

Tonbridge Cottage Hospital

1. Introduction

This report seeks to:

- a. inform Members of the background and decision to house a stroke rehabilitation unit in Tonbridge Cottage Hospital
- b. outline the engagement and consultation that took place with stakeholders
- c. outline current and future commissioning plans for community based services in west Kent

2. Context

Tonbridge Cottage Hospital (TCH) provides rehabilitation inpatient care. There are currently 24 beds available and the hospital takes patients directly from their own homes, where they do not need to be admitted to an acute service but are unable to cope at home.

In addition it offers a service for patients within the acute sector who are medically stable but require further rehabilitation. The beds are designated as adult beds and the vast majority of patients are older people, however younger adult patients are accepted. The aim of the hospital stay is to assist patients to regain their independence where appropriate or to teach coping strategies where functional capabilities have changed significantly e.g. after a stroke.

The team caring for patients consists of a Modern Matron, registered nurses, rehabilitation assistants, health care assistants, physiotherapists, occupational therapists, care manager, pharmacist, and Community Medical Officer.

In addition there is a day hospital facility where patients can be referred for individualised programmes of rehabilitation that are time limited. There is also a specialist service for falls.

3. Background and decision to house the stroke rehabilitation unit in TCH

Prior to the closure of Kent and Sussex Hospital, the Primary Care Trust worked closely with its partner organisations, Maidstone and Tunbridge Wells NHS Trust (MTW) and West Kent Community Health (WKCH) in securing locations for those therapy services that would not be housed within the new hospital at Pembury; one of these services was stroke rehabilitation.

In 2004 a mapping of the community hospitals within west Kent was carried out by South West Kent Primary Care Trust. This revealed the community hospitals would be most appropriate to house the stroke rehabilitation unit as they already delivered rehabilitation care to patients and Sevenoaks Hospital was identified to host the proposed unit.

However, once MTW had had an opportunity to review this mapping, they considered Sevenoaks Hospital would be too far away from the new hospital at Pembury to be viable and that TCH was preferred.

The only other reasonable alternative, other than using TCH would have been to transfer patients to Maidstone Hospital and this was something the Primary Care Trust and MTW thought would be disadvantageous to patients, their relatives and the clinical staff who would need to provide follow up and community services.

Therefore, work commenced to assess the current bed use at TCH, the transfer of 10-12 beds to stroke rehabilitation and how the 'lost' beds would be re-provided across the cottage hospital estates.

4. Bed numbers, use and impact on local patients

When Tonbridge Cottage Hospital was identified as being the most appropriate site to house the stroke rehabilitation service, £400k was invested to create the unit.

12 of the existing 22 rehabilitation beds were designated as specialist stroke rehabilitation and the remaining 10 continued to be available for patients with more general rehabilitation needs. A further two beds were also created at Tonbridge Cottage Hospital for general rehabilitation use. Therefore at this point there were 12 beds for specialist stroke rehabilitation and 12 for general rehabilitation use.

Further investment into community services meant that a further 10 general rehabilitation beds were also identified across sites in west Kent. These continue to be provided. The 10 beds are available at Edenbridge and District War Memorial Hospital - two beds, Sevenoaks Hospital - two beds, and Gravesham Community Hospital – six beds.

This provision strongly supports the role community hospitals have to play in delivering care to the local community; ensuring patients do not stay in an acute setting for longer than is necessary. Many more services are now provided in people's own homes, which bring benefits to patients, their families, and their carers.

Therefore it is important to note there has been no loss of beds at TCH. There are still 22 general rehabilitation beds. 12 are provided at Tonbridge Cottage Hospital, alongside the 12 stroke rehabilitation beds, and a further 10 in the sites detailed in the previous paragraph.

With regard to the impact on local patients not being able to access rehabilitation care at TCH, whilst every effort is made for community hospitals to care for patients who are local, the funding is not ring-fenced to locality based provision and there are times when patients will be cared for at other community hospitals within west Kent. What is assured is that patients from other trust areas, such as Sussex will not be cared for within west Kent community hospitals, ensuring beds are for west Kent patients.

