

**Questions submitted by email to the CCG email address following publication  
of the Townlands Governing Body Paper  
30 July 2015**

1. The proposed new model to do away with beds in hospitals (similar to Townlands) and replace with carers at home, could you give me the names of 10 hospitals where this has been successful, and produce evidence from those hospitals?

**CCG response**

The proposed Rapid Access Care Unit (RACU) has been developed in Oxfordshire to meet the needs of Oxfordshire patients, informed by evidence and learning from elsewhere, both within and outside of Oxfordshire, including Plymouth and Buckinghamshire.

At no point has the CCG said no beds are needed. We have always been very clear that a level of bed provision is needed to support the new model of care proposed and this would be provided by the Order of St John Care Home on the Townlands health campus.

2. Information coming out from Central Government suggests the UK is short of thousands of carers at the moment, as this is the case how does the CCG propose to resolve this problem?

**CCG response**

Oxfordshire County Council continues to work with carer agencies to recruit and retain carers in Oxfordshire.

The County Council, which has responsibility for the provision of adult social care, also holds a wide range of information on carers and those who are receiving support in the Henley area.

Within a ten miles radius of Henley and the boundary of Oxfordshire, 949 informal carers are known to Oxfordshire County Council's adult social care service (March 2015).

Within the same catchment area, the following was commissioned by Oxfordshire County Council for Oxfordshire residents (as at 31 March 2015):

- 378 people receiving long term support from Adult social care at 31 March 2015
  - 245 in community setting
  - 133 in a care home
- 127 people started long term support
  - 86 in community setting
  - 41 in a care home
- In 2014/15 a total 206 people received care from the reablement service

3. In an article on London hospitals it has shown that the proposed 'new model' by the CCG is not working, as this is the case why does the CCG suggests that their model will work?

#### **CCG response**

The new model proposed by Oxfordshire CCG reflects a growing body of evidence that indicates ambulatory care reduces non elective (emergency) admissions to hospital and provides improved health outcomes for patients.

Without knowing the origin of the article or the hospitals cited, the CCG is unable to comment further on this question.

4. In another article it suggests that with people living longer, we will need even more carers year on year, if we are short of thousands now as shown by Central Government where does the CCG suggest these new carers will come from.

#### **CCG response**

Please refer to the response offered to Question 2.

5. At present there are 18 beds in the Peppard Ward at Townlands Hospital, we are informed by the local doctors that they are normally 100% full, also we are informed by the doctors that there is always a waiting list! If this shows there is a need for this facility, and it does, why does Dr Barnett from Sonning Common have a different view, is it because he is a member of the CCG?

#### **CCG response**

The bed modelling undertaken reflects the number of beds likely to be required as a result of the proposed model of care, which includes a reduction in the length of stay required in an inpatient bed.

6. On the first page of the report, last paragraph it states, 'There is some local opposition to the proposal that the original 18 beds, which were to be in the new hospital, should be reduced to between 5 and 8 and to be commissioned from the Order of St John Care Home which is being built adjacent to the hospital, on the health campus site. There is however support for the new ambulatory care model and expanded services'.

The quote 'some local opposition', does this include, 100 residents locked outside the Town Hall in Henley at a Townlands Steering Group (TSG) meeting, 2000 residents marching around Henley with our MP, OCC Councillors, District Councillors and Town Councillors, a 10.000 named petition against the CCG proposals, very little support in the consultation that was carried out, and finally no support from Henley Town Council or the TSG. I think you would accept this is more than just 'some local opposition'?

#### **CCG response**

Oxfordshire CCG is responsible for commissioning services for the 650,000 residents of Oxfordshire. The catchment population of the health needs assessment for Henley is circa 90,000 and includes non-Oxfordshire residents. Whilst we are mindful of the strength of feeling expressed by the Henley community and continue to work with the Townlands Steering Group and other stakeholders to address the concerns raised, 324 completed consultation questionnaires, 36 written submissions and a petition from the Henley Standard with approximately 3,000 signatories, this accounts for approximately 3.7% of the catchment population.

7. The final sentence states that 'there is however support for the new ambulatory care model', the residents of Henley have yet to see where this support is coming from other than from the CCG', perhaps you could produce your evidence?

#### **CCG response**

The consultation feedback can be found in full on the CCG's website, which describes views on the ambulatory care model:

<https://consult.oxfordshireccg.nhs.uk/consult.ti/Townlands/consultationHome>

8. It is without any reasonable doubt that the CCG proposed decision has nothing to do with beds but all to do with savings, this is all about accountancy and nothing to do with people's health or well-being. If the death rate goes up in Henley because this proposed 'new model' takes place, do I take it all of the 17 members of the CCG committee will be accountable?

