

Briefing paper: A New Community Hospital for the Forest of Dean
– Proposals for Public Consultation

Document Control

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1. Purpose of the Document

This paper for the Gloucestershire Health Overview and Scrutiny Committee (HOSC) sets out an overview of service provision in the Forest of Dean locality, with a focus on the service proposals specific to the planned building of a single new community hospital for the district, which following previous phases of engagement and consultation will be built in Cinderford.

The Gloucestershire Integrated Health and Care System (ICS) seeks further support from the committee for the commencement of a formal period of public consultation on the range of services at the new hospital in the Forest of Dean. The service proposals in this document are consistent with the aims and objectives of the Gloucestershire Integrated Care system and are planned to meet the needs of the population now and into the future.

The business case to build a new community hospital is primarily concerned with ensuring the 'right' infrastructure can be developed with sufficient flexibility to allow for the continuous evolution of service delivery models in the NHS. The Gloucestershire Integrated Care System is confident that the proposals set out in this strategy will ensure that the Forest of Dean gets a bright, modern facility that is flexible and forward looking – one that is Fit for the Future of our local NHS.

The updated proposals set out in this document have been developed through extensive feedback and engagement with local communities and clinicians across the locality over a number of years. Our last period of engagement highlighted some key issues that were of particular interest to the local population, and these will be addressed through this next phase of consultation. These include;

- Proposed inpatient capacity in the new hospital
- Urgent Care provision for the district, and in particular for residents of the south of the forest now that we have confirmed that the new hospital will be based in Cinderford
- End of Life care provision
- Travel and Access

This updated paper will describe our proposals and response to each of these areas of interest, provide an overview of other services to be provided and also give an overview of the historic activities and timeline for the proposed next steps for the programme.

Key Points

- **Gloucestershire Health and Care organisations work together as an Integrated Care System, known as an ICS**
- **This programme is concerned with plans to build a new hospital for the Forest of Dean and is considered to represent substantial variation**
- **This paper asks the committee to provide their support to move forward to a final phase of public consultation regarding the service offer within the new community hospital for the Forest of Dean**

2. Assurance and Oversight

All programmes that involve service change need to fulfil the assurance requirements that apply to all significant service changes. These can be found in the national guidance document from NHS England, Planning, Assuring and Delivering Service Change: <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>. In summary the requirements are to:

- Meet the Governments’ four tests for service change, which are:
 - Strong public and patient engagement
 - Consistency with current and prospective need for patient choice
 - Clear, clinical evidence base
 - Support for proposals from clinical commissioners
- NHS England’s test for proposed bed closures (where appropriate)

The NHS England bed test was introduced from the 1 April 2017. This requires that in any proposal including plans to significantly reduce hospital bed numbers NHS England will expect commissioners to be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Due to the extensive timeline associated with the project, the proposals for the Forest of Dean have been considered by NHS England/Improvement (NHSE/I) over a two stage process, initially in 2017 and then more recently on the 1st October 2020. The 2017 assurance process confirmed that tests 1-4 were fully met at that stage; therefore the final stage of assurance was to ensure that NHSE/I were satisfied regarding the fifth test – the NHS bed test.

A summary of our response to the bed test requirements is set out in the following table:

Bed Test Requirement	Evidence
Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or	Significant alternative provision in both beds and 'bed alternatives' has been provided: This includes: <ul style="list-style-type: none"> • Complex Care at home service • Rapid Response Service • End of life hospice care arrangement • Stroke rehabilitation at the Vale • Rehab beds in Gloucester purchased as part of Enhanced Independence Offer (EIO)

Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or	Not applicable to this case, although it should be noted that our alternative provision for stroke rehab at the Vale and the new end of life care model 'spot purchase' arrangement will reduce admissions to the Forest hospitals for both of these categories
Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).	Our developing new model of care for rehabilitation will improve length of stay in the community hospitals and improve efficiency. This has not been factored into our model and therefore we believe this provides a 'buffer' regarding the number of beds proposed. Our planning proposals have assumed that we will no longer have 'super stranded' patients with a length of stay over 50 days as this does not represent a good quality experience or care outcome for our patients.

