



Oxfordshire Clinical Commissioning Group
Board Meeting

Date of Meeting: 26 May, 2016	Paper No: 16/34
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Title of Presentation: Update on the implementation of the new Townlands Hospital, Henley
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Is this paper for	Discussion		Decision		Information	✓
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Purpose and Executive Summary (if paper longer than 3 pages):
On 24 September 2015 the OCCG Board agreed to proceed with the proposed new service model for the Townlands Health Campus redevelopment, and to endorse the move to implementation. This paper provides the Board with an update on implementation progress to date, with reference to both the new facilities provided, and planned services which will serve the local community of South Oxfordshire.

The successful opening of the new £10m Townlands Hospital on 14 March, and the associated development of the Rapid Access Care Unit (RACU) represents an important step; it is at the forefront of OCCG's emerging transformation plans, which will lead to services being delivered in new ways with increased emphasis on prevention, self-care, bringing more care into the community, and further integration of health and social care.

All of the services previously provided at the old hospital were transferred to the new building with minimal disruption and the modern, high quality facilities have been welcomed by patients and staff. The new provision has already enabled the introduction of new and increased outpatient clinics since April, thereby already improving local access to services for the community. Agreement has also been reached with the Orders of St. John Care Trust regarding intermediate care bed provision which will be available in the new Chiltern Care Home on the Townlands site when it opens in the summer.

The CCG has been clear that the timeline for RACU service start is dependent on successful recruitment to the medical lead post, and an extended recruitment period

is currently in progress.

During implementation, regular project updates have been shared with a wide range of stakeholders, and as part of continuing patient and public engagement, the Townlands Stakeholder Reference Group (TSRG) has been set up, made up of representatives of local community groups, patients and carers as well as clinical and social care colleagues. This group has recently revised its' terms of reference to make their work transparent to the local community to include holding some meetings in public. The CCG is also currently working with the TSRG to agree the areas on which the group would welcome future assurance regarding services at Townlands and the new model of care provided.

Financial Implications of Paper:

Following conclusion of negotiations with Orders of St John Care Trust (OSJ), for the provision of intermediate care beds, an additional direct cost of £226k will be incurred above plan approved by the Board in September 2015. This is in respect of additional commissioned capacity.

Action Required:

The Governing Body is asked to note progress to date with implementation of the new facilities and service model at Townlands, Henley.

NHS Outcomes Framework Domains Supported (please tick ✓)

	Preventing People from Dying Prematurely
✓	Enhancing Quality of Life for People with Long Term Conditions
✓	Helping People to Recover from Episodes of Ill Health or Following Injury
✓	Ensuring that People have a Positive Experience of Care
✓	Treating and Caring for People in a Safe Environment and Protecting them from Avoidable harm

Equality Analysis completed (available on request)	Yes	No	Not applicable
Outcome of equality Analysis	✓		

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Update on the implementation of the new Townlands Hospital, Henley.

1.0 Introduction

Oxfordshire Clinical Commissioning Group (OCCG) is pleased to report that the new £10.0m Townlands Hospital in Henley opened its doors to patients for the first time on 14 March 2016.

The opening of Townlands Hospital, and the associated development of the Townlands Rapid Access Care Unit (RACU) represents an important step; it is at the forefront of OCCG's emerging transformation plans, which will lead to services being delivered in new ways with increased emphasis on prevention, self-care, bringing more care into the community, and further integration of health and social care.

This paper provides an update on the implementation of the new hospital, outlines planned service developments, and summarises continued patient and public engagement.

2.0 Transition to new facilities

Following some building delay early in the year, the new hospital was finally handed over to the NHS on 15 February 2016, allowing a four week period for the building to be commissioned, ready for services to commence. Staff from Royal Berkshire Hospitals Foundation Trust (RBFT), Oxford Health Foundation Trust (OHFT) and NHS Property Services (NHSPS) worked incredibly hard with the contractors to fit over £250k of new equipment and prepare clinic rooms and public areas for use.

All of the services previously provided at the old hospital were transferred to the new building with minimal disruption, including outpatients, Minor Injuries Unit (MIU), GP out of hours, podiatry, physiotherapy, speech and language therapy, and district nursing.

As is common in moves of this scale, there was one operational issue which impacted on the delivery of services. Initial IT connectivity issues impacted on the X-ray service, meaning it did not become operational until 31 March. Patients needing X-rays during this time were temporarily referred to the Royal Berkshire Hospital or Brants Bridge in Bracknell. This impacted particularly on patients attending orthopaedic outpatient clinics, and any patients attending MIU who required an X-ray. Some patients requiring back and pelvis and lateral knee x-rays have also continued to be referred temporarily to Reading until the end of May when full services are expected to be operational

3.0 Modern facilities for patients, visitors and staff

Patients are already telling the clinical teams what a difference it makes to be in modern, high quality facilities, and our staff members are very pleased to be working in a bright and airy environment, describing it as a remarkable transformation from the old buildings.

