

**Community Hospital Services  
Overview of NHS Eastern and Coastal Kent Health Overview and Scrutiny  
Committee - 14<sup>th</sup> May 2010**

**1. Introduction**

- 1.1 This paper aims to provide Members of the Committee with an overview of the current position of community hospitals in NHS Eastern and Coastal Kent (NHS ECK).
- 1.2 The questions answered in each section of this paper are referenced on the right hand side of the paper.
- 1.3 Appendix one shows a map of where community hospitals are located within NHS ECK
- 1.4 Appendix two provides details of the admission criteria from community hospitals

**2 What are community hospitals?**

**Q15**

A community hospital is a venue/ site outside of the main acute hospitals which provides a variety of services to local people. These typically include inpatient-beds, out-patient clinics, diagnostic facilities, daycare, minor injuries service and other extended primary and intermediate care services although services will vary between hospitals depending on other services available in the local area. Medical care is predominately provided by GPs working with consultant medical colleagues. Staff work in multi-disciplinary and multi-agency teams to provide services including rehabilitation, acute medical care, palliative and terminal care, step- down care and respite care that are integrated with the full range of services provided by ECK CS.

**3 Community Hospitals in NHS ECK**

**Q17**

There are six community hospitals within NHS ECK along with two small hospitals the Royal Victoria Hospital and Buckland Hospital managed and run by East Kent Hospitals Foundation Trust all other community hospitals are run and managed by ECK CS. listed below is summary of the services that are provided on each of the hospital sites;

**3.1 VICTORIA HOSPITAL DEAL**

General opening hours: 8.15 – 6pm Monday - Friday

### Minor Injury Unit

- Minor Injuries Unit is open from 8.00 a.m. – 6.00 p.m.  
7-days per week

### Outpatients Department

- Range of out patient departments facilities for acute and community clinics:

Include ECG (Heart tracings) Phlebotomy Service for GP's (blood tests) X-Ray facilities Orthopaedic	General Medicine General Surgery Gynaecology Paediatric (children) Gastroenterology	Rheumatology Care of the Elderly Ear, nose, throat Ophthalmology
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### Inpatients – two wards comprising:

- 26 beds of which 4 are continuing healthcare

### 3.2 QUEEN VICTORIA MEMORIAL HOSPITAL HERNE BAY

General opening hours: 8.30 - 6pm Monday - Friday

### Day Centre

- Multi -disciplinary support for older people
- Blood Transfusions
- I.V. Therapies (drugs administered into a vein, through a cannula)

### Outpatients Department

- Wide range of acute and community clinics:

Phlebotomy (blood tests) General Surgery Gynaecology Paediatric	Gastroenterology Orthopaedic X-Ray Dermatology	Rheumatology Care of the older person (HCOOP) Hearing Tests
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### Inpatients – 23 Beds

- For intermediate care including palliative care beds

### 3.3 WHITSTABLE and TANKERTON HOSPITAL

General opening hours: 8.30 - 6pm Monday - Friday

### Outpatients Department

- Small Outpatients department providing facilities for acute and community clinics;

General Surgery Gynaecology	General Medicine Ophthalmology	Rheumatology
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**Inpatients** - 2 Wards comprising:

- 1 ward with 9 beds
- 1 ward with 24 beds for intermediate and continuing care

**3.4 FAVERSHAM COTTAGE HOSPITAL**

General opening hours: 8.30 - 6pm Monday - Friday

**Treatment Centre**

- Minor Injury Unit – 8.00 a.m. – 8.00 p.m. 7-days per week
- Outpatients – Multi-agency provided in adjoining Health Centre – OPD facilities for acute and community clinics supported by:

Gynaecology Paediatric Care of the older person	Vascular Nurse Hand Clinic East Grinstead	Rheumatology Physiotherapy
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**Inpatients** – two wards comprising:

- 1 ward of 14 continuing care beds
- 1 ward of 15 Intermediate care

**3.5 SITTINGBOURNE MEMORIAL HOSPITAL**

General opening hours: 8.30 - 6pm Monday - Friday

**Minor Injury**

- Services for Minor Injury/Illness from 9.00 a.m. – 9.00 p.m. 7-days per week

**Outpatients Department**

- range of outpatient services for acute and community clinics supported by:

General Surgery Obstetrics/Gynae (women's health ) Children's Clinics Medical Urology (bladder) Obesity Clinics Lymphoedema Clinic Dietician	Orthopaedic (bones) Ophthalmology (eyes) Dermatology (skin) Speech Therapy Podiatry (feet) Physiotherapy Psychiatry ECG (heart tracings) Rheumatology Nurse	Elderly Medicine Ear, nose throat Sexual Health Public Health Clinics Continence Service District Nurse Clinics Phlebotomy Weight Management Team
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Audiology (hearing)		
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**Inpatients**

- 24 bedded ward – primary/intermediate care including palliative care

**3.6 SHEPPEY COMMUNITY HOSPITAL**

General opening hours: 8.30 - 8pm Monday - Friday

**Minor Injury**

- Currently open from 9.00 a.m. – 9.00 p.m. for minor injury/illness 7-days per week

**Outpatients Department**

- Wide range of Out patient services for acute and community clinics support by:

General Surgery Obstetrics/Gynae Children's Clinics Medical Urology Obesity Clinics Lymphoedema Clinic Dietician	Orthopaedic Ophthalmology Dermatology Speech Therapy Podiatry Physiotherapy Psychiatry ECG	Rheumatology Nurse Elderly Medicine ENT Sexual Health Public Health Clinics Continence Service District Nurse Clinics Audiology
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- Open access centre provided by Dulwich Medical Centre – walk-in primary care services

**Inpatients –**

- 20 beds – primary/intermediate care including 8 x stroke beds
- 20 beds – primary/intermediate care - including palliative care

**3.7 Buckland Hospital Dover**

Buckland Hospital in Dover provides a range of outpatient services, a minor injuries service, a renal dialysis unit and an endoscopy unit. There are two wards – the maternity ward that has 20 beds and the Carousel Ward (Paediatrics) which has 4 beds.

**3.8 Royal Victoria Hospital Folkestone**

**Q16**

Royal Victoria Hospital, Folkestone, provides a range of outpatient services, Other Services available include Chemotherapy in the Community, a Day Hospital, Dermatology Minor Procedures. It is also home to the Folkestone Walk-

In Centre, which treats minor injuries and illnesses. There is one ward - The Derry Unit (Urology) which has 10 beds.

3.9 Minor Injuries Units treat minor injuries and Walk in Centres can treat minor injuries and minor illnesses. No appointment is needed. They are staffed by Nurse Practitioners. These services have variable opening times but are usually open 365 days a year. Examples of illness and injuries where a Walk in Center would provide treatment include;

- Minor cuts and bruises.
- Minor burns.
- Strains and sprains.
- Stomach upsets.
- Coughs and colds.
- Minor infections.
- Minor bites and stings.
- Emergency contraception.

3.10 An emergency care centre is provided at Kent and Canterbury Hospital to treat emergency medical cases for example stroke, whilst serious road traffic accidents would be seen at Accident and Emergency (A&E) departments at either William Harvey or Queen Elizabeth Queen Mother Hospitals. People who have a serious injury or illness should call 999 or go to an A&E department. These units are staffed by specialist doctors and nurses and are open 24 hrs a day and 365 days a year. The emergency care centre would treat patients with a number of more serious conditions including:

- Loss of consciousness.
- Pain not relieved by simple analgesia.
- Acute confused state.
- Chest pain.
- Breathing difficulties.
- Serious accidents.
- Severe bleeding.
- Deep wounds.
- Suspected broken bones.

**Q19**

3.11 There are 175 inpatient beds across all six community hospitals. These beds are primarily used to provide intermediate care for patients who either do not require admission to an acute hospital, but require treatment that cannot be delivered in their own home or patients who are able to be discharged from an acute hospital, but are not yet ready to return home. Examples of this would include Stroke patients who need further support to mobilise. Non weight bearing orthopaedic patients needing 6/8 weeks bed rest before starting rehabilitation. Amputees needing help mobilising from bed to chair. Intermediate care is also provided in a number of other venues including nursing homes where community nurses provide in-reach services to support patient care and in facilities such as

Westview and Westbrook through joint working with KCC.

