

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE AGENDA

Monday, 15 October 2018 at 1.30 pm in the Bridges Room - Civic Centre

From the Chief Executive, Sheena Ramsey

Item	Business
1	Apologies for absence
2	Proposal to Amalgamate GP Practice Sites - Dunston Health Centre and GlenPark Medical Practice (Pages 3 - 20) Report of Partners of Glenpark Medical Practice.
3	Dunston Hill Proposals - Substantial Variation and Development (Pages 21 - 76) Joint Report of Chief Executive, Strategic Director Legal and Corporate Services and Strategic Director, Community Based Services

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TITLE OF REPORT: Proposal to Amalgamate GP Practice Sites – Dunston Health Centre and GlenPark Medical Practice

REPORT OF: Partners of GlenPark Medical Practice

Summary

The attached documents provide the OSC with information regarding a proposal by the partners of GlenPark Medical Practice to amalgamate their two practice sites in to one purpose built medical centre and the engagement process carried out so far with patients and stakeholders.

Proposal

1. The Partners of GlenPark Medical Practice propose to submit a formal request to close the Dunston Health Centre site in order to safeguard the viability and sustainability of the practice in the long term.
2. Details of the proposals and the engagement process with patients and stakeholders are set out in Appendices 1a and 1b to the report.
3. A Representative from GlenPark Medical Practice will attend the OSC meeting to outline their proposals. A representative from NewcastleGateshead CCG will also be in attendance.

Recommendations

3. The Committee is asked to:-
 - a) Note the information provided.

Contact: Dr Jonathan Harness

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Proposal to Amalgamate Dunston Health Centre and GlenPark Medical Practice

Background

Over the last 14 years, the practice, with the support of Gateshead Council and Newcastle Gateshead CCG has sought to build premises fit for 21st Century medicine within Dunston. This is now coming to fruition with the new Health Centre currently being built as part of Gateshead Councils Ravensworth Road redevelopment.

The practice has around 9,100 patients, just over half of whom reside within Dunston. The rest live in Whickham, Swalwell, Lobley Hill with a few in Teams and Bensham. It is a predominantly white British population (>98%) with a high deprivation index, particularly within lower Dunston, Teams and Bensham.

The main practice has core opening hours from 08:30 – 18:00 with extended access hours from 07:00 on a Monday and Thursday and late-night hours until 20:00 on a Wednesday. The building itself was built in 1904 with the last extension in the 1990s. It is far too small for the practice and patient needs and has limited disability access (along with a host of other problems).

Dunston Health Centre was built in 1970 has core opening hours from 08:30 – 12:00 (ie sees around 13 doctors' appointments a day and similar nurse appointments). It is open on a Wednesday afternoon for a drop-in baby clinic and a 1 hour evening surgery. Again it is not fit for purpose, with poor disability access to the main consulting room, and poor privacy within the waiting room (conversations with receptionists on the phone or with patients in surgery can be heard throughout the waiting room).

The two surgeries are currently 0.7miles apart. As a result of the fact that they are both in the same 'village', so close together and used entirely interchangeably by us and patients (ie, all patients are registered with the practice, NOT at the branch surgery), there is confusion every day with patients turning up at the wrong site.

Proposal

The original design of the new premises was to replace Glenpark Medical Practice, the main surgery and meets or exceeds all current and anticipated requirements for a health centre. We have been working with the CCG and the Commissioning Support Unit to try to make this an exemplar building to be a model for future primary centre developments.

The new premises are about 200m further along Ravensworth Road, close to the corner with Ellison Road, as part of the new development with Aldi, Clavering Court

(older person's living accommodation) and Boots Pharmacy. It is therefore closer to the bus routes that use Ellison Road as well as maintaining access to bus routes along Ravensworth Road, and closer to Dunston Health Centre (ie, there is now only about ½ mile between the two premises; around 2 min drive or 12 min walk). The building is due to be completed in mid-December.

The building has a floor area greater than the two current premises combined and was designed with the ability to allow for future expansion.

Reasons for Proposed Amalgamation

There are two primary goals for the amalgamation:-

(1) Improved financial stability for the practice. The practice has seen a significant drop in its income in the last couple of years as a result of a lower investment in primary care, increasing running costs and the withdrawal of the PMS contract (which alone resulted in a loss of £175k pa from our budget). NHS Property Services own Dunston Health Centre and have been increasing their costs way above primary care budget increases and we have no control over the costs they are charging; indeed, despite our best endeavours we have not been able to engage in meaningful discussions with them. In short, without significant financial savings the long-term tenability of the practice is in doubt with resultant unthinkable consequences to our patients and surrounding practices. The only two realistic costs that can make worthwhile savings are staff and premises; reducing staff will have an impact on patient access which we clearly wish to avoid.

(2) Improve operational efficiency. We cannot maintain the same level of service at both sites. Whilst we clearly offer core services, specialist equipment is too expensive to maintain at both sites. As mentioned above, appointments and / or time is lost every day as a result of patients turning up at the wrong site and either having to rebook or travel to the other site. A single site would reduce the time spent by staff travelling between the two sites, increase flexibility in the deployment of both medical and support staff – all of which we can reinvest in patient care.

Process to Date

I have attached a copy of our Health Centre Consultation, the results which show overwhelming support for the proposal. The returns are statistically significant, so whilst we have tried to consider hard to reach groups, this would not change the outcome of the consultation in terms of the numbers. We have listened to their concerns and can either address or reassure these. Through continued advertising, we will continue to listen to what patients tell us about the proposal.

We have contacted local MPs and local councillors – none have raised objections, one has replied in support.

We have contacted the local practices but envisage no impact on them, since there will be no need for any patients to re-register elsewhere. The Local Medical Committee has offered its support. Gateshead Care Partnership (primarily Queen Elizabeth Hospital, in conjunction with Gateshead Council and Gateshead Community Based Care) which runs the community services and occupies space within Dunston Health Centre support this proposal in principle (indeed we are in discussion with them to discuss utilising some space within the new premises to increase co-operative working to the benefit of our patients).

Our intension is to now submit a formal request to close Dunston Health Centre, with a closure date sometime in January to ensure that there any operational or building snags are ironed out from the move from the old Glenpark to the new premises.

Contact:- Dr Jonathan Harness MB BS MRCP, Partner Glenpark Medical Practice

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Dunston Health Centre Consultation

14 August 2018

Executive Summary

Glenpark Medical Practice proposes to merge the two existing sites into a single larger purpose-built modern health centre to save money and improve efficiency of patient services.

A consultation was run over a period of 5 weeks, using Facebook and questionnaires within both surgeries.

At least 1854 patients had access to the questionnaires in surgery. 404 responses were received (24 electronically submitted, and 379 in surgery); 365 returns were needed to be statistically significant (allowing for 95% confidence level and 5% confidence interval).

86% of patient support the merger of the two premises. 9% did not support the merger into the new building and 5% did not express a preference. Of these 4% of all responses were from patients who normally attend Dunston Health Centre who did not support the merger.

The most common advantages that patients identified were: more efficient to have all services in one place, improved cost efficiency, more modern premises, reduced confusion over which surgery to attend, and a better service.

The most common concerns patients gave were: increased distance to travel for patients who attend the health centre, concerns about whether appointments would be lost, whether the new premises would be busier and parking.

Those who provided additional comments were overwhelmingly supportive stating that they welcomed the merger or that it was an excellent idea; 2 patients stated they objected to the merger because they live near the health centre and would be further to travel.

Introduction

Over the last few years, the practice has seen a significant drop in its budget, including £175,000k with the change from a PMS to GMS contract. Coupled with rising costs, especially with the rental and service costs of Dunston Health Centre that the practice has no control over. This has left the practice in a precarious financial situation unless ways to save money can be found.

The development of a purpose built premises to replace the existing Glenpark, that will have a greater floor area and consultation space than Glenpark and Dunston Health Centre combined, offers an unique opportunity to create part of this financial saving.

In addition, there have been long standing problems with the Health Centre that include poor patient privacy especially at the reception desk, inefficient staff allocation and confusion as patients attend the wrong surgery.

Therefore, the practice consulted patients over the impact of merging the existing practices into the new premises once completed.

This document details the results of that survey

Method of Consultation

A questionnaire was developed (see Appendix A) that encouraged free text responses so that the practice could understand patient's view point.

The consultation period was over 5 weeks with the consultation papers. To encourage responses, papers:

- Were left on seats in the waiting room at the beginning of each morning surgery at Glenpark;
- For the first week, volunteers from the practice Patient Participation Group were available in reception to promote the consultation, and help any patient complete the questionnaire if they requested it;
- Additional questionnaires were left in the waiting room at Glenpark;
- Questionnaires were prominently left at the reception desk at Glenpark and Dunston Health Centre;
- At Glenpark, reception staff highlighted the questionnaires to patients who approached reception;
- At Dunston Health Centre, all patients have to check in at reception, so staff actively promoted the questionnaire;
- The survey was promoted on our FaceBook page;
- At the suggestion of a patient, an online version of the survey was made available during the last week of the survey (using SurveyMonkey)

Response Rate

The practice has a registered population of 9138 patients of whom 7368 are 18 years or over.

Over the 5 weeks, over 1,854 individuals (20%) had an appointment at one of our 2 sites and therefore had access to the consultation. (There will be other patients who attended the surgery, eg for a prescription, who would have had access to the consultation, but we cannot evaluate these numbers)

379 questionnaires were returned, with a further 24 completed using Survey Monkey. This represents 5.5% of the adult population and a return rate of 22% of patients who had attended the surgery.

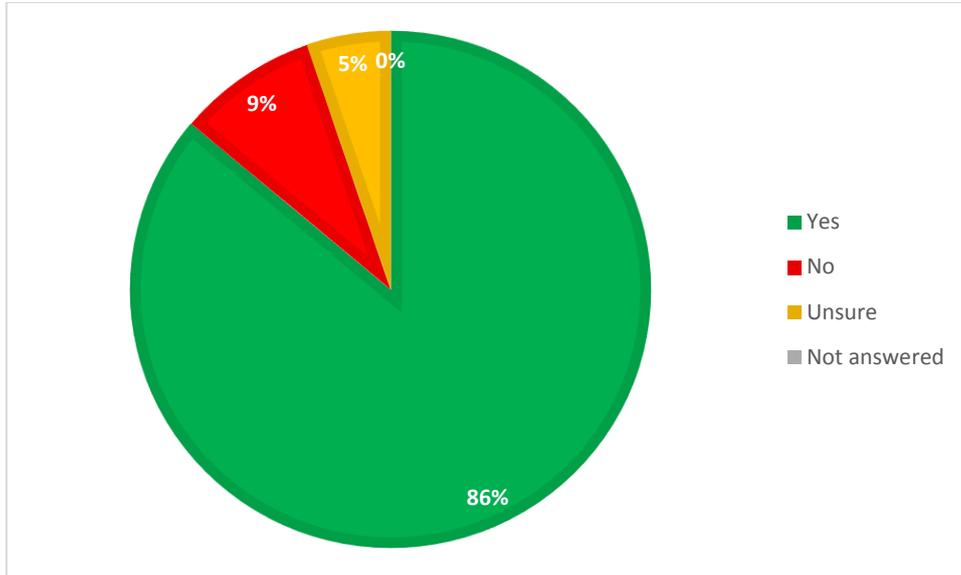
Number of Responses for Statistical Significance

With an adult population of 7368, to create a result with a 95% confidence level and 5% confidence interval (or margin of error) would need 365 returns.

