

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**CLINICAL SERVICES REVIEW – COMMUNITY SITE SPECIFIC CONSULTATION**  
**OPTIONS**

<b>Date of the meeting</b>	20/07/2016
<b>Author</b>	Dr P Richardson, Programme Director, Design and Transformation
<b>Sponsoring Board Member</b>	Dr F Watson, Chair NHS Dorset CCG
<b>Purpose of Report</b>	The purpose of the report is to seek Governing Body approval to proceed to public consultation, subject to the further national assurance required, on the models of care for integrated community services and the reconfiguration of community services that are recommended following further work on the Clinical Services Review since July 2015.
<b>Recommendation</b>	The Governing Body is asked to consider the report recommendations and to: <ul style="list-style-type: none"> <li>(a) <b>approve</b> the CCG integrated community services preferred community site-specific options for community hubs with and without beds (section 2.24 and 2.25);</li> <li>(b) <b>approve</b> the proposal to proceed to consultation;</li> <li>(c) <b>approve</b> the delegation of authority to the Chair and Chief Officer to make reasonable amendments to the public consultation proposal to address the external assurance feedback.</li> </ul>
<b>Stakeholder Engagement</b>	A full statement regarding engagement with members, clinicians, staff, patients & public is included in the report
<b>Previous GB / Committee/s, Dates</b>	Initial report on the Clinical Services Review – Consultation Options: May 2015 Governing Body

## Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: PR

## 1. Introduction

- 1.1 The CCG Governing Body at its meeting on the 18<sup>th</sup> May 2016 approved to proceed to formal public consultation to consult on the updated acute hospital model of care and the CCG preferred site-specific options.
- 1.2 This report sets out the progress of the Clinical Services Review (CSR) on the development of the proposed Integrated Community Services model of care and site specific options, and seeks approval from the Governing Body to proceed to the formal public consultation encompassing:
- approve the CCG integrated community services preferred community site-specific options for community hubs with and without beds;
  - approve the proposal to proceed to public consultation;
  - approve the delegation of authority to the Chair and Chief Officer to make reasonable amendments to the public consultation proposal to address the external assurance feedback.

### The Need for Change

- 1.3 The need for change has become stronger than ever and we have published an updated 'Need for Change' (first published January 2015) in March 2016 which sets out the compelling story, and reflects the changing health needs of the Dorset population, for example; a growing elderly population, with a 60% increase in registered diabetes patients, and a 30% increase in the over 70's expected by 2020; and more people in Dorset living with long term conditions. Other challenges are highlighted such as; the sustainability of the workforce, addressing variation in the quality and access of community care, and the growing financial challenge.

## 2. Integrated Community Services (ICS) - the results of our work

- 2.1 We have progressed the depth and detail within our plans over the past year, these are outlined in the following section of this report.

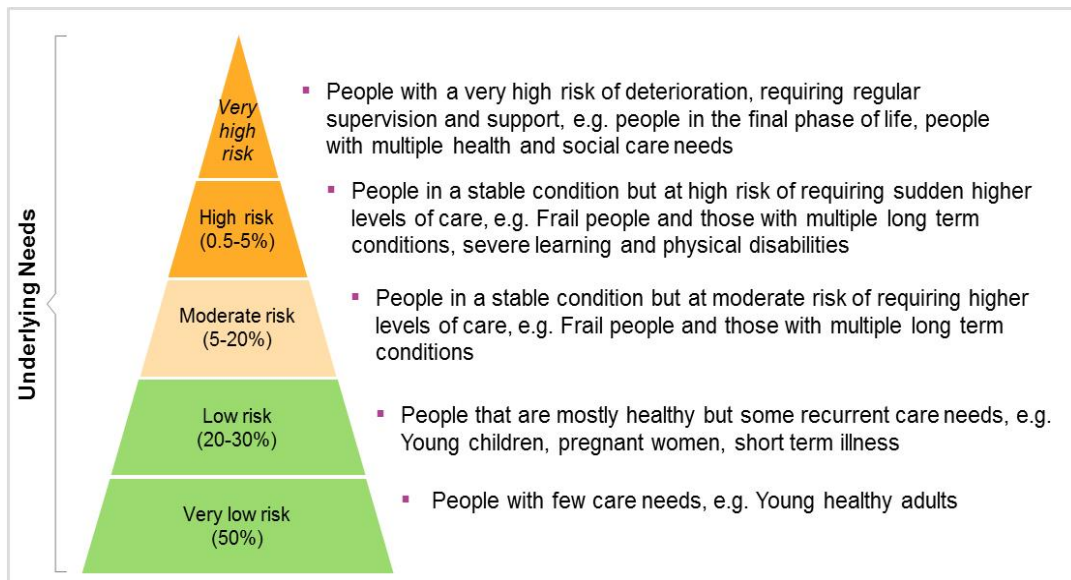
### Community model of care

- 2.2 The model of care aims to;
- Increase the number of people supported in and by community settings, such as their own homes or through community hubs, as an alternative to being admitted to our major hospitals;
  - Increase the range of services on offer in community settings;
  - Bring health and social care staff together working in joined up teams to support those people with most complex needs;
  - Increase access to services in community settings, seven days a week and for longer periods in the day;
  - Improve the utilisation, as community hubs, at our community hospitals, through the consolidation of some of the community NHS estate, and the increase in usage of others;

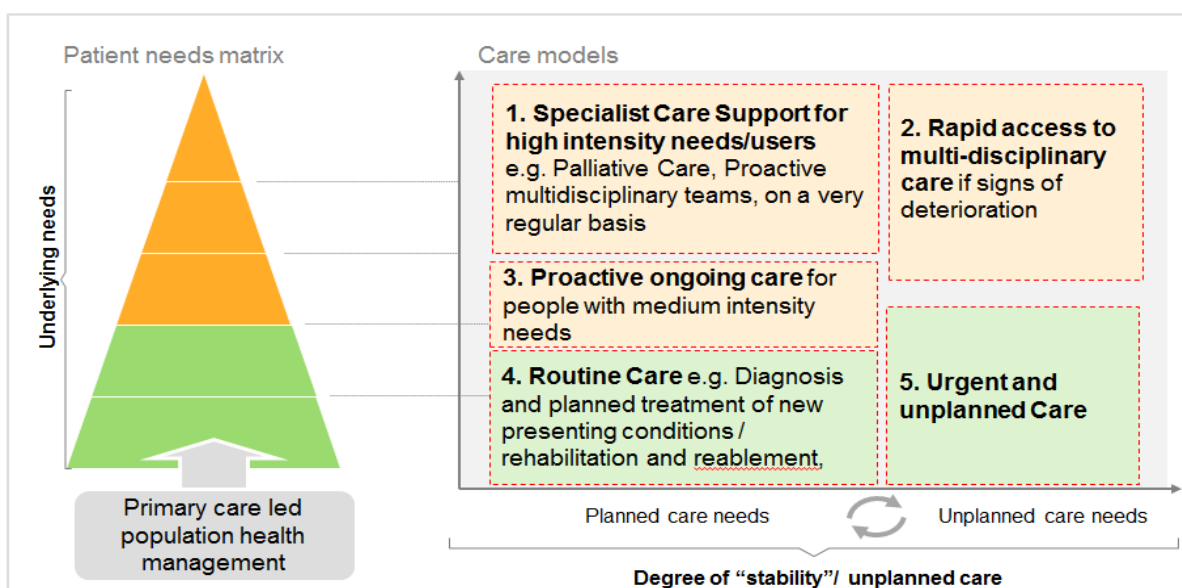
# 8.1

- Ensure the mental health and wellbeing for patients is an integral part of local services, and we are continuing to develop and support the mental health acute pathway review that is running concurrently.

2.3 The community model developed is based on stratifying the local population needs. This then allows us to look to configure service delivery around individual levels of need in the most appropriate way. The five broad groupings of population need are outlined below.



2.4 The levels of need were then considered to inform the design and configuration of services to meet that need, in doing this a range of care models have emerged. These care models are in place in other parts of the country, such as Torbay and North West London, and have been shown to be highly effective in the delivery of community based care. A summary of the five care models and how they map to the population need is outlined below. See Appendix 1 for a summary descriptor.



- 2.5 The design principle of extensive engagement with public, patients, carers, clinicians and stakeholders of Dorset has been central to the development of the model and associated service planning. A synopsis of the feedback from this engagement is in Appendix 2.
- 2.6 The focus of the Dorset Sustainability and Transformation Plan is prevention at scale and recognises the importance of the ICS as integral to the acute reconfiguration, and transformation of healthcare services in Dorset.

