DRAFT
Confidential 230215

Draft Henley Townlands New Build; Reflections from RBBH and OHFT

1. Introduction

RBBH and OHFT took part in OCCG's workshop in December 2014 led by EC Harris on the configuration of the new health building at Henley Townlands. From the workshop OCCG asked RBBH and OHFT to meet to scope out possibilities for a range of ambulatory care pathways through the new building.

The proposals outlined below are offered in response to that request from commissioners and are a first draft from a productive session held in February 2015 with RBBH and OHFT clinical and operational leaders. These proposals are based on the following principles as outlined at the December 2014 workshop;

- Aligned to the health needs of the local population (based on public health profile) –
    - aging population, with generally better than England average health, but increased health needs in relation to stroke, cardiac disease, dementia, severe depression and some cancers
    - increasing child population

- care provided to all age groups, based on need (model of sub-acute / rehabilitation inpatients provides service to very small number of predominantly frail older people)

- repatriates current acute and community outpatient clinics currently provided elsewhere for the local population because of space constraints (current and new building at Henley)

- builds on the possibilities of integrated pathways for older people, children and those with long term conditions by co-locating acute, community mental and physical health outpatient and community pathways of care; to improve patient outcomes and experience, and also maximise staff productivity

- extends scope and integration of self-care and carer support from the third sector through co-location and integrated care pathways

- enhances ambulatory care provided for people with complex co-morbidities otherwise at risk of imminent acute admission by creating a joint care pathway achieved through combining the clinical capabilities and capacity of acute geratology model of care with an enhanced minor injuries unit / GP OOH and community health and social care.

This model is described in a high-level outline as below through two different views;

- care pathways proposed
- use of space in the new building by floor

2. Model of Care Proposed

2.1 Urgent and Ambulatory Care

- **Current Urgent Care provision within Townlands Hospital.**
  The urgent care services currently provided from Townlands Hospital consist of Minor Injury care and GP Out of Hours, these services are accessed both via 111 and as a direct patient walk in. Both services have a high foot fall with patients who have undiagnosed urgent care needs. The services provide care to all age groups.

  The minor injuries unit is available from 1000 to 2200 on a daily basis. This is supported by radiography provided by the Royal Berkshire Hospital (the latter diagnostic capacity is shared with local primary care and RBBH outpatient clinics).

  GP Out of Hours - This is provided by OHFT from Townlands on a daily basis from 1830 – 2230 and then supported from Abingdon base during the overnight period. During weekends and bank holidays the service is provided from Townlands between 0800 – 2230. The service is supported by local GPs and nurse practitioners.

- **Proposed provision within the new Townlands Hospital**
  To support patients to remain at home and maintain their independence the whole system response is to provide more complex care within the patient's own home supported by sub-acute clinical management and support provided on an outpatient type facility within a locality setting. Examples of this can be found at Abingdon and Witney Hospitals and west Berkshire.
  To support this approach for the new Townlands build could provide extended medical and diagnostic support on the ground floor to provide rapid access care for older people. This will be supported by:
    - Continuing with MIU and Out of hours at this location, supported by increased radiography.
    - Continue with outpatient services provided by RBBH, review the opportunity to provide additional focused outpatients to support the management of patients within the locality.
    - Enhance diagnostic provision - particularly near patient testing.
    - IV Therapy and blood transfusions
    - Increase the medical/clinical leadership by closer working with consultants from RBBH who provide outpatient services, thus increase the ability to manage more complex frail elderly patients in combination with the community locality provision.
    - Provide occupational therapy support at the front door to actively support frail elderly patients that are visiting as outpatients and to the Minor injury unit.
    - Provision of a landing site for mobile units supporting the enhancement of diagnostic capability.
    - Co-located with the health and social care integrated locality team to actively manage and support frail elderly patients.

This model of care would be supported for older people with complex co-morbidities as described below;

2.2 Frail elderly

Both RBBH and OHFT identified current clinics provided in part in Henley for Henley residents but also provided elsewhere because of capacity constraints in both the current building and the proposed configuration of the new building. Repatriation of this activity back within the local community is possible if the new building is configured to support ambulatory urgent care. Long term conditions management could include;

- **RACOP – RBBH-provided rapid access geratology clinic (Rapid Access Care of Older People).** This is a similar model to OHFT's Emergency Multi-disciplinary Assessment Unit (EMU) model of care provided at Abingdon and Witney, ie a rapid multi-disciplinary assessment and treatment of frail elderly person with complex co-morbidities and at imminent risk of acute admission. Assessment includes geratology consultant, nurse, therapy and social care assessment and treatment; default treatment plan is care at home with health and social care support, often with a geratology review the following day at the RACOP clinic.

  Current outpatient capacity at Henley limits geratology assessment clinics at Townlands to one clinic per month; this model could increase the number of such clinics (supported by MIU and health and social care locality team) to enable such provision to be accessible within 48 hours seven days / week

  Around 10-15% of patients would need short-term admission; the proposal for this is described below;

- **Step-up / Time to think beds in OSJ**
  This proposal suggests that circa 5 beds within the OSJ Residential Care Home co-located on the Henley Townlands site are designated as "step-up" / "Time to Think" beds. Nursing, medical, therapy and social care support would be provided from RBBH / OHFT / OCC / WBCC staff co-located in the new build on the Townlands site.