Results

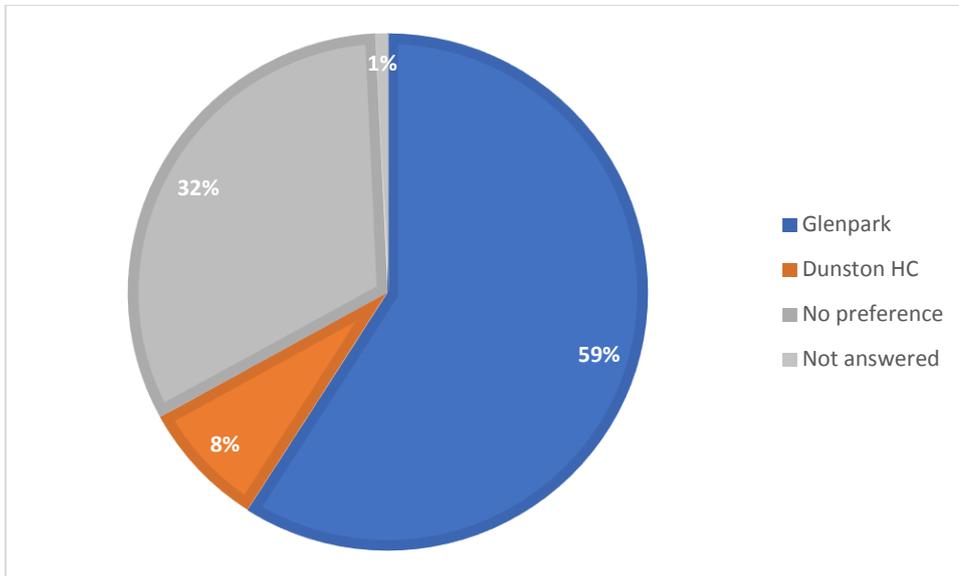
Do you support merging Glenpark Medical Practice and Dunston Health Centre into the new premises?

Yes	86%
No	9%
Unsure	5%
Not answered	0%



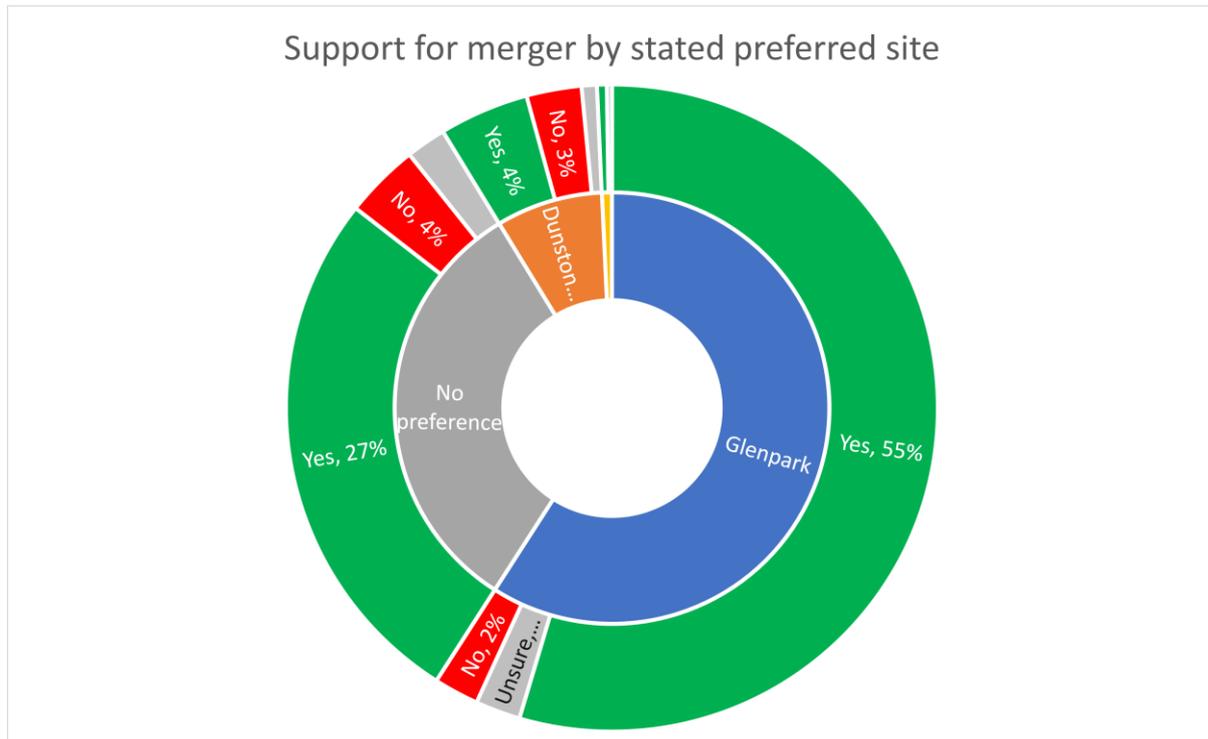
Which of our premises do you normally attend?

Glenpark	59%
Dunston HC	8%
No preference	32%
Not answered	1%



Further analysis was undertaken to understand the proportion of returns that represented patients who identified Dunston Health Centre as their preferred site who did not support the merger:

Glenpark	Yes	55%
	No	2%
	Unsure	2%
	Not answered	0%
Dunston HC	Yes	4%
	No	3%
	Unsure	1%
	Not answered	0%
No preference	Yes	27%
	No	4%
	Unsure	2%
	Not answered	0%
Not answered	Yes	0%
	No	0%
	Unsure	0%
	Not answered	0%



Free Text Comments

Most patients had no specific comments to make or made them in one box only.

In trying to analyse the free text answers, the comments were grouped into themes, counting the number of patients that expressed a similar statement. The numbers below are intended to be indicative of the number of patients expressing that or a similar comment.

Advantages

Comment	Approx number	Glenpark Response
All services in one place / more efficient	75	This is one of our principle reasons for the merger, allowing us to provide a consistent service to patients irrespective of where they attend
Cheaper	53	The reduction in costs associated with running 2 premises will allow investment back into the services we offer from a single site
Reduced Confusion	26	Almost every day we have patients who turn up at the wrong surgery for an appointment. This results in inconvenience to patients, wasted appointments or surgeries running late
Better Service	23	We expect the facilities at a single site, particularly state of the art phone system, and the efficiency in staff deployment will enable us to build on the service we offer

Modern	22	Glenpark was built in 1904 and Dunston Health Centre in 1970. Both are showing their age and limit what we are able to offer our patients
Increased appointments	11	We expect more modern premises will enable us to explore more efficient ways to offer appointments. Newer technologies will allow patients to contact us in alternative ways, freeing up appointments.
Easier access	9	Its position almost at the junction of Ravensworth Road with Ellison Road offers easy access for drivers, cyclists and bus stops.
Privacy	5	A more spacious waiting area, offset from the reception, along with better positioned self check-in desks will reduce conversations being overheard. Phones will be situated away from reception within the administration area to reduce the noise levels in the waiting area. The new premises also includes a separate interview room for reception staff, should patients wish to discuss something in more privacy. As one patient commented, currently Glenpark offers no more privacy than the Health Centre, this will improve the issue at both sites.
Parking	5	The new premises will include 22 parking spaces along including 3 disabled parking spaces.
Increased Space	4	The new premises will be 719m ² – a significant improvement on the current premises
Better phone system	2	We have already commissioned the phone system for the new building, increasing the number of lines into the building and provide a greater degree of flexibility and adaptability to the practice and patient needs.
No benefits	2	We were sorry to see that 2 patients felt that they could see no benefit to the merger. Both these patients stated they preferred the Health Centre and that there was no room at Glenpark for the merger. The comments read as though we had not been sufficiently clear that the merger would not be with the existing premises, but new larger premises
Improved disabled access	1	The new premises has been designed with accessibility as the key principle: for example, wide corridors and doors, improve wheelchair access; high contrast will help those with visual impairments and a lift will enable us to accommodate staff with difficulties managing stairs
Increased flexibility	1	We anticipate having all services and staff in one site will enable us to adapt to changing patient needs more easily.

Potential Problems

Comment	Approx number	Glenpark Response
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Increased distance to travel	24	We acknowledge that a few patients living close to Dunston Health Centre may find it difficult to walk to the new premises. However, for most, we anticipate that the fact that Dunston Health Centre will be ½ mile from the new premises will still be in easy walking distance. We also recognise that there are a few patients who could have walked to Dunston Health Centre that we may have to offer a home visit.
Loss of appointments / Increased difficulty getting appointments	23	It would appear from these comments that we had not been sufficiently clear in our consultation document that there would be no loss of appointments. In fact, we hope that the efficiencies created by being on one site will improve patient access to our services.
More busy	10	Patients expressed concern that Glenpark was already busy and this would add pressure to the phone lines. Again for some responses it appeared that we had not been sufficiently clear that the merger would be in to the much larger new premises and the reallocation of staff would enable greater flexibility for staff to meet patient needs (eg more staff answering phone at times of increased demand) The waiting room may be more busy, but we anticipate this will be offset by virtue of it being larger
Parking	6	Whilst there will be more parking than is currently available, there will still be demand on the parking spaces. We will continue to review this. Our transport policy has always been to try to encourage patients and staff to use other transport wherever possible.
Moving into derelict building	1	We would not merge the surgeries until the new premises are fully operational.
Have a blue badge so will now have to use a taxi	1	The new premises have 3 dedicated disabled parking bays
Mixing babies with sick patients	1	The high quality of our baby clinic is important to us. As part of the review of when we offer our surgeries, we are looking at being able to keep the baby clinic at a time that avoids urgent clinics; we will be consulting with the health visitors as we move to the new
Concerns about logistics in the short term	1	This has been identified as a potential risk by us and over the next few months we will be working to minimise this. This is one of the reasons that we would plan to open the new premises (even if only by a few weeks) prior to subsequently merging in order to iron out any teething problems.
Loss of staff jobs	1	The purpose in merging is to make more efficient use of the existing staff to improve the service we offer. We have no plans to reduce staff numbers.

Other comments

Overwhelmingly, patients were supportive, with responses such as “excellent idea”, “welcome the idea”, “sooner the better” being typical.

One patient suggested that we should have solar panels and benefit from the feed-in tariff; these are actually part of the plans for the building.