Statement of Assurance:

Test	Panel finding
Test 1 - Strong Public & Patient Engagement / Stakeholder Engagement	Fully Assured (2017 and 2020)
Test 2 - Consistency with current & prospective need for Patient Choice	Fully Assured (2017)
Test 3 - Clear Clinical Evidence Base	Fully Assured (2017)
Test 4 - Support from Clinical Commissioners	Fully Assured (2017)
Test 5 - NHS Beds Test	Fully Assured (2020)
Financial Assurance	Fully Assured (2020)
Implementation Plan	Fully Assured (2020)

Key Points

- **The updated proposals set out in this document have been developed through extensive feedback and engagement with local communities and clinicians across the locality over a number of years. The consultation will provide more information regarding:**
 - **The inpatient bed numbers proposed and community alternatives**
 - **The urgent care service in the new hospital**
 - **End of Life care proposals**
 - **Travel and access**
- **NHSE/I have been assured that the proposals are robust and are satisfied that all five tests have now been met to enable the proposals to move to consultation.**

3. Service Models and Response to Engagement Feedback

Our last period of engagement highlighted a number of key issues that were of particular interest to the local population. Our updated proposals for each of these are set out below. These proposals will form the basis of a final consultation period focused on the services to be provided in the new Forest Hospital.

3.1 Inpatient Bed Numbers

To support our bed planning approach the CCG and the former GCS jointly commissioned 33N, an external bed modelling consultancy firm to provide an independent review of the bed capacity required for the Forest of Dean. Acknowledging that this work was undertaken in 2018/19 the assumptions contained within this model have been reviewed and have been confirmed as remaining valid with no significant changes to activity trends and demographics. Analysis of GCS community hospital activity data was undertaken by 33N with the specific purpose of:

- Developing a view of how community hospitals function on a county level;
- Developing an understanding of the bed requirements for the Forest of Dean;
- Enabling “what if” modelling around changes in bed base, length of stay (LoS) and efficiency at hospital, county and locality level;
- Enabling bed modelling based on the breakdown of acuity, dependency and complexity of patients/

The model of care within all of our Community Hospitals is for sub-acute, general rehabilitation and to support those who may have complex discharge needs. This is consistent with the model of care from the existing beds at the Dilke or Lydney Hospital. Predominately these beds are therefore used for patients stepping down from an episode of acute hospital care and in need of a period of intense rehabilitation to maximise their independence and outcomes. Additionally, the units will admit people directly from the community and therefore help prevent an acute hospital admission.

The unit will be nurse led, with strong multi-disciplinary support from GP medical input, therapists and social workers. This multi-disciplinary input is key to assessing and planning for discharge from the point of admission. The number of residents from the Forest of Dean who have used a community hospital bed in any locality has fallen over the last 5 years. This is consistent with the pattern across other localities and is in line with the system direction for people to receive care at home where ever this is appropriate.

Therefore, our proposal for the new hospital is that it should provide a bed capacity that aligns to the needs of the local population of the Forest of Dean. Our modelling has confirmed that the new hospital will provide **24 beds** which is a reduction from the current bed base across both existing hospital sites which is 47 available beds however, it should be noted that since March and throughout the COVID pandemic these two sites have been operating at a reduced capacity of 30 beds in total.

The following key points outline the rationale for a reduction to 24 beds;

a) At any given time, approximately half of the current beds in the Forest of Dean hospitals are occupied by people who are travelling from other localities in our county (most typically Gloucester). This can be seen in the table below.

Year / Total	Resident FoD	Non Resident FoD	Residency not known
2017/18	56.32%	39.80%	3.88%
2018/19	54.89%	42.11%	3.00%
2019/20	53.95%	42.43%	3.62%
Grand Total	55.04%	41.47%	3.49%

It is worthy of note, that whilst as noted we have been operating at a total of 30 beds across both sites since March, the capacity and flow of patients has not been significantly impacted. The flexible model of alternative community provision has enabled the capacity to be flexed appropriately and this is further supported by additional beds that have been purchased in the Gloucester locality to provide care closer to home for these patients.

Our current thinking has recognised the challenges that COVID has had within our existing state with regards to infection, prevention and control - and our proposals are continuing to evolve. We are considering a proposal that aims to build the new hospital with 24 single self-contained rooms with en-suite bathrooms, thus ensuring that we can manage care as safely as possible with regards to managing infection prevention and control and maximising bed availability and capacity for the system.

b) It is proposed that the new hospital will operate a 7 day therapy model. This has been shown to improve patient outcomes and reduce length of stay through more intensive, multi-disciplinary team support.