## **Service planning**

- 2.7 A programme was initiated to provide further detailed service planning for ICS. The focus of this programme is to work with Local Authorities , GPs, community and acute sectors to co-design services covering health and care, wellbeing and prevention that are co-located in community hubs, delivered locally from public sector estate or delivered in patient's homes by community based teams.
- 2.8 Workforce analysis has been undertaken, and this continues to be tested and refined. Early work indicates this would require some recruitment, changes in skill-mix across staff groups and amended ways of working. The requirement for the development of nursing and allied health professional roles across community and primary care services, and the workforce transition planning across the community and acute sectors.
- 2.9 The approach taken to modelling the future workforce requirement is intrinsically linked to the modelling of future capacity requirements to support more people within a community setting, delivered through the new models of care. This is subsequently informing the financial modelling to determine future costs - and the income and expenditure and net present value of the system transformation. Capital planning has been undertaken as part of the 'affordability criteria' test which has contributed to the proposed community hubs with beds. Please Appendix 5. Initial capital assumptions would suggest that the capital work to support the community hubs, gross costs before any asset sales or disposals, is in the region of £15-20m.
- 2.10 Modelling of the impact of the new models of care has shown that the required 25% reduction in non-elective medical admissions, and the 20% reduction in non-elective surgical admissions that underpin the acute model of care can be met. This is a key consideration, and will require improved community based support and better access to step up beds for short term rehabilitation, with acute, community, primary care and the local authority working together in a more integrated way.
- 2.11 The service configuration model shows that there is potential to deliver better care closer to people's home, centred around the place/area in which people live, utilising community resources, and through a series of community hubs and primary care sites. Currently Dorset has 13 community hospital sites with beds and 98 GP practices delivering care in 135 sites. The community model of ICS allows for development of expanded integrated teams delivering more services and working from fewer community hubs and primary care sites, which allows the optimisation of utilisation of those hubs.

- 2.12 More detail on the method taken to determine the proposed preferred community hospitals as community hubs with or without beds, and the range of services is in Appendix 3.

## **Evaluation of the site specific options for community hospital hubs**

- 2.13 We have continued to use the evaluation criteria developed by clinicians, the Patient and Public Engagement Group and the Finance Reference Group and were the criteria were used to evaluate the options (Appendix 4). The evaluation criteria are:

- Quality of care for all;
- Access to care for all;
- Affordability and value for money;
- Workforce;
- Deliverability;
- Other (e.g. research and education).

- 2.14 Scrutiny of evidence against each criterion was based on data and information provided directly by local providers, publicly available published data or information supplied via reference groups and working groups and the knowledge, expertise and judgement of the professionals involved.

- 2.15 In addition to the factual evidence provided, site visits were undertaken by the Governing Body in June 2016. At each visit the Governing Body received a brief tour of a section of the hospital site and information from the hospital leadership team. The feedback from the visits was incorporated into a Governing Body workshop in July to further consider the site specific options and impact of the future site specific configuration across Dorset. A summary of the outputs from these visits is in Appendix 5.

- 2.16 Quality of care for all was evaluated by assessing the impact on quality of care in 2019/20, the impact on patient safety (and safeguarding), outcomes/clinical effectiveness and patient experience.

- 2.17 Access to care for all was evaluated by detailed travel time analysis undertaken by external experts and based on independent satellite navigation system data from hundreds of thousands of real time journeys. This was used to assess the impact on the population of possible changes from the current location of services to those contained within the proposals. Impact on journey times to the community hubs where consolidation of community beds is recommended. Service operating hours and impact on patient choice were also assessed under this criterion.

- 2.18 Affordability and value for money was assessed with input from the Finance Reference Group, by modelling the financial impact of the proposed clinical models and site specific options on capital costs.

- 2.19 The approach to workforce modelling was assessed in conjunction with the Dorset Workforce Action Board, which is responsible for system workforce

planning, and the impact of the scale of changes on the workforce and sustainability of the workforce, was considered when reviewing the criteria.

- 2.20 Deliverability was assessed by examining the expected time to deliver and the impact on other policy areas/proposed changes to health and care services. This included development requirements of the sites and the impact on deliverability, movement of services, beds, facilities and staff.
- 2.21 Other (e.g. research and education) was assessed in line with national and local policies for Research and Development (R&D) and education and training.

### **The CCG recommended site specific options for community hospital hubs**

- 2.22 Having looked at the integrated community model of care and considered the site specific options, the feedback from the pre-consultation and the evidence for each option, they have been evaluated in order to come to following site specific preferred options for public consultation for community hospital hubs.
- 2.23 For the community hubs we have been reviewing fifteen site options, and we are proposing twelve locations for community hubs in total across Dorset, seven community hubs with beds; with a wide range of facilities including outpatients, diagnostics, and an additional five hubs without beds, with a range of outpatient services, co-location of staff and the potential as a site for a range of other complementary local community resources.
- 2.24 **It is recommended that the following are the CCG preferred site specific options for the future delivery of community hubs with and without beds:**

Community hospital hubs with beds	Community hubs without beds
<ul style="list-style-type: none"> <li>• Poole or Bournemouth hospitals (subject to public consultation on the preferred major planned hospital)</li> <li>• Wimborne Hospital</li> <li>• Bridport Hospital</li> <li>• Blandford Hospital</li> <li>• Sherborne Hospital</li> <li>• Swanage Hospital</li> <li>• Weymouth Hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Shaftesbury (with care home beds)</li> <li>• Christchurch (with care home beds for the Christchurch and Bournemouth areas)</li> <li>• Dorset County Hospital*</li> <li>• Portland</li> <li>• Wareham (with care home beds)</li> </ul>

\*Dorset County Hospital is also an acute hospital

- 2.25 **It is recommended that Alderney, Westhaven and St Leonards would no longer be community hospital hubs, and the services re-provided within the recommend sites. In addition, it is recommended that alternative sites for the local hubs without beds, in Portland, Shaftesbury and Wareham are pursued.**
- 2.26 A final decision will be reached by the CCG once the public consultation has completed and the results taken into account.

2.27 A summary of the evaluation criteria outputs supporting the recommendations in section 2.25 are in the table below and more detail is in Appendix 5:

#### Poole Localities –Summary Evaluation

Criteria	Poole Localities (If Poole is the major planned site)		Poole Localities (If Bournemouth is the major planned site)	
	Poole Hospital Option 1A	Alderney hospital Option 1B	Bournemouth Hospital Option 2A	Alderney hospital Option 2B
Quality of Care for all	↔	↔	↔	↔
Access to care for all	✓	x	✓	x
Affordability	✓	x	✓	x
Workforce	↔	↔	↔	↔
Deliverability	✓	x	✓	x
Other (R&D)	↔	↔	↔	↔

#### Bournemouth and Christchurch Localities –Summary Evaluation

Criteria	Bournemouth and Christchurch Localities (If Poole is the major planned site)		Bournemouth and Christchurch Localities (If Bournemouth is the major planned site)	
	Poole Hospital Option 4A	Alderney hospital Option 4B	Bournemouth Hospital Option 5A	Alderney hospital Option 5B
Quality of Care for all	↔	↔	↔	↔
Access to care for all	✓	x	✓	x
Affordability	✓	x	✓	x
Workforce	↔	↔	↔	↔
Deliverability	✓	x	✓	x
Other (R&D)	↔	↔	↔	↔



## East Dorset and Purbeck Localities –Summary Evaluation

Criteria	East Dorset		Purbeck	
	Wimborne Option 3A	St Leonards Option 3B	Swanage Option 6A	Wareham Option 6B
Quality of Care for all	↔	↔	↔	↔
Access to care for all	✓	X	↔	↔
Affordability	✓	X	✓	X
Workforce	↔	↔	↔	↔
Deliverability	✓	X	✓	X
Other (R&D)	↔	↔	↔	↔

## North Dorset Locality –Summary Evaluation

Criteria	North Dorset			
	Blandford Option 7A	Sherborne/ Shaftesbury Option 7B	Shaftesbury/ Blandford Option 7C	Blandford/ Sherborne Option 7D
Quality of Care for all	↔	↔	↔	↔
Access to care for all	X	X	X	✓
Affordability	X	X	X	✓
Workforce	↔	↔	↔	↔
Deliverability	X	X	X	✓
Other (R&D)	↔	↔	↔	↔

## Weymouth and Portland Locality –Summary Evaluation

Criteria	Weymouth and Portland		
	Westhaven Option 8A	Weymouth Option 8B	Portland Option 8C
Quality of Care for all	↔	↔	↔
Access to care for all	↔	✓	↔
Affordability	↔	✓	X
Workforce	↔	↔	↔
Deliverability	X	✓	X
Other (R&D)	↔	↔	↔

## Key

↔ = Equal Evaluation  
 ✓ = Better Evaluation  
 X = Worse Evaluation

- 2.28 A summary of the site specific preferred options for public consultation for community hubs illustrated for each locality within Dorset is outlined below:

### ***North Dorset***

- 2.29 To have 2 community hubs with a wide range of facilities including outpatients, diagnostics and community beds at Sherborne and Blandford hospitals and a local dynamic community hub without beds providing services such as outpatient, ambulatory care, diagnostics and co-location of community teams in Shaftesbury and Gillingham, with access to care home beds to provide step up care and palliative care beds with enhanced in reach support in this area. Discussions have begun with Wiltshire regards potential for collaboration in commissioning future provision for the population around the Wiltshire/Dorset borders which will strengthen the need for a higher specification non bedded community hub in Shaftesbury. The future site for the local hub in Shaftesbury will be considered, in recognition that Shaftesbury hospital has significant limitations and would not be suitable as a future community hub.

### ***Mid Dorset***

- 2.30 To have a community local hub at Dorset County Hospital, including the development of step up beds through re-profiling of Dorset County Hospitals existing beds. In addition, access to large community hubs with a wide range of facilities including outpatients, diagnostics and community beds in neighbouring Blandford, Sherborne, Bridport and Weymouth Hospitals.

