

HENLEY-ON-THAMES TOWN COUNCIL

MINUTES OF THE MEETING OF
THE TOWNLANDS STEERING
GROUP ADVISORY COMMITTEE
HELD ON 9th JUNE 2015

Present:

Councillor J Brookes – Henley Town Council
Councillor S Gawrysiak – Henley Town Council
Councillor W Hamilton – Henley Town Council
Councillor I Reissmann – Henley Town Council
Councillor D Nimmo-Smith – Oxfordshire County Council & HTC
Mrs J Nimmo-Smith – Chairman FROTH
Dr C Langley – Bell Surgery
Dr P Unwin – Hart Surgery
Councillor R Aitken – Bix & Assendon Parish Council
Dr B G Wood – Rotherfield Peppard Parish Council
Councillor M Winton – Benson Parish Council
Councillor Mrs L Longley – Swyncombe Parish Council
Councillor Mrs S Webb – Hambleden Parish Council
Councillor Mrs S Biggs – Kidmore End Parish Council
Dr T Dudeney – Rotherfield Greys Parish Council
Councillor K George – Harpsden Parish Council
Councillor C Walters – Highmoor Parish Council
Councillor Mrs G Austin – Nuffield Parish Council
Mr T Lloyd – Wargrave Parish Council
Mrs V Alasia – Community Representative
Dr P Ashby – Community Representative
Mr R Atkin – Community Representative
Mr P Bradbury – Community Representative
Mrs P Buckett – Community Representative
Dr F Galton-Fenzi – Community Representative
Mr R Heginbotham – Community Representative
Mr G Probert – Community Representative
Mr D Smewing – Community Representative

In attendance: Mr M Kennedy Town Clerk
Administrator: Louise Hastings

Also present: Councillor Miss K Hinton
Councillor D Eggleton
Councillor Mrs J Smewing
District Councillor Mrs J Bland
200 members of the Public
3 members of the Press

402. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor, J Halsall, Councillor Mrs C Walters and Dr T Dudeney.

The Leader of the TSG, Councillor Ian Reissmann welcomed everyone to the meeting. He asked that the meeting be kept respectful, polite and constructive.

Members of the CCG were introduced. Dr Andrew Burnett, Mrs Hannah Mills, Mr Peter McGrane and Mr John Jackson. Councillor Reissmann advised the public gallery that over the last few day's questions about the proposals had been provided to the CCG. On leaving the meeting there would be handouts from the CCG for everyone to take.

403. **CLINICAL COMMISSIONING GROUP**

1. What are the current bed usage figures for Peppard Ward?

Mr P McGrane advised that there is 14 beds in Townlands and there is an average of 95/100% occupancy.

What happens to patients who would have been admitted to Peppard Ward when the new model is implemented?

Mr P McGrane - in any given month in the geographical area 6/7 patients are from Henley. Last year 4 patients.

For beds in the future we are looking at the number of patients based on ambulatory care 80%, day care basis 20% and more significant needs and admittance to hospital 10%. When the ambulatory approach starts in Henley care beds will drop to between 5-8 beds. Step up/step down. In Henley the average length of stay is 29 days in Abingdon and Witney the average length of stay is 19-22 days. We are trying to manage and reduce the time patients spend in hospital so will need less beds.

Dr A Burnett – the new system will take a year to get going. People need to get home to their own environment – step down beds – down from medical help to going home. Step up – ambulatory care, patients will be seen in the clinic and assessed. 80% will go home. Dr Burnett gave some examples.

What is the rationale for not considering the option of locating the 18 bedded ward on the 2nd floor?

Mr J Jackson advised that he didn't think that Townlands needed that number of beds. Energy is being put into developing services not currently available.