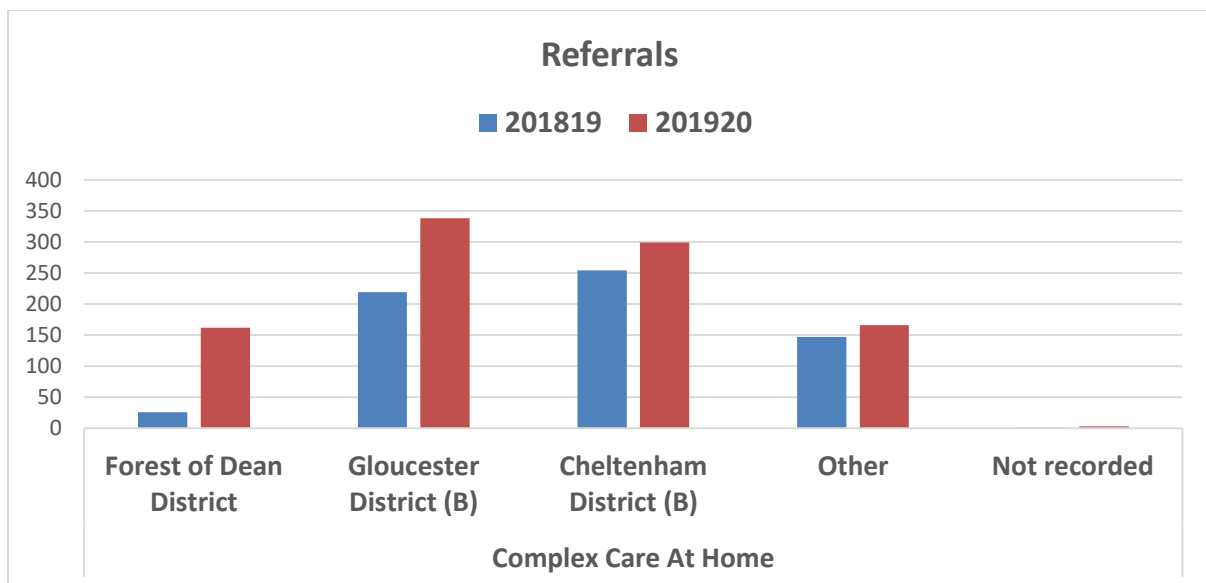
Based on both CCG and GHC reviews, in Gloucestershire 74% of 2681 admissions to community hospitals (all patients across all community hospital sites, 17/18 data) for rehabilitation require physiotherapy as the primary need. This 74% of patients would benefit from improved access to physiotherapy of up to 6 contacts a week which has the potential to reduce Length of Stay (LoS) by 2 days. A 2 day reduction in LOS could equate to approximately 5 beds being saved across the system. This saving has not been factored into our bed modelling and is therefore part of our 'buffer' in planning terms. A 7 day therapy model has been used in the Forest hospitals since March to support the current bed reduction in place due to COVID-19.

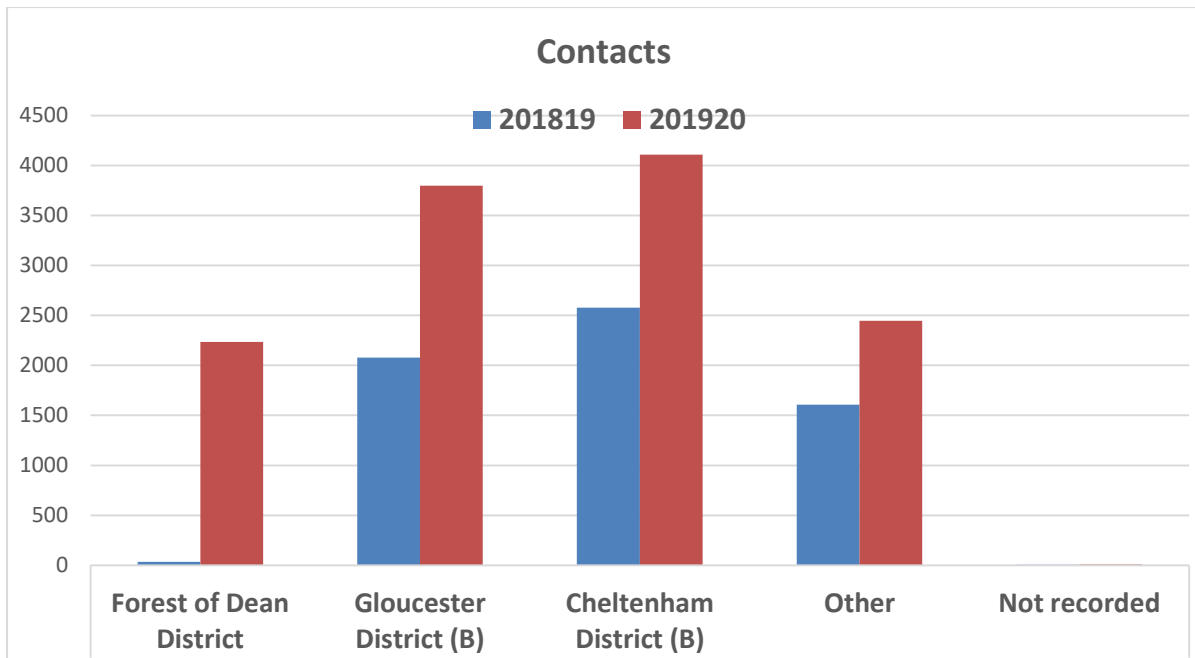
Aside from the productivity impact, there is a significant benefit for patients from the 7-day therapy model who can get home more quickly and face less risk of 'decompensating' due to avoidance of excessive time spent in a hospital bed.

