

South Oxfordshire Palliative Care Inpatient Beds – public engagement

30 June 2021

Background

Following the closure of the Sue Ryder palliative care inpatient unit in Nettlebed, South Oxfordshire in March 2020, Oxfordshire Clinical Commissioning Group (OCCG) has been working closely with the charity to increase the number of South Oxfordshire residents being supported at home for their palliative care: currently there are approximately 20 people being supported by this service at any one time.

The Hospice at Home service is highly valued by patients and their families. However, in some exceptional cases, a very small number of people at end of life with complex care needs are better served by inpatient palliative care. Since March 2020 these South Oxfordshire patients have been admitted to the Michael Sobell House in Oxford or the Sue Ryder Duchess of Kent Hospice in Reading.

The local community, councillors and GPs in South Oxfordshire feel travelling to Oxford or Reading is not a suitable alternative in the long term. OCCG met with Henley Town Councillors in early 2020 to discuss the gap in local service provision and committed to exploring options for providing inpatient palliative care beds closer to home. Despite the disruption caused by the pandemic, OCCG has worked to develop a local integrated solution with Oxford Health NHS Foundation Trust and Sue Ryder.

OCCG is proposing to transfer funds tied up in beds which are not being used by the Rapid Access Care Unit (RACU) at Townlands Memorial Hospital in Henley to commission two supported palliative care beds at Wallingford Community Hospital from Oxford Health. These would be delivered in close collaboration with the expertise of the Sue Ryder Hospice at Home service, whose Oxfordshire hub is now located at nearby Preston Crowmarsh.

Four beds are currently commissioned in a care home adjacent to Townlands Hospital for RACU patients; the use of these beds has been very low since they were opened. Most people seen at the RACU have been ambulatory patients, with just 86 out of 2,900 commissioned bed days being used in 2018/19 and 2019/20. In the past 18 months, no beds have been used by the RACU.

Local GPs and RACU clinicians have confirmed that the decommissioning of these beds would have no adverse effects on patient care. In clinically appropriate circumstances, RACU patients could be admitted to Abingdon, Didcot or Wallingford community hospitals if required; therefore, care home beds at the RACU are not needed as contingency. There is no intention to close anything else at the RACU which provides a range of important services to patients and which has the potential to expand its reach.

However, closing the RACU beds at Chilterns Court would save £293k per annum. There is a clear argument for a better use of public money and NHS resources in the south of the county to meet a known local need.

The proposal is that in phase 1 of the palliative care inpatient bed provision, two existing side rooms at Wallingford Community Hospital will be used for palliative beds. This change could be implemented within two months of go-ahead. In phase 2, adjustments to the building are recommended to convert an unused four-bed bay to locate two bespoke palliative care suites to further improve the service and environment for patients and their families.

Meeting Henley Town Councillors

In April 2021 OCCG managers met (virtually) with the Henley Town Councillors again to discuss these proposals, which were broadly supported. A further public engagement meeting for the local community was agreed with the councillors to share the proposal, answer any questions and to capture the views of the South Oxfordshire residents.

Public meeting

Oxfordshire Clinical Commissioning Group (OCCG) invited the community in South Oxfordshire to a virtual meeting to outline proposals and gauge local support for specialist palliative care inpatient beds in this part of the county.

The meeting date, time and joining instructions were widely publicised across South Oxfordshire's local print and online media, social media and through the networks of both OCCG and Oxford Health. In addition, the Henley town councillors who were present cascaded the information via their local networks to ensure as many people as possible could attend if they wanted to.

The meeting took place virtually on Wednesday 30 June 2021, starting at 6.30pm. A recording of the meeting can be found on the Henley Town Council YouTube channel https://www.youtube.com/watch?v=-VQrmRJiJ0U&ab_channel=HenleyTownCouncil

The meeting was hosted on Zoom by the Townlands Steering Group and chaired by Henley Town Cllr Ian Reissmann.