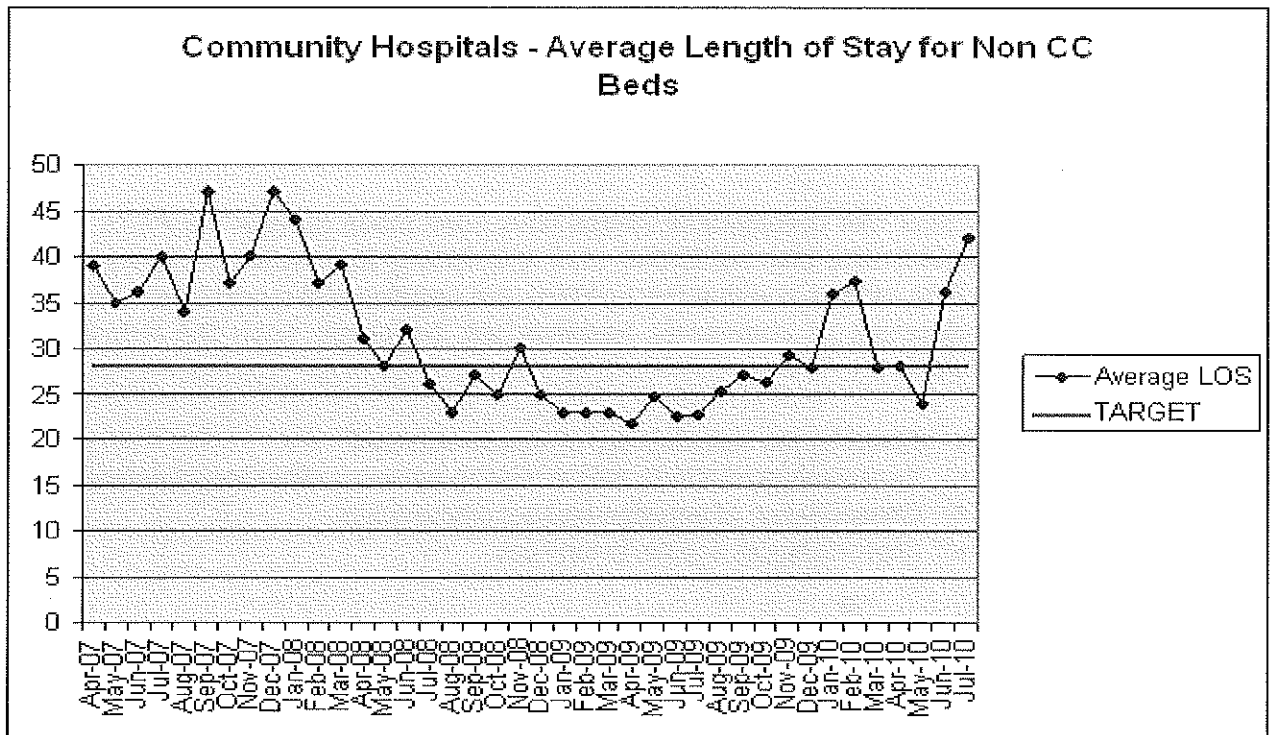
In addition to intermediate care there is also provision for palliative care patients focusing on system management.

- 3.12 Intermediate care provision in Shepway is provided at Broadmeadow, a Kent County Council facility in Folkestone which has 20 intermediate care beds. Intermediate care beds are also available at West View in Tenderden, (30 beds), Westbrook House, Margate (30 beds) and Cornfields in Dover (14 beds). West View and Westbrook House are both integrated care centres and are subject to Section 75 funding arrangements between KCC and NHS Eastern and Coastal Kent. The beds are staffed by KCC care staff and nursing staff who have been seconded to KCC from NHS Eastern and Coastal Community Services. Cornfields is a KCC provided unit.

Intermediate care is provided to all four units by the community intermediate care teams who in-reach into the facilities to provide the rehabilitative support required. This model of intermediate care has been achieved by good joint working between the local authority and NHS Eastern and Coastal Kent.

- 3.13 The table below illustrates average length of stay in the in-patient beds in ECK-CS run community hospitals with a current average length of stay of 28 days for rehabilitation patients. This is in line with other facilities (Social Services and Independent Sector) intermediate care beds. There are still, on occasion, difficulties caused by lack of care home beds or long waiting lists in care homes of choice which can impact on length of stay figures in some areas. A proactive approach is applied in supporting families in seeking alternative long term placements in these situations.

**Q21, Q22**



Community Hospitals support patients who require on-going rehabilitation and a higher level of medical and nursing input than could be safely be provided in a home setting thus preventing patients from being admitted to or staying in an acute hospitals when the nature of their illness means this is not clinically necessary.

ECK CS work closely with the acute hospitals and KASS to identify suitable patients for community hospitals. Intermediate care reaches into the acute hospital wards as part of the discharge process. They provide support and easy access to the ward staff to facilitate quicker discharge. Care mangers from social services are a part of this process.

Patient's progress is managed proactively in partnership with KASS in weekly multidisciplinary team meetings that include nursing team therapists and Social Services review all patients' progress to ensure clear treatment and discharge plans are made in a timely manner.