- c) Community based services are also supported by a range of assessment unit beds for reablement, rehabilitation (including acquired brain injury), non-weight bearing and Discharge to Assess for Continuing Healthcare and Adult Social Care assessments and therapeutic input.

The system currently accesses 136 beds in various locations across the county, but predominately in Gloucester City and Cheltenham and as the bed base in the Forest community hospitals reduces, then we have the ability to increase the capacity through our brokerage services and purchase additional bed based care close to people’s place of residence should this be required (we are already implementing this model to support Winter 2020/21)

- d) Our vision for our county is that we expect to have less reliance on inpatient beds, including community beds over time, as we have invested extensively in community-based alternatives such as Rapid Response (a service providing care in people’s own homes and minimising delayed transfers of care) and Complex Care at Home. Our community teams are now operating in a relatively stable state and as can be seen in the two tables below (which demonstrate the data for Complex Care at Home but are consistent in terms of the pattern for other community based alternatives) there has been a year on year growth in referrals pattern and contacts since the service commenced in 2018/19.





Key Points

- **Approximately 50% of the current bed base in the existing Forest of Dean hospitals are utilised by people who do not live within the Forest. Currently these people are not receiving care in line with our aspiration of care close to home**
- **A robust and resilient community based set of alternative services such as Rapid Response and Complex Care at Home are now in place**
- **Additional community bed based capacity is available with currently 136 beds being purchased in our system, predominately in Gloucester City and Cheltenham. We are confident that we have the ability to increase this capacity through our brokerage services if additional capacity is required once the bed based provision in the Forest is reduced**
- **A 7 day therapy model will support a reduction in length of stay which will increase the efficient utilisation of hospital based care and improve patient outcomes, helping them to get home more quickly to their families**

3.2 Urgent Care in the Community

As part of the ongoing development of the Fit for the Future programme we have established that there are clear drivers for change for community urgent care services. These have been developed from extensive public and stakeholder engagement and can be summarised as follows;

- **Reduce confusion – the public have clearly stated that they find the current model of delivery confusing and inconsistent with too many entry points**

- Accessibility - the recognition that a community urgent care service should be offered in every locality
- Sustainability - proposed changes must minimise the impact on the main Emergency Departments at both Gloucester and Cheltenham Hospitals.

An extensive piece of work was undertaken to review the model of provision of urgent care in the community across the whole of the county, but particularly focused on the Minor Injury and Illness units provided in the seven existing community hospitals. Recommendations have been accepted by the ICS Board including that the national Urgent Treatment Centre model would not be implemented across Gloucestershire.

Countywide context for Minor Injuries and Illness services (MIIU)

Illness is core to the business of primary care and we expect that over time all MIIU services in the county will focus on injuries, with illness being predominately managed in primary care. MIIU services will increasingly be pre booked ('talk before you walk') which will support the redirection of illness to primary care.