Vinci Construction UK Ltd, Amber Infrastructure and NHSPS are now working on 'phase 2' works. Old Peppard \ MIU \ and Maurice Tait buildings are now fully demolished and ground works are underway to construct drainage infrastructure, soak away, and retaining walls. These works are scheduled to be complete by end of August. NHSPS will continue to keep patients and staff who will be using the hospital well informed during this time as transition plans are agreed and put in place.

Further work is required on landscaping, and the construction company has kindly agreed to work with interested parties who wish to be involved in discussing arrangements for the garden areas, which we know is an important issue for the local community.

Some members of the local community have also recently suggested that the name of Townlands Hospital be changed to include a reference to the old war memorial hospital. NHSPS, as the owner of the property, are seeking to ascertain whether there is any wider support for this idea.

With reference to the vacant second floor of the new Townlands Hospital, NHSPS are proactively seeking a new occupier, and are in discussion with a number of interested parties.

4.0 Service developments

4.1 Outpatients

All outpatients' clinics that were previously provided in the old Townlands building are available within the new Townlands facility. Additional clinic rooms in the new building have enabled RBFT to expand the variety and number of outpatient clinics held, thereby improving access for local patients and reducing the need to travel into Reading.

New clinics are being introduced in a phased way allowing RBHT to review activity data and waiting times to understand demand, as well as agree with clinicians any necessary changes to individual job plans.

Already, new paediatric orthopaedic clinics and new paediatric Trauma & Orthopaedic clinics have been put in place. There has also been an increase in the number of adult Trauma & orthopaedic clinics and cardiology clinics. New spinal & hip clinics and rheumatology nurse clinics commenced in May. Plans for gastroenterology, elderly care, dermatology and ENT are also being progressed, all of which demonstrate the benefit of improved local access being offered by the new facilities.

4.2 Rapid Access Care Unit (RACU)

A key component of the new model of care being provided is the implementation of the new Rapid Access Care Unit (RACU) at Townlands Hospital. The CCG has been clear that the timeline for the RACU service start is dependent on successful recruitment to the medical lead post. Following the handover of the finished hospital, RBFT were able to progress with advertising for a dedicated medical lead for the new service. The closing date for the post has been extended to the end of May to allow opportunity to attract as wide a field as possible, in the context of a challenging national recruiting environment. Following interviews OHFT will have a clearer idea

of a starting date for the service. Contingency plans, should an appointment not be made following this recruitment round, are also being discussed.

In preparation for service start, OHFT has been recruiting, developing and training nursing and therapy staff to ensure the service is ready to meet patient needs.

4.3 Orders of St John Care Trust Care Home beds

OCCG has confirmed further detail of the arrangements that have been negotiated with the Orders of St John Care Trust (OSJCT) for the provision of intermediate care beds at the new Chiltern Court Care Home being built next door to the new Townlands Hospital.

Bed modelling confirmed the anticipated need of between five and eight beds to support the new Rapid Access Care Unit (RACU), and to provide step down care for patient's discharged from an acute hospital.

Following the conclusion of negotiations, and to allow time for the new model of care to establish itself, the CCG has committed to a three year contract with the OSJCT for a total of 11 beds in the new care home on the Townlands site, and will use these beds flexibly.

If demand rises to the point where 14 beds are required, OCCG will still have the ability to buy further beds by using Oxfordshire's well-established spot purchase system. This system allows OCCG to access beds from those providers who have beds available at the time they are needed, without having to pre-commit funds. Our priority will be to purchase a bed within the OSJCT care home wherever possible. However, if a suitable bed was not available OCCG would purchase a bed from the next nearest provider to the patient's home.

5.0 Patient and Public Engagement

During build time and transition, regular project updates have been sent to a wide range of stakeholders informing them of progress including all parish councils and all GP practices in the catchment area, all 179 participants from the consultation, that responded to questionnaires, all local media, Healthwatch for onward cascade, OCCG social media, including facebook (178 followers) and twitter (6750 Followers), OCCG's Talking Health¹ membership (2800 registered) and all voluntary sector organisations, via OCVA.

As part of continuing patient and public engagement, the Townlands Stakeholder Reference Group (TSRG) was also formed in December 2015 and has, so far, met four times. The group is made up of representatives of local community groups, patients and carers as well as clinical and social care colleagues.