#### **CCG response**

Whilst the CCG has a responsibility to operate within its financial envelope, the CCG has been very clear that the proposed new model of care is not about saving money, but using the funds available to best serve the health needs of the local population. As reported at the Governing Body meeting held on the 30 July 2015, the new building actually results in an additional cost to the system due to the increased lease costs.

9. Your intention is to allocate 6 step down beds for the rehabilitation of Henley residents (Post Code RG9). How many step up beds do you intend to allocate bearing in mind you need to include additional patients from post codes RG4, RG8 together with Henley RG9?

#### **CCG response**

The new model proposes that 5-8 beds are commissioned from the Order of St John Care home to provide both step up and step down services. The bed modelling undertaken to calculate this figure has reflected the 14/15 inpatient activity across all Oxfordshire Community Hospitals for patients living in the RG4, RG8 and RG9 postcodes.

10. You have provided a Patient Pathway Diagram for patients requiring Step up beds. When will you provide us with a Patient Pathway Diagram for patients requiring Step down beds?

**CCG response**

A patient pathway diagram will not be developed for the step down beds. The arrangements for securing step down beds for patients being discharged from an acute hospital remain unchanged as a result of the model proposed and reflects established practice.

11. It clearly states in NHS documents that ambulatory step down beds are needed to cut admission rates to long term care homes. Elderly patients rarely come out of a care homes once they are there. Is it appropriate that an elderly, frail and vulnerable patient is put into a care home to rehabilitate when the goal is to return them to their own home?

**CCG response**

The intention of ambulatory care is to provide treatment to patients in the community at an earlier stage, preventing further decline in their condition which may otherwise result in an urgent (non-elective) admission to an acute hospital, such as the John Radcliffe or Royal Berkshire hospitals.

The purpose of the step up and step down beds to be secured from the Order of St John Care Home is to provide a structured programme of therapy-led, supportive and enabling care to patients in order to:

- Help patients to achieve and maintain an optimum level of health and independence at home or in another community setting.
- Reduce inappropriate or avoidable admissions to, and facilitate prompt discharges from hospital.
- Enable a full assessment of the patient's needs and future care requirements to be carried out in a non-acute environment, where the focus is on promoting independence and a return home.

It is anticipated that a patient who has been admitted by the Rapid Access Care Unit to a step up bed at the Order of St John Care Home will only require treatment for up to 48 hours, depending on clinical need, and will be discharged once their condition has stabilised. Before a patient is discharged, the team at the Rapid Access Care Unit will ensure that any further support that is needed by a patient at home is in place.

Based on the local experiences of the Emergency Multidisciplinary Unit (EMU) in Abingdon and Witney which provides ambulatory care for patients with more acute needs, 80% of patients attending the unit are discharged home on the same day.

12. Is it appropriate to put a patient of 18+ into an elderly care home for rehabilitation?

### **CCG response**

Individual rooms will be available at the Order of St John care home for the purposes of providing step up and step down care, providing privacy and dignity to those staying there.

Care homes do have experience of offering care to a range of age groups, whilst the majority of clients are likely to be elderly; this is not to the exclusion of other adults.

It is proposed the RACU is available to treat adults over the age of 18years. However, it is anticipated the majority of patients will likely be over the age of 65years. This is consistent with the current age distribution of patients treated at the Townlands – since 2012/13 94.8% of all inpatient episodes provided were to those aged 66years and over.

This model of care and assumption is also consistent with the anticipated growth in the over 70s as presented in the health needs assessment.

13. Has the Royal Berkshire Hospital been consulted and do they want the 18 bed ward retained? Will you supply me with the Royal Berkshire Hospitals answer?

### **CCG response**

The Royal Berkshire Hospitals NHS Foundation Trust responded in writing to the public consultation. The Trust made representations to the CCG to retain the current 14 bedded ward in the new Townlands hospital and referred to “a significant number of delayed discharges are attributable to South Oxfordshire patients”.

Following conclusion of the public consultation exercise and further to the CCG’s Governing Body meeting 30 July 2015, the CCG has continued to engage with the Trust to address the concerns raised.

In doing so and having interrogated the data, the CCG and Trust are agreed that at any one time there are 2-3 Oxfordshire patients who can be defined as having a delayed transfer of care. The definition of a delayed transfer of care (known in the NHS as a DToC) is when:

a.) A clinical decision has been made that the patient is ready for transfer

**AND**

b.) A multi-disciplinary team decision has been made that the patient is ready for transfer **AND**

c.) The patient is safe to discharge/transfer.