**Q23**

**4. The future of community hospitals?**

4.1 Community hospitals play a critical role in supporting the implementation of the PCTs community services commissioning strategy. One of the goals of the strategy is to commission more and better services closer to or within people's homes and to make it easier for them to access health services so that as a consequence there is a reduction in referrals into acute hospitals. In order to

deliver this the PCT needs to ensure community hospitals are able to:

- Increase the range of services available
- Increase the accessibility of services
- Ensure services are responsive to the public's needs

It is clear that considerable strides have been made to meet the PCTs strategic commissioning plan but further work is underway to ensure community hospitals are fully utilised and that the buildings are updated and modernised. The further development of community hospitals will be based upon the following key principals.

- Ensuring the safe delivery of clinical services
- Increasing productivity and achieving optimum utilisation of estate
- Consolidation of services and accommodation.
- Improved local access to services

**Q3**

- 4.2 The provision of minor injury services in East Kent is subject to regular reviews, both as part of the NHS Eastern and Coastal Kent's Urgent Care Strategy and through periodic performance management of the providers with the emphasis on delivering better patient care whilst ensuring enhanced value. In addition to provision in minor injuries units and walk in centres minor injury services are provided by ten GP practices in areas where patients do not have easy access to minor injury units or walk in services.

**Q18**

## **5. Consultation**

NHS ECK has ensured there has been strong engagement involving all services users at each of the community hospitals. As an example in March 2009, the NHS Eastern and Coastal Kent Patient and Public Engagement team commissioned a market research project from Opinion Leader to inform the development of a revised service specification for Faversham Minor injuries unit. By using street surveys, service user surveys and public meetings the market researchers were able to test the local community awareness of the service and to identify people's experience of using the Minor Injury Unit.

More than 500 people from Faversham gave their views during this market research. The results showed that 11 per cent of people did not know there was a Minor Injuries Unit based at Faversham Cottage Hospital. Further engagement activities from April to June 2009 concluded that the community of Faversham was in favour of the Minor Injury Unit continuing and for it to be developed further.

The results of the market research were shared at a public meeting. The meeting was also an opportunity for NHS Eastern and Coastal Kent to confirm the following:



- (a) The commitment that local people should have access to minor injury services and that a pilot (from 1 July 2009 to 31 March 2010) would be run to test an enhanced service with dedicated specialist nurses;
- (b) During the pilot the service would be promoted and communicated in an attempt to increase usage and reduce the number of Faversham residents attending other urgent care services including Accident and Emergency Departments.

There has also been good engagement with other stakeholders about plans to redevelop a hospital in Dover. NHS ECK is committed to ensuring service users continue to be involved in the development of services at all of the hospital sites.