Another patient expressed concern about what will happen to the old buildings. Glenpark is currently on the market for sale; patients who have concerns about the sale are welcome to speak to the practice manager. Dunston Health Centre is owned by NHS Property Services Ltd – we have no knowledge as to what they may do with the empty space.

There were some other comments that were not related to the building itself but we welcome and will consider:

- “need more GPs” – we anticipate that the increased efficiency of the merge will allow us to improve the access, both through traditional appointments and newer technologies such as online consultations and video consultations. However, the additional space will allow us to host more registrars.
- Quicker prescriptions – we strive to turn around prescriptions as quickly as possible and almost all requests received before 2pm are electronically signed by the end of the day. Unfortunately we cannot control speed at which they are subsequently processed by the pharmacy.

Appendix A : Consultation Questionnaire

Introduction

Over the past few years, changes to the way that practices like ours are funded has meant that we have seen a significant drop in the practice income. To give some perspective, when the NHS restructured a couple of years ago, we had £175,000 per year taken from our budget. On top of this, costs have risen higher than the reimbursements we receive, which the partners have absorbed. Whilst we welcome the recent increase in NHS funding, we do not expect it to make a significant difference to individual practices. This isn't a position we can sustain without significantly affecting the level of service we are able to offer you, our patients.

In addition to other saving opportunities, we are forced to consider whether we can afford to also keep running the health centre.

Why are we considering closing Dunston Health Centre?

In previous surveys about the building, patients have strongly supported merging Glenpark Medical Practice and Dunston Health Centre into a modern, purpose-built medical centre.

Dunston Health Centre was opened in the 1970s. Whilst it has had some renovations in the last few years, it is showing its age. The most obvious of which is the lack of privacy in the waiting room: patient conversations with receptionists (either on the phone or in person) can be heard by everyone else in the waiting room. Conversations between doctors and patients can sometimes be heard by the receptionists. In addition, disabled access to Room 1 is limited and Room 3 is far too small to be used as a modern consulting room.

Dunston Health Centre is isolated from Glenpark Medical Practice. Therefore, we have to have two clinical staff and at least one receptionist in case of medical emergencies – this is very inefficient use of staff. The duplication of equipment that we maintain is expensive and we cannot offer the same level of service at both sites.

The building is not owned by us and we have no control over the costs imposed on us by our landlord, NHS Property Services; these costs are escalating year on year, far more than the increase in reimbursements we receive.

What is the alternative?

The new premises, which are due to be completed in December 2018, offer an exciting opportunity to review the way we work. At 719m², the new building is more than big enough to allow us to merge the existing building and Dunston Health Centre on to one site. There will also be parking on site, again significantly more than the Health Centre and Glenpark combined (when taking into account the Health Centre parking is shared with other users of the building.)

The new premises are only ½ mile from Dunston Health Centre and served by the same bus services. (X30, X97 from Dunston and X49 from Swalwell)

What would stay the same?

The doctors, nurses and administration staff all work between Glenpark and Dunston Health Centre, so they would all work out of one building (which would also save on the hours spent over the year travelling between sites). You would be still looked after by the same team.

The service we offer would not change. In fact, the efficiencies of being on one site would allow us to continue to improve the services we offer.

Our opening hours would be unchanged. Our main site is open for all core hours and is currently funded to open for two early mornings and a late evening. Dunston Health Centre is open for limited hours.

What would be different?

The only difference would be that we would offer all our services out of the new, purpose-built premises.

That said, it would also reduce the confusion of being on two sites: every day we have patients turn up to the wrong site and have the inconvenience of having to travel to the other site or their appointment rearranged.

We would not change our practice boundary and since all patients are actually registered with the practice itself (irrespective of which site they use), there would be no need to re-register.

We recognise that there are one or two patients who are able to walk from neighbouring houses or North Eastern Court to Dunston Health Centre, who would be unable get to the top of Ravensworth Road. These patients would be offered home visits where appropriate.

What would happen if we don't close Dunston Health Centre?

We would have to find other ways to save significant amounts of money. The biggest cost, after premises, is staff. We have no desire to make staff redundant, but we would have to look at not replacing staff. We would be concerned about the potential effect on the service we could offer

The worst case scenario if we cannot save money would be that Glenpark would no longer be financial viable and would have to hand back our contract. Patients would have to be allocated to neighbouring practices. The British Medical Association reported in June 2018 that 166 practices in England closed last year and it is estimated that up to another 777 will close in the next 4 years. We do not think that closing Glenpark is in the best interest of our patients.

If we go ahead with the merger, when would this happen?

At the moment, we are consulting with patients and the CCG on the proposal. Unless particular problems are identified, we would anticipate merging the two once the new building is opened.

We would not close the health centre before the new building is opened.

Your Views

We want to hear your views on the proposal to merge the two surgeries into the new premises once it opens. For this reason, we would be grateful if you would complete the enclosed questionnaire and return it to the practice. If completing the questionnaire would be difficult for you, please ring to speak to the practice manager.

Consultation on Closing Dunston Health Centre

Do you support merging Glenpark Medical Practice and Dunston Health Centre into the new premises?

Yes

No

Unsure

What advantages do you see for the merger?

Do you foresee any particular problems with the merger?

Do you have any other comments about this proposal?

About You

We are asking these questions simply to ensure that we have heard from as many different voices as possible

Your Age:

Your Gender:

Male

Female

Prefer not to say

Your Ethnicity:

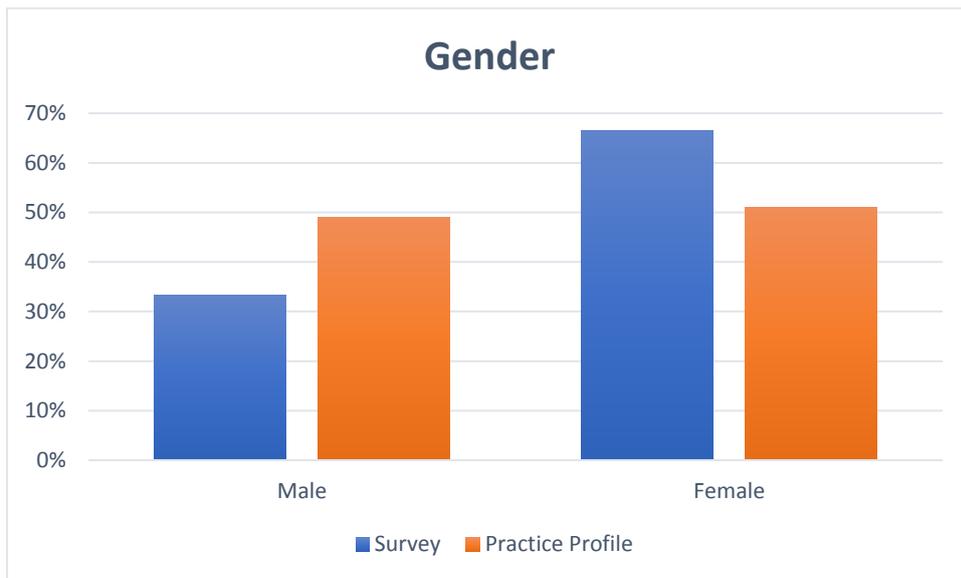
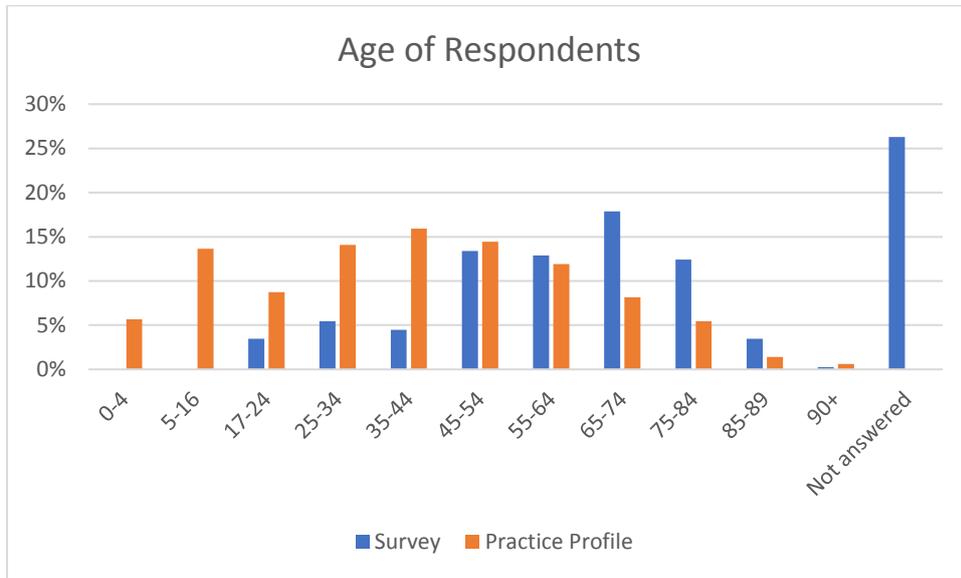
Which of our premises do you normally attend:

Glenpark

Dunston Health Centre

No preference

Appendix E: Demographic Analysis of Respondents



Ethnicity

The practice has a population that predominantly identifies themselves as White British (96%). Of the respondents only 51% provided their ethnic status, all identifying themselves as White British

Potential Bias

This survey would not have been accessible to patients unable to read English.

Volunteers were available for the first week of the consultation to assist patients able to understand English but unable to read eg through blindness. Staff were also available to assist at all times the surgery was open



CARE, HEALTH & WELL-BEING
OVERVIEW AND SCRUTINY
COMMITTEE
15 October 2018

TITLE OF REPORT: Dunston Hill Proposals - Substantial Variation and Development

**REPORT OF: Sheena Ramsey, Chief Executive
Mike Barker, Strategic Director, Legal and Corporate Services,
Caroline O'Neill, Strategic Director, Community Based Services**

Summary

The report sets out the Committee's role in considering proposals from an NHS body / provider which are considered to constitute a "substantial development of the health service in the area or a substantial variation in the provision of a service". In this case the proposals relate to an exit strategy for St Bede's Day Care Services and the Younger Persons Dementia Unit currently operating from the Dunston Hill Site and provided by Gateshead Health NHS Foundation Trust.

Background

1. The National Health Service Act 2006, as amended by the Health and Social Care Act 2012 confers health scrutiny functions on local authorities. These functions may be delegated to an existing health overview and scrutiny committee and the Council has delegated these functions, to this OSC.
2. Regulation 23 of the Local Authority (Public Health, Health and Wellbeing boards and Health Scrutiny) Regulations 2013 requires NHS Bodies and health service providers to consult a local authority about any proposal which they have "under consideration" for a substantial development of or variation in the provision of health services in the local authority's area.
3. Where a health scrutiny body has been consulted by a relevant NHS body or health service provider on substantial developments or variations, the health scrutiny body has the power to make comments on the proposals by the date (or changed date) notified by the body or provider undertaking the consultation.
4. Where a health scrutiny body's comments include a recommendation and the consulting organisation disagrees with that recommendation, that organisation must notify the health scrutiny body of the disagreement. OSCs and health bodies must take all practicable steps to achieve a local

resolution within a reasonable period of time before a referral to the Secretary of State can be made.