### ***West Dorset***

- 2.31 To have a community hub with a wide range of facilities including outpatients, diagnostics and community beds at Bridport hospital. In addition, access to a community hubs with beds in neighbouring Sherborne and Weymouth hospitals.

### ***Weymouth and Portland***

- 2.32 To have a community hub with a wide range of facilities including outpatients, diagnostics and community beds at Weymouth Community hospital and a local community hub without beds in Portland. GP's have just begun to explore the potential for a local primary care hub in this area, as an alternative to the Portland hospital site, in recognition that Portland hospital has significant limitations and would not be suitable as a future community hub. Portland is an area where, with partners, the CCG intend to continue to develop a plan with local people to improve the specific health outcomes in this area, with a particular focus on the wider determinants of health.

### ***Purbeck***

- 2.33 To have a community hub including community beds and some outpatients at Swanage, and a community hub without beds at Wareham. In addition, short term care home beds with enhanced in reach support would be used in the Wareham area. The Wareham hub being the major hub, providing a wide

range of outpatient services for the Purbeck area. For some specialties and therapies, where there is a high demand, there is potentially the scale to have some outpatients specialties on both sites. Local GP's have begun to explore the potential for mobile x-ray supporting both sites, this will need to be tested in terms of sustainability and affordability..

### ***East Dorset***

- 2.34 To have a community hub with a wide range of facilities including outpatients, diagnostics and community beds at Wimborne. In addition access to community hubs in neighbouring Christchurch, Poole and Blandford hospitals. Initial discussions have commenced with West Hampshire CCG regards the potential for collaboration in commissioning future provision for the population around the Hampshire/Dorset border in the Ferndown area.

### ***Poole Localities***

- 2.35 To have access to 1 community hub with a wide range of facilities including outpatients, diagnostics and community beds at Poole hospital or Bournemouth hospital (subject to the outcome of public consultation on the location of the major planned hospital), In addition access to the community hub in neighbouring Wimborne hospital.

### ***Bournemouth and Christchurch Localities***

- 2.36 To have a hub without community hospital beds (there is palliative care beds) at Christchurch hospital, and community beds in a range of sites across the area, using short term care home beds with enhanced support, and access to 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at Poole hospital or Bournemouth hospital (subject to the outcome of public consultation on the location of the major planned site).

## **3. Mental Health and Integrated Community Services**

- 3.1 Parity of esteem is being embedded within every aspect of the work the CCG is taking forward in order to ensure mental health is valued equally with physical health. This means we will be tackling mental health issues with the same energy and priority as we have tackled physical illness.
- 3.2 There are good examples where services are working together to address both people's mental and physical health needs, one being the current pilot of joint working, between the memory support and advisory service, (for people with memory impairment) and local GP practices.
- 3.3 The CCG is leading the Mental Health Acute Care Pathway (MHACP) Service Review a specific pan-Dorset review including services such as inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams. The MHACP design is being co-produced by service users, carers, the voluntary sector, NHS providers and Dorset police, all of whom bring different insights into the system.

3.4 The CCG is also commencing a dementia services review, which will inform the future pattern of services including older peoples mental health beds, the review will consider any potential benefits of co-locating older peoples mental health beds at any of the hospital community hubs with beds.

## 4. Conclusion

4.1 Delivering our two overarching objectives of the acute care reconfiguration and development of ICS models of care, will go a long way towards meeting the challenges set out in the 'need for change'. There will be significant benefits in delivering a high quality, responsive and accessible integrated health and care service across Dorset that is sustainable for the current and future generations.

4.2 If, following public consultation, we can achieve these objectives, this will allow us to:

- Transform primary and community care towards consistent quality seven day services delivered in an integrated way;
- Develop a rapid response to urgent care needs with a single point of access;
- Integrate care for people with long term conditions and frailty by integrated locality based teams;
- Improve care closer to home by delivering more outpatient and other planned care in the community;
- Support people to recover independence quickly by improving home based support and use of technology;
- Develop plans for a workforce that was fit for the future;
- To develop proposals for community hubs to support the delivery of services at scale.

4.3 These should then enable Dorset to deliver the case for change and have:

- A more sustainable workforce across our hospitals and services, to allow better care to be provided more reliably over the whole of Dorset in future years;
- An integrated care record to improve access to information for health and care staff and to enable more informed clinical decisions on patient care;
- A financially sustainable acute and community sector that allows for future investment in services for patients.

4.4 These patient benefits can be considered against the evaluation criteria to demonstrate how we intend to meet requirements asked of us by our patients and public in the initial consultation and engagement phase of our programme (Appendix 6).

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- 4.5 The Governing Body is asked approve the recommendations contained within the frontis.

**Author's name and Title : Phil Richardson, Director of Design and Transformation**

**Date : 08 July 2016**

**Telephone Number : 01305 368034**

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>What the New Models of Care Mean for People - Descriptor</b>
<b>Appendix 2</b>	<b>Pre Consultation View Seeking</b>
<b>Appendix 3</b>	<b>Approach to Service Modelling</b>
<b>Appendix 4</b>	<b>Evaluation Criteria</b>
<b>Appendix 5</b>	<b>Evaluation of the Community Hospital sites</b>
<b>Appendix 6</b>	<b>Patient Benefits</b>

## Appendix 1: What the New Models of Care Mean for People - Descriptor

### 1. High intensity needs

- 1.1. For people with very high intensity needs the model is specifically designed to be responsive and reactive. People in this level will require consistent multi-disciplinary team input and on-going monitoring to prevent their conditions worsening or escalating. They may have one or more long term condition, and or be frail and vulnerable, have both physical and mental health needs or be at the end of life. With targeted interventions and good planning, avoiding unnecessary emergency admissions will be possible, ensuring people get early intervention when needed.
- 1.2. Coordination is key at this level of need, close personalised care and support of the person will produce the best outcomes. Remaining at home in a familiar environment is better for people generally, and particularly for the frail elderly, or those with dementia.
- 1.3. For people with High Intensity needs they will require rapid access to care and health teams if their condition deteriorates (gets worse), and will be on the Multi-Disciplinary Team caseload. If at any point, a person requires urgent care this will be coordinated by the community team with direct liaison with the GP, urgent care services, and the acute hospital. This approach will ensure information is shared for the best outcomes for the person, their hospital stay will be shorter and they can come back into the community and be supported by their team once recovered more quickly.

### 2. Medium Intensity Needs

- 2.1. For people with medium intensity needs proactive on-going care will maintain their stability and support them to live well within their abilities with a long term condition. These people, if managed well, are the most stable group of people requiring care and support from health and social care. As such they represent an opportunity to avoid deterioration and promote self -management through achieving their co-created goals. An important element of care and support to people with medium and high intensity needs is the coordinated access to the community and voluntary sector resources local to them. As with people with higher intensity needs, if people at this level require urgent care this will be coordinated by the community team with direct liaison with the urgent care services, and the acute hospital. Again by responding quickly, sharing information their hospital stay will be shorter and people can come back into the community, and being supported by their team recover more quickly.

### 3. Rapid Response

- 3.1. Provide an immediate response to people in the community, the aim of the service is to prevent patients, in their own home and under the care of their GP, from being admitted into hospital if they become unwell and are safe to remain at home.

- 3.2. Senior nurses, mental health nurses, therapists, rehabilitation assistants, doctors and social workers make up the teams. A person in need can be rapidly assessed by a senior nurse or therapist and a care plan and care package put in place to help the person remain at home. The rapid response team can also help in rehabilitation of people once home from hospital ensuring that people return to their daily routine as soon as possible.
- 3.3. An urgent care response here would result in rapid assessments by either health or social care either in the home or in a unit, and the right level of intervention undertaken. This way of working will ensure people access the services quickly and are assessed and enabled effectively.

## **4. Lower Intensity Needs**

- 4.1. For people at the lower levels of need, they are generally healthy and may only need routine access to health care services from time-to-time. They will be seen in routine primary care, for example at GP practices, and will mostly be well. During pregnancy women may require a higher number of professional visits and also may need a higher level of care. Children too, in their early years also require access to immunisations and to routine and emergency care.
- 4.2. People here, who may be adults of working age, want convenient access to their GP and services, and our vision for e-portfolio of Skype consultations, email contact, e- repeat prescriptions and booking will support this. We are working to develop our services 7 days a week across Dorset and this will also support people who cannot access services during the working day.
- 4.3. People at all levels will also benefit from accessing out-patient clinics in settings outside the traditional acute hospital site. Our plans for the community hubs as sites will provide the care setting to deliver this activity.

