

## **Integrated Management and Proactive Care for the Vulnerable and Elderly (IMProVE)**

Better care for the vulnerable and elderly in South  
Tees:

A public consultation on proposed changes to  
community services



# Contents

Who are we?.....	3
Introduction.....	4
What is this document about?.....	6
Our vision for healthcare in South Tees .....	6
Why is change needed? .....	7
What you told us .....	9
What have we done so far? .....	10
Our vision and proposals in more detail .....	11
Case for change .....	15
Our proposals at a glance .....	17
What our plans could mean.....	19
Have your say .....	20
What happens next? .....	21
Glossary of terms .....	22
Questionnaire.....	25

# Who are we?

We are NHS South Tees Clinical Commissioning Group (CCG) which is the NHS organisation responsible for the planning, choosing and buying (commissioning) of the majority of healthcare services for people in South Tees such as those from hospitals and community services. We are made up of 49 member GP practices serving a population of around 280,000 people. The CCG is working in partnership with Middlesbrough and Redcar and Cleveland local authorities, South Tees Hospitals NHS Foundation Trust and with Tees, Esk and Wear Valleys NHS Foundation Trust along with the voluntary sector to improve services for the vulnerable, elderly and those with long-term conditions in our area.

The IMProVE programme is one of a number of planned areas of work which will lead to improvements in local services for the whole population. The changes we make through this programme will also help us to invest in services which will benefit not only the elderly and vulnerable but the whole of the South Tees population by reducing reliance on hospital based services.

# Introduction

**Thank you for taking the time to read this booklet.**

If you live in South Tees, and if you, a member of your family or someone you care for is elderly or vulnerable, it is important that you read this booklet.

The number of people who are elderly, vulnerable and living with a long-term condition in South Tees is increasing. Over the next seven years the number of people aged over 65 will increase by 20%.

It is good news that people are living longer. However older people experience more ill health than other groups. This represents a challenge for our CCG but also an opportunity to improve the way we care for our elderly population

Many people who are frail, elderly or have long-term conditions have told us that they would prefer a community or home-based service. Improving the range and type of healthcare available close to home can help people to live independently for longer.

While we have already helped to make significant improvements to community services, we recognise that much more needs to be done to ensure all patients have access to the best possible services in the most appropriate setting.

Our vision is that more people who can be treated in the community will be and those who do require a hospital stay for medical reasons will be given the additional support they need to regain independence.

We know we must do more, but to do more we need to change the way that we provide services.

We need to see a significant improvement in the range and extent of services available in the community. This includes services like physiotherapy, occupational therapy and community nursing, along with providing more treatments in patients' own homes. We want to deliver more outpatient appointments at local community venues.

We also need to improve rehabilitation services for people who have a stroke, so we can bring services in line with national best practice. We believe people in South Tees must have the same high quality services as those in other parts of the country.

In addition, we have to improve the way health and local authority social services work together to ensure that support is delivered in a timely and coordinated way.

We know that the services currently being provided for vulnerable and elderly patients could be much better and more focused on their actual needs. At present there are too many older and vulnerable people spending too much time in hospital when they don't need to.

Local clinicians and professionals are telling us that more joined up services will improve the care we can deliver. This will support a move towards our new model of care ensuring our patients are given the right care, in the right place and at the right time to meet their needs.

Delivering more services in peoples' own homes and in the community will reduce the need for community hospital beds. Because of this, we are proposing to make some changes and improvements at local community hospitals, including changes to the services that are delivered there.

South Tees Clinical Commissioning Group is committed to achieving the best possible care for all people across the South of Tees area. Our challenges are clear; an ageing population, variation in access to services and ageing community estate with high maintenance costs. In response to this we need to make changes to deliver the best outcomes for our people now and into the future.

The views of local people are important to us. This public consultation is therefore designed to listen to your views on our proposal; no decision will be made until the end of the consultation. This document summarises the proposed changes to services for patients who are vulnerable, elderly and have long-term conditions. It will also inform you about the many ways in which you can have your say.

We look forward to hearing your views on our proposed changes.

**Dr Henry Waters**  
**Chair**

**Amanda Hume**  
**Chief Officer**

# What is this document about?

NHS South Tees CCG has a duty to commission (buy) high quality, safe and sustainable health services for its local population.

When we want to make any changes to services we must seek the views of local people, patients, carers and representative organisations before taking action.

This document is designed to give you more information about the changes we would like to make to local services for the elderly, vulnerable and those with long-term conditions. It also looks at the future of a range of services delivered within community settings including out-patients, in-patients and minor injuries.

We want to encourage as many people as possible to give their views on these proposed changes. This document contains a questionnaire, along with more information about the changes we would like to make and how you can have your say.

This public consultation will close on Thursday 31 July 2014.

## Our vision for healthcare in South Tees

**We want to improve health services for local people who are elderly, vulnerable or living with a long-term condition** (such as respiratory disease and stroke).

To make local services better we need to do a number of things, including:

- Improving stroke rehabilitation services
- Improving community support for elderly and vulnerable people
- Setting up a single point of contact for all community health and social care needs
- Making sure that minor injury services (such as: sprains, strains and minor cuts and wounds) in our area are safe, sustainable and meet the needs of local people.