Presenting at the meeting and answering questions were:

- Dr Ed Capo-Bianco, local GP and OCCG lead GP for end-of-life care
- Dr Pete McGrane, clinical director for community services at Oxford Health NHS FT
- Diane Hedges, deputy chief executive at OCCG

The presentation can be seen [here](#)

Outcome of the public meeting

The main themes raised in the discussion at this meeting and the questions are described below.

The meeting was attended by 44 members of the public and was chaired by Cllr Ian Reisman – chair of the Townlands Steering Group - who welcomed everyone and set out the programme for the meeting.

Following short presentations from NHS colleagues, a question-and-answer session took place via the Zoom 'chat' function.

Discussions fell into the following areas:

1. Perceived demand for inpatient palliative care beds in the South Oxfordshire area.

The proposal by OCCG to commission two specialist in-patient beds at Wallingford Community Hospital was widely supported. However, it was felt by many of the attendees that two beds would not be enough to meet local needs. OCCG and Oxford Health provided the data from previous years that was used and assured the meeting that demand for these specialist beds will be kept under review and capacity at Wallingford could be increased if necessary.

2. The evidence from Sue Ryder that people preferred end of life care at home over inpatient care was questioned.

There was much discussion about patients and families not having the option of a bed in a hospice because of the closure of the Nettlebed inpatient unit and therefore had to rely on the Hospice at Home service. The general view was that the quality of care provided was good but that there was no choice for patients and that no specific question was being asked of patients and their families to know if this was a problem. The suggestion was made that the level of need could be higher.

OCCG made a commitment to ask that Sue Ryder includes a specific question about preferences in its feedback forms which families can complete after a patient has died. This could give a qualitative indication if families and patients would have opted for inpatient care at end of life if it had been available. The clinical care from Sue Ryder's Hospice at Home team was warmly praised by everyone.

3. There was discussion about the Sue Ryder day services.

These services were suspended during the pandemic or delivered virtually and attendees were keen to know if and when they would resume as face-to-face sessions at the charity's new palliative care hub at Preston Crowmarsh. There were suggestions from some attendees that there was not enough space to allow this. OCCG agreed to pass these concerns to Sue Ryder.

4. There was discussion about the decision to close Joyce Grove.

It is clear that many people in the local area are disappointed by Sue Ryder's decision to close the Nettlebed hospice (Joyce Grove), which has been supported through their fundraising efforts over many years. Some remain unconvinced by the charity's evidence that demand and need for inpatient care is low.

5. Decommissioning of the RACU beds

The overall tone of the meeting was supportive of all proposals. There were no objections to the decommissioning of the RACU beds at the adjacent care home and Oxford Health's plans to expand the other services at RACU were welcomed. It was agreed that the redirecting of part of the funds to commissioning inpatient palliative care beds at Wallingford Hospital would go some way to addressing the current gap in service provision.

At the end of the meeting, Cllr Stefan Gawrysiak shared details of a local campaign lobbying Sue Ryder to fund a new dedicated facility for palliative care in the local area from the proceeds of the sale of Joyce Grove. This campaign will continue, but it was recognised at the meeting that OCCG should be supported in its plans to provide the proposed beds at Wallingford Community Hospital.

Both councillors thanked OCCG and Oxford Health for attending the meeting, sharing the proposals and answering points raised.

Link to wider strategy

The Oxfordshire HOSC toolkit has also been completed in relation to the proposed changes to RACU beds and the Wallingford Hospital option for palliative beds.

It is important to note that this change is proposed while developing the Oxfordshire Community Services Strategy, which will inform overall bed provision for the county. The argument for advancing the palliative inpatient work is to address a current service gap and to make better use of financial, buildings and clinical resources. The Community Services Strategy work will also inform this development and any implications will be addressed before building work at Wallingford Community Hospital starts.

It is recommended that we move to enact these changes (which will be reviewed and can be reversed) on 1 August 2021.