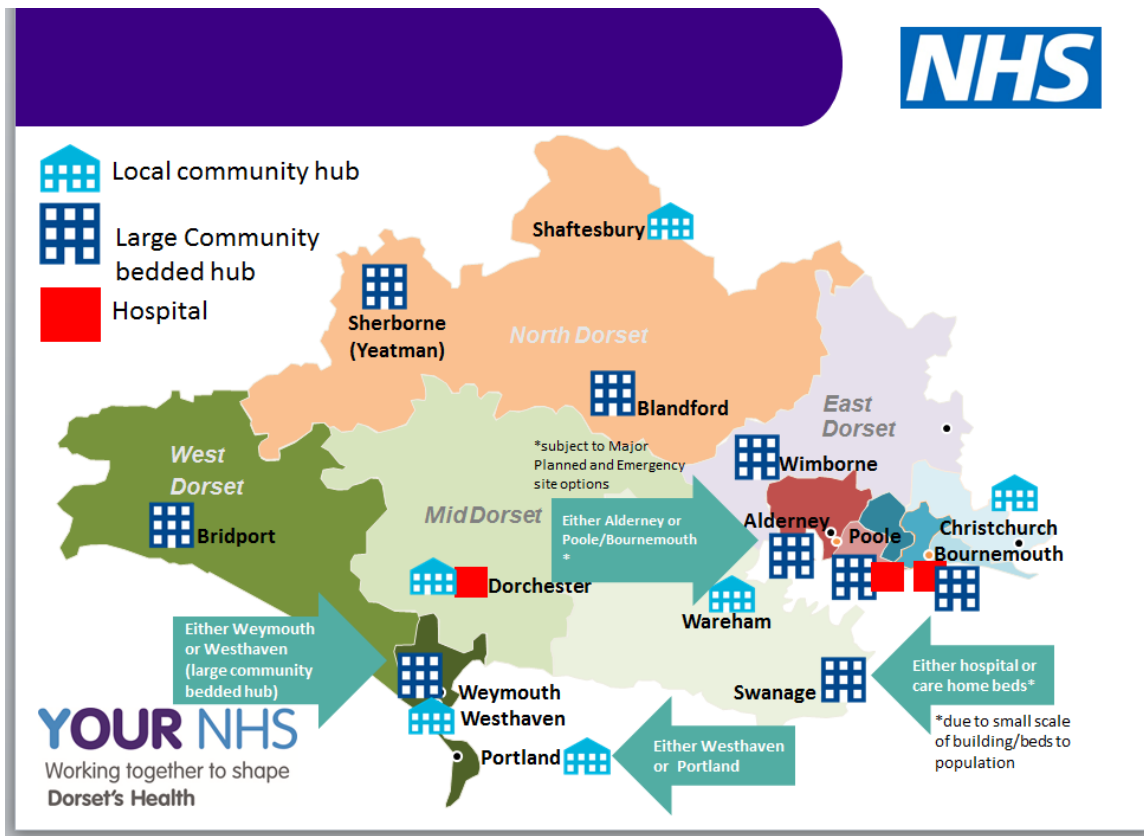
## **5. Urgent Care**

- 5.1. Urgent care centres deal mainly with minor illnesses and injuries such as sprains bites, stings, minor head injuries and wound infections. They support the local community and provide quick competent assessment and treatment of minor illnesses and injuries, and to have the potential to combine urgent GP appointments to support seven day working . People may access urgent care by going themselves to an urgent care centre or being referred by 111 or a GP. Urgent care also provides access to simple diagnostic tests to support other pathways of care in the community.



## Appendix 2: Pre consultation view seeking

- 1.1 The ICS programme has engaged a wide range of stakeholders to provide views and input into the future design of Dorset's community services including:
- The public, patients and carers of Dorset at a range of public events and meetings (Including The public and patient (carer) engagement group (established specifically for CSR);
  - The GP members who work in the 98 GP practices across Dorset;
  - Leading clinical views of the staff who work in Dorset's NHS providers;
  - Other groups of people who have an interest in the planning and delivery of Dorset's health system including carers, providers, local authorities, NHS England, Health and Wellbeing Boards, MPs, councillors and elected members, local Healthwatch, West Hampshire CCG, neighbouring trusts in Somerset, Wiltshire and Hampshire, Dorset Race Equality Council, Dorset Young People's Forum and a wide range of community voluntary organisations;
  - Information has been made available on [www.dorsetsvision.nhs.uk](http://www.dorsetsvision.nhs.uk) website at every stage of the programme;
  - Local authorities and Dorset Association of Parish and Town Councils have become much closer partners in the programme.
- 1.2 The site specific options for community hospital hubs with and without beds, were shared with the public through a public roadshow which travelled over 650 miles, visiting 27 locations. 36 staff spoke to 100's of people and collected 1000's of pieces of feedback. The ICS Public Engagement events were hosted with members of the public representing groups and organisations with an interest in community health and care provision in Dorset, 157 people attended the events and there was broad representation from across Dorset's geography, demography and diversity. In addition, 87 health and care professionals attended stakeholder engagement events where views were sought.
- 1.3 The diagram and narrative below illustrates the proposals in which views were sought and questions posed about community hospital hubs with and without community beds.



1.4 The following questions were posed during the engagement activities;

### **General Questions**

- Over the next 5 years we are planning to offer a wider range of services closer to home, such as an increased number of outpatient clinics, being assessed and treated at home, joined up services and less travelling to Secondary Care hospitals. Alongside this we plan to increase the number of community beds overall.

**Q** - What are your views about these services being delivered closer to home?

- The sites for community hubs with and without beds has been proposed taking into account the access, scale of the facility, affordability and deliverability (cluster events only)

**Q** - What are your views of the proposed sites overall?

### **North Dorset**

- The proposal is to have 2 large community hubs with a wide range of facilities including outpatients, diagnostics and community beds at Sherborne and Blandford with an additional local community hub without beds in Shaftesbury, with the potential for using enhanced care home beds in this area.

**Q** – What are your views?

## ***Mid Dorset***

4. The proposal is to have a community local hub without community beds using the existing facilities at Dorset County Hospital. In addition access to large community hubs with a wide range of facilities including outpatients, diagnostics and community beds in neighbouring Blandford, Sherborne, Bridport and Weymouth.

**Q** - What are your views?

## ***West Dorset***

5. The proposal is to have 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at Bridport. In addition access to a large community hub in neighbouring Sherborne and Weymouth.

**Q** - What are your views?

## ***Weymouth and Portland***

6. The proposal is to have 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at either Westhaven or Weymouth Community Hospital.
- 6a. Westhaven and Weymouth Community Hospital are in close proximity, the proposal is for one or the other to be a large community bedded hub.

**Q** -Which site do you think would be most suitable?

- 6b. Portland and Westhaven are very close in proximity, the proposal is for one or the other to be a community hub without beds. Alternatively to use both sites for other services such as a care home.

**Q** - Which sites do you think would be most suitable a local community hub, if there was one in addition to the large community bedded hub?

**Q** – What are your views on using the sites for other facilities such as care homes, and having one large community bedded hub to support Weymouth and Portland?

## ***Purbeck***

7. The proposal is to either have:
  - A. 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at Swanage with a local community hub without beds at Wareham; OR
  - B. 2 local community hubs one in Wareham and one in Swanage and provision of short term community beds through care homes, as the numbers of beds required for this population is relatively small and Swanage is geographically placed in one part of the locality, which can question the viability and sustainability of a stand-alone community bedded hub.

**Q** - What are your views on options A and B?

## ***East Dorset***

8. The proposal is to have 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at Wimborne. In addition access to community hubs in neighbouring Christchurch, Poole and Blandford.

**Q** - What are your views?

9. It is proposed not to use the St Leonards site for an NHS facility as a community hub, as it does not support a natural local community and other community hospitals/hubs are close by, e.g.; Christchurch, Wimborne, Poole.

**Q** - What are your views?

## ***Poole Localities***

10. The proposal is to have 1 large community hub with a wide range of facilities including outpatients, diagnostics and community beds at one of the two options below, and if this is not Alderney Hospital in the future the potential for this site to be used for other services such as a care home:

- Poole hospital (subject consultation on being the major planned site); OR
- Alderney hospital, as both sites are in close proximity.

**Q** – What are your views on the preferred site?

11. If following consultation Bournemouth Hospital becomes the Major Planned site and Poole Hospital the Major Emergency site. The proposal is to have access to large community hubs with a wide range of facilities including outpatients, diagnostics and community beds at neighbouring Wimborne and Bournemouth Hospital.

**Q** - What are your views?

## ***Bournemouth and Christchurch Localities***

12. The proposal is to have a significant increase in the number of community beds in the Bournemouth and Christchurch area. These could be provided in a range of sites across the area, rather than a central NHS community hub, including the use of short term care home beds.

**Q**- What are your views?

13. The proposal is to have the local community hub without beds at Christchurch Hospital.

**Q**- What are your views?

14. If following consultation Bournemouth Hospital becomes the Major Planned site and Poole Hospital the Major Emergency site. The proposal is to have access to large community hub on the Bournemouth Hospital site offering a wide range of facilities including outpatients, diagnostics and community beds.

