

Public - Board of Directors

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|--|---|------------------------------|---|--|
| Subject: | Neuro Rehabilitation Business Case | | Date: 21 August 2017 | |
| Prepared By: | Dale Travis, Divisional General Manager, Medicine | | | |
| Approved By: | Denise Smith, Acting Chief Operating Officer | | | |
| Presented By: | Denise Smith, Acting Chief Operating Officer | | | |
| Purpose | | | | |
| The Board is asked to approve the decision to cease provision of Neuro Rehabilitation services and, as a result, close Chatsworth ward. | | | Decision | |
| | | | Approval | X |
| | | | Assurance | |
| Strategic Objectives | | | | |
| To provide outstanding care to our patients | To support each other to do a great job | To inspire excellence | To get the most from our resources | To play a leading role in transforming health and care services |
| X | | | X | X |
| Overall Level of Assurance | | | | |
| | Significant | Sufficient | Limited | None |
| | | X | | |
| Risks/Issues | | | | |
| Indicate the risks or issues created or mitigated through the report | | | | |
| Financial | Service operates at a loss – proposal mitigates this loss | | | |
| Patient Impact | Patients will need to travel for specialist neuro-rehabilitation services | | | |
| Staff Impact | Staff will need to be redeployed within the Trust | | | |
| Services | | | | |
| Reputational | Potential short term risk to Trust reputation due to adverse publicity | | | |
| Committees/groups where this item has been presented before | | | | |
| Business case presented to Executive Team in June 2017. | | | | |
| Executive Summary | | | | |
| <p>The Trust is commissioned to provide a specialist neuro-rehabilitation service at Mansfield Community Hospital (MCH); the service is based at Chatsworth ward, a 16 bedded unit.</p> <p>The service is unsustainable due to the following:</p> <ul style="list-style-type: none"> • Since November 2016 there has been no substantive Consultant in post. • The majority of specialist neuro-rehabilitation services have an acute Neurology inpatient bed base with a step-down to specialist neuro-rehabilitation. The Trust does not employ any substantive Consultant Neurologists and does not have an acute Neurology bed base. • There is insufficient demand to maintain a 16 bedded unit • The service currently operates at a loss of £326,136 per annum. • The CCG intends to reduce the contract value by 30% (c. £439,812) as part of the QIPP for 2017/18. • A review of activity shows that 14 – 16 beds are routinely occupied but of these only 7, on average, are for patients with specialist neuro-rehabilitation needs. <p>This paper seeks approval for the Trust to cease provision of specialist neuro-rehabilitation services and, as a result, close Chatsworth ward.</p> | | | | |

1. Introduction

This paper details the proposal for the Trust to cease the provision of specialist neuro-rehabilitation services at Mansfield Community Hospital (MCH) and, as a result, close Chatsworth ward at MCH.

2. Background

Sherwood Forest Hospitals NHS Foundation Trust (SFH) is commissioned to provide specialist neuro-rehabilitation services, the service is based on Chatsworth ward, a 16 bedded ward at MCH.

Specialist rehabilitation is defined on three main levels:

Level 1 Tertiary 'Specialised' Rehabilitation Services are high cost / low volume services, which provide for patients with highly complex rehabilitation needs that are beyond the scope of their local and district specialist services. These are normally provided in co-ordinated service networks planned over a regional population of 1-5 million through specialised commissioning arrangements. These services are sub-divided into:

- Level 1a for patients with high physical dependency
- Level 1b mixed dependency
- Level 1c mainly walking wounded patients with cognitive/behavioural disabilities

Level 2 Local (district) Specialist Rehabilitation Services are led or supported by a Consultant trained and accredited in Rehabilitation medicine (RM), working both in hospital and the community setting. The specialist multidisciplinary rehabilitation team provides advice and support for local general rehabilitation teams.

Level 3 Within Each Locality: Local non-specialist rehabilitation teams provide general multi-professional rehabilitation and therapy support for a range of conditions within the context of acute services (including stroke units), intermediate care or community services.

3. Case for change

Until November 2016, the service had a full time, substantive Consultant in place. Since that time the Trust has been unable to recruit substantively and the post has been filled by successive locum Consultants.

The majority of specialist neuro-rehabilitation services have an acute Neurology inpatient bed base with a step-down to specialist neuro-rehabilitation. The Trust does not employ any substantive Consultant Neurologists and does not have an acute Neurology bed base. The Trust is currently working with Nottingham University Hospitals NHS Trust to develop a robust Neurology service.

The service operates at a loss of £326,136 per annum. In addition, the CCG intends to reduce the contract value by 30% (c. £439,812) as part of the QIPP for 2017/18.

A review of activity for the period February 2015 – January 2017 shows that 14 – 16 beds are routinely occupied but of these only 7, on average, are for patients with specialist neuro-rehabilitation needs.

4. Proposal

It is proposed that the Trust cease the provision of specialist neuro-rehabilitation services and, as a result, close Chatsworth ward.

Patients with specialist neuro-rehabilitation needs would need to be transferred to alternative service providers; these are currently available at Nottingham, Derby, Sheffield and Lincoln. The

remaining patients on Chatsworth ward could either be managed in the community or within the existing medical bed base at KMH.

Workforce implications

The current workforce comprises of medical, nursing, therapy and administrative staff. All staff affected by this change will be redeployed within the Trust.

Financial implications

The current service is operating a deficit; this proposal will deliver savings of £326,136.

5. Conclusion

The current specialist neuro-rehabilitation service is unsustainable for the following reasons:

- There is no substantive Consultant in post
- The Trust does not have an acute, inpatient Neurology service
- There is insufficient demand to maintain a 16 bedded unit
- The service is operating at a significant loss each year
- Commissioner intention is to further reduce the contract value by 30% during 2017/18

6. Recommendations

The Board is asked to approve the decision to cease provision of specialist neuro-rehabilitation services and, as a result, close Chatsworth ward.