Forest of Dean Minor Injuries and Illness services context:

Our proposal for the new community hospital is that there will be an urgent care centre that is operating 7 days per week to replace the existing two centres at Lydney and Dilke hospitals. The new hospital service will be open from 8am to 8pm, seven days a week. Opening hours of the existing units have changed due to the recent pandemic, with Lydney MIIU now open from 8am to 8pm and Dilke MIIU remaining closed temporarily (since March 2020). Prior to this, both units were open from 8am to 11pm, seven days a week.

Before the changes that were made to respond to the pandemic, on average 26 people per day attended the MIIU at the Dilke with a similar number attending the MIIU at Lydney. The majority of people attend the MIIU's between 8am and 8pm, with only an average of 1 person per hour presenting between 8pm – 11pm. Activity analysis across the system demonstrates a typical split of injury to illness is that 62% of the activity is injury and the remaining 48% is illness. Based on 2018 / 2019 data, the baseline figures for the Forest of Dean suggest that that year the Forest units saw 10,766 minor injury attendances and 6,598 minor illness attendances.

This unit would be supported by a range of diagnostic services including x-ray which would be open 7 days a week. It should be noted however, that approximately 5-6% of people who present to the urgent care services require an x-ray. The bulk of x-ray usage in the Forest hospitals currently is by people who are referred by their GP, or who are attending the outpatient department and require supporting diagnostic investigations.

To date, we continue to assume we will provide one Minor Injuries Unit in the Forest Hospital to provide services to the whole locality. Following the recommendation of the citizens jury to position the new hospital in Cinderford, we have received engagement feedback expressing concerns about access to urgent care provision for the district (these concerns are related in part to travel and access), and in particular with regards to provision for Lydney and the surrounding area in the south of the Forest of Dean.

We fully acknowledge the concerns raised during our last phase of engagement around the availability of urgent care in the southern areas of the Forest and the challenge for residents in terms of distance and accessibility to the new hospital in Cinderford. We will therefore

convene a working group including local stakeholders alongside the consultation to explore if it might be possible for us to develop other options for the provision of additional urgent care services in the Lydney area. We will work with the local community and healthcare partners to identify any potential solutions, which will then need to be tested to ensure they provide high quality, deliverable services into the future.

Key Points

- **A single urgent care unit will be developed within the new hospital facility**
- **The unit will operate 7 days per week, 8am – 8pm**
- **Diagnostic support is proposed to be available 7 days per week**
- **We acknowledge the concerns raised regarding urgent care in the South of the Forest and we will convene a working group to include local stakeholders to identify any potential solutions for further consideration.**

3.3 End of Life Care Provision

There was interest in the previous engagement on the service model regarding End of Life care. Our proposed model of care for Specialist Palliative Care and End of Life Care has been developing through the End of Life Clinical Programme. In line with the rest of Gloucestershire, care for patients with life-limiting conditions, and for those who are dying is delivered by a wide range of health and social care professionals and across many settings. For the Forest of Dean, this includes peoples' own homes, care homes and hospitals, both community and acute.

Many people die without the need for Specialist Palliative Care intervention and are managed fully by their generalist team of GP's and community nurses with input from care services drawn from the voluntary and private sector, commissioned by the CCG and/or Local authority. Specialist Palliative Care is available to all who require it in the Forest of Dean and this offer includes access to a consultant, specialist nurses, specialist Occupational Therapy, a day Hospice and Hospice at Home services (provided by the Great Oaks Hospice). Should a specialist palliative care inpatient bed be required then those living in the Forest of Dean have equal access to the commissioned specialist beds at the county inpatient Hospice which is based in Leckhampton, Cheltenham.

Evidence shows that when asked, people in the majority state that they would prefer to die in their own homes. In order to support this choice agenda, the CCG has a number of mechanisms in place that enable people to be cared for in their own home or if they prefer in a care home. For those who are at the end of their lives and rapidly deteriorating, a high level of support from skilled individuals can be provided supported by Fast Track Continuing Healthcare Funding. This is a non-means tested fund that enables a package of care to be purchased by the NHS and delivered in peoples' own homes or to fund a care home placement. People are actively encouraged to choose their preferred care home, although in some circumstances family members will be best placed to do this.