## Q - What are your views?

1.5 The themes from the pre-consultation engagement on site specific options for community hospital hubs are summarised below. It should be noted that in general the volume of feedback was not high enough to draw firm conclusions but does provide useful information. In some circumstance strong feedback was received and this is reflected in the synopses below;

- Strong support for delivering care closer to home and the integrated community services model of care, and providing services through community hubs, with a few areas for ongoing consideration;
  - Transport;
  - Staff training and attracting the workforce;
  - Resourcing the changes;
  - Working with the community and voluntary sector and other partners.
- Following public consultation if Poole Hospital is to be the major planned hospital; There was strong support from the public and stakeholder events for Poole Hospital to be used as a bedded community hub, as an alternative to Alderney Hospital. Whilst positive comments were made with accompanying reasoning, several people added caveats to their support predominantly around their wish for Poole to remain as an A & E site. The main areas of focus were around:-
  - The good central and well-known location of Poole hospital which would help support access and travel;
  - Poole site would benefit older population;
  - Hub would relieve A & E and urgent care pressures;
  - Ease of extending existing services at Poole as it already has a wide range of facilities;
  - Plans would serve a growing population well.
- Whilst Alderney Hospital was little known by the public who provided feedback, there was some support for it to become a care home but without a great deal of reasoning behind these views.
- Following public consultation, if Bournemouth Hospital is to be the major planned hospital and also a community hub; the feedback levels from the public in this area were fairly low. There was some agreement from the public feedback that this proposal would be feasible. Wimborne Hospital was regarded highly and Bournemouth hospital as a community hub, as an acceptable proposal. There was a very mixed response, exacerbated by varied understanding about what was being proposed. A clear consensus did not emerge from the public feedback.

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- There was support from both the stakeholder events with health and care professionals and the public feedback for having short term care homes beds in the Bournemouth and Christchurch area as an alternative to a community hub with beds, and to have a local hub without beds at Christchurch. The considerations with using care homes which was also reflected in other localities feedback were;
  - Using care home beds could prevent unnecessary hospital admission and reduce people being delayed in hospital.
  - Provide the homes with increased financial stability.
  - An opportunity to ensure care was of a high standard through the NHS monitoring the standards.
  - Ability to recruit staff into care home settings.
  - Assurance needed on quality of service to be provided
- Support from those attending the stakeholder events was evident for having two community hospital hubs for the Weymouth and Portland locality, one in Weymouth Community Hospital with beds and one in Portland without beds. The responses from the public events over the suitability of a bedded hub mostly reflected where respondents lived. Opinion was divided and most responding Portland residents rejected the idea of community services and beds being centralised in Weymouth. Conversely Weymouth residents mostly felt this was the sensible solution although some had sympathy for the needs of Portland residents. On balance, however, there were good levels of support for Weymouth Hospital to be the bedded hub principally as it is more accessible, from feedback from the public roadshow, whereas, from the public engagement events they favoured Westhaven. Overall, there was fairly equal support for Westhaven and Portland to be a community hub without beds. No conclusions can therefore be drawn from the public feedback as a number of people in support of the various configurations and turnout at the various roadshow stops varied.
- The roadshow teams collected a huge amount of feedback on the proposals in the Purbeck area, predominantly in Swanage where there is extensive local support for the Swanage Community Hospital. In excess of 200 comments of support were received on the day the roadshow visited Swanage and more feedback has since been submitted by post. Swanage Hospital has a very active and supportive League of Friends group who encourage local involvement and fundraising for the hospital. On the question of providing a bedded community hub in Swanage, there was overwhelming and enthusiastic support from local people. There was equal and strong rejection of the proposal to provide community beds in local care homes in the town as an alternative to community hospital beds. Conversely, whilst fewer people gave their feedback in Wareham, the feedback they provided was largely in support of having community beds to be provided in care homes in Wareham. A minority of respondents, mainly from Wareham and some from Corfe Castle, rejected both proposals and asked that community beds be retained at both Swanage

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and Wareham hospitals. The stakeholder events supported a community hub with beds in Swanage and a hub without beds in Wareham.

- The stakeholder and engagement events feedback had strong support for Bridport hospital being a community hub with beds. A low number of people responded to this question from the public road show. There was general agreement with the proposal with a degree of concern expressed from people in Lyme Regis regarding travel and the challenge of staff recruitment in Bridport.
- For North Dorset there was good support for the proposals drawing positive comments across the four public roadshow stops. There was some understanding of the need to consolidate bed provision into two locations (Blandford and Sherborne) and recognition of the age, location and future viability of Shaftesbury Hospital. There was good support for the proposal to use Shaftesbury Hospital as a care home facility with similar caveats to those described in the Bournemouth and Christchurch section about care home beds. Themes from the large number of comments made were predominantly around:
  - High level of concern for lack of planned service provision in Gillingham area especially reflecting the projected rapid growth in population due to new housing developments. Also travel distance from Gillingham to Blandford and Sherborne
  - A desire to retain community beds in Shaftesbury Hospital with comments saying these were needed for local people.
  - Support for a non-bedded hub in Shaftesbury

The feedback from the stakeholder events indicated concerns related to transport and access to good quality care homes in the Shaftesbury area, working with the local authorities to support effective planning will be a key consideration.

- For Mid Dorset locality the feedback levels from the public roadshow in this area were fairly low. There were some good and positive comments of support to have a community local hub without community beds using the existing facilities at Dorset County Hospital. In addition access to community hubs with beds in neighbouring Blandford, Sherborne, Bridport and Weymouth. The stakeholder feedback supported having access to step up beds at Dorset County Hospital.
- From East Dorset locality, from both the stakeholder and public feedback it was clear that there was strong support for developing Wimborne Hospital as a community hub. The hospital is well supported by an active League of Friends who positively encourages the local community to get involved. There is a good appreciation of the quality of services already delivered by the hospital team and welcoming to extending these and retaining beds. There was no concerns expressed from the public when visiting Ferndown, about not potentially having St Leonards community hospital as a community hub. The proposal was supported by the stakeholder events,

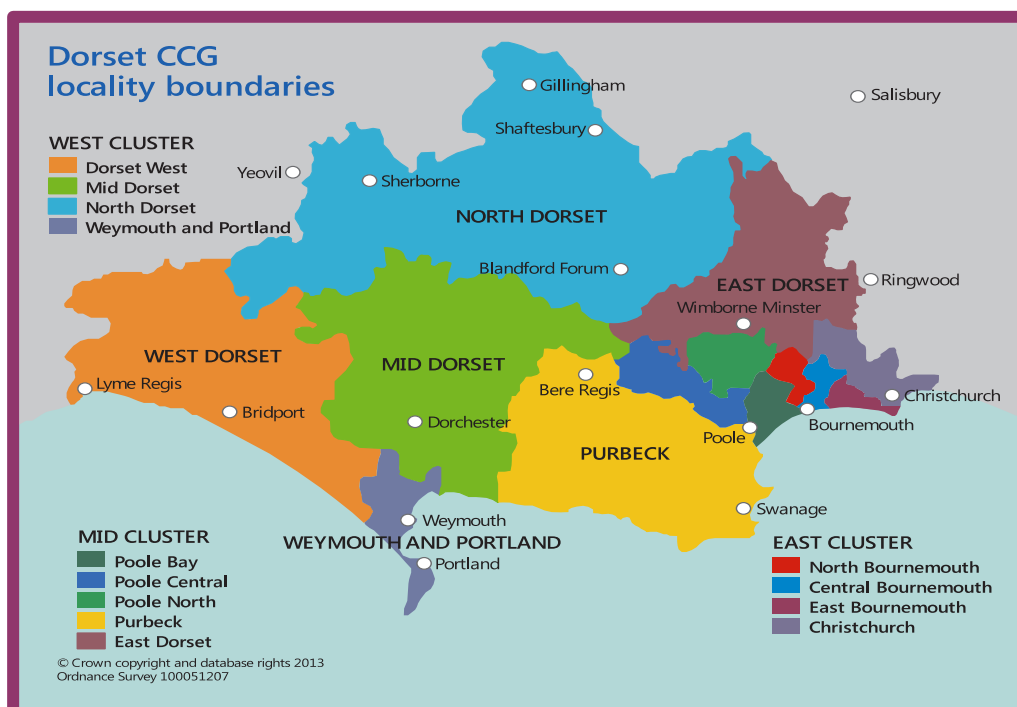
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with some feedback about the need to ensure there is a transition period with increasing the availability of services in other areas to accommodate the reductions at St Leonards.



## Appendix 3: Approach to Service Modelling

- 1.1 The options for the site specific configuration of community hospitals to form community hubs has been co-designed with local stakeholders through cluster workshops, with health and care professionals, and through engagement events and roadshows with the public, to seek views as part of a pre consultation process. A range of options have been considered for the different localities across Dorset with a varying range of consolidation and development.
- 1.2 A five step approach has been taken to modelling the future demand and supply over the next five years for integrated community services, these five steps consider;
- How much care/activity will be required in 2020/21?
  - What's the optimal service and who (workforce) should deliver it?
  - What could be done where? E.g.; people's home, in clinics, in community beds.
  - What capacity is required across Dorset and in each cluster/locality? E.g.; How many people and how much space; What does "scale" look like for each service area.
  - What are the options for how this could be delivered in each locality? -, What combinations of locations optimise access/travel times and efficient use of facilities and balance the quality of care with the best use of our facilities.
- 1.3 The results from this modelling, and views from local people have shaped the range of services which could be delivered in each of our 13 localities, and those that need to span a wider geography across a cluster, as there is less demand and therefore considerations of scale and clinical and financial sustainability, balanced with access are taken into account . A map below illustrates the localities and clusters referred to;



1.4 **In each locality** the following services will be delivered;

- A rapid response team to assess and support people with complex and high level needs
- A multidisciplinary team of Doctors, Nurses, Therapists, Pharmacists, Social Care and community and voluntary sector staff to treat and care for people and to support self- management and independence

1.5 At least one community hub using existing facilities;

- Urgent Care Centres (UCC) (if Primary Care urgent care is managed through UCC, and provides the scale required, and not near an existing emergency department)
- Outpatient consultations for diabetes, geriatrics, dermatology and therapies (Physiotherapy, Occupational Therapy, Podiatry and Audiology) could be run from 13 or more sites (subject to further detailed analysis by speciality).
- Scale, efficiency, sub specialism and diagnostic need/scale allows for 7 to 13 sites for the all other specialties (subject to further detailed analysis by speciality);
- For example orthopaedics delivered from 13 sites but not all sub-specialisms in all 13 sites e.g. ankle clinic;
- Base for Integrated Health and Social Care Teams.