5. Where a health scrutiny body has not commented on the proposal or has commented but without making a recommendation, it must notify the consulting organisation as to its decision as to whether to refer the matter to the Secretary of State, and if so, the date by which it will make a decision on whether to refer the matter to the Secretary of State.

Circumstances and Content of Referrals to Secretary of State

6. Where a health scrutiny body has been consulted by a relevant NHS body or health service provider on a proposed substantial development or variation it may refer the matter to the Secretary of State in the following circumstances.

- It is not satisfied with the adequacy of content of the consultation.
- It is not satisfied that sufficient time has been allowed for consultation.
- It considers that a proposed change is not in the best interests of the health service in its area.
- It has not been consulted and it is not satisfied that the reasons given for not carrying out consultation are adequate.

7. Where a health scrutiny body makes a referral to the Secretary of State there must be clear evidence based reasons for that referral and the regulations now require that such referrals include:-

- An explanation of the proposal to which the report now relates
- An explanation of the reasons for making the referral
- Evidence in support of these reasons.
- Where the proposal is referred because of inadequate consultation, the reasons why the health scrutiny body is not satisfied of its adequacy.
- Where the proposal is referred because there was no consultation for reasons relating to safety or welfare of patients or staff, reasons why the health scrutiny body is not satisfied that the reasons given for lack of consultation are adequate.
- Where the health scrutiny body believes that proposals are not in the interests of the health service in its area, a summary of the evidence considered, including any evidence of the effect or potential effect of the proposal on the sustainability or otherwise of the health service in the area.
- An explanation of any steps that the health scrutiny body has taken to try to reach agreement with the relevant NHS body or health service provider.
- Evidence that the health scrutiny body has complied with the requirements where a recommendation has been made.

- Evidence that the health scrutiny body has complied with the requirements which apply where a recommendation has not been made, or where no comments have been provided on a proposal.

Proposals

8. Gateshead Health NHS Foundation Trust has commenced the development of an exit strategy for the two services it currently has operating from the Dunston Hill Site following ongoing concerns regarding the sustainable use of the Dunston Hill Site. The attached proposals are referred to this Committee for comment as it is considered that they represent a substantial variation and development to the provision of health services in the borough. The Trust has carried out engagement with service users, staff, carers and key stakeholders regarding the proposals.
9. The Trust 's proposals will involve:-

St Bede's Day Care Services

This service no longer being provided on the Dunston Hill Site. The service would be temporarily suspended until a best practice model could be offered in line with national guidance and current patients would be referred/signposted to alternative services to ensure their ongoing needs are met.

Younger Person's Dementia Service

This service no longer being provided on the Dunston Hill Site. The current service model would be retained and relocated within Gateshead. Initial proposals are to re-locate the service to Bensham Hospital, which is already occupied by other mental health services, and is less than three miles away.

Appendix 1 to the report sets out further details regarding the proposals.

Appendix 2 to the report provides further details shared with members of the OSC on the Site Visit on 5 October 2018 to the Dunston Hill site. The information covers the current day service provided on the Dunston Hill site; assessments and outcomes for St Bede's day care services; the review of regional and national specialist day care services and regional exemplars of co-located Specialist Day Care Services.

The Chair of the OSC will provide feedback on the site visit, supported by other councillors attending the visit.

The OSC will be provided with a verbal update at the meeting on feedback on engagement with service users regarding the proposals and actions taken to mitigate potential negative impacts on service users where concerns have been raised.

10. In considering the adequacy of the consultation with the OSC and whether or not the proposals are in the interests of the local health service it would be appropriate for the OSC to consider the following:-

- Drivers for change - national / regional / local developments.
- Details of any anticipated improvements to service provision as a result of the proposals.
- Information on how Gateshead service users /carers have been or will be consulted / involved in the development of the proposals and over what timescale.
- Whether the content of the consultation with Gateshead service users and carers has been adequate and allowed sufficient time for feedback.
- Feedback from the consultation with Gateshead service users / carers
- Transport / Access issues - including to proposed alternative service locations
- Impact of financial considerations / effect of the proposals on the sustainability of NHS services as well as their quality and safety.

Recommendations

11. The Committee is asked to:-

- a) Comment on the proposals under consideration.
- b) Indicate whether it is satisfied with the adequacy of the consultation by Gateshead Health NHS Foundation Trust.
- c) Indicate whether it is satisfied that the proposals outlined in relation to St Bede's Day Care Services and the Younger Person's Dementia Service, currently based at Dunston Hill, are in the interests of the local health service in the area.

Contact:- Angela Frisby Ext 2138

Dunston Hill site briefing

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Overview & Scrutiny Committee 18 September, 2018

Nichola Kenny, Associate Director, Medical Services Division

Jane Mulholland, Director of Operations and Delivery, NHS Newcastle Gateshead CCG

Exit plans for St Bede's Day Care Service and YPDS

Ongoing concerns with Dunston Hill site

- Repeat vandalism and theft
- Recurring loss of power and communications
- The site is isolated and at times of loss of power has led to increased safety risks to both patients and staff.
- Ongoing costs incurred to rectify damaged doors and windows.
- Pro-longed increased in incidents requiring input from security.
- Costs being incurred with ongoing use of security equipment which is now at end of life and is not supported.
- Patient clinics and day services being cancelled or moved last minute to an alternative location (Bensham Hospital as per the Business Continuity Plan).
- Increased risk to those youths entering the site

The view of the Trust is that the site is no longer sustainable to host such isolated services.

Indicative timescales associated with site exit

- The proposed timescales have recently been escalated due to new interest in the site by a potential buyer – Homes England. This is following a number of years of unsuccessful sale of the site. Based on current knowledge a sale is anticipated in November 2018. The sale means that the service would no longer be able to operate from the site.
- The Trust has a long term lease and pre-existing joint venture agreement to sell the site with Carr-Ellison Family Charitable Trust. The Trust disposed of Phase 1 of the site several years ago as per the plan which was at the time discussed with OSC.
- There are no covenants or restrictions to the sale of the site, and the remembrance garden was relocated at Dunston Church, also several years ago.

Services currently operating from the site and associated exit plans

- St Bede's Day Care Service - Offered three days a week, utilising a 'social day care model' providing an environment whereby service users can be supported through conversation and listening.
- Woodside Unit for younger people with a dementia and their carers - Provides a specialist Community Outreach and Day treatment services for people under the age of 65, and their families, who have a diagnosis of a dementia illness.

St Bede's Day Care Service – current service model

The service is off site and a recent regional and national review of day care services highlighted that our current service is non-compliant with best practice.

- Current model runs Tue, Thu, Fri 9.30 – 14.30
- Service users are supported through conversation and listening with access to art and complementary therapies on a Friday.
- Service users with cancer and life limiting disease initially referred to the service for social support as they were socially isolated, however have continued to attend, some for over 7 years.
- 11 service users currently attend.
(Length of time in service - x4 <1yrs, x5 1-3yrs, x1 3-5yrs and x2 >5yrs)
- There is no medical or rehabilitation input and service users are not discharged or signposted to other services in a timely manner.

Managing the transition to alternative services

- All day care service users are being kept up to date of our proposals to temporarily close the service and discussions have been ongoing throughout August.
- All service users, except three who have refused, have now been holistically assessed by the Palliative Care Nurse Consultant and alternative day care options explored. Services include Care UK and FACT, both have been very supportive in how they can help address the needs of our patients.
- New complex palliative day care service users would continue to be signposted to Marie Curie / St Oswald's as per current practice.

Managing the transition to alternative services

- Day care service provision is supported by two members of staff.
- The qualified nurse is currently being supported in her choice to return to the in-patient unit or be re-deployed elsewhere. The HCA is due to retire.
- Third sector support i.e. Volunteers and complementary therapists already attend the inpatient unit and will continue to do so, however support to the day care service it is intended to stand these down for the duration of closure.

Service user feedback to date

- Service users have been anxious about the proposals and most (all but three) have engaged in the holistic review process to assess their needs.
- Services users have expressed they wish to stay together as a group and we are exploring this with Age UK.
- We are confident working with Age UK and FACT that patients' social care needs can be met and these are viable options.
- We are supporting patients to visit alternative day care and providing them with all of the necessary details.
- Concerns raised regarding payment for services.

Opportunity to change the model



Gateshead Health
NHS Foundation Trust

Our service model is outdated and does not align to current standards of best practice.

Our vision for a new model of integrated care

- Benefits of an integrated service include:
 - A fully integrated workforce supporting both the inpatient and day care unit.
 - Benefits of co-location for service users.
 - A new 6-12 week model offered 5 days per week. Once service users' needs are assessed they would be supported to choose a tailored programme to suit their needs.
 - An admission and discharge policy ensuring that more service users could benefit from this model and be supported with a drop in session one day per week once discharged.
 - Service users holistic needs including physical, social, psychological and emotional needs could be met by a multi modal approach from clinicians and the wider team.

Quality and excellence in health

Younger Person's Dementia Service

YPDS – current model

- The Trust's Younger Persons Dementia Service is based in The Woodside Centre at Dunston Hill and provides a specialist Community Outreach and Day treatment services for people under the age of 65, and their families, who have a diagnosis of a dementia illness.
- The service is highly specialised, and well respected regionally with national recognition.
- Despite the term younger persons referring to people under the age of 65, the RCP guidance recommends that the management of younger people with dementia should be located in Old Age Psychiatry services. Therefore the YPDS is core business for our mental health services and will continue to be so.

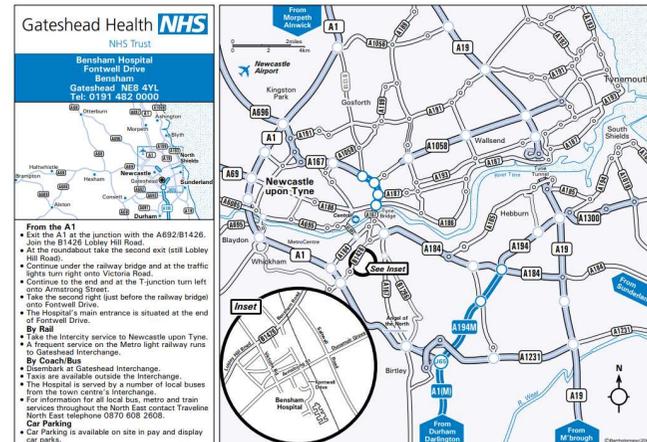
YPDS – plans to relocate the service

- It is planned to retain the current model of the service and to relocate this service within Gateshead. Some initial proposals have been scoped based on a re-location to Bensham Hospital which is already occupied by other Mental Health Services. This is less than three miles away.
- There are currently 44 services users (across outreach and day treatment services). Service users are from a range of Gateshead post-codes NE8, NE9, NE10, NE11, NE16, NE17, NE21, NE39, NE40 and DH3.
- Services users and their families have been notified of the proposal to date.
- A small task and finish group has been working on a number of estates options, also taking into consideration the travel implications and accessibility of the service for existing and future service users.