  Step-up beds – short term admission for patients assessed and treated at the RACOP who are deemed to require short (not acute) admission to stabilise condition

  Time to Think beds – step down bed facility to enable "discharge to assess" to establish long term care needs and care plan in a non-acute setting (as per Philp's principles for care of the older person)

- **Memory clinics**
  Increased memory clinic provision, to better reflect the demographic profile of Henley and environs, and to support national challenge to increase dementia diagnosis prevalence. Would co-locate with dementia advisors, and third sector support groups.

- **Podiatry**
  Increased podiatry provision enabled by greater outpatient clinic capacity, to better align to local demographic need

- **Rehabilitation group classes**
  Increased provision of group rehabilitation classes (cardiac rehabilitation, pulmonary rehabilitation, neurological rehabilitation, falls and balance) enabled through provision of increased and dedicated group and rehabilitation areas. Supported by existing partnerships between OHFT and third sector to deliver, ie Age UK

- **3rd sector cancer and palliative care support**
  Work with hospice provider to create Maggie's Centre / [RBBH please insert name of Macmillan model] for voluntary support for people experiencing cancer treatment (aromatherapy, mindfulness etc) and for those with palliative care needs (cancer and non-cancer). Use of group and "soft" meeting room space proposed within the new building. Includes support to carers.

Comment [a1]: RBBH please insert name of Macmillan model

2.3 Long Term Conditions Management

RBBH have identified that a significant proportion of outpatient clinics for Henley residents continue to be provided at RBBH because of constraints in out-patient clinic space at Henley. This proposal suggests that out-patient clinic rooms are provided across the entirety of the first floor of the new build, enabling repatriation of outpatient clinics closer to the local population for specialities including;

- Rheumatology
- Dermatology
- Ophthalmology
- Audiology
- Orthotics
- Podiatry

The outpatient are would be zoned to include distinct patient areas based on the care group;

- Children friendly waiting areas and outpatient clinic rooms
- Dementia friendly generic outpatient clinic rooms (for acute and community outpatients)
- Specialist areas with fixed equipment, ie audiology and ophthalmology

2.4 Minor Ops

To improve patient experience and clinical productivity it is proposed that a small number of treatment rooms are co-located on the ground floor with the enhanced MIU, radiology, near patient testing and plaster room. These would be used for a range of minor interventions in conjunction with the outpatient clinics, including;

- Dermatology minor ops
- Fracture clinics
- Podiatry

2.5 Children and Young People
Increased outpatient and "soft" group space would enable increase in outpatient clinics for children across the spectrum of mental health and physical health (acute and community outpatients).

2.6 Adult Mental Health
Increased outpatient and "soft" group space would enable increase in outpatient clinics for adult mental health (acute and community outpatients).

2.7 Diagnostics
To provide this increased range and scope of health services for all ages of the local population, it is expected that the following range of diagnostics would need to be provided on site;

- 1 or 2 x-ray (dependent on demand / capacity modelling)
- Near patient blood testing
- Ultrasound
- Plaster room
- Audiology and ophthalmology
- Provision for diagnostics bus, including electrical hook-up

3. Suggested Layout

It is proposed that the building is jointly inhabited by RBBH and OHFT; and delivery of this model would necessitate a sharing of all areas, based on the delivery of the agreed clinical pathways. This would shift away from areas zoned to one provider or the other; and would reinforce the integrated model of care – and associated patient benefits – that underpin this proposal.

On this basis, the space would be configured based on the clinical profile of the care provided, with highest footfall services on the ground floor, and group and hot-desking / MDT meeting rooms based on the second floor. The first floor would be dedicated to outpatient clinic space described as above.

The diagrams below pictorially illustrate

- The current specification contracted
- The proposal as outlined in this paper

3.1 Ground floor
Enhanced MIU, diagnostics, treatment rooms

3.2 First Floor
Outpatient clinic rooms

3.3 Second Floor

50% – "soft" patient group / rehabilitation areas, and talking therapy space
50% – open plan office space for RBBH and OHFT staff located at the building, with shared access to 1:1 and MDT meeting rooms.

A pictorial illustration of each floor (and current planned layout) can be viewed in appendices 1-6.

4. Recommendations

This paper provides, as requested by OCCG a joint RBBH and OHFT vision of how the new building could be utilised to provide enhanced and extended ambulatory / outpatient care that better meets the local health need.

If this vision is considered to be worth pursuing, this will need to be underpinned by;

- Need and demand modelling
- Capacity modelling determined by what activity will be repatriated from elsewhere
- Development of model with local communities
- Financial modelling to underpin service and lease contracts
- Revised scope negotiations between NHS PS and contractor
- Revised commissioner – provider contracts
- Revised NHS PS – provider contracts