

Implementing Shaping the Future

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Service changes in Bracknell and Ascot

- What the decisions were
- CCGs working with you to implement the decisions so they deliver real benefits for patients
- Implementation
 - What will happen and when
 - How we are addressing issues raised by local people

Service Changes

Changes to services in Bracknell and Ascot were part of a three month consultation in 2012. The plans have been developed by doctors, nurses, midwives and other clinicians and are now at the implementation stage. They are:

- Urgent care
 - A new model of urgent care integrating minor injuries and illnesses with stronger links to primary care
 - Relocating MIU from Heatherwood to merge with a new urgent care centre at Brants Bridge in Bracknell
- Rehabilitation services – develop a new service to provide:
 - Enhanced supported discharge service for stroke patients
 - Community based rehabilitation services for general medical patients
 - Buckinghamshire based services for Buckinghamshire residents
 - Eight more stroke rehabilitation beds at Wexham Park on the stroke unit
 - Closure of ward 8 on Heatherwood hospital site
- Permanently close the Ascot Birthing Centre

CCGs and implementation

- CCGs reviewed feedback from the consultation – role now is to implement the changes in the way that best benefits patients
- There is the very strong engagement with local GP practices and Patient Participation Groups in planning and implementing services – all GP practices are members of the CCGs and play a direct role in decision making
- All the CCGs are very keen to involve patients and local people in on-going dialogue about the changes through Community Partnership Forum
- CCGs have heard very clearly the concerns people have about these changes and are determined to address them

Changes are part of wider plans to develop the Heatherwood site

- Heatherwood and Wexham Park Hospitals NHS Foundation Trust is developing plans to establish Heatherwood as a state of the art centre for high-quality planned surgery
- Affecting around 12,000 surgical admissions a year
 - Elective Surgery (theatres, wards, daycase unit)
 - Diagnostics (MRI, CT Scanning)
 - Outpatients
- Opening 2015/16
- Heatherwood Stakeholder Forum advising and developing these plans

Urgent Care Centre

- To complement local GP and primary care services already available to patients
- To offer a wider range of services
- To ease pressure on hospital accident and emergency departments, improve responsiveness for urgent care in the area
- 21,000 people currently use the MIU each year – this is expected to increase to 29,000 in the UCC

UCC – tackling patients’ concerns

- **How will people who are further from Brants Bridge than Ascot get there?**
 - A survey of patients coming into MIU to find out how they get there, identify how many might face travel issues and develop a travel plan
 - Work with Royal Berkshire on parking to ensure there is enough as part of the lease
- **Will people know where to go?**
 - We are developing a significant communications plan about urgent care which will include the location move, so that everyone has easy access to information about where they should go for what. This is linked to the new NHS 111 service
- **Will the service be secure at Brants Bridge?** What if the Royal Berkshire decides to sell the building?
 - We will not go ahead unless we can agree a lease which gives us security of tenure for a significant period

UCC – tackling patients’ concerns

- **Will it be as good for Windsor and Ascot patients, who currently use the Heatherwood MIU as for those from Bracknell?**
 - A joint working group of GPs from both CCGs has been set up to finalise the way the service will work in practice and to choose a provider that will best meet the needs of patients from all areas
- **Will the time a GP is there be enough, and won’t reduced opening hours in the evening mean more people have to go to A&E?**
 - It is currently planned that people who cannot access appointments urgently will be able to have booked appointments with a GP at the UCC (two hours a day minimum). The main UCC service will operate 8am to 8pm.
 - Access to GP when needed will be closely monitored to ensure the hours are right. If the times are not right they will be changed.
 - If there is any late evening impact on hospital A&E admissions as a result of the earlier closure, the opening hours will be reviewed and changed
 - The UCC specification will include ability to access GP advice throughout the day

Urgent Care Centre Progress

- The specification for the service in the new urgent care centre is being finalised
- Invitation to tender mid-July with shortlisted providers
- Draft lease terms will be available as part of ITT for providers to negotiate
- Decision by CCG GBs in October 2013
- MIU will move to Bracknell in February 2014 subject to Judicial Review

Stroke and Rehabilitation services

- To maximise the number of people who get comprehensive health and social rehabilitation care in their own homes
- To increase the number of people who recover full independence and improve their quality of life during and after rehabilitation
- To support carers and families
- To enable Buckinghamshire people to recover closer to home
- 440 people from all over East Berkshire and South Buckinghamshire currently use the beds at Heatherwood
- Investment in an Early Supported discharge Service for Stroke Patients
- Investment in community and social care packages to support the change

Rehabilitation – tackling patients’ concerns

- **Logistical problems with care at home**
 - Learning from what works and drawing from that experience – these services are all running well in Bracknell Forest, West Berkshire and elsewhere
- **Will people be discharged too early?**
 - Hospitals will have the clear responsibility to discharge a patient only when the full package of care they need is available
- **Will the new services really be put in place, or will the beds just be closed anyway?**
 - The beds will not close until the new service has been set up and tested and when there is no demand for the beds by new patients
- **Will people get the social care they need?**
 - The implementation is being driven by a multi-disciplinary team that provides both health and social care to ensure the full package of care needed is available

Rehabilitation progress

- The business case approved by CCGs for £1.2m investment to support community and social care services
- Berkshire Healthcare Foundation Trust is working with Bracknell Forest, WAM and Slough Councils to model rehabilitation services – agreement mid-July. This will build on the existing services commissioned via the Section 75 agreement for intermediate care
- An agreement has been made to start recruiting staff for the ESD Service
- New community services set up from September 2013
- Monitoring impact before closure January 2014

Wider concerns on the changes

Impact on Heatherwood The most common concern CCGs have heard from Ascot residents is that any reduction in services at Heatherwood Hospital threatens its viability and will lead to the hospital closing

- CCGs strongly support the Trust's plans to redevelop the site as the home for high quality elective services –the hospital's core business which drives its viability
- It is not right that year on year scarce health resources should be spent on land and buildings which do not meet the health needs of patients, so CCGs support the Trust in redesigning the site
- If the hospital is acquired by Frimley Park NHS Foundation Trust, it is committed to build the state of the art elective surgical centre currently being planned

- CCGs are listening. We really want local people and local organisations to help shape the way the StF changes are implemented to ensure they
 - deliver the benefits expected
 - tackle the concerns expressed
 - safeguard patients' interests
- The implementation plans are underway and we are establishing the best ways to involve people, this is why this group has been set up
- It is planned that this group will work with the Heatherwood development sponsor group so there is an integrated approach to healthcare planning