

**CCG Engagement event: Home First**

**Date:** 17<sup>th</sup> October 2017

**Time:** 7pm-9.30pm

**Venue:** Braintree Baptist Church, Coggeshall Road, Blyths Meadow, CM7 9DB

**Attendees:** Approximately 85 members of the public from the Braintree area including staff working within Braintree Community Hospital; local Councillors; members of the Friends of Braintree Community Hospital

**Summary of questions and answers and comments**

**What is the primary driver behind this change?**

Our plans for Home First are driven by the fact that we believe this is about doing the right thing for patients – Home First reduces deconditioning (meaning that muscle strength and mobility decreases the longer people stay in a bed). Implementing Home First does however raise the question of how we best use those beds in Braintree, where they would no longer be required in the way they are now. We have lots of elective Orthopaedic operations that get cancelled every year when demand peaks, and the ‘freed up’ facilities at Braintree could increase the number of surgeries carried out and reduce waiting times and cancellations.

**Doesn't this plan mean we lose flexibility because patients no longer have option of community beds in Braintree?**

We want to be able to increase the variety of places where people can recover whether that be at home, in a nursing home bed or, we believe in a few cases, still within a community hospital.

At the same time as starting a Home First service we plan to commission a number of beds within nursing homes – which could potentially be across mid Essex - where the environment is more restful and can aid rehabilitation. The nursing homes will have enhanced support from medical and therapy staff to care for patients while they get back to their normal health.

It is also worth highlighting that at the moment, patients do not necessarily go to the community hospital that is closest to where they live. It is dependent on their clinical needs and available capacity.

**If you start Orthopaedics at Braintree, will you have the right staff in place?**

We would be looking at patients with low risk coming to Braintree for treatment. At the moment these patients are going to a private hospital, Springfield Hospital, so that we can get waiting lists down.

The current situation with waits for Orthopaedic treatment is dire – more than 500 patients in mid Essex alone are waiting for this type of surgery. These patients are in often in chronic pain and debilitating all of the time and some of them have had their surgery cancelled 3 or 4 times because the demand for urgent and emergency operations increases.

Partners are looking at pathways and medical cover for the ward at Braintree so patients are looked after in the right way and we get this right.

**Why are you looking at Home First now – why hasn't this been done before?**

One of the reasons that we end up in crisis during periods of heavy demand for NHS services is because we haven't invested in community care enough.

Home First is exciting because we are reinvesting into the community to make sure those services and support is there. Doing the same things year to year doesn't work – we need to try something different.

**At one time Braintree had about 140 long stay beds – is this the last move to get rid of any type of bed in Braintree?**

There will be beds in Braintree but we want to be able to maximise all of the facilities within the hospital and this includes the two state-of-the-art surgical theatres.

At the same time we want to be able to offer more modern ways to deliver care and in the best environment for patients – which is why we are excited to develop Home First. In the past, receiving care in a bed was the only available option, but that is no longer the case and, in many situations, not the best for people.

**This demand for long term care will increase – will it not be at breaking point in the near future. How can you keep up with demand?**

Providing enough services across the NHS is a massive challenge – we continue to work very closely with patients, their families and carers and many health and social care professionals because we recognise we don't have lots of money. But we have to come back to what is right for the patient and if we find this doesn't work then we will rethink the way we can provide care in future too.

**How will you make sure that people receive the right care in their homes – will there be adequate change-overs between staff and agencies so that people are not 'abandoned' when they still need help?**

One of the areas we have invested in is working together and bringing people together. Our GP surgeries have meetings once a month where GPs; community worker; therapists etc all sit together to work out how we can support individual patients. We need families and community on board too – we absolutely need that support. In the process of planning for Home First, we will also be identifying and planning for how to ensure patient needs are regularly monitored and any issues flagged up.

**Clearly the situation with waiting times at Broomfield needs sorting. Will Home First services be NHS or contracted out to agencies?**

The Home First service will be provided by our community teams as they currently rehabilitate people within community hospitals. We hope to be able to reinvest in these services to ensure we have the right level of care available.

**I'm worried about our GPs and the future – how will you ensure you have the skilled staff you will need?**

There is currently a programme across Essex looking to recruit and retrain EU GPs to help support our local workforce and Anglia Ruskin has just announced a new medical school opening in September 2018. We will be growing our own GPs and other skilled health professionals so there is some hope for the future but we do need to get through the next few years and attract more existing staff to Essex.