1.6 The following services will be also available at locality level;

- Mental Health teams and Integrated Learning Disability teams;
- Potential for a wider range of early help and community resources;
- Pharmacy.

1.7 **In each cluster area** (West, Mid and East Dorset) the following services will be delivered;

- A large community bedded hub or network of beds:
  - Step up beds from people's homes;
  - Step down beds from acute hospital;
  - A wide range of outpatient facilities;
  - Day case facilities;
  - X-ray/other diagnostic facilities;
  - Urgent Care Centre for minor injuries and ailments, (if not co-located with a major hospital) supporting people who historically go to the emergency department.

1.8 The modelling approach taken, in addition to considering the level of activity for support in people's homes and in clinic settings, also modelled the future number and location (adjusted for population demographics) of community beds required, compared to what and where we have them presently. The bed modelling included the following components; the demographic changes over the next five years; a productivity assumption of achieving 24 days average length of stay for patients who have stepped down into a community

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bed from a major hospital, and 3 days average length of stay for people admitted from their own home (informed by best practice); and 25% of the 25% reduction in non-elective admissions being supported in a community bed (the remaining 75% supported in peoples own homes or clinic settings). The outputs of this modelling were tested further using a range of methodologies.

- 1.9 The results of the bed modelling indicate that over the next five years we require an additional 69 community beds, and redistribution across the County to reflect local needs, with a decrease of community beds in the West of the County, and an increase in the East.
- 1.10 Engagement with health and care professionals suggests that the use of community beds is to support people who are unable to be supported in their own homes, and have intensive rehabilitation needs, end of life care and for short term intensive management of exacerbations of someone's long term conditions or frailty.
- 1.11 We are taking into consideration the clinical views locally to best meet the demands, some areas where historically there haven't been community hospital beds wish to minimise the use of community beds, with greater emphasis of supporting people in their own homes, and using short term beds in care homes with enhanced in reach support, as an alternative to beds in a community hospital and other areas wishing to continue with community hospital beds. Patient's levels of acuity are an important consideration.
- 1.12 This feedback, along with the potential benefits of using short term care home beds, with enhanced in reach support where the number of beds required is small, has been considered in the site options recommended for future consultation.
- 1.13 Another key theme from the feedback was the current challenges in securing domiciliary care, and the importance of having the right care, in the right place, at the right time. This is an area of focus currently with the Local Authorities to jointly address these issues.
- 1.14 Simple diagnostic tests such as phlebotomy could be available in each locality and Xray could be provided in each of the community hubs with beds (modelling of demand suggest capacity for 6 required), operating over long periods of the days and seven days a week, levels of future activity and providing the scale to ensure financial and clinical sustainability has informed the number of sites in which simple diagnostics such as X-ray is proposed, with the potential for additional sites over time, as more care is delivered closer to people's homes, this can be assessed on clinical and financial sustainability and consideration of interdependency between services.
- 1.15 Day case activity could be provided in each of the community hubs with beds, for example day case procedures under local anaesthetic, and procedures such as endoscopy (with the appropriate accreditation standards). The future demand modelling indicates that two to three sites (day case facilities/theatres) could accommodate the level of capacity required to meet the future demand. However this needs to be balanced with access, the level

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of refurbishment required, and also the clinical and financial sustainability of the acute trusts services as well as those in a community setting. Currently we have theatres in six community hospitals with significant underutilisation in some sites. Weymouth and Wimborne hospitals have the highest levels of activity. When taking these factors into account there is likely to be scope to increase the day case activity in the community hospital hubs such as Wimborne hospital, however careful consideration will be required on the impact of Dorset County hospital if increasing the day case activity in the community hospital hubs in the West of the County.

- 1.16 In order to assess the impact of site specific options for community hospital hubs with beds (where consolidation is recommended – community beds) on travel times, we have carried out travel time analysis and modelling. The analysis has demonstrated that, with the community hospital sites recommended for having community beds, 100% of people would be able to reach community bedded sites within 32 minutes by private car and 87 per cent within one hour by public transport, if there were 7 strategically located sites with beds compared to 13 at present. 100% of people would be able to reach a community hospital hub (includes hubs with or without beds) in 23 minutes by private car and 91 per cent within one hour by public transport.
- 1.17 There has been a particular focus on travel analysis scenarios in the North Dorset area, as the community hospital sites are on the periphery of North Dorset locality boundaries. There is also a dispersed population, with circa 1,600 people registered with a North Dorset GP living outside of Dorset in Somerset and Wiltshire.
- 1.18 An assessment of the community hospital estate was undertaken to inform which sites would be suitable in terms of the size, and an assessment of the potential investment associated with any development requirements.
- 1.19 We have also considered the interdependency of the two site specific acute options, option A and option B in our community modelling and this is reflected in the analysis undertaken.
- 1.20 The local Dorset Vanguard attracted 6 GP federations successfully put forward plans to design integrated community services. The 6 federations presented initial thoughts at public engagement events in March and April 2016 and have subsequently provided their plans for integrated services they are being considered along with the Integrated Community Services programme and they are a key part of developing the implementation approach.

## Appendix 4: Evaluation Criteria

Criteria <sup>1</sup>	Sub-criteria	Description
1	Quality of care for all <ul style="list-style-type: none"> <li>Clinical effectiveness</li> <li>Patient and carer experience</li> <li>Safety</li> </ul>	<ul style="list-style-type: none"> <li>Improved clinical quality and experience e.g. greater potential to access skilled staff and equipment,</li> </ul>
2	Access to care for all <ul style="list-style-type: none"> <li>Distance and time to access services</li> <li>Service operating hours</li> <li>Patient choice</li> </ul>	<ul style="list-style-type: none"> <li>Impact on population weighted average travel times to reflect average impact for urgent and elective treatment and total impact for more isolated and/ or rural populations</li> <li>Ability of model to facilitate 7 day working and improved access to care out of hours</li> <li>No. of sites delivering urgent care, elective, outpatients, diagnostics</li> </ul>
3	Affordability and value for money <ul style="list-style-type: none"> <li>Capital cost to the system</li> <li>Transition costs</li> <li>Net present value</li> <li>Meet license conditions</li> </ul>	<ul style="list-style-type: none"> <li>Capital requirement to achieve required capacity &amp; quality</li> <li>One off costs (excl. capital &amp; receipts) to implement changes</li> <li>Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis</li> <li>Meets regulatory</li> </ul>
4	Workforce <ul style="list-style-type: none"> <li>Scale of impact</li> <li>Sustainability</li> <li>Loss of Dorset workforce</li> </ul>	<ul style="list-style-type: none"> <li>Potential impact on current staff and retraining required</li> <li>Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and taking into account recruitment challenges and change in what work force does i.e. ability to ensure sufficient people with the right skills in the right places?</li> <li>Potential impact on staff attrition due to change</li> </ul>
5	Deliverability <ul style="list-style-type: none"> <li>Expected time to deliver</li> <li>Co-dependencies with other strategies</li> </ul>	<ul style="list-style-type: none"> <li>Ease of delivering change within 3-5 years</li> <li>Alignment with other strategic changes (e.g. Better Together, national and local <a href="#">NHS</a> strategies) and provides a flexible platform for the future</li> </ul>
6	Other (e.g., research and education) <ul style="list-style-type: none"> <li>Disruption to education &amp; research</li> <li>Support current &amp; future education &amp; research delivery</li> </ul>	<ul style="list-style-type: none"> <li>Disruption to Research and Education</li> <li>Support for current and developing research and education delivery e.g. meeting college standards of training individuals and service specifications</li> </ul>

## Appendix 5: Evaluation of the Community Hospital sites

### 1. Results of the evaluation

1.1. The results below are a high level summary of each option against the criteria, the major benefits of each option are outlined by locality.

### 2. Quality of care for all

2.1. It is proposed that each option rated the same against this criteria.

2.2. **For quality of care for all, under all options being considered, it is expected that there will be significant improvements to quality of care through:**

- Increased investment in integrated community services to reduce the rate of hospital admissions and provide care closer to home.
- More differentiated services across Dorset meaning patients receive the right care in the right place.

2.3. Co-location of community beds with the acute Trust offers opportunities to decrease transfers between sites when patients escalate their level of need. E.g. Between Poole and Alderney.

