



West Midlands
Clinical Senate

**North Staffordshire and Stoke on
Trent CCGs Community Hospitals and
Discharge to Assess**

**West Midlands Clinical Senate Advice
(Confidential)**

North Staffordshire and Stoke on Trent CCGs Community Hospitals and Discharge to Assess

West Midlands Clinical Senate Advice (Confidential)

Version number: 5

Approved: July 2017

Date of Publication: July 2017

Prepared by: West Midlands Clinical Senate

Classification: OFFICIAL

Foreword

The proposed Discharge-to-Assess model presented as effective and carefully considered, and the Clinical Senate offered broad support for implementation of the model. There were several areas where we offered some suggestions for review, in order to improve the model further, but on balance we were convinced of the clinical merits of the model, and that it would offer improved patient care. On that basis, subject to the active consideration of our recommendations, we support the proposed model.

Prof. Simon Brake

Vice Chair, West Midlands Clinical Senate

Introduction

The West Midlands Clinical Senate was approached by North Staffordshire and Stoke on Trent CCGs to provide independent clinical advice on the Community Hospitals and Discharge to Assess Progress prior to their Strategic Sense Check as part of the NHS England assurance process.

The initial contact was made by commissioners on 28th March 2017 and a telephone conference took place on 17th May 2017 with the Clinical Senate Chair and Community Hospitals and Discharge to Assess Programme Team to ascertain what advice was needed from the senate.

Representatives from the North Staffordshire and Stoke on Trent CCGs gave a presentation on the Case for Change (May 2017) and planned approach to the Clinical Senate Council on 24th May 2016 with the intention of gaining early advice from the senate and support prior to North Midlands NHS England Strategic Sense Check, due to take place in July 2017. The scope of the clinical senate advice did not include reviewing the detailed options for Community Hospitals and Discharge to Assess programme as these are still to be developed. Further information will also need to be included in the options appraisal and pre-consultation business case to link the clinical case for change to the specific changes being proposed and to demonstrate efficiency and effectiveness.

Overall Recommendation

The West Midlands Clinical Senate Council concluded that it **supports the CCGs' proposals for a reduction in community hospital beds replaced by an increase in place based care.**

The Clinical Senate Council identified areas where it believes further information and development work is needed to strengthen the plans and these are highlighted below.

Further Recommendations

1. Further detail outlining the workforce that will deliver the new clinical model should be worked up in conjunction with Health Education England West Midlands;
2. Any further closure of beds should be staged to manage any risk and unforeseen consequences, mindful of seasonal variation and demand;
3. Plans for engaging with the public, staff and primary care colleagues need to be clearly set out and implemented to support change. A clear vision should be articulated emphasising the benefit to the local health economy and fit with overall system changes and STPs. This should include:

- 3.1 The rationale why certain beds have been selected for closure as distinct from why others are to remain open
 - 3.2 Clarification regarding how the remaining community hospital beds will be used
 - 3.3 Clarification regarding how the community hospital estates will be used post-closure of beds
 - 3.4 How GPs link into placed based care and any impact upon them clinically or otherwise and any unintended consequences need to be considered.
 - 3.5 The connections with and the provision of social care needs should be described in more detail and take into account any planned council reductions in care packages
4. A review of residential and nursing home bed capacity and utilisation should be considered
 5. Consideration should be given to ensuring clinical responsibility is effectively managed for on-going prescribing for patients by prescribers within the model, rather than relying on community GPs. The original proposal would risk obfuscating and undermining effective and clear lines of clinical responsibility, and resolving this was felt to be important.
 6. NHS England (2016) will expect ALL service change proposals to comply with the Department of Health tests for service change and best practice checks throughout the stages of a service change programme.

The Senate understands that this proposal around Community Hospitals and Discharge to Assess is part of a wider programme of work which is linked in to the Staffordshire STP. As a result the Senate welcomes early discussion around further stages of work to ascertain what if any clinical review is required.

References

North Staffordshire and Stoke on Trent CCG's (May 17) Case for Change Community Hospitals and Discharge to Assess; West Midlands Clinical Senate 24th May 2017

NHS England (2016) Effective Service Change A support and guidance toolkit v.2