YPDS – plans to relocate the service

- Travel considerations
 - Bensham Hospital is set within a residential area similar to that of Dunston Hill.
 - The Trust currently provides a transport service for the majority of patients and others are escorted by family members. This service will continue to operate as it currently does.

- General feedback
 - To date no serious concerns have been raised by our service users or families and more detailed engagement will commence when estates plans are progressed further.



YPDS – plans to relocate the service

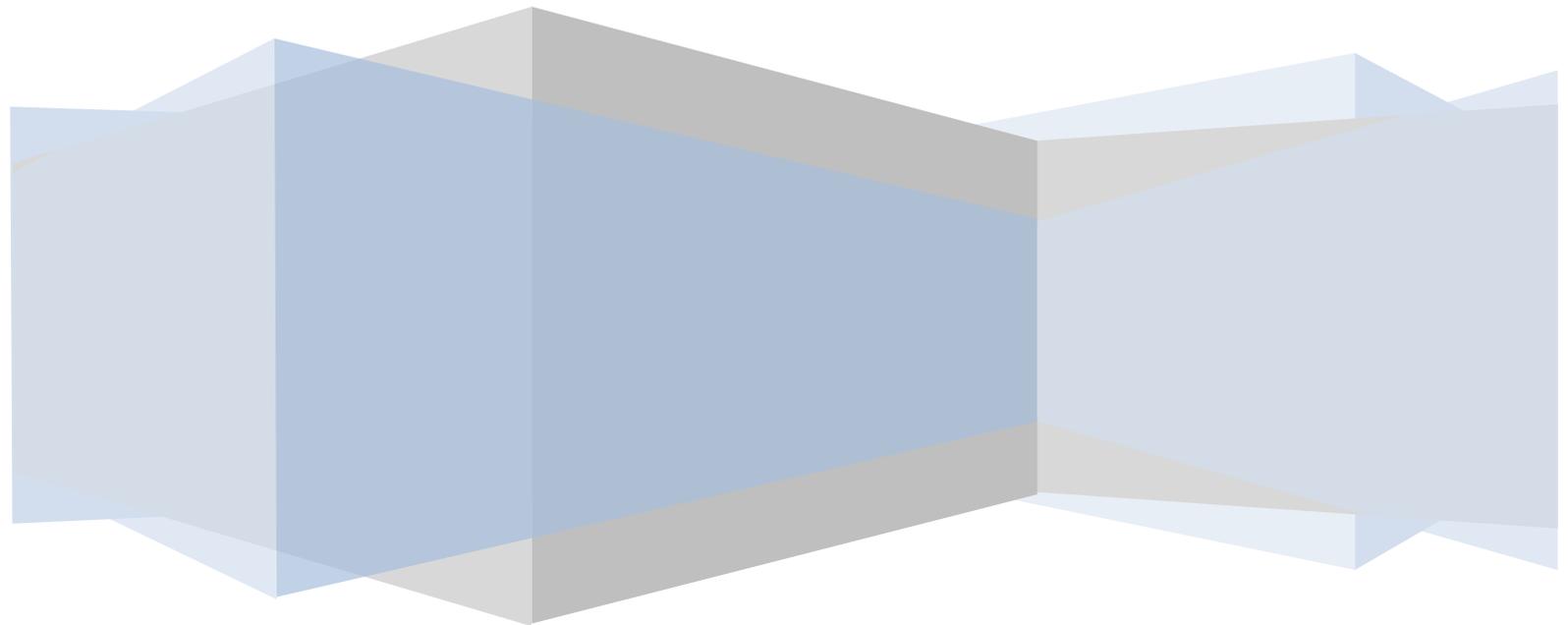
Estate proposals

- The current preferred estate option is to relocate the service in the Ellison Unit within Bensham Hospital. It is taking some time to finalise the right location to take account of the suitability and stability of the environment and the therapeutic requirements for these patients as they play such an important factor in their wellbeing.
- The current proposal is to co-locate with the Specialty Memory Hub Service and share office/staff facilities making better use of space within the Ellison Unit. This supports shared learning and training of the teams and easier transition for service users from one service to another.
- Viable options are being considered to the same estates specification as at Dunston Hill Site re square footage, accessibility and use of outdoor space.

Next steps

- To finalise the estate plan for YPDS and complete necessary QIA.
- Hold further engagement with service users regarding the YPDS estates proposal.
- Confirm the move date with the teams and all service users and their families.
- Ongoing support provided to existing service users during the transition for both services.
- Obtain feedback from OSC (18th Sept)

St Bede's Palliative Day Care Unit



Contents

Page 2 - Current Day Care service provided on the Dunston Hill Site (including information leaflet)

Page 3 – St Bede’s current day care service users assessments and outcomes

Page 4 – Review of regional and national Specialist Day care services

Page 7 – Regional exemplars of co-located Specialist Day Care Services

Page 25 – Summary of exemplars

Page 26 – Service User letter template communicating decision

Page 27 – Day Care service users holistic assessment template

St Bede's Day Care

What is St Bede's Day Care?

St Bede's day unit offers a day care service for local people on Tuesday, Thursday and Friday each week.

It is located in Dunston Hill Hospital, Whickham, in a pleasant area within peaceful grounds.



Who is it for?

Anyone who has a life limiting illness with palliative care needs living in the Gateshead area.

'Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness.' - World Health Organisation

What do we offer?

- Qualified nurses with specialist palliative care experience who can link with other health care teams.
- Access to complementary therapies.
- Speakers on topics of interest.
- Facilities include: Group Room with craft area, Therapy room, Quiet room and Dining Room.
- Day trips to places of local interest and shopping trips.
- Access to information for clients and their carers.
- Light lunch provided.
- Free transport provided to and from day care.
- Trained 'Coping with Cancer' Volunteers.

The day will be arranged around your needs and you may do as much or as little as you like. Our aim is to make your day as enjoyable and comfortable as possible.

What patients say about St Bede's Day Care:

"The time I spend there is always good and there is always something going on..."

"I always enjoy myselfit is a break from home...."

"It's good to meet very nice, friendly people..."

If you'd like to come to the unit, please contact your healthcare professional and they can contact the unit for a referral form. Contact details are on the back page.

St Bede's current day care service users

Currently 12 service users attend day care.

Length of attendance at day care ranges from 3 months to 6 years.

9 service users were referred for social isolation reasons, 2 for carers respite and 1 for support.

6 services users attend once a week, 4 twice a week and 2 three times a week.

All services users have been offered an individual assessment of their needs as part of their discharge planning.

7 Patients could be supported with social day care placements.

3 Patients could be supported to find specialist palliative care placements.

2 patients are in the process of requiring or reside in 24 hour nursing therefore will not require day care.

Review of regional and national specialist palliative day care services

Purpose

A report was collated in May 2013 to provide an overview of the current services being offered from St. Bede's Palliative Day Care Unit in comparison with other typical units predominately in the North East of England providing specific palliative care needs to patients. The report also compares current national and regional models of service delivery with the intention to inform the direction for our future palliative day care services.

Background

Gateshead has a population of around 201,600 (ONS MYE 2016), ranked as 73rd most deprived (73rd/326 local authorities in England) with cancer and heart disease recorded as our biggest killers, life expectancy is markedly lower than the national average by at least 10 years in some areas. In the last decade the population has grown by around 8,000. This growth has been most significant for middle and older age groups with an 8% increase in 45-64 year olds and a 15% increase in those aged 65 and over. It is widely accepted that with the ageing population increasing we will inevitably see a rise in long term conditions. As people live longer frailty and multiple co-morbidities will almost certainly affect the complexity of individual's needs, and consequently increase pressure on NHS services. It is therefore essential to understand the impact this will present to palliative care services both now and in the future.

The World Health Organisation defines palliative care as an approach to improve the quality of life of patients and families who face problems associated with life threatening illnesses, recognising that early identification and impeccable assessment play a fundamental role in this. Holistic assessment of physical and psychological problems provide the foundations for palliative care teams to deliver care responsive to individual needs, aiming to relieve suffering and improve their quality of life.

Palliative care is delivered in all care settings by both specialists, who focus on patients with advanced illness and complex problems, and generalists where palliative care is part of their clinical role, e.g. general practitioners. Although specialist palliative care has historically been offered to patients with cancer its value to those with non-malignant conditions is increasingly recognised. These groups have comparable levels of need to people with cancer and are at risk of poor outcomes, e.g. distressing symptoms or social isolation.

We readily accept the benefits an inpatient unit can offer those who require immediate specialist palliative interventions. However, specialist palliative care should be equitable timely and responsive during the different phases of end of life and therefore endorses the need for adequate out-patient/day care facilities that address individual needs thereby avoiding crisis management or inappropriate costly admissions to hospital.

With this rationale it is appropriate to evaluate the current day care service in Gateshead and establish a strong future holistic model that takes this into consideration.

Models and philosophies of day care services

Traditional day care services are beneficial for those individuals who prefer to remain independent at home for as long as physically possible. Various models have been utilised over the years to support individuals, including:

- Social
- Medical
- Therapeutic
- Rehabilitation
- Drop in days
- Traditional days
- Carer days
- 6 or 12 week programmes
- "New model of care"

Day hospices are continually evolving to ensure that patients are cared for as well as possible, for as long as possible at home. Often day services provide a combination of models to support patients so that they receive both social and medical support when necessary. It allows patients the time and space to talk through difficult concerns, to help them come to terms with their illness, plan for their future and discuss end of life issues. It can also provide support and respite for the carer/patient when needed.

New '**model of care**' is a fairly new term that originates from hospice UK. This delivery model is working more effectively to ensure family members and carers take a key role in supporting their partner, child or friend in a hospice day care setting. They are actively encouraged to come along with the patient and attend carers days and support sessions too. Within the new model of care delivery day hospices provide a combination of drop in days, rehabilitation/ social/therapeutic medical days, whilst running in parallel 6-12 week programmes. Patients from the inpatient unit are also actively encouraged to join in with any day care facilities provided on an ad-hoc basis. By encouraging patients to attend day care facilities we can continue to support them by fostering links in the community and providing them with a continuity of care.

Review of national and regional services

As part of the service review, visits were conducted across several day care sites in conjunction with a literature review. Although all services have a great deal in common with each other, some are better structured than others and all day care services are changing and evolving to meet the needs of the patients. Many Day Care services offered a drop-in session where patients would arrive with their own transport; furthermore many services were run by volunteers/befrienders. All areas visited were co-located with inpatient hospice services. The overall review demonstrated that themes and developments were in keeping with the national agenda and services were built around local population needs.