### 3. Access to care for all

#### 3.1. *North Dorset*

**Overall, it is proposed that Blandford Hospital and Sherborne Hospital are deemed to be better rated to meet the access to care for all criteria:**

For North Dorset comparison of Blandford Hospital, Sherborne Hospital and Shaftsbury Hospital: There has been a particular focus on travel analysis scenarios in the North Dorset area, as the community hospital sites are on the periphery of North Dorset locality boundaries. There is also a dispersed population, with circa 1,600 people registered with a North Dorset GP living outside of Dorset, in Somerset and Wiltshire. This analysis indicates that having the community bedded sites at Blandford and Sherborne provides best access to the widest population: car travel at peak times shows that 100% of the population can access one of these sites within 30 minutes (71.1% within 20 min), and by public transport 80.7% within 60 minutes. In recognition that there are 19.3% of the population cannot access beds within 60 minutes by public transport, it is proposed that a small number of community beds are secured through short term care home beds, with enhanced in-reach support in the Shaftsbury and Gillingham area. Parking is available at Blandford and Sherborne, it can be an issue at Shaftsbury. Public transport is limited for all three sites, slightly better to Sherborne.

### 3.2. *Mid Dorset*

**Mid Dorset locality there is not a community hospitals within the mid Dorset locality, and therefore a comparison of sites has not been undertaken.**

However having access to step up beds within Dorset County Hospital and also to Weymouth Community and Blandford Hospital provides good access to a number of community hubs with beds for this locality.

### 3.3. *West Dorset*

**It is proposed that Bridport Hospital is deemed to be better rated to meet the access to care for all criteria.**

For West Dorset locality having a community hub with beds in Bridport- the majority of the population live within 20 mins drive of Bridport hospital and unable to access another community hospital or acute sites within 20 mins. Therefore there is no comparison to other community sites for this locality. Parking is good at the Bridport site. There was general agreement from stakeholder and public feedback with the proposal, with a degree of concern expressed from people in Lyme Regis regarding travel and the challenge of staff recruitment in Bridport. However Lyme Regis is within 30 minutes car drive at peak times to Bridport Community Hospital .

### 3.4. *Weymouth and Portland*

**It is proposed that overall Weymouth Community Hospital is deemed to be better rated to meet the access to care for all criteria.**

For Weymouth and Portland locality having a community hub with beds within Weymouth provides access for 100% of the population in 30 minutes by car at peak times. Parking is good at Weymouth and Portland community hospitals, difficult at Westhaven.

### 3.5. *Purbeck*

**It is proposed that having the community hub with beds at Swanage Hospital is rated better to meet the access to care for all criteria.**

Comparison of Wareham and Swanage hospitals for the Purbeck locality indicates that for this population there are different opportunities north to south of the locality. The Wareham population has better public transport links to Poole Hospital and Dorset County Hospital, therefore a greater choice of sites to access. Both Wareham and Swanage sites provide 100% of the population access by car at peak times within 30 minutes, however, it is recognised that travel in the summer is particularly challenging in this area, both have inadequate parking and no opportunities for expansion. Therefore the difference is marginal in terms of access, apart from the increased choice which the Wareham population have to other hubs.

## 3.6. *East Dorset*

**It is proposed that Wimborne Hospital is deemed to be rated better to meet the access to care for all criteria.**

Comparison of Wimborne and St Leonards hospitals: Travel analysis does highlight an impact on travel time by public transport if St Leonard's hospital is not a community hub, however by car access is within 30 minutes for 100% of the population. The impact is greater if Wimborne hospital was not a community hub and St Leonard's was the hub. Wimborne hospital offers disabled people better access, and the infrastructure is of a better quality.

## 3.7. *Poole Localities*

**It is proposed that Poole Hospital, if the major planned hospital, is deemed to better meet the access to care for all criteria.**

Comparison of Poole Hospital with Alderney hospital for the Poole localities indicates the impact on travel to reach a hub within 30 and 60 minutes if either Alderney or Poole Hospital were the community hub is minor. Poole Hospital provides better public transport links and easier parking and better meets the access criteria for the Poole localities.

Discussions are being held with West Hampshire CCG, related to the use of the St Leonards site, approximately, 10 patients a year from West Hampshire use St Leonards beds, and Fordingbridge hospital is also in close proximity to people living on the Dorset/Hampshire border in this area.

The rating for Bournemouth and Alderney, if Bournemouth Hospital is the major planned hospital, is equal.

## 3.8. *Bournemouth and Christchurch Localities*

**It is proposed that Bournemouth Hospital, if it is the major planned hospital, is deemed to better meet the access to care for all criteria.**

For Bournemouth and Christchurch localities, if Bournemouth Hospital is the Major Planned site, the impact on travel times to reach a community hospital hub, if Alderney is not a community hospital hub, within 60 minutes by public transport, is marginal. The impact is greater for achieving this in 30 minutes by public transport. 100% of the population can reach a community hub within 30 minutes by car.

The access criteria is better met by the Bournemouth site due to public transport and parking.



### 3.9. Overall

Service operating hours will improve under the proposed clinical model moving towards a 7 day a week services and longer opening times during the day.

### 3.10. Affordability and value for money – All Localities

**It is proposed that the following community hospitals sites for community hub with beds are rated better in terms of meeting the affordability criteria ; Bridport, Weymouth, Blandford, Wimborne, Swanage, major planned acute hospital, and Sherborne.**

The table below shows the comparative costs of development, maintenance and the estates running costs for each community hospital to be a community hub with beds. The finance reference group approved the approach/process to assess each site, and this is based on the sites current square meters (m2) of space compared to that needed to support the range of services required within a community hub with beds. This identifies where there is a shortfall in m2 and estimate redevelopment cost at a new build rate.

Estimated costs per site								
Site	Site GIA m <sup>2</sup> shortfall <sup>(2)</sup>	Cost of area shortfall (A)	Conversion costs (B)	Total capital costs (C=A+B) <sup>(3)</sup>	Risk adjusted backlog maintenance costs	ERIC <sup>(1)</sup> running cost per GIA m <sup>2</sup>	Running costs ranking where 1 = lowest cost	Comments e.g. restricted site, parking etc. (links to deliverability)
	m <sup>2</sup>	£'000	£'000	£'000	£'000	£		
Bridport	0	-	-	-	20	237.12	1	
Portland	883	3,832	-	3,832	17	354.55	12	
Weymouth	0	-	-	-	383	245.12	2	
Westhaven	0	-	400	400	8	334.63	11	
Sherborne	0	-	-	-	477	278.56	7	Insufficient parking
Shaftesbury	121	524	-	524	130	294.34	8	Insufficient parking / land locked
Blandford	0	-	-	-	50	245.20	3	Insufficient parking
Wimborne	0	-	-	-	222	255.30	6	Insufficient parking
Wareham	31	134	400	534	11	325.70	10	Insufficient parking
Swanage	0	-	-	-	20	248.99	5	Insufficient parking / land locked
Alderney	557	2,420	536	2,956	70	297.65	9	
St Leonards	0	-	828	828	63	246.08	4	
Christchurch	0	-	-	-	N/A	N/A	N/A	
Poole or Bournemouth as major planned site	0	-	-	-	Not community specific	Not community specific	N/A	
<b>Total</b>		<b>6,909</b>	<b>2,164</b>	<b>9,074</b>	<b>1,471</b>			
Footnotes:								
(1) The ERIC (Estates Return Information Collection) is collected and published by the HSCIC on behalf of the Department of Health. It is the main central data collection of information relating to estates and facilities services in the NHS.								
(2) GIA = Gross Internal Area expressed in square metres								
(3) Where a site lacks a theatre, the const of constructing one has been excluded as sufficient exist to meet both curretn and expected future needs. The cost is anticiipated to be c. £2m per theatre.								

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3.11. In the next stages of the financial assessment, an economical appraisal of the preferred sites for community hubs with beds will be required, and at this stage consideration of the differential numbers of beds required in each community bedded hub, to meet the needs of the local population will need to be further assessed and options considered.

The assessment below indicates the rating for each site;

Rating of costs per site				
Site	Site m <sup>2</sup> shortfall	Total capital costs	Backlog maintenance costs	ERIC running cost per GIA m <sup>2</sup>
	m <sup>2</sup>	£m	£m	£
Bridport	++	++	++	++
Portland	--	--	++	-
Weymouth	++	++	+	++
Westhaven	++	↔	++	-
Sherborne	++	++	+	↔
Shaftesbury	-	-	+	↔
Blandford	++	++	++	++
Wimborne	++	++	+	+
Wareham	-	-	++	-
Swanage	+	++	++	++
Alderney	--	--	++	↔
St Leonards	++	--	++	++
Christchurch	++	N/A	N/A	N/A
Poole or Bournemouth as major planned site		Not community specific	Not community specific	N/A

Key	Description
--	Does not meet size requirement, capital requirement >£0.75m, significant levels of backlog maintenance, >£400 per m <sup>2</sup> running costs
-	Marginally falls short of size requirement, capital requirement of between £0.5m and £0.75m, high levels of backlog maintenance, £300-£400 per m <sup>2</sup> running costs
↔	Less than £0.5m of capital required, backlog maintenance of £0.5m to £1m, £275-£300 per m <sup>2</sup> running costs
+	Marginally above size requirement, minimal capital requirement, backlog maintenance of <£0.5m, £250-£275 per m <sup>2</sup> running costs
++	Meets size requirement, no capital requirement, minimal backlog maintenance, <£250 per m <sup>2</sup> running costs

## 3.12. Workforce - All localities

**It is proposed that each option has an equal rating against this criteria.**

The options are considered to result in improved sustainability of the workforce as they result in fewer sites needing to provide 24 hours, seven days a week delivered care for the same service. The options result in increased volumes of work in their services which will maintain staff expertise, and opportunities for a network approach alongside both the acute and community services within the cluster area.