In order to continue to enable as many people to die in their preferred place, supported by kind and competent staff, the CCG is working in partnership with local stakeholders in the Forest of Dean to deliver the strategic aims contained within the Gloucestershire End of Life

strategy. A local 'spot purchase' model has been put in place in the locality working in partnership with the Great Oaks Hospice, to provide bedded and outreach home based hospice care in the locality. The pilot for this was well underway before the peak of the pandemic with two care homes selected on the basis of their capability to manage people near and at end of life and their usual capacity and vacancy rate. During the peak of the pandemic most care homes nationally "locked down" and this was the case for the two homes concerned. The project therefore is currently on hold but we are in the process of recommencing discussions with the homes identified but remain confident that the pilot is delivering the anticipated benefits to the local population.

Our working expectation therefore, is that we will increase the number of people who are supported to die in their own home or place of choice, and that the number of people who will receive End of Life care in a hospital bed including in our new community hospital will significantly reduce.

Key Points

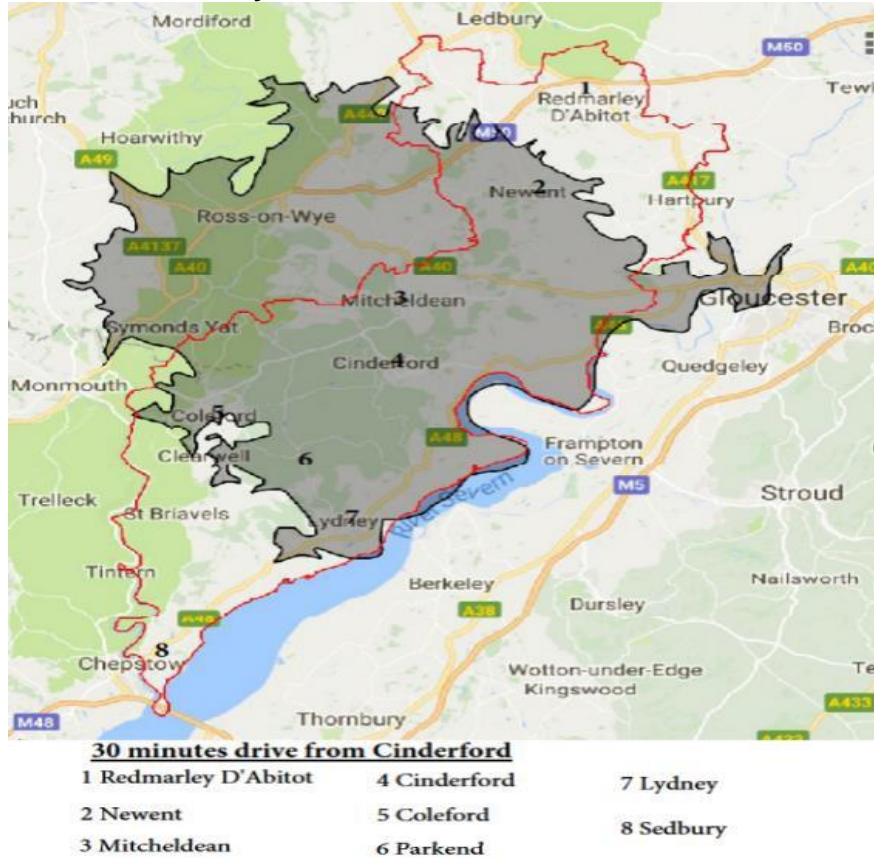
- **The provision of End of Life care across the Forest of Dean is planned to be consistent with the national and local model of care for End of Life**
- **Evidence shows that when asked, people in the majority state that they would prefer to die in their own homes or if this cannot be supported, in a 'homely' environment**
- **In order to continue to enable as many people to die in their preferred place, a local 'spot purchase' model has been put in place in the locality working in partnership with the Great Oaks Hospice, to provide bedded and outreach home based hospice care for local residents**

3.4 Travel and Access

Travel and access have been a consistent theme in all stages of the engagement processes. Detailed analysis has been completed to consider the travel implications associated with the change in service delivery. We have analysed the rates of car ownership and public transport services in the district. Over 80% of the people who responded during a public engagement event indicated that they have their own motorised transport with 10% generally relying on public transport as their main mode of transport. Since the travel analysis was completed the decision has been made to locate the new facility in Cinderford and a site has now been acquired by Gloucestershire Health & Care NHSFT.