**Broomfield Hospital is a massive site and there are other NHS buildings with capacity for opening up more beds and offering treatment so why are we paying for private hospitals to give services. Where is the foresight – is anyone reviewing what all of these buildings/rooms are being used for?**

There is a much more cohesive way we could use buildings and space across the public sector. There is a lot of work going on at the moment across Broomfield looking at utilising staff and space – but it always comes back to the point that there has to be staff to safely use these spaces. There is an audit of the three hospitals across mid and south Essex going on at the moment to see what have we and what do we use it for – it will, for the first time, present us with an NHS overview of what we own and how we use it or not.

**If you're moving beds out of Braintree – where are you going to put our people?**

When we carried out a recent audit of people using beds in Braintree, Halstead and St Peter's (although not the stroke beds) only 7% of people needed those beds – many could have received care at home or in a nursing home with therapists and rehabilitation support. We're hoping that Home First will enable people to get home sooner after a spell in an acute hospital, so that they don't actually need to access a bed in the way they do at the moment.

**Is it true that the survey you did at Braintree was on one day?**

Yes – it was a “snapshot audit”, although the patient cohorts we looked at had variable lengths of stay, so it represented a good picture of the type of patients that would routinely be on the wards. Furthermore, there was nothing extraordinary about that week that would suggest findings would be out of kilter with any other day.

**Of the 400/500 patients currently on the waiting list for Orthopaedic surgery, how many of these are suitable to come to Braintree in the future?**

Firstly we would look at all the patients on the current waiting list and at who we could send to Braintree (who would be ‘low risk’). It is still a patient's choice of where they would like their treatment to be offered and who carries out surgery but a high number of patients could use facilities at Braintree. There are enough patients to continually fill those beds from the Orthopaedic elective list currently waiting.

**St Peter's floor isn't good and couldn't support bariatric patients. Braintree has much newer facilities so why restrict?**

We wouldn't allow bariatrics at St Peter's but these patients could receive treatment at Halstead – there is a ground floor facility there which is well-suited to it. We will always only ever place and nurse patients where it is safe to do so.

**What is the timescale for this?**

The plan is to now look at end of February to close the ward at Braintree for intermediate care/rehab beds; deep clean it; and start using the theatres and beds for operations from the beginning of March 2018. If the Home First service isn't ready or the hospital space ready then we will not begin – it has to be safe. We are looking at how best to maximise the other community hospital beds – we need to work sensibly because winter is almost here and need to be pragmatic.

**Where will the upgraded nursing home beds be located?**

That's one of the things we want to talk to you about – where is it best to have them? Should we spread these beds across mid Essex or should we have them in one location? Do we

need to place them in more rural areas to support people in rural areas or should they come into Braintree? Your views are important.

**This isn't a consultation – you seem to have made up your mind already?**

No, this isn't a consultation – this is an engagement event. CCGs have a legal duty to involve the public in our plans and this is something that mid Essex CCG takes very seriously. We don't have all the answers and we want to make this right for patients – hence we're talking to you about how this could work and the aspects that matter most to you.

**It is an effort to care for someone when they are too far away and there are not good transport links here in Braintree. Are you taking this into account when looking at the location of where these nursing home beds will be?**

We know there is a great community in Braintree and a lot of local support available to people through voluntary and community groups and projects and initiatives run by the district council. We need to think about how can we use these local networks better – if you have got good ideas please let us know.

**Comments**

- Transport in Halstead isn't great and sometimes St Peter's facilities have issues with the building – last year you had to move some beds out of there.
- When enhanced services are there and a new health hub in Maldon then we'll be in a fantastic place but at the moment I feel unsure that this will work.
- We cannot afford the elderly – no government has planned for the NHS to be able to provide the right sort of care the increased elderly population will need in future. Doctors and MPs are saying it.
- Our older population is increasing and you want to pinch our beds and there's no space for expansion at the Braintree hospital site – I don't think you should be doing this.
- The word you have used tonight is care – but this doesn't feel very 'caring' towards families in Braintree. People are worried about how they would get to some of these other community hospitals if they had to visit family or neighbours.