Of the 2-3 delayed transfers of care, typically 2 patients need health related care and one social care.

14. Have other Acute Hospitals been consulted? Will you supply me with their answers?

### **CCG response**

A detailed list of consultation promotion undertaken can be found in Appendix 6 of the Consultation Report

(<https://consult.oxfordshireccg.nhs.uk/consult.ti/Townlands/consultationHome>)

Oxford University Hospitals NHS Trust were notified of the consultation exercise but a response was not received from the Trust or any other acute trust.

15. On a monthly basis how many Henley patients have not been able to get a bed on the Peppard Ward between March 2014 and April 2015?
- Which hospital or GP initiated the requested for a bed?
  - Where did the patient go if they could not get into Townlands?
  - Did the patient block a bed in an acute hospital?

### **CCG response**

This information is not held by the CCG.

16. You asked what we wanted with the rebuild of Townlands Hospital and we replied that we wanted the 18 beds as agreed at the beginning of the consultation. We have 18 beds now and we want to keep them. The beds are oversubscribed what are your reasons for taking them away?

### **CCG response**

The Peppard ward comprises of 14 inpatient beds. In 2013/14 bed occupancy was 96% and in 2014/15 it was 99% - data which shows us that the beds are not oversubscribed. The CCG believes, under the new model of care, fewer beds will be required because patients will be managed more effectively in the community and if they do require treatment at the RACU, they will either be assessed and treated the same day or require a step up bed for a shorter time. These factors along with our analysis of the current bed usage, has led us to draw these conclusions.

17. If more people are to remain at home and receive various types of support older people will need significant caring services. Has OCC Social Services set aside additional funds for this and, if so, how much?

### **CCG response**

There is a statutory responsibility on the county council to ensure that people who meet the criteria for social care will have their needs met. The county council has invested an additional £5m every year in the last few years to support adult social care needs.

This has been further enhanced by the transfer of £9m from the CCG under the Better Care Fund, offering further financial stability to the county council, protecting existing services.

18. What would be wrong with retaining the 18 promised beds and a selection of RACU services? Wouldn't the early adoption of such a compromise be more compatible with the CCG's contractual time constraints than the recommended third Option with the further work that it clearly needs and which many of us believe it would fail?

**CCG response**

Oxfordshire CCG is responsible for commissioning services for the circa 650,000 residents of Oxfordshire. Whilst the new model proposed by the CCG is not to save money, the CCG does have a responsibility to manage within the financial envelope available to it, ensuring the health needs of the whole of Oxfordshire are addressed. The costs of running both an 18 bedded unit and the RACU model would exceed the money currently invested in the Peppard ward.

19. How can you proceed with a plan that is NOT understood by one GP in Henley?

**CCG response**

The CCG has engaged with local GPs on the developing model and continues to do so following the Governing Body meeting held 30 July 2015.

20. 'Ambulatory Care' as they call it is supposed to care for the patients in their own home/environment but how can this be the case if;
- a) the care as admitted will be only available 3 days a week and
  - b) social services will not be sufficiently manned to cope.

**CCG response**

The CCG has taken account of the feedback received throughout the public consultation exercise and through continued work with primary and secondary care colleagues (both health care professionals and service managers). It is now proposed the Rapid Access Care Unit (RACU) is open 8am to 8pm, 7 days per week with medical cover on site Monday to Saturday mornings and access to on-call medical cover at all other times.

21. Why has the CCG judged it morally acceptable to accept responsibility for its predecessor's decisions in 2014 when it approved the hospital build it inherited yet not deny responsibility for provision of the announced 18 beds for which planning permission was given?

**CCG response**

The initial outline business case for the redevelopment of Townlands Community Hospital Henley was produced in March 2005 by the legacy South East Oxfordshire and South West Oxfordshire Primary Care Trusts.

In 2011 the proposal was approved by the South Central Strategic Health Authority before a full business case for a new hospital and re-provision of services on the Townlands site was developed and approved by Oxfordshire Primary Care Trust in 2012. The model of services in the 2012 business case reflected the type of clinical services and nature of provision that fitted with the way health care was organised and delivered at that time.

In 2013 the responsibility for the construction of the hospital transferred to NHS Property Services, whilst the planning and commissioning of services transferred to Oxfordshire Clinical Commissioning Group (OCCG) as part of the NHS reforms.

A review of services to be delivered from the new hospital was undertaken in December 2014 which resulted in a proposal for an expanded range of services and a different clinical model for those patients traditionally treated in a community inpatient setting to better meet the needs of the local population.