What evidence is there of the benefits of Emergency Medical Units (EMU's) in Oxfordshire (e.g. Witney, Abingdon)

Dr A Burnett advised that the most common conditions were heart failure, skin infections, anaemia and acute chest infections. Evidence shows that referrals had doubled. The average age was 70-80 years with the majority being from primary care. In Witney GP's used the unit and were highly likely to refer patients again and recommend.

Mr P McGrane – academic and clinical reviews were carried out. 76% of patients were seen by a GP and referred on.

What effect on the healthcare system does the multi disciplinary unit have?

Mr P McGrane – In Witney just under a 5% drop. There would have been an increase in referrals had this system not been in place. Based on a 10% swing – this model does work. The MDU works with ambulatory care to deliver a local service. Patients are seen much earlier and has no significant impact on district nurses or physiotherapists. In hospital patients suffer decompensation – lose their ability to use their independence. Managing patients in their own home doesn't place any demands.

2. How will adult social care respond to this new model of health care?

Mr J Jackson advised of the first significant increase in care at home. Funding has been made available for the next couple of years. Since 2012 there has been a 53% increase. The less time people spend in hospital the better. Going home helps them live independently. There will be community integrated locality teams rolled out across Oxfordshire to help with adult social care.

Discharge to Assess – a high level care re-ablement service allowing people to get home without a full assessment.

Assisted Technology – pendants/alarms, these trigger a call to a centre. 4,100 people in Oxfordshire have them. Help is rapidly organized.

3. Please provide detail of the transition plan to include Estate Plan

Preparing for opening of the new hospital

Mrs Hannah Mills – the transition from old building to new estate – the completion and handover is 6th November 2015. There will be a decamp period to allow phone lines and IT equipment to be installed and the hospital made ready for providing services. The hospital will open at the beginning of December and will be operational from January 2016. The Maurice Tate Room will be on the second floor.

Preparing for closure of current buildings

Transition plan for Peppard Ward

The buildings need to be vacant by 7th December. The clinical services stop admitting patients a month beforehand. Patients already in the Peppard Ward will be moved to another community hospital (Wallingford).

Dr C Langley advised that he had not been involved with the proposal. He supported the principle of the new services but felt that other areas needed more information. He was pleased and excited about the new RACU system as it was likely to prevent a lot of admissions. The EMU next day service (less acute) is not quite the comparison. May only have the RACU for 3 days a week. To make it work and be effective would need a full multi-disciplinary team which will need step up and step down beds – used in a different way. We need flexibility – more beds in winter. I can't see how flexibility will work in a care home. Other new services – fantastic. An area of concern is care in own home. For the majority it is safe and they can go home. Always

need safety and care in a ward. It is not long before the ward closes. If the hospital opens without beds – there's no going back you won't get beds later. I don't believe you won't need more carers and district nurses. They are not walking from bed to bed but driving from home to home.. There will be an impact on GP visits. How does it affect readmission numbers? I am not convinced enough to say that the model of care is fine. I support the statement from the TSG that the beds should go in when the hospital opens and full plan for transition is drawn up. Before the ward closes there should be a transition time so that we are more reassured. The time frame should have been set out.

Dr P Unwin – I do support and really positive on what's on the ground floor – not what's at Abingdon. I believe money is available for beds and has been earmarked. If we go with the OCCG model, I believe the right decision will be apparent over the next year or so. I do feel the way this needs to be resolved is by discussion with the TSG Sub Committee. There needs to be compromise on both sides. Don't take non reversible steps for the future.

Dr P Ashby – has been involved since the closure of the War Memorial Hospital. Firstly the beds at Townlands are not filled with Henley patients, they are rushed to be filled from over the county. Many patients are taken to Oxford or Reading and can't come here. This needs to be taken into account. A physiotherapist can see 14 patients in a ward. She can see 4 patients in their own home. We need to look at the transitional way of doing this. We were asked to give up the War Memorial for the rest of Oxfordshire. The money to be used for Townlands and a day surgery at the Battle Hospital. Short stay – quick turnover. It was difficult emotionally and with a sad heart GP's and HTC agreed the closure. Money was not given to Townlands and the Battle Hospital was closed land sold off. We have not gained a lot from it we have not been consulted properly. There has been a lot of hard work with the PCT and Property Services. There is potentially an empty floor. Some beds can be put on the 2nd floor and be wound down if not needed over a couple of years giving a safe transition period. The care home will not be completed for another 10 months and so patients will have nowhere to go. The RACU system will need some beds.