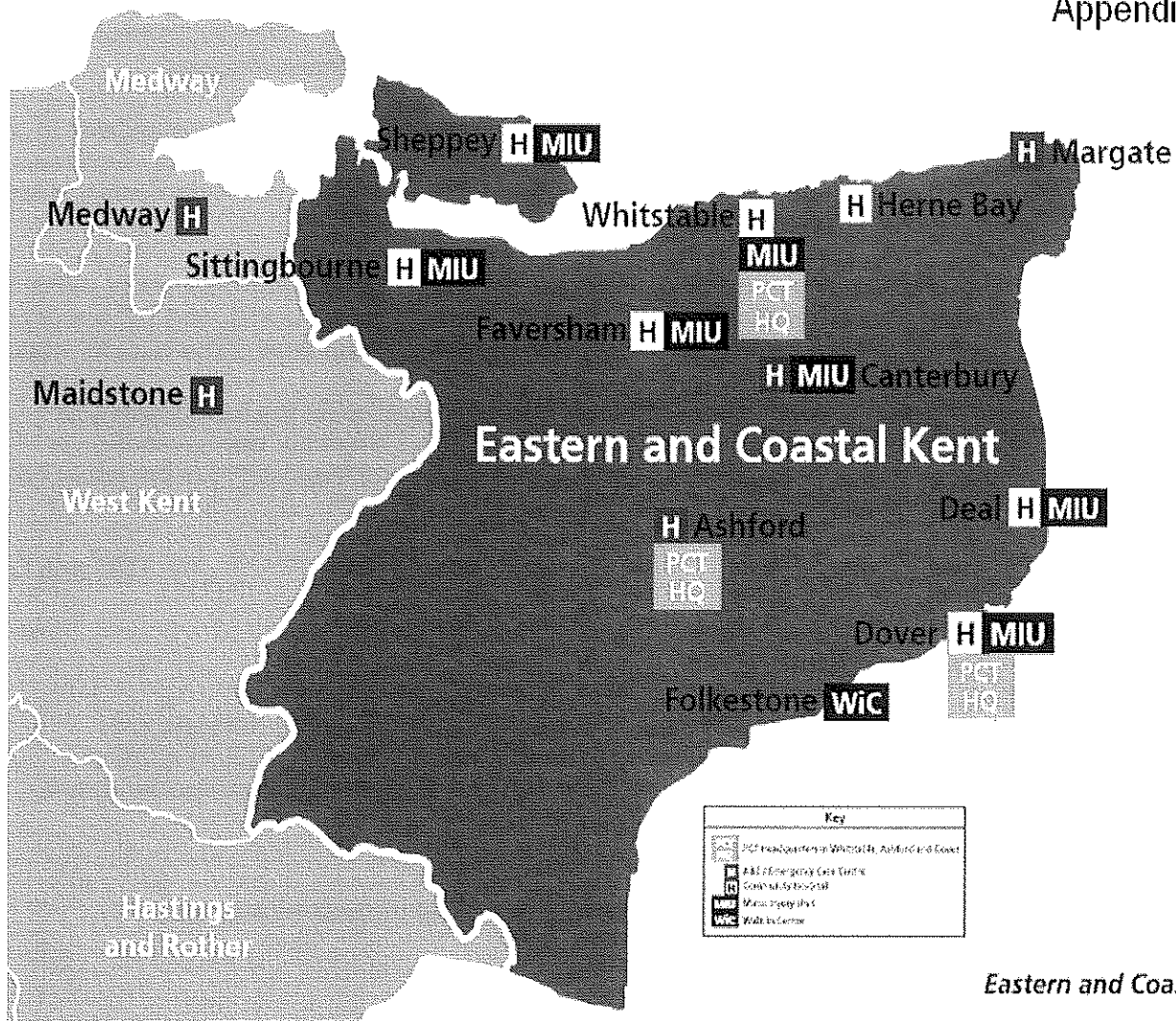
A revised service specification has now been drafted for the Faversham MIU which has extended the opening hours to twelve hours per day seven days a week from 1<sup>st</sup> July 2010 and reflects comments and feedback from the public co-design events.

**Q20 and Q4**

## **6. Appendices**

Appendix 1 Shows a map of the locations of community hospitals with services managed by ECK CS within NHS ECK. In addition Buckland Hospital in Dover is managed by East Kent Hospitals University Foundation Trust.

Appendix 2 Shows the admission criteria for community hospitals.



## Appendix 2

### CRITERIA FOR REFERRAL TO COMMUNITY HOSPITAL

Attention will be primarily be focused on CDU / MAU and the medical wards by Social Services Care Managers and Intermediate Care Nurses proactively 'case finding' patients who are >75 years or complex <75 years.

1. Orthopaedic and Surgical patients will enter the process (outside of any other agreed pathways) by way of referral from the Matrons, Ward Managers or Care Manager, for the following reasons:
  - Patient has been slow to recover following a complication as a result of surgery
  - Patients with a complicating condition i.e. Dementia
  - Patients who cannot return home (where ever that might be) due to complexity of current condition and longer term needs that are indicating the outcome may be - home to Residential Home, Residential Home to Nursing Home, or fully funded NHS Continuing Care.

#### 2. Patient Categories

<b>Category 1</b>	Requiring Rehabilitation / Recuperation will go home	Following an acute episode provided either at home or step down into an Intermediate care bed if still requiring 24 hour supervision for assessment & rehabilitation with home as the definite discharge destination <b>NB: Home must always be considered before step-down bed</b>
<b>Category 2</b>	Requiring 24 hour care (residential) or a high level social care package to get home due to functional ability	Following an acute episode step-down into a community hospital bed or Intermediate care bed in a care home for assessment and rehabilitation to improve functional ability to go home rather than Residential care or home with a reduced care package or Residential Care rather than Nursing Care
<b>Category 3</b>	Requiring 24 hour nursing care (nursing or residential) as a result of an acute episode	For step down into a community hospital bed/care home at the point of medical fitness & MDT decision for progress to INP for nursing home care or fully funded NHS continuing care
<b>Category 4</b>	Palliative / terminal care. Requiring 24 hour care and	Step down into hospice / community hospital bed for

	symptom control	symptom control or straight home with community services Plan for on going care either at home or in care home
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