Following these initial meetings, it was agreed that the Terms of Reference for the group would be reviewed to make it more accessible and their work transparent to the local community. The review was strongly welcomed and was undertaken in conjunction with all members of the Stakeholder Reference Group and with the

¹ Talking Health is OCCG's online consultation and engagement system. The tool enables people to register with OCCG to be involved and have their say about the local NHS.

Townlands Steering Group (TSG). This included looking at whether to hold some of the TSRG's meetings in public and future chairing arrangements. At its meeting on 26 April, the TSRG accepted revised terms of reference which confirm that alternate meetings of the TSRG will be held in public (ie bi monthly). Dates of meetings to be held in public will be widely shared.

The CCG is currently working with the TSRG to agree the areas on which the group would welcome future assurance regarding the services and new model of care provided.

6.0 Financial update

The following section is a direct extract from the Townlands decision paper that when to the Board in September 2015:

Financial modelling

RACU & intermediate care beds

Excluding the lease/estate costs, indicative costs for each of the models are provided below:

Costs	14 Bedded Peppard Ward (£'000)	18 Bedded Unit (£'000)	New model		18 Bedded Unit & New model (£'000)
			RACU (£'000)	Intermediate Care Beds (OSJ) (£'000)	
Direct Costs	1057.8	1360	988	430	277
Indirect Costs	512.6	659	213	0	87
Overheads (@ 10%)	157.04	201.9	120	0	321.
Subtotal	0	0	1321	430	
Total	1,727.44	2,220.90		1,751.00	3,971.90

When considering the costs and volume of activity available through each of the models, the average unit cost per patient is as follows:

- 14 bedded Peppard ward – £1.73m, providing care to an average of 151 patients (2013-15) = £11,456 per patient
- 18 bedded Unit – £2.2m, providing care to 194 patients (straight line projection of 2013/15 average) = £11,448 per patient
- New Model - £1.75m, providing care to 1,248 patients (4 new patients each day Monday-Saturday, 52wks a year) = £1,402 per patient
- 18 bedded unit & new model – £3.97m, providing care to 1,442 patients = £2,754 per patient

Whilst the new model of service has not been developed on the basis of saving money, the CCG does have an obligation to ensure the fixed sums available to it are put to best use for the population as a whole. For the money available, the new model provides care for more than 8 times more patients than the existing Peppard Ward inpatient model.

The CCG does anticipate some transitional service costs occurring during the first 8 months of operation. This results from an element of double running the inpatient beds at Wallingford Community Hospital and the RACU. The associated costs are estimated to be in the region of £576k.

Estate and Equipment costs

Excluding pass through costs (i.e. insurance, rates, FM) there is a £722k lease cost pressure to the Oxfordshire system resulting from the transfer to the new premises. The vast majority of this is likely to be borne by OCCG, however work continues with NHS PS to mitigate this as far as possible.

There are non-recurrent equipment set up costs anticipated resulting from the transfer to the new premises and delivery of the new model of care. The CCG has submitted a capital bid to NHS England on behalf of providers to secure funds to support this

The financial modelling that was presented to the Board made the assumption that circa 7 beds would be commissioned from OSJ (a figure from within the range of 5-8 beds that was indicated from the detailed bed modelling) with a view to commissioning up to a maximum of 14 beds should demand require. Following conclusion of negotiations with Orders of St John Care Trust (OSJ) for the provision of intermediate care beds, a total of 11 beds have been commissioned within the new OSJ facility. This commitment has led to an increase in cost of £226k. This takes the cost of the new service model above the cost of the previous community hospital provision by approximately this amount. However, this additional commissioned capacity does provide for the required flexibility in the new service model that was identified and beyond this any spare capacity will be available to support the Oxfordshire discharge pathways.

There has been no notified change to the premises costs of the scheme since the previous paper to the Board. The CCG are working with NHS Property Services to ensure that any identified void space becomes utilised. The cost of the void space of the second floor is estimated to be c£300k which the CCG may be liable for under NHS Property Services charging policy during 2016/17.

7.0 Conclusion

Teams from across a number of different organisations have worked incredibly hard to ensure that a first class facility has been opened at Townlands of which we can all be proud. Despite all of the challenges faced in reaching this milestone, the community can be confident that they have a new hospital which will serve local people with modern healthcare for many years to come.

A formal opening ceremony for the new hospital is planned for later in the year, when the demolition works have been concluded.

Further information about the developments at Townlands Hospital, minutes and terms of reference of the TSRG and stakeholder updates can be found on our website: <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/townlands-hospital-consultation/governance-and-hosc/>