

## **Responses at this stage – as at 23 November 2004**

These are based on:

- **Attendance at Consultation meetings, both of PCT and others**
- **Discussion with other organisations and individuals**
- **Consultation with Age Concern Surrey's own contacts and advisers**

**Terms of Reference from the Health Scrutiny Committee to Age Concern Surrey**

- Age Concern Surrey is a Charity which campaigns for the rights of older people.
- The Charity believes that the proposal to close Milford Hospital is not in the best interests of older people.
- The Health Scrutiny Committee asked us to provide any evidence, examples of best practice, of these services being provided from:
  - An integrated service site away from an acute hospital – as at Milford; or
  - From an acute hospital scenario, with fragmented support service – as proposed.

### Age Concern Surrey's External Advice

- Very recent contact made with a qualified adviser
- Immediate response is to confirm that:
- In general and as at Milford, dedicated beds and services, grouped together, supported by all different services and therapies, including a Day Hospital and Intermediate Care works best; because
- the dedicated beds are not 'at risk' as happens in an acute hospital;
- reduced conflict over length of stay;
- older people respond less well to stays in an acute hospital scenario;
- it is very hard to co-ordinate fragmented support services;
- where a service is currently fragmented, Trusts are working to produce a co-ordinated, integrated service, away from the acute hospital scenario.
- Examples of 'best practice', similar to those at Milford are being produced
- Advised that we should:
- Obtain detailed and costed breakdown of all current services being offered from Milford
- Obtain an extract relevant Government, NHS etc policy advice, and from other bodies such as the King's Fund.

### Outcomes from Consultation process to date

Evidence that the following relevant streams of 'work in progress' must be taken into account, including their 'spin-off' implications

- The PCT's own option appraisals – as first presented, and now amended.
- The PCT's current, parallel WORKSTREAM programme, including the Clinical Services Development Programme related to the Community Hospitals and Local Treatment Centres.
- The R.S.C.H Trusts work relating to services to go on to site – or come off as per proposal to remove 40% of out-patient services within 2 years.
- Philosophy of PCT which supports statements:
  - that outcomes will be safe, sustainable and affordable;
  - to invest public money in services, providing care, not keeping buildings;
  - that the special quality of care at Milford Hospital is replicated;
  - references to effect of step up/step down programmes.

## Revised terms of reference from PCT Board meeting on 18 November 2004 continued

A further extract from attachment (e) of the report to the PCT Board is as follows:

'The following table sets out the PCT's proposed course of action for the consultation.'

Phase of Consultation	Activity	Time period
One	<ul style="list-style-type: none"> <li>• Listening</li> <li>• Gather options</li> </ul>	1 October 2004 – early November 2004
Two	<ul style="list-style-type: none"> <li>• Option appraisal</li> <li>• Public meetings</li> </ul>	15 November 2004 – end December 2004
Three	<ul style="list-style-type: none"> <li>• Supplementary consultation document describing preferred options</li> </ul>	Christmas 2004/New Year onwards
Four	<ul style="list-style-type: none"> <li>• Consideration of outcome</li> </ul>	To be confirmed and agreed with the Health Scrutiny Committee

**Revised terms of reference from PCT Board meeting on  
18 November 2004**

- Agreed that a temporary move of services on 1 April 2005 is no longer viable.
- Accepted that the required savings of £1.2m in this financial year could not be achieved from this section of their budget.
- The following is an extract from attachment (e) page 2 of 3 of the reports to the Primary Care Trust Meeting on 18 November 2004
- The following is an overview of the options that we would now like to examine and discuss in detail as we move through this consultation:
  - a. The 'split site' option with 28 beds on the Royal Surrey County Hospital site and 22 beds at Farnham Hospital and Centre for Health.
  - b. A 'single site' option with all the beds on the Royal Surrey County Hospital site – this is proposed as two 25 bedded wards.
  - c. A 'single site' option with all the beds at Farnham Hospital and Centre for Health.
  - d. A 'multi site' option with the beds distributed around the existing community hospitals.
  - e. An option to retain services on the Millford Hospital site, developing services in conjunction with other providers and partners.

We remain prepared to consider further options if they emerge during the second phase of our process and we will also look at the 'do nothing/minimum' option as a formal requirement.