best value for the public money that we spend.

Q What about the growing local demand for health services with all the house building and with people generally living longer?

A Consideration of current and modelling the future demand for services is very important. It will form part of the Pre-Consultation Business Case we submit to NHS England early in 2018.

Q Have you thought about people who live in rural locations and those people who rely on public transport?

A Accessibility of services is one of the criteria that we would like your views on. We will certainly be taken it into account when looking at the feedback we get.

Q Why waste money on these public meetings – wouldn't it be better spent on NHS services?

A CCGs have statutory duties to seek the views of local people and stakeholders when considering changes in the provision of local services. We do this not just because it is a legal requirement but because it is the right thing to do.

We want to know what's important to you and which services meet your needs. We are keen to explore what changes could be possible. We know that when local people are involved in decisions about their health care, there are better health outcomes as a result.

Q What happens next and when? Could the formal consultation be sooner than next summer?

A All the feedback from events and the survey responses will be compiled into a long list of options and the CCGs will work with representatives of local residents to consider the 'long list' and produce a 'short list' which will be part of the CCGs' Pre-Consultation Business Case. That will then be submitted to NHS England for their consideration before the formal consultation process can take place. We will keep you informed of the developments and invite you to respond to the formal consultation next year. Because of the process we need to go through with NHS England, it is unlikely that this will happen sooner.

Q What will you do with what we say?

A We will take all of the feedback gathered and produce a long list of services. We will then work with clinicians, commissioners, residents and local stakeholders to apply criteria which are recognised nationally as the key criteria that services should be judged against.

We will apply weightings to the criteria according to what you say is important and produce a shortlist which we will be consulting on next summer.

Q Will there be an open plan that documents how services will change and what is put in place to make sure they don't falter?

A We will publish the shortlist of service options as a formal consultation next summer and once the CCGs have considered carefully all that feedback, it will be published along with the CCGs' decisions.

Q What will be done to extend and develop services at community hospitals?

A Decisions will be taken by the CCGs once the feedback from the formal consultation is compiled next year.