This phase of the consultation is not concerned with the decision regarding the location of the hospital, this decision has already been made and the site already purchased for development. For information however the figure below shows the locations that can access Cinderford within a 30-minute travel time by car. This shows that the two main urban areas of Lydney and Coleford are within this parameter. Sedbury is the area facing the longest drive to Cinderford in the locality, but analysis indicates that residents from this area also access services in North Bristol (which is a shorter drive and no longer subject to Severn bridge tolls). A new community hospital is also planned by the Anuerin Bevan Health Board in South Wales which may also enhance choices for local people in terms of access.

Local Travel Analysis:



In relation to public transport a 90-minute journey time was considered to arrive at Cinderford by either 8.30am or 1.30pm and then associated departure times. This showed that with the new hospital based in Cinderford, people from Lydney could achieve 3 out of the 4 timeframes but were unable to achieve the 1.30pm arrival time in 90 minutes. Again, Sedbury was the most affected locality with only 3 out of the 4 scenarios being possible.

In the past we have successfully worked with local councils to ensure that bus routes are adjusted to provide better access to NHS facilities and we would seek to do the same for any new hospital located in the Forest of Dean. Additionally, there is a strong provision of community transport available across the Forest of Dean and we would continue to work with these providers to ensure a robust offer and particularly look to improve the impact for those residents most affected.

Key Points

- We acknowledge that travel and access remains a concern in terms of access to services across the Forest of Dean
- Travel analysis has been conducted considering the new hospital location in Cinderford. The area of the Forest impacted most significantly is the Sedbury population.
- Public transport is generally poor in the district. We will continue to work with the Local Authority to improve access to the new hospital via bus routes and bus stops being positioned either within or at the entrance to the site.

3.5 Ambulatory Care

In addition to the services noted above which will be key features in terms of responding to previous engagement issues raised, a range of other services will also be contained within the new hospital development. The feedback we received in the previous engagement events regarding the range of ambulatory care proposals was positive and we will continue to refine and update the proposals to take account of new ways of working and modern technologies. The range of services will include:

- Endoscopy - this remains an area of growth across the county with the changes in demand being driven by the expansion of the age range for the bowel screening programme and the demography of the population. Overall, the county has a shortfall in capacity for endoscopy procedures and therefore the provision of a unit in the Forest of Dean will ensure a locally available service and reduce the pressure on services within the main hospital units. This remains consistent with our planning assumptions in 2017.
- Outpatients – the need to have a range of local and accessible outpatient services in the community hospitals was an important element from the engagement exercises and the new hospital will continue to ensure that people are able to access consultant led outpatient services provided by both Gloucester Hospitals NHS FT and Gloucestershire Health & Care NHS FT in a convenient manner.

The impact of Covid-19 has meant a change in the way services are currently delivered, including outpatient appointments and therapies. Looking beyond this our intention is to continue to deliver services as close to home as possible and acknowledge that this may now include a greater use of technology and virtual appointments either by telephone or video where appropriate to do so.

We recognise that models of health care and the ways in which we deliver services will always continue to evolve. Therefore, the new hospital design will focus on flexible multi-use space that incorporates a range of consulting, treatment and group rooms as well as space for video consultations.

The range of diagnostics services proposed will ensure a local and accessible service to investigations such as ultrasound and plain film radiology which the GP will be able to refer people directly to along with blood tests for patients who are attending outpatients or the urgent care unit.

Key Points

- **The proposal will include a dedicated endoscopy unit to meet the needs of the local population. This will be a new offer in the new hospital compared to the existing facilities (which do not have suitable estate to offer this service)**
- **A range of outpatient services will be provided similar to that within the existing two hospitals. The facility will be designed to take account of new ways of working and increased use of video consultation and technology.**
- **Diagnostic provision will include plain film and ultrasound and blood tests for patients attending the outpatient department and urgent care unit.**

4. Next Steps

The Gloucestershire ICS are seeking support to move the Forest of Dean project into a final phase of public consultation on the proposed service model for the new Forest Community Hospital, planned on the recommendation of the Citizen's Jury to be built in Cinderford. .

The proposed timeline for the Forest Hospital consultation in the autumn is as follows:

Timeline for involvement and next steps:

Item	Date
Update proposals for consultation, prepare assurance documents	End July
CCG Governing Body / GHC Board closed session	August
NHSE/I Stage 2 Assurance	1 st October
Launch Services Consultation (aligned with FFTF launch)	22nd October
Close Services Consultation (8 weeks consultation period)	17 th December
Consideration and review of consultation outcomes @ CCG Governing Body	End January
Complete FBC and progress to building of new hospital @ GHC Trust Board	March 2021