Summary of regional findings:
St Cuthbert's Hospice Full funding allocated for development and redesign which meant that the unit closed for a period of time culminating in an exemplar rehabilitation model which is being replicated across the region. Café on site which encourages social bonding.
St Benedict's Hospice Exemplar model continues to offer traditional day care and support for carer's days.
Teesside Hospice and St Oswald's Hospice Focus on 'living well' programmes as opposed to 'traditional' Day Care.

Standard services offered to all:
Patient literature.
Referral and discharge criteria (essential to ensure the right patients attend day care).
Volunteers
Outpatient clinics / Consultant and Nurse Review.
Signposting to other services.
Additional services such as hairdressing, gardening, IT skills and beauty therapy.

Benefits of a medical rehab day care service include:
Provides holistic care and interventions to address physical, psychological, spiritual and social symptoms.
Patient attendance at day care can dispel negative understandings of 'hospice'
Regularly assesses the patient's condition and sets and reviews realistic goals with a multidisciplinary team.
Provides proactive care with the aim and outcome to prevent crises
Reduces pressure on primary care services
Empowers patients to develop self-management strategies
Allows appropriate time for patients to explore difficult concerns, supporting them through their disease trajectory.
Liaison with other services when appropriate
Improves communication between the multi-disciplinary team across primary and secondary care and therefore improves patient experience/outcomes
Proactively enables rehabilitation and self-care thus improving quality of life whilst promoting independence and self-worth.
Facilitates early discussions and planning in line with Deciding Right initiatives i.e. DNACPR, EHCP, Advance Care Planning
Affords respite for carers.
Provides a safe environment to share experiences.
Facilitates peer support for those who are often socially isolated.

Regional exemplars of co-located Palliative day care services

St Cuthbert's Hospice

Day Services: The Living Well Centre



Our new 12 week programme at St Cuthbert's Hospice Living Well Centre offers advice and strategies to enable you to cope better with your health and wellbeing and with our support regain control of your life. After a holistic assessment of your individual needs our team will develop a personalised programme of care based on your requirements, aims and goals.

The Living Well Centre offers psychological, physical, social, spiritual support and financial advice. The multidisciplinary team supporting you may include but is not limited to nurses, social workers, family support counsellors, physiotherapists, occupational therapists and other trained professionals. The benefits of attending may include improved symptom management, greater independence and help to plan for the future.

We pride ourselves on being a happy, vibrant place to spend time and our aim is to make every day count and help to improve your quality of life.

If you would like more information about attending The Living Well Centre, please contact 0191 386 1170.

Referrals will be accepted by phone, email, fax or in person followed by a completed hospice referral form which you can download by [clicking here](#).

Completed forms can be returned securely via email to NECNE.StCuthbertsHospiceReferrals@nhs.net

Transport to The Living Well Centre at St Cuthbert's Hospice is available in exceptional circumstances and assess on a case by case basis.

St Oswald's Hospice Day Care

Day Hospice

Our Day Hospice is a nurse-led unit offering symptom management and support to people living with a progressive life limiting condition and their families and carers during the day.

Members of our care team assess each patient and identify priorities to develop a care plan for each patient and report any change back to their GP, hospital, or community team.

Patients have access to our specialist team including Nurses, Physiotherapists, Occupational therapists, Doctors, Complementary Therapists, Social Workers, Chaplaincy and Therapeutic Activities Facilitator. We are also supported by volunteers who are trained to work alongside staff to ensure that a high standard of individual care is provided.

Our medical team is available when necessary, although the patient's GP retains overall responsibility for their care.

A visit to Day Hospice can be as busy or as relaxed as a patient wishes. As a patient, you could simply rest, chat with other patients staff, or [join in with activities throughout the day](#)

“Coming to Day Hospice has given me a real boost. I was feeling so low, but it's given me something to look forward to. It's given me a new focus and lease of life.”

...welcome to St Oswald's Day Services

We've put this booklet together to let you know about the day services you can access, who you might meet and other important information.

About St Oswald's Day Services

We have a range of day services for individuals with a life-limiting illness. You might be aware that we have a Day Hospice, offering symptom management and support during the day for patients. We also provide many other services, including the opportunity to benefit from a range of activities on a sessional basis, such as complementary therapy, arts and crafts, relaxation, and much more. This could allow you to pick up a new skill, or continue an existing hobby, which are designed to enhance your wellbeing.

Our Day Services are designed to suit your needs where possible.

Making sure you are comfortable

You might want to request a chaperone to be present when you visit the Hospice. This might be a friend or family member, or another clinician in the Hospice. If you require a chaperone for your appointment, please let us know before you come in to the Hospice.

Occasionally, under certain circumstances, a clinician may also request the presence of a chaperone (who would only be present with your permission).

Coming to the Hospice

If for any reason you cannot make it to the Hospice on your planned visit, please let us know with as much advance notice as possible. This will allow us to free up your place so that we can offer it to someone else.

If you have any questions or comments after reading this booklet, please let us know.

Day Hospice

Our Day Hospice offers symptom management and support to patients during the day.

The multi-disciplinary Day Hospice team consists of clinical staff - including a team leader, staff nurses and auxiliary nurses, social workers, occupational therapists, physiotherapists, chaplaincy, complementary therapists, therapeutic activities organisers, and volunteers. The service is nurse-led although we do have access to doctors.

What can I expect?

On your arrival you will be greeted initially by one of our volunteers who will help you to settle into Day Hospice and offer you a drink.

Over the course of the day you will be assessed by one of our nurses to identify any problems that have occurred since your last visit and whether we need to liaise with community teams on your behalf to improve your experience at home or in other settings.

Members of the multi-disciplinary Day Hospice team are available each day to respond to your needs as appropriate and a number of volunteers are on hand to ensure you are comfortable and have everything you need.

A typical Day Hospice day runs as follows:

10.00-10.30am	Arrival at Day Hospice and hot drinks/biscuits
11.30am	Drinks
12.00pm	Three course lunch served in our dining room
2.30pm	Drinks and cakes
3pm	Home time

Meals

Each day you will be given a choice of menu. If, however, you fancy something different, our catering staff will always do their best to oblige. We are able to cater for many diets, including Kosher and Halal. Please let your nurse know if you require a special diet. All meals and refreshments are provided free of charge.

What's on offer?

Your day can be as busy or as relaxed as you want it to be. You can simply rest, chat with other patients and staff, or you can join in with activities throughout the day.

What's on offer?

Your day can be as busy or as relaxed as you want it to be. You can simply rest, chat with other patients and staff, or you can join in with activities throughout the day.

Day Hospice offers a range of activities, sometimes themed, which you can choose to get involved in. These include:

- Craft activities
- Visiting speakers or performers
- Reminiscence
- Music
- Creative writing
- Exercise sessions e.g. tripudio
- Trips out eg. Quayside, garden centres
- Group sessions eg. fatigue management, mindfulness

And much more!

Nurse Assessment

The following information is only applicable to people attending Day Hospice. For more information about our other Day Services please go to page 9.

Before starting your visits to Day Hospice you will be asked to attend a nurse assessment. This will be with an experienced member of the nursing team and usually lasts 1½ - 2 hours.

You may bring a friend or family member with you to this visit. Please complete the Medication Checklist and Patient Priority Checklist you will have received before your appointment and bring it with you to your nurse assessment. Please also remember to bring any medication you may need to take over the time of your visit.

The purpose of the visit is to find out a little bit more about you, to discuss how best we are able to meet your needs and to agree a plan of care with you. The nurse assessment helps us to decide if Day Hospice is the most appropriate service to meet your needs.

We want you to feel as comfortable as possible during your visits. If you would like an informal visit to Day Hospice prior to your nurse assessment this can be arranged by contacting the Day Hospice Team Leader, Sarah Thompson.

It is important to note that we do have a discharge policy. Each patient is treated as an individual and reviewed regularly at our multi-disciplinary planning meetings. We will always keep community teams informed about any plans for discharge, or any other changes in your care.

Transport Service

The following information is only applicable to people attending Day Hospice. For more information about our other Day Services please go to page 9.

St Oswald's volunteer drivers offer a bespoke service, which is available to Day Hospice patients wherever possible. You may however choose to make your own way to the Hospice.

Volunteer drivers can pick you up from home and drop you off at St Oswald's for the day. They can also drive you back home afterwards. It will be recorded at your nurse assessment whether you would like to use the volunteer driver service and your pick-ups will be booked automatically.

If for any reason you cannot attend Day Hospice, it's important to let the Transport Department know as soon as you can so they can cancel your transport and make it available to others. You must then let the Transport Department know when you are attending Day Hospice again so they can restart your transport bookings.

Focus on Living

Focus on Living is a programme that has been developed for people with a life-limiting illness to enhance your sense of wellbeing and enjoyment. You may also learn a new skill along the way.

Carole Taylor, Coordinator of Therapeutic Services tells us more:

“The setup of the sessions is very informal and designed to make you feel completely at ease in a confidential environment. They are a great way for patients and carers to experience first-hand the services provided here, as well as an opportunity to access support and advice at St Oswald's and in the wider community.”



We have several courses running throughout the year. The type of sessions on offer include:

Positive Steps - seven week course

Positive Steps provides an introduction to St Oswald's and our services. Find out about what we offer, advice on benefits and entitlements, diet and nutrition, tips on fatigue and stress management, relaxation and visualisation, complementary therapy and support for you and your carer.

Creative Writing

Creative writing can be therapeutic, creative and fulfilling. Any work you produce can be based on memories, images and personal experiences as well as current thoughts, feelings and emotions.

Mindfulness - six week course

These sessions give you the tools to manage your levels of stress and improve general wellbeing. They are taught by a qualified Mindfulness teacher.

Complementary Therapy

Complementary therapies are treatments used alongside conventional medical treatment to help patients feel better physically, emotionally and psychologically. Both you and your main carer can benefit from these at St Oswald's.

Denise Nelson, Complementary Therapist, tells us more:

“Complementary Therapy can help restore general wellbeing, and when the body is relaxed it can often cope more easily with the everyday stresses and strains of life.

“Therapies can benefit patients suffering from anxiety, stress, low mood, depression, pain, muscle fatigue and tension, memory and concentration problems, insomnia, constipation and circulation problems.

“We endeavour to provide the service Monday - Friday, 10am - 12pm and 1 - 3pm. Therapies vary each day as each practitioner has their own speciality treatments.”

All our therapists have a recognised qualification, professional membership in complementary therapy and are fully insured. We do not, at any time, offer treatment as an alternative to prescribed care, or advise patients to accept it as such. Treatments are only given following a careful assessment by a qualified practitioner who may also consult your doctor.

Physiotherapy

We have two very experienced physiotherapists on the Day Services Team.

Physiotherapy is available every day in Day Hospice and may be included in your care plan if appropriate.

Physiotherapists use a range of treatment techniques to restore and maintain movement and function to the body.