4. What other options are there for the 2nd floor

The ground floor will be Minor Injuries Unit and Outpatients will be on the first floor. The Maurice Tate room will on the second floor.

5. What are the parking and transport implications of proposed new services and will this require a review of planning permission?

Implications on parking and transport will be clearer once the services for the new hospital have been provided.

6. What happens after the consultation ends e.g. governance, development of detailed plan details, further consultation/engagement.

404. **PUBLIC PARTICIPATION**

Mr G Probert – I don't understand why the beds are full. It is not clear and don't understand your methodology.

A lady spoke from personal experience, her husband was in Sue Ryder and was coming home with care. She was told that there was no facility in the area. No space at Townlands. Where is the care coming from?

Dr E Collett – had concerns for 2 groups of patients. There was no provision for a lot of patients getting infections and other health problems. RACU can sort out some problems but not all. There is no provision to go home in 24 hours. The end of life patients and their families have not provision. It would make a huge difference to them to have somewhere close.

Dr A Burnett – This is a consultation process it is important to make opinions heard. You can use the website.

A member of the public advised that the website was unavailable.

Dr A Burnett advised that there was a lot of uncertainty but he thought it fair to have 5/6/7 beds. RACU will look at the totality of the patient. Most older people want to go home.

Mr J Jackson advised that he could not comment on an individual case. He would only say that home care had gone up by 53%. The CCG had contributed £8m to adult social care to avoid cutting services.

Mrs J Stanton – it seems to e that the beds are full all of the time. Somebody needs them. A hospital with no beds is like a pub with no beer. Ambulatory care is going to be very expensive. How will this happen when £22m is going to be cut between now and 2020? Have you taken this fully into account and if not why not?

Mrs Smith – you talk about getting people home – you send them home too soon and then there is re-admittance. This shouldn't be pushed under the carpet.

Mrs Ovey – advised that she attended a meeting before the consultation and was told no beds. A good unit is 30 beds. You want to centralize beds. Can you be honest? Is this why you want clinics rather than beds?

Will the RACU unit be open 7 days a week? If only 3 days, how can it replace a 7 day a week bed in hospital?

Councillor Sam Evans - if we are only getting 5/7 beds, how many of us will it take to get the beds? Will a petition have an effect on the modelling you have done?

Councillor W Hamilton – there are 200 people here, over 50 outside and 450 homes needing to be built. You have not built the right model. Please look again.

Dr A Burnett – Chilterns End run by the Order of St John has 40 beds and will have 64 in the new home. There is scope for use on the hospital site. Some of this is just having confidence. 14 beds are not the same as step up and step down. It's the best model. RACU will be for 3 days a week and is not the same as EMU. Henley doesn't have the population. This unit will take people from Reading. It is not an instant success and patients may have been involved with a GP beforehand.

Mr P McGrane – We genuinely believe that this does stack up. It is about working in partnership with our teams in the community. There will be risk associated with this.

Mr D Fletcher – this is the 5th meeting in the last few weeks. Nothing has changed one bit. I have not heard any new hard facts. Why haven't you got some kind of negotiations happening? We care deeply about the health service. Evolution is a much better route than revolution.

Dr B G Wood – at what stage are the negotiations with the Order of St John? Clinical beds and nursing home beds. Is there a contract signed or a fictional one as in the past?

The first meeting I attended I listened very carefully. Your figures were based on the EMU, then the RACU, will we finish up with 'dodo'? I don't see how you can work your figures out from another area. What about death rates?