**We want to use money wisely to gain the greatest benefits for people in our area.**

We believe we can do this best by:

- Investing more in care rather than buildings. Meaning that;
  - We spend more of our money on increasing skilled teams that can deliver community based services from a range of settings, including patients own homes.
  - We reduce the need to spend money on maintaining old buildings which are not able to support the delivery of our model of care.
- Making the best possible use of our community buildings to deliver a model of care that is fit for now and the future

**We want to make some big changes, but in a safe and carefully managed way over time.**

Based on what people have told us, we will make these changes by:

- Putting new services in place and testing them before moving existing services.
- Making step by step decisions about the changes we are making and the impact that they have on patients and their health before continuing to the next step.
- Introducing these changes over the next two years with all services in place by April 2016.

## **Why is change needed?**

At present, elderly and vulnerable people in our area go into hospital more often than in other parts of the country. People spend longer there than they need to because we don't currently have enough support available in the community.

Many people who are frail, elderly or have long-term conditions have told us that they would prefer a community or home-based service. Improving the range and type of healthcare available close to home can help people to live independently for longer.

We need to develop health services which allow people to be cared for in a way that meets their needs and is closer to home.

This view is supported by NHS England's National Medical Director, Sir Bruce Keogh, who has called for system wide changes so that care can be delivered in or as close to people's homes as possible.

Stroke services provided by South Tees Hospitals NHS Foundation Trust are highly rated nationally, but the stroke rehabilitation element of the service needs to be improved in line with best practice. According to NICE (National Institute for Clinical Excellence) guidance, stroke patients recover much better if they have rehabilitation in their own homes delivered by community based stroke teams. Currently we do not have community stroke teams. For people who need rehabilitation in hospital, they should receive this in a specialist stroke unit. This does not happen in South Tees at the moment, as stroke rehabilitation is delivered across three separate hospital sites.

The NHS and local authorities need to work more closely together to offer more responsive and personal services for the increasing number of older people who are living longer with health conditions.

At the moment, people receive different levels of care depending on where they live and we need to address this.

There are a number of ways people can access urgent care services in the South Tees area, which can be confusing. Many people use urgent care services when they could have been seen and treated by their local GP practice. We need to develop a more consistent approach to urgent care across our area.

Not all of our four community hospitals were designed to provide the modern flexible health services local people now require. Two of our hospitals would need a large amount of money invested to bring them up to standard. If we continue to pay for the high running and maintenance costs of these ageing buildings, we cannot invest in improving services for people in their own homes or local communities.

The issues we face are as follows:

- Too many elderly and vulnerable residents are admitted to hospital when they could be supported in their own homes.
- There is too much variation in local health and social care services.
- We need to improve the way health and local authority social services work together.
- Our local minor injury services must be safe and sustainable
- Local people should have the same high quality care as those in other parts of the UK.
- We need to gain most value from the money we spend.



# What you told us

In late 2013 we asked local people, carers, patients and others about local health and social care services and what they would like to see in the future. Over 400 people responded. Most people felt that the care they received was good, but there were many suggestions about how services could be improved:

- 'Joined up working between doctors, nurses and social services.'
- 'Better communication between staff about what is being done and what needs to be done.'
- 'Easier access to a
- GP.'
- 'More time for carers to do their job.'
- 'More community nurses.'
- 'More support for elderly at home.'
- 'I would have benefitted from more physiotherapy, occupational therapy, community nursing support.'

We also asked people where they felt care should be delivered:

- 'You would recover better in your own home.'
- 'Everyone has different needs. The main thing should be continuity of care with someone that can be contacted when a problem arises whether in hospital or at home.'
- 'Preferable [if] people are able to live at home, with help available from as many sources as needed.'
- 'It's good when GPs can visit us/me at home but sometimes going into hospital/surgery is important.'
- 'At home if possible with sufficient caring support and time ...'
- 'If they have to go to hospital it should always be the local hospital.'
- 'I wish to stay in my own bungalow if possible for the remainder of my life.'

# What have we done so far?

Across the South Tees area we are already working to improve care for people who are elderly, vulnerable or living with long term conditions. Here are just some of the ways we are providing care in patients' homes or their local communities:

Last year we set up an integrated community care team who work alongside GPs to identify and support people at risk of a future admission to hospital. Patients using the service have their needs assessed and then get help to better manage their own health.

We have started work on improving the health of people with respiratory problems. Last year GPs began regularly screening people who might be at risk of having chronic obstructive pulmonary disease (COPD). They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease.

To help prevent people being admitted to hospital unnecessarily we have set up a Rapid Response Team. This team of nurses and therapists provide extra support and monitoring for people during a short illness so that they can remain at home.

We are also looking at a range of actions to reduce pressure on GP practices and improve the way patients get primary care support, e.g., making more appointments available and offering telephone consultations.

Redcar Primary Care Hospital now offers local people minor surgery, such as skin grafts, and the service is already proving popular with patients with skin complaints who have been among the first to use the new service.