Michelle Wallace, physiotherapist, explains more:

“Our work in Day Services is varied and personalised. We assess each patient and decide on realistic and achievable treatment goals. Our aim is to help each patient maintain their level of independence and help adapt to any changes in their mobility and function.

“This includes strengthening, conditioning, breathing and balance exercises, acupuncture for pain relief and sweats, provision of walking aids and other mobility equipment and liaison with external agencies such as those for wheelchair provision or adaptation.”

Family Support

Terri Walls is a member of the St Oswald's Social Work Team. She has specific responsibility for Outpatient and Day Services patients and is a registered Social Worker with extensive experience in community, hospital and palliative care settings.

She is also a qualified Social Work Practice Teacher and is involved in the education of social work students at Northumbria University.



Terri works alongside the other members of the Day Services team to provide support to patients, families and carers attending Day Services, enabling them to manage emotional, practical, financial and social concerns.

Terri explains:

“I work in partnership with patients and families to ensure that they remain in control and make choices that are right for them.

“My role in Day Services includes carrying out assessments to arrange appropriate care and support at home for patients, working closely with Health and Social Care Professionals inside and outside the Hospice and referring patients and families on to other specialist services.

“I am also available to offer advice to patients and their families about topics such as claiming benefits, getting legal advice and accessing family support services.”

Terri sees patients, families and carers in Day Hospice but can also visit you at home should this be required.

Occupational Therapy

Helena Knipe is the Occupational Therapist in Day Hospice. She has extensive experience working in the NHS and out in the community across the North East.

Helena says:

“The role of Occupational Therapy in Day Services is to promote independence and improve your quality of life. I work from a problem-solving approach and aim to meet the unique needs of each and every patient.



“This can involve home visits to assess your needs and abilities and meetings with your family and carers to ensure we are also supporting them appropriately. This might also include ordering and installing specific equipment in your home to enable you to cope better with your condition and changing circumstances.

“Part of my role is to help patients identify what activities and interests are meaningful to them. In Day Services I deliver relaxation, fatigue management sessions and horticultural therapy too - all with a fun-centred approach.”

Helena liaises closely with other professionals within the community and external agencies involved with your care if appropriate.

Chaplaincy

Chaplaincy is very much part of the care team at St Oswald's. The Chaplaincy Team are here to listen to you, whatever you would like to talk about.

Davina, our Chaplain, explains more:



“Coming into a hospice can be a difficult and stressful time. Any of us can feel spiritually or emotionally unsettled. These feelings are natural and normal but can affect your sense of wellbeing and wholeness, as well as your ability to cope.

“Sometimes it can be really helpful to talk to someone about any anxieties and concerns you have, about what is important to you and about trying to make sense of things - and that's exactly why we're here. We do not pretend to know the answers, but we will be alongside you as we explore things together.”

Support is available to everyone, whether or not you have a particular faith. If you follow a particular faith, Davina can support you to practise your faith in the way you wish.

The Chapel is open all day and available to everyone for a time of quiet or prayer. Many people find it helpful to light a candle, to write a prayer request or to just sit quietly for a while.

A short service is held daily Tuesday-Friday which you are welcome to attend as part of your time with us.

The team are also able to help with planning for a funeral and can conduct the service for you when the time comes if you wish.

Lymphoedema

We also have a Lymphoedema Service, which is recognised as a national centre of excellence. For more details, please ask a member of the care team.

Volunteers

At St Oswald's, we have over 1 400 volunteers, who donate their time and skills to support staff in almost every aspect of our work.

Some volunteers work directly with patients, others provide crucial support behind the scenes or in our shops.

Without the support of our volunteers, we simply could not provide all our vital services to local people.

The role of our Day Services volunteers

Day Services volunteers are trained to work alongside staff to ensure that a high standard of individual care is provided.

Volunteer roles are varied, from drivers and administrators to activity co-ordinators and complementary therapists and you will see many during your visits to Day Services.

Volunteers are available to chat and listen to patients throughout the day, to accompany patients to treatment rooms and activities and to help co-ordinate mealtimes alongside other tasks.

Your needs will be regularly assessed so that the care and treatment offered, best suits you. If there are other services that would be more suitable we will help you to access them. Discharging you from our care will be discussed with you. You will be able to return to our services if your needs change.

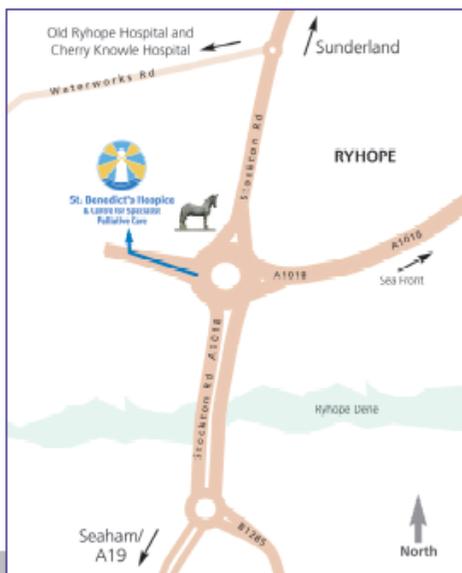
Improving services

We are always looking at ways to improve our services. If you have any suggestions, we would be happy to hear them.

At some point during your care you may receive a questionnaire about the service.

We would really appreciate it if you would take the time to complete this.

How to get to us



Bus Services

Go North East 60 and 61 (simplygo.com)
Arriva 24 and 24X (arrivabus.co.uk)

There is car parking available on site, parking is free of charge.

Further information please contact:

Hospice Day Services Manager
St Benedict's Hospice and
Centre for Specialist Palliative Care
St Benedict's Way, Sunderland. SR2 0NY

Phone number:

Main Reception 0191 512 8400

Day Services 0191 512 8440

Website: www.hospice.co.uk

*Supported by St Benedicts Hospice charity
Registered charity number 1019410*

We are committed to raising the standard of written information for patients, their carers, people who use the NHS and the general public.

This information can be made available in another format or language on request. For further copies of this leaflet please contact the Day Services Manager.

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Author: Day Services Manager
Review date: Sept 2016



St. Benedict's Hospice
& Centre for Specialist
Palliative Care

Hospice Day Services



Choose

South Tyneside **NHS**
NHS Foundation Trust

Providing a range of NHS services in
Gateshead, South Tyneside and Sunderland.

Introduction

Welcome to hospice day services. Our staff, patients and volunteers work together as a team with one shared aim to provide individualised care whilst maintaining the dignity, privacy and informed choice for each patient.

Hospice day services offer an honest, open environment; we aim to make your visit as comfortable as possible. We hope this leaflet will give you more information about the services we can offer.

We will ensure you are well informed of services available to allow you to make choices that are meaningful to you and your family/carers.



What are hospice day services?

We offer personalised specialist services providing care and support from Monday to Friday 9am- 5pm. Depending on your needs, you may attend for a whole day, part of a day or on a sessional basis.

The hospice day services team is made up of:

- Nurses
- Doctors
- Pharmacist
- Chaplain
- Volunteers
- Complementary therapists
- Administrative support
- Domestic staff
- Physiotherapists
- Occupational Therapist
- Social Worker
- Hairdresser
- Psychology Services

How do we work?

Initially you will be assessed by a palliative care clinician where your individual needs will be identified and a plan of care will be agreed with you.

You may access hospice day services for a variety of reasons, for example;

- To help you manage pain and other symptoms
- To maximise your independence e.g. help with walking
- To address psychological needs
- To give your carers time off and you time off from your carers

- To give you a chance to socialise
- To experience a range of therapeutic activities.

Additionally appointments may be offered to other services such as physiotherapist, occupational therapists.

What can you expect?

- To be treated with care and compassion
- To be cared for by a team with the right skills to look after you
- To be treated as an individual with dignity and respect
- To have your privacy maintained
- Involvement of your family, carers if you wish
- Respect and support for any decision you make
- Provision of information you may need
- Management and relief of symptoms such as pain and sickness

There will be opportunities to socialise with other patients, to share stories and gain support, as well as relaxing and enjoying refreshments.

If you need any medication during your time at hospice day services, you should bring these with you. Likewise if you use any walking or other aids, please bring these with you too.

Day services

We welcome adults of all ages to our hospice day services.

On this page

[Day therapy sessions](#)
[Complementary therapies](#)
[Outpatient clinics](#)
[Rehabilitation programme](#)

[Head to Toe: Hair Loss and Pampering Service](#)
[Hypnotherapy](#)
[Intravenous infusions and blood transfusions](#)
[How to get day service care](#)

With group activities and individual appointments we can help you choose the best options to suit your health needs, lifestyle and circumstances. Services are always free for patients and families.

A programme of care tailored to your needs

Our specialists can help with different aspects of your illness and will recommend an individual plan of care. You will have a nurse on hand each week to make sure you are getting the support you need.

Your care will focus not only on the physical symptoms of your illness but also on helping you to regain control and improve your overall quality of life.

Day therapy sessions

These sessions are held on Monday – Thursday, from 10am - 4pm.

You can come to the hospice for a day each week. We will help you put together a programme of care based on your individual needs, which may include:

- specialist medical or nursing care
- physiotherapy to help you stay as independent as possible
- complementary therapies
- specialist emotional support and therapies
- practical help, including financial advice
- relaxation time
- occupational therapy support, including cooking aids and adaptations.

You can also take part in group activities, including arts and crafts, jewellery making, baking, and quizzes.

Services

Day services	>
In-patient care	>
Support for families	>
Spiritual care	>

Address and contact details

Marie Curie Hospice, Marie Curie Drive
Newcastle upon Tyne
NE4 6SS

Tel: 0191 219 1000

Email: newcastle.hospice@mariecurie.org.uk

Our day services are open Monday to Friday, 10am to 4pm.

[More about how to get to the hospice](#)

Living well: early access support and information for people living with MND

Run in partnership with the [MND](#), Living Well runs every Friday. Each week we offer a choice of one-to-one or group support for you and your family in a relaxed and informal setting where you can drop in for:

- practical information and advice on living with MND
- complementary therapy such as massage and reiki
- relaxation sessions
- support for families and carers
- occupational therapy to help people with their everyday activities
- access to specialist professional advice.

If you are a person living with MND, or care for someone with MND who might benefit from this service, contact: Pauline Simpson on **0191 219 1000** or contact the Newcastle MND Care Centre on **0191 282 3693**.

Alternatively you can [contact Pauline Simpson by email](#).

Complementary therapies

These sessions are arranged by appointment which last from 30 minutes to an hour.

Our wide range of safe and natural [complementary therapies](#) do not replace traditional care but patients often comment on their relaxing qualities and overall benefits.

Therapies include: [acupuncture](#), [aromatherapy](#), Indian head massage, [reflexology](#), [reiki](#) and [relaxation](#).

Outpatient clinics

These clinics will be arranged by appointment.