Dr Brennan – You forget about people admitted from the surgery. We can't get help quickly enough.

Mr T Lloyd, Wargrave – it is difficult to make the assessment with no detailed information. It is criminal to make such a detailed plan without something in which details can be measured.

Mr M Stanton – I don't understand the numbers. What about the arithmetic. 14 step up, 20 for the older population. I make that 34. How did you get 6?

Mr R Atkin – Reading the paperwork. There is nothing about Wallingford hospital. Will they have the capacity for the additional beds planned?

The reason for only 8 or 9 patients because people are being sent elsewhere. Did you pick this up in your consultation?

Mr J Jackson – we have an existing very large contract with the Order of St John. We have spoken to them in principle. They provide 20 beds and is a major depository for people to go from the John Radcliffe. Nursing home does include clinical. It complies with registration and care quality. Some care homes will be able to give nursing care.

Health and social care cannot be done speedily at all times. We may not get it perfectly right for November. There will be a range of services and all GP's may not know. What is important is communication between people and work together with the GP's from various practices.

Dr A Burnett –other services include minor injuries, outpatients, transfusions, infusions, pre-op assessments, done so patients don't have to travel to other hospitals. The number of people affected by beds is very small. Other services will benefit a lot more people. Don't go away with doom and gloom over the beds.

Dr C Langley – I attended the Phyllis Court meeting and only saw the documents on the way out. Are the CCG documenting our comments or should we write in anyway?

Mr C Helmsley - I have listened carefully and am I the only one who thinks that most questions haven't been answered?

Mrs H Mills – I hear a huge strength of feeling – put feedback in writing. The extent of the dialogue is not working. There is a robust transition plan in place with beds being a key area of concern to you. I appreciate the other point to evaluate an EMU model with similar components. The nearest to Henley. You want a very well tested model with better patient outcomes. The single loudest message from patients is care in their own homes. Get the best clinical practice available. The consultation finishes at midnight on the 15th June.

Minister from Christchurch – patient outcomes. We are all going to die. I see people who want to die as close to home as possible. It is important to them.

I don't understand why it is better for people at home and not in hospital? They are sent home with no hand rails or other aids. What is the time scale for them?

At the last meeting the builders were to complete as per plan including the floor for Sue Ryder and all kitted out. If there is no beds, will this ward be dismantled?

Across the community hospitals – all have beds. Why are you evaluating Townlands with an EMU model and no beds?

Councillor M Akehurst – You have carefully calculated the beds in the Peppard Ward with the number of Henley residents. How often are you going to review the number of beds?

Councillor Mrs J Bland – lets help the consultation process lets show hands – oh most people!

Councillor S Gawrysiak – I think the first point of any new model of care is to bring the GP's along with the plan. Our experts are not convinced with the model of care you propose. Do you think that your questionnaire is fit for purpose? Very easy to go through the first 4 questions saying yes and question 8 is what they want to say. The people are not convinced.

Mr P McGrane - No people raised problems in bed numbers. It is not a science it's leaps of faith. We have presented a range of scenarios .we are confident to

deliver. The impact upon patients and their families when they are in other hospitals is being considered.

Our GP colleagues and all the community staff need to be convinced. Some elements we strongly support and others not. There is a balance between making the best use of the estate as it is. Any changes would incur costs. It is fine the way it is to deliver exemplary care. A model of care with better outcomes for the patients.

405. **CONCLUSIONS**

The consultation finishes at midnight on the 15th June 2015. Mrs Mills advised that the CCG may have not got the questionnaire right but will look at all the points raised and take account of all comments.

406. **DATE OF THE NEXT MEETING**

The next TSG meeting to be advised.

Councillor I Reissmann thanked everyone for attending the meeting and reminded them of the supporting papers for the public to take home.

The meeting closed at 9:40pm.

Cllr I Reissmann
Chairman