22. An executive summary should reflect the truth. Where In your executive summary Page 1 where does it say that the vast majority of people consulted are against the proposed model?

**CCG response**

Oxfordshire CCG is responsible for commissioning services for the circa 650,000 residents of Oxfordshire. The catchment population of the health needs assessment for Henley is circa 90,000 and includes non-Oxfordshire residents. Whilst we are mindful of the strength of feeling expressed by the Henley community and continue to work with the Townlands Steering Group and other stakeholders to address the concerns raised, 324 completed consultation questionnaires, 36 written submissions and a petition from the Henley Standard with approximately 3,000 signatories, this accounts for approximately 3.7% of the catchment population.

23. On page 2 you state that you have amended your plans. What are the amendments to the plan?

**CCG response**

Changes to the proposed Rapid Access Care Unit are detailed on page 15 of the Governing Body paper presented on the 30 July 2015.

24. On Page 2 you state that this will result in substantial increased expenditure. To justify this statement, what are the financial figures for:-

- The 2012 plans with an 18 bedded ward
- The 2015 plans with a 7 day RACU including 8 beds with St John's care home.
- Additional Social care and medical costs for caring for people in the community



### **CCG response**

The increased expenditure referred to on page 2 relates to the increase in lease costs to the system resulting from the new build, this is detailed on page 17 of the Governing Body paper. The net cost pressure to the system is £722k.

Following the Governing Body meeting on the 30 July 2015, further financial modelling is being undertaken on the service costs. These will be presented to the Governing Body on the 24 September 2015.

25. Page 2 you state “The CCG will incur increased property lease and new equipment costs associated with the new Townlands premises for which the CCG has made provision within its financial plans.”
- What were the property lease costs for the 2012 Model?
  - What were the property lease costs for the New Model?
  - What are the equipment costs for the 2012 Model?
  - What are the equipment costs for the New Model?

### **CCG response**

The annual lease cost for the existing premises is £239k; the lease cost of the new premises is anticipated to be £961k resulting in a net increase of £722k.

The equipment costs for the 18bedded unit have not been costed and the equipment costs of the new model are being developed.

26. Page 6 - In the consultation it states that the RACU was to be 3 days. The 3 days do not appear in any consultation documents. Please state where does this 3 days appear in the consultation paperwork?

### **CCG response**

3days a week was raised and discussed as part of the public consultation, testing with the public and stakeholders as to whether this was sufficient to meet local demand and health needs.

27. What is the Royal Berkshire Hospital's view of not having the 18 beds in Townlands?

### **CCG response**

The Royal Berkshire Hospitals NHS Foundation Trust responded in writing to the public consultation. The Trust made representations to the CCG to retain the current 14 bedded ward in the new Townlands hospital and referred to “a significant number of delayed discharges are attributable to South Oxfordshire patients”.

Following conclusion of the public consultation exercise and further to the CCG's Governing Body meeting 30 July 2015, the CCG has continued to engage with the Trust to address the concerns raised.

In doing so and having interrogated the data, the CCG and Trust are agreed that at any one time there are 2-3 Oxfordshire patients defined as delayed transfers of care. This is when:

a.) A clinical decision has been made that the patient is ready for transfer

**AND**

b.) A multi-disciplinary team decision has been made that the patient is ready for transfer **AND**

c.) The patient is safe to discharge/transfer.

Of the 2-3 delayed transfers of care, typically 2 are health care related and one is social care.

28. Page 9 states. "The consultation tells us that the majority of respondents do not support the consultation proposals as a whole, because they do not accept that the case has been made to reduce the inpatient bed provision." Why was this not in the executive summary?

#### **CCG response**

Oxfordshire CCG is responsible for commissioning services for the circa 650,000 residents of Oxfordshire. The catchment population of the health needs assessment for Henley is circa 90,000 and includes non-Oxfordshire residents. Whilst we are mindful of the strength of feeling expressed by the Henley community and continue to work with the Townlands Steering Group and other stakeholders to address the concerns raised, 324 completed consultation questionnaires, 36 written submissions and a petition from the Henley Standard with approximately 3,000 signatories, this accounts for approximately 3.7% of the catchment population.

29. Page 11 states "As expressed during the consultation exercise, the population of Henley is approximately 45,000" Why is this different from the 90,000 population figure given during the consultation and the Health Needs Assessment that Dr Sam Williamson conducted?

#### **CCG response**

The executive summary of the Health Needs Assessment states: "The assessment uses a catchment area with a radius of approximately 5-10 miles around the hospital, including residents living in 18 electoral wards or registered at 11 general practices across three counties."