5. Consultation and engagement in respect of the decision to house the stroke rehabilitation unit at TCH

With regard to engagement throughout the process, it was agreed between the PCT and the provider organisations that, unlike some of the major changes to service provision that were proposed in 2004 especially around services for women and children, for which a formal public consultation took place, stroke rehabilitation in many respects would be a continuation of what was currently being provided at TCH. As there was no major change of service use a formal consultation was considered not to be appropriate.

The PCT worked with the Strategic Health Authority on the appropriate engagement to ensure the implementing of the stroke rehabilitation unit at TCH was shared with the local stakeholders involved. The commissioning managers met with the League of Friends, Council representatives and LINKs to discuss concerns around the proposal and the benefits for TCH were identified and shared and the response received was very positive.

In the final stages of closure of the Kent and Sussex Hospital and the opening of Pembury Hospital, the League of Friends and Sir John Stanley MP were invited to tour the new building and feedback at this stage was extremely positive and the associated investment of £400k, to TCH, as part of the development was welcomed.

However, on reflection, it is acknowledged that the engagement and consultation around the changes which took place in 2010 and early 2011 detailed above fell some way short of best practice.

Although NHS West Kent concluded that the planned changes to stroke services were not a substantial change and therefore did not undertake formal consultation, this decision would more properly have been made by this committee.

In retrospect we acknowledge that the PCT should have approached the Health Overview and Scrutiny Committee to consider this matter.

On a more positive note Kent Community Healthcare Trust has informed us that Maidstone and Tunbridge Wells NHS Trust has received positive feedback about the stroke rehabilitation unit at TCH. It is very pleased with the way the service has integrated into the community setting and how this has contributed to an overall positive patient experience.

6. Current and future commissioning plans for community based services in west Kent

West Kent Clinical Commissioning Group (WKCCG) is currently assessing the need for community based services, including beds, in the whole west Kent area and in localities within that. Recognising that there is a significant flow of Maidstone residents to community hospitals in other parts of west Kent, including Tonbridge, WKCCG proposes to pilot a step-down facility in Maidstone, starting on December 3 2012.

The provision of this facility will release capacity in other community hospitals and so improve the access to beds closer to home for all those who need them in west Kent, and specifically in Tonbridge.

WKCCG will evaluate the impact of this additional facility, which will be provided in partnership between Kent County Council, Kent Community Health NHS Trust and Maidstone and Tunbridge Wells NHS Trust, over the winter period.

7. Conclusion

We hope this report goes some way in providing Members with assurance that whilst the consultation and engagement process around the re-designation of beds at TCH was, on reflection, not as robust as it could have been, the discussions that did take place were at the time positive towards the changes that were introduced in 2010/2011.

This does not excuse the fact that the planned changes should have been brought to this committee's attention. We are still of the opinion that the re-designation of the beds at TCH was not a substantial variation but we absolutely acknowledge that the evidence to support this decision should have been discussed with Kent HOSC.

Members will also be aware that requests have been made to undertake a retrospective consultation on accommodating the stroke rehabilitation service at TCH.

Related to this we recently met with representatives from the Tonbridge Cottage Hospital League of Friends and discussed the shortcomings of the consultation and engagement process around the introduction of the stroke rehabilitation unit at Tonbridge Cottage Hospital. On a more positive note we also discussed the pilot step-down project being led by WKCCG. We have agreed to share the monitoring information from the pilot with Tonbridge Cottage Hospital League of Friends and have also agreed they will be involved in the final evaluation process.

For Members information, NHS Kent and Medway and the Tonbridge Cottage Hospital League of Friends agree that a retrospective consultation will divert valuable resources, halt the proposed commissioning plans referred to and delay the potential benefits for Tonbridge and Tunbridge Wells residents.