If Bournemouth were the Major Planned site: for Poole localities there would be more staff disruption due to relocation of services from Alderney to Bournemouth site and a risk to staff retention, however, this could improve sustainability and development of the workforce being on a larger site.

## 3.13. Deliverability

### *North Dorset*

**It is proposed that both Blandford and Sherborne Hospitals are deemed to be better rated to meet the deliverability criteria.**

For North Dorset comparison of the Blandford, Sherborne and Shaftsbury Hospital sites indicated that Blandford and Sherborne provides better opportunities due to space requirement to deliver the range of services required for a community site with beds. Whereas, Shaftsbury Hospital would require considerable development to support the space requirements and the infrastructure is of poorer quality.

### *Mid Dorset*

**Mid Dorset locality there is not a community hospitals within the mid Dorset locality, and therefore a comparison of sites has not been undertaken.**

There is access to step up beds within Dorset County Hospital and also to Weymouth Community Hospital and Blandford, which have the space requirements to deliver the range of services required for a community site with beds.

### *West Dorset*

**It is proposed that Bridport Hospital is deemed to be better rated to meet the deliverability criteria.**

For West locality having a community hub with beds in Bridport- There is no comparison to other community sites for this locality, as there is one community hospital in this area with the space requirements to deliver the range of services required for a community site with beds.

## ***Weymouth and Portland***

**It is proposed that Weymouth Community Hospital is deemed to be better rated to meet the deliverability criteria.**

For Weymouth and Portland locality comparison of Portland, Westhaven and Weymouth Community Hospital indicates that Weymouth Community Hospital provides better opportunities due to space requirements, and already has theatres and diagnostics and the space for re-provision of the beds from Westhaven and Portland.

## ***Purbeck***

**It is proposed that Swanage Hospital is deemed to be better rated to meet the deliverability criteria.**

For Purbeck comparison of the Swanage and Wareham site indicates that both sites cannot accommodate the future bed needs for the locality. Swanage already has theatres, outpatients, diagnostics and MIU and 15 community beds. The additional 5 beds could be secured through short term care home beds with enhanced in-reach support in Wareham/Wool.

## ***East Dorset***

**It is proposed that Wimborne Hospital is deemed to be better rated to meet the deliverability criteria.**

For East Dorset comparison of Wimborne with St Leonard's: Wimborne already has MIU, outpatient, beds, diagnostics and theatres to a high standard of infrastructure.

## ***Poole Localities***

**It is proposed that Poole Hospital is deemed to be better rated to meet the deliverability criteria.**

If Poole is the Major Planned site for both the Poole localities and Bournemouth and Christchurch localities comparing Poole Hospital with Alderney Hospital: Poole Hospital provides better opportunities due to space requirements to deliver the range of services required for a community site with beds. Whereas Alderney would require considerable development for diagnostics, theatres and outpatients.

## ***Bournemouth and Christchurch Localities***

**It is proposed that Bournemouth Hospital if the major planned site is deemed to be better rated to meet the deliverability criteria.**

If Bournemouth is the Major Planned site for both the Poole localities and Bournemouth and Christchurch localities comparing Bournemouth Hospital with Alderney Hospital: Bournemouth Hospital provides better opportunities due to space requirements to deliver the range of services required for a

community site with beds. Whereas Alderney would require considerable development for diagnostics, theatres and outpatients.

### 3.14. **Research and education**

**Each option rated the same against this criteria.**

All options will need to be taken forward in line with national and local policies for research and development (R&D) and education and training so there is not considered to be any difference between the options considered.

### 3.15. **Summary of the community hospital site visits by Governing Body members.**

#### **Wareham Hospital**

This site would require significant investment to become a major community bedded hub and would still not be in the right area for ease of access for all of the Purbeck population. The Vanguard proposals to integrate primary provision with enhanced outpatient consultation capacity and treatment rooms on a new site would better meet population need and represent value for money to the NHS.

#### **Swanage Hospital**

The proposals to use this site for the community bedded hub is reasonable but will pose inefficiencies. The locality need for beds is suggested to be 20. It would not represent value for money to invest in this site and expand bed provision as the hospital is placed in an extreme of the locality. The rationale to maintain the facility due to travel time for Swanage residents also presents a reason not to locate all the 20 beds on this hospital but to seek the additional 5 beds to be provided through care/nursing homes more local to Wool and Wareham. The volume of outpatients located on the Swanage site needs to be balanced against the increased travel time for upper Purbeck. The scale of service provision needs to be matched closely with the Swanage population going forward and balance local care with efficient care.

#### **Christchurch Hospital**

This is an ideal site to be a community hub and if beds are considered part of the future model then the site offers considerable opportunities.

#### **St Leonards Hospital**

Although wards are very spacious the site is hard to access and would require significant investment to deliver a range of community outpatients, diagnostics and theatres. There is no space to co-locate Minor Injuries Units, urgent primary care alongside out of hours without a considerable rebuild. This site would require significant investment to become a major community bedded hub and would still not be in the right area for ease of access for the Christchurch or East Dorset population.

## **Wimborne Hospital**

This site has many of the features that would form the basis of an urgent care centre. The quality of build and infrastructure is high and the opportunity with abutting land provides the basis to recommend this site as the major community hub for both this locality and North Poole.

## **Alderney Hospital**

This site would require considerable investment to become a major community bedded hub and it would not represent value for money for the NHS when considering how close the site is to Poole. The location of specialist dementia beds will be considered in more detail at part of the dementia services review.

## **Bridport Hospital**

The site is very suitable to be developed into a major community bedded hub. It has excellent facilities and infrastructure which could support development of a greater range of services closer to home. The site could provide and support more Lyme patients the interface with the nursing home beds commissioned through Virgin for the Lyme population needs to be considered.

## **Weymouth community Hospital**

This site is very suitable to be developed into a major community bedded hub.

## **Westhaven Hospital**

This site although accessible would be more difficult to develop into a community bedded hub than Weymouth Community Hospital.

## **Portland Hospital**

This site would require significant investment to become a major community bedded hub and would still not be in the right area for ease of access for the majority of the Weymouth and Portland population.

## **Sherborne Hospital**

The site is suitable to be developed into a major community bedded hub and offers opportunities to co-locate services with primary care to develop more integrated urgent care services.

## **Shaftesbury Hospital**

This site would require significant investment to become a major community bedded hub and would still not be in the right area for ease of access for the majority of the North population.

## **Blandford Hospital**

The site is suitable to be developed into a major community bedded hub and offers opportunities to co-locate services with primary care to develop more integrated urgent care services.

## Appendix 6: Patient Benefits

High level criteria	Benefit
Quality of care for all	<ul style="list-style-type: none"> <li>• Care centred around the patient</li> <li>• Meeting patients' physical and mental health needs</li> <li>• Improved outcomes: morbidity and mortality</li> <li>• Saving more lives by having 24/7 consultant on site led care</li> <li>• Provide centres of excellence</li> <li>• Right care in the right place at the right time</li> <li>• Improved communication between clinicians across the health community</li> <li>• Ensuring people have a positive experience of care</li> <li>• Provide seamless integrated care</li> <li>• Meeting national quality standards for key specialist services</li> <li>• Reduced hospital admissions</li> <li>• Reduced length of stay</li> <li>• Increased focus on prevention and wellbeing</li> </ul>
Access to care for all	<ul style="list-style-type: none"> <li>• Care delivered closer to home for more people</li> <li>• More services available 7 days a week</li> <li>• More services available for 24 hours a day</li> <li>• Easier access to hyper-acute and specialist services</li> <li>• More services delivered in the community</li> </ul>
Sustainability and value for money	<ul style="list-style-type: none"> <li>• Closing predicted financial gap of £158 million per year by 2021 using: <ul style="list-style-type: none"> <li>➤ new models of care</li> <li>➤ cost avoidance</li> <li>➤ in-house productivity improvements</li> </ul> </li> <li>• Increased efficiency and reducing variation</li> <li>• Further savings beyond 2021 through prevention</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>• Sustainable workforce with availability 24/7 where appropriate</li> <li>• Attract and retain high calibre staff to Dorset</li> <li>• Greater focus on multidisciplinary working</li> <li>• Improved efficiency of working practices and reduced pressures on workforce</li> <li>• Sufficient volumes of care per consultant to maintain skills and expertise</li> </ul>
Deliverability	<ul style="list-style-type: none"> <li>• A solution that can be largely implemented within 5 years</li> <li>• Service models supported by national guidance and best practice</li> <li>• Support from national bodies</li> </ul>



# 8.1

High level criteria	Benefit
Other (e.g. research and education)	<ul style="list-style-type: none"><li>• Improved opportunities for training and education of clinicians in Dorset with networked working</li><li>• Enhanced ability to attract research and development work and funding</li><li>• More able to adopt new technologies, techniques and treatments</li></ul>