On page 2 of the Health Needs Assessment it states "Patients from different areas will access different services to a varying degree. For instance, outpatient services are likely to be more heavily used by patients living in and around Reading, as clinics are managed by Royal Berkshire Hospital (RBH) in Reading. The same population are less likely to access the minor injuries unit as the emergency department at RBH may be closer."

The catchment indicated on page 11 of the Governing Body paper was provided in response to the consultation feedback which suggested that a similar inpatient facility to that provided at the EMUs in Abingdon and Witney was required as part of the RACU model at Townlands. The following response set out the rationale as to why a similarly sized inpatient ward was not required at Townlands:

“As expressed during the consultation exercise, the population of Henley is approximately 45,000 (those within the postcode catchment area of RG4, RG8 and RG9) which is circa half the size of Abingdon or Witney resulting in insufficient need and demand to warrant the introduction of an EMU. However, the RACU model does replicate the ambulatory components of the EMU recognising the benefits of this approach and anticipated reduction in non-elective admissions to the Royal Berkshire Hospital NHS Foundation Trust (RBH) as a consequence.”

As detailed above, the RACU is an Oxfordshire model developed and paid for by Oxfordshire CCG for Oxfordshire residents. There has been no indication that other CCGs would like to commission this service.

30. Please supply me with the inpatient figures for a population of 90,000? Is it double the figures for the 45,000 population?

**CCG response**

This information is not held by the CCG.

31. Page 16. A detailed financial analysis has taken place. Please supply a copy of this financial analysis?

**CCG response**

Following the Governing Body meeting held 30 July 2015, additional work is underway to address the queries raised during the meeting regarding the financial modelling. This will be presented to the Governing Body at its September meeting.

32. Page 17 *New costs* - The lease costs of the new premises are considerably higher than those paid for the current Townlands site and there may be asset costs resulting from the expanded/new services proposed. Both elements will result in new cost pressures to the system. Please supply what these new costs are? What would be the costs of implementing the 2012 model?

**CCG response**

The annual lease cost for the existing premises is £239k; the lease cost of the new premises is anticipated to be £961k resulting in a net increase of £722k.

The equipment costs for the 18bedded unit have not been costed and the equipment costs of the new model are being developed.

33. What is the cost of implementing the 2012 model of care compared with the new model of care?

**CCG response**

The costs of implementing the 18bedded ward have not been calculated. The costs of the new model and existing 14 bedded Peppard ward are being finalised as part of the additional work requested by the Governing Body 30 July 2015 before making a final decision.

34. Page 20 states that a consultant will be at the RACU 7 days a week. Please confirm that a consultant will be at the RACU 7 days a week.

**CCG response**

As detailed on page 20 of the Governing Body paper presented 30 July 2015, the proposed service specification for the RACU states:

- The RACU will be available 7 days per week, 365 days per year.
- The opening hours will be from 8am to 8pm, Monday to Sunday. There will be access to the RACU facilities and equipment at the weekend for the other hospital users.
- The Clinical cover (Consultant Geriatrician) will be available for 1 morning session, 6 days a week (Monday – Saturday).

35. Page 20 Annex 1 details specification for the RACU. Please provide the specification details for the ILT the Integrated Locality Teams? Please supply the ILT service level agreements?

**CCG response**

Further details on the Integrated Locality Teams will be included in the Governing Body paper to be presented on 24 September 2015.

36. Page 28 states “Once the package of care decision has been made there will be a 2 hour timeframe for ILT packages of care to be implemented.” Please supply the ILT package service level agreement?

**CCG response**

The proposed service specification included in the Governing Body paper is subject to further refinement following the additional work and assurances requested by the CCG’s Governing Body. As such, these requirements have not yet been reflected in contracts.

37. Please supply the Health Needs Assessment that the RACU projected beds is based upon?

**CCG response**

The new model proposes that 5-8 beds are commissioned from the Order of St John Care home to provide both step up and step down services. The bed modelling undertaken to calculate this figure reflects the 14/15 inpatient activity across all Oxfordshire Community Hospitals for patients living in the RG4, RG8 and RG9 postcodes.

38. Please confirm John Jackson's statements that there would be no more money for Social Care?

**CCG response**

The CCG is unable to reconcile this statement, however John Jackson, Director of Adult Social Care, Oxfordshire County Council has confirmed:

- There is a statutory responsibility on the county council to ensure that people who meet the criteria for social care will have their needs met.
- The county council has invested an additional £5m every year in the last few years to support adult social care needs and this has been further enhanced by the transfer of £9m from the CCG under the Better Care Fund, offering further financial stability to the county council, protecting existing services.