You can visit one of our specialist doctors, nurses or other therapists, in our outpatient clinics for a one-to-one consultation.

Rehabilitation programme

This programme can be arranged by appointment and usually lasts around an hour.

This six-week programme aims to help you cope with everyday living. It is particularly useful for people who are experiencing fatigue following cancer treatments or people with other progressive illnesses.

We will tailor a gentle exercise programme to your needs. This will help to reduce fatigue, improve strength and build stamina. We will also support you with any emotional aspects of your illness, such as anxiety or depression.

For example, one of our patients found the exercises helped to keep his shoulders mobile so he could continue to drive. Another, found it helped reduce pain from scar tissue following neck surgery.

For further information, download our leaflet below.

Hypnotherapy

This therapy can be arranged by appointment (around an hour).

Hypnosis allows you to open your mind to beneficial suggestions, helping you to make positive changes in your life.

The hypnotic state is similar to the feelings we often have as we drift off to sleep or as we awake in the morning.

After hypnotherapy you are usually able to recall the whole experience.

Intravenous infusions and blood transfusions

This service is available Monday – Thursday from 10:00 am in our Day Therapy Unit.

If you normally receive bisphosphonate infusions or blood transfusions in hospital you can have them here at the hospice instead. Ask your GP, consultant or nurse to refer you to the hospice.

During your visit you can also take advantage of our facilities and services including our complementary therapies.

How to get day service care

Ask your GP, nurse or hospital consultant if they think you could benefit from Marie Curie Hospice day services and whether they will refer you.

For more information about day services, please phone: 0191 2191000

Our contact details

Marie Curie Drive
Newcastle upon Tyne
NE4 6SS
Phone 0191 219 1000
Fax 0191 219 1099
Web www.mariecurie.org.uk/newcastle
Email newcastle.hospice@mariecurie.org.uk

For information about cancer and other conditions, plus links to websites offering information and support, visit: www.mariecurie.org.uk/patientsandcarers

We welcome your feedback

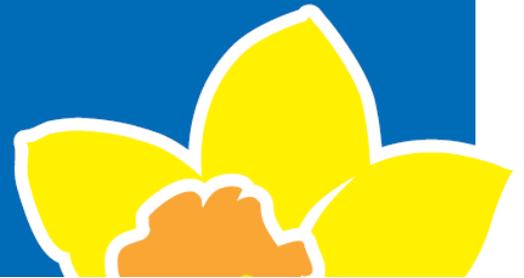
We hope you are happy with your care. Please tell us how you feel. Pick up a feedback sheet or complaints leaflet from the hospice reception or phone: 0191 219 1000 and ask us to send you one.

no. 207594 (England & Wales), SC038731 (Scotland) M517 CD, printed August 2009

Service information

Rehabilitation programme

Living with your illness



What is the rehabilitation programme?

The rehabilitation programme helps people affected by cancer and other illnesses to improve their quality of life.

Who should attend the programme?

The programme is particularly useful for people who are experiencing fatigue following cancer treatments such as surgery, chemotherapy or radiotherapy. People with progressive illnesses other than cancer may also benefit.

You may choose to attend relaxation sessions or have one-to-one support from a therapist.

Our occupational therapist can help you maintain the most important aspects of your lifestyle. This might involve helping you to do everyday activities without becoming overtired or suggesting equipment to help you.

Do I need to pay for the service?

No, the service is completely free.

How can we help you?

Rehabilitation includes an exercise programme which has been shown to reduce fatigue, improve strength and build stamina. We aim to help you cope with everyday living and maintain your independence for as long as possible.

We understand you may be anxious about exercising or cautious about the amount of exercise you can do. Our therapists are sensitive to your needs and will offer you advice and encouragement to make sure you feel in control.

One man found the exercises helped to keep his shoulders mobile so he could keep his driving licence and his job. Another woman found the gentle exercise helped reduce pain from scar tissue following her neck surgery.

Our team can also support you with any emotional aspects of your illness such as anxiety or depression.

How does it work?

The programme consists of six sessions but we may suggest further sessions should you require them. Following an initial assessment with a member of our specialist team, a tailored programme will be designed with you, to help you achieve your goals.

We will keep an eye on your progress and once you have finished the programme we may suggest you continue to receive support through a local gym or health centre.

How can I join the programme?

Talk to your GP, district nurse, specialist nurse, hospital consultant or other health professional involved in your care.

If you would like more information please phone us and we will be happy to discuss with you.

Summary of Exemplars

These exemplars of models of specialist palliative day care demonstrate what we are striving for in Gateshead as we know multidisciplinary holistic working benefits the care of our specialist palliative care patients and reduces unnecessary visits from health care professionals and emergency admission to hospital. We aim to offer an improved service for more specialist palliative care patients, thus providing equity for all located within St Bedes In Patient Palliative Care Unit.

An example of the benefits of hospice / specialist palliative day care is highlighted below by a Senior Lecturer Practitioner at St Benedict's Hospice, Sunderland.

“In relation to day care having an impact the situations I tend to see are that regular symptom review, and an engagement of a whole multi-disciplinary team on one site can expedite care and prevent hospital admission. For example, I saw a patient with lung cancer who was being admitted frequently with panic attacks related to breathlessness. He came to hospice day services and had nursing intervention in relation to breathlessness and medications. He was then able to see physio straight away for breathing retraining and then attended a breathlessness group alongside his day care day. He was also given a course of hypnotherapy within day services and then was not admitted again to accident and emergency.”

Patient Letter template

Gateshead Health NHS Foundation Trust
Division of Medical Services
Queen Elizabeth Hospital
Sheriff Hill
Gateshead
NE9 6SX

x August 2018

Tel: 0191 482 0000

Dear

I am writing to update you about the provision of St Bede's Day Care Services which is currently based on the Dunston Hill Hospital site.

As you may be aware there have been ongoing problems with security and vandalism of the Dunston Hill Hospital site which has affected our day care service on a number of occasions. This has led to a discussion by the Trust Senior Management Team regarding the long term safety of this site and the services provided from here. As a result of this discussion a decision has been made that it is no longer possible to safely provide services from the Dunston Hill site. We anticipate the site is due to close by November, 2018.

The Trust has also recently undertaken a review of palliative care day services regionally and nationally. We have provided these services in its current form for many years now, however these services are continually evolving and our review has found that our current service model is no longer in line with new models of day care recommended.

We want to ensure that we provide the very best services we can for our patients in Gateshead. Due to the forthcoming closure of the site and armed with the knowledge that we need to transform our palliative day care services in line with regional and national sites, we regrettably have decided to suspend our day care service temporarily. This will allow us an opportunity to scope and inform the direction of our future palliative day care services.

We understand this news may be very disappointing to you as a regular user of this service but we would like to reassure you that we are making these changes to improve our services for the future benefit of our patients. We will be working closely with you in the coming weeks to plan your discharge and any transition to another service where appropriate.

Please be reassured that as part of your discharge we will personally assess your needs and identify other local care services that may be able to support you. We will be arranging to meet with you to discuss options available and this will also give you the opportunity to discuss any concerns or questions you may have.

In the meantime, our experienced healthcare team at St Bede's Day Care Service, Yvonne and Christine, are on hand to support you. Please be assured that we will work hand in hand with the St Bede's Day Care team and yourself to ensure that you receive the support you need.

Kind regards

Petrina Smith
Service Line Manager

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Day Care Patient Holistic Assessment Template



St Bedes Day Care

Patient Name, DOB, Addressograph	
Date initially referred:	
Referrer details:	
Reason for initial referral:	
Interventions within day care:	
Interests / Hobbies	
Days attended:	
Other day cares visited:	
Other information:	

St Bede’s Day Care Holistic Assessment

Patient identification

Hospital number: NHS number: Forename:
Surname:
Address
DOB: Age:
Hospital number: NHS number:
Likes to be known as:
Occupation:
Religion/ Practising:
Communication needs :
GP:

Next of Kin/ Significant others

Name:
Relationship:
Contact number:

Name:
Relationship:
Contact number:

Family Tree

Carer and family needs

Carer availability: caregiver available and involved in the home
 caregiver available and involved outside the home
 No caregiver
 Unknown

Living circumstances: Patient lives alone
 Patient does not live alone
 Unknown

Social / home circumstances and needs

Medical History

Significant co-morbidities and PMH

First assessment within day care: 1.6.17

- Ability –
- Diet –
- Elimination –
- Bathing –
- Sleep –
- Skin integrity –
- Support –
- Personal Hygiene –
- Senses –
- Pain –
- Comprehension –
- Recreation –
- Living accommodation –
- Social Services -

Summary of current attendance at St Bedes Day Care

Current Medications

As per emis summary from GP included in notes

Allergies:

Physical Symptoms

On examination

Interests

Psychological and Emotional Care

Insight and information needs

Spiritual and existential

Financial and Legal

Has the following:

CHC	
Blue Badge	
DS1500	
Macmillan Grant	
PIP	
AA	
Legal Claims	
Other	

Deciding Right Initiatives

Future Planning	Completed (tick)	To be considered (tick) -specify time frame	Not Appropriate (tick)
DNACPR			
Emergency Health Care Plan			
Advanced Statement of Wishes			
ADRT			
Lasting Power of Attorney (for health)			

Patient's goals

Plan or recommendation following initial assessment

--

<u>Serial complexity and outcomes</u>								
Dates								
Initials of professional								
PaCA for future care								
Level of intervention								
Total time taken								
Phase of illness								
Karnofsky score								

Further Assessments / Future Planning

Karnofsky & PACA Scores

PACA score for future Care	Criteria
1	Placement decided, organization complete
2	Placement decided, organization still required
3	Placement not decided, preliminary discussion only
4	Placement not decided, no discussion
Levels of Intervention	
1	Advice only, no contact with the patient
2	Single visit. Single entry in case notes. May need follow up telephone call/ referral to other services.
3	Short term intervention aimed at resolving current specialist palliative care issues with the aim of discharging the patient from the caseload. Problems are generally more manageable. Further re referral may be made as necessary.
4	Ongoing advice and support on symptoms and psychological issues, which may take several attempts to resolve. Facilitating complex family dynamics and liaison with other services. Ethical decision making requiring a multidisciplinary approach. A particular case taking up more than 50% time within a working day.

100%	Normal, no complaints; no evidence of disease
90%	Able to carry on normal activity; minor signs or symptoms of disease
80%	Normal activity with effort; some signs or symptoms of disease
70%	Cares for self; unable to carry on normal activity or to do active work
60%	Requires occasional assistance; but is able to care for most personal needs
50%	Requires considerable assistance and frequent medical care
40%	In bed more than 50% of the time
30%	Almost completely bedfast
20%	Totally bedfast and requiring extensive nursing care by professionals and/or family
10%	Comatose or barely rousable
0%	Dead
100%	Normal, no complaints; no evidence of disease
90%	Able to carry on normal activity; minor signs or symptoms of disease
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0%	Dead

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