## Case Study 1

Redcar resident, Doug Boyes has seen for himself the benefit of the Integrated Community Care Team. Doug, 53, has chronic obstructive pulmonary disease (COPD) and other long-term health conditions. Regular emergency admissions to his local hospital to stabilise his illnesses were a common theme, a "vicious circle" as Doug described it.

Playing a crucial role in helping Doug to take control of his own health and avoid going into hospital is Redcar locality community matron, Rachel Sedgwick. Rachel says that Doug has embraced support from the team and is now much more aware of how he can take responsibility for his own wellbeing through self-care. For example, Doug has a pulse oximeter which he uses to check his oxygen saturation level when he feels unwell. If necessary, he can then use his prescribed medication.

According to Doug, Rachel has made a "massive difference" to the quality of his life. He recently started drawing and is looking forward to spending more time outdoors to benefit from the local sea air, and at the cinema.

## **Case Study 2**

Doug's feelings are echoed by Sadie Lennon, of Ormesby. The 72 year-old, like Doug, has COPD but she also has heart trouble. Following a recent serious episode when Sadie had been in hospital, her case was brought to the attention of the Integrated Community Care Team.

Sadie said: "At the start they were coming to see me four times a day then, as I got better, it was three times a week and now it's only once a fortnight. They really have been absolutely brilliant. There's no way I'd have managed on my own and I'm sure that the care they've given me has helped keep me out of hospital and in my own home."

# **Our vision and proposals in more detail**

Overall, our aim is to deliver a range of different services that work together to provide better quality patient care.

This means moving away from a situation where care is mainly unplanned and provided in acute hospitals following an unpredicted health crisis, towards a more proactive approach, where patients' needs are anticipated and support given closer to home. Bringing health and social care together to deliver services 24 hours a day, seven days a week will be crucial to us changing the way local people are cared for. By doing this we believe we can improve the long term health of local people as well as the quality of care they receive. To deliver our vision for better care, we need to make some changes to the way that services are delivered. These are outlined below:

## **Improved stroke services**

In 2013, 426 people from the South Tees area were treated for stroke at The James Cook University Hospital. Of these, 39 were hospitalised more than once for their condition. The number of people experiencing a stroke in our locality is projected to grow by around 12% by 2020.

The facilities provided by South Tees Hospitals NHS Foundation Trust are highly rated nationally, but there are areas that need to be improved in line with best practice. The Royal College of Physicians National Clinical Guidelines and NICE (National Institute for Clinical Excellence) stroke rehabilitation guidelines recommend:

- An inpatient stroke unit capable of delivering stroke rehabilitation for all people admitted to hospital following a stroke
- Supported discharge to deliver stroke specialist rehabilitation at home or in a care home in liaison with hospital services
- Rehabilitation services capable of meeting the specific health, social and vocational needs of people of all ages

Currently in our area, patients suffering from stroke go to a dedicated stroke unit at The James Cook University Hospital. However, following the initial critical stage of care, patients needing rehabilitation either remain in The James Cook University Hospital or are transferred to one of two community hospitals - Carter Bequest Hospital in Middlesbrough or Guisborough Primary Care Hospital. Delivering stroke services across a number of sites makes it difficult to maintain high quality care for all patients. Staff are spread thinly; diluting the level and amount of specialist therapies and care they can give to individual patients.

We know that the longer an elderly or vulnerable person stays in hospital – whether that is a community hospital or an acute hospital like The James Cook University Hospital – the more likely it is that they will lose their independence and be unable to return to their own homes. South Tees lags behind other areas of the country in the support available to patients to get home from hospital as soon as they are fit enough. This is largely due to a lack of home or community services available and is something we need to change.

Improving stroke rehabilitation is a priority for us. We want local services to meet national best practice guidelines, and to do that we are proposing to:

- Centralise (put onto one site) all stroke rehabilitation and supporting services, e.g. physiotherapy, occupational therapy and dietetics at Redcar Primary Care Hospital. This will include 12 dedicated beds for stroke rehabilitation. This means that stroke rehabilitation beds at Guisborough Primary Care Hospital and Carter Bequest Hospital will be re-provided at Redcar Community Hospital.
- Invest in a community stroke team to help patients return to their own home from hospital more quickly following a stroke. The team will provide a range of services in patients' own homes or a local community setting. This team is being developed now.

## **Community hospitals**

At the moment we use community beds to provide care for patients who cannot stay at home but do not need to be in an acute hospital such as The James Cook University Hospital. As we improve and expand the range of high quality support and therapies available in patients' own homes, we will not need so many community hospital beds.

Community hospital beds for non-stroke rehabilitation patients in our area are currently under-used, with an average of only 66% in use at any one time. Evidence shows that almost half of the patients in community hospital beds do not need to be there and could be discharged if support was available in the community or in their homes.

Under-use of our community hospitals costs us around £1.9 million a year in our local area. A number of our community hospitals would need significant investment over the next few years to ensure they could provide the modern health services local people need.

So we are proposing to:

- Develop unused space at East Cleveland Primary Care Hospital in Brotton to provide a range of services, including outpatient, diagnostic and therapy services. We will keep the 30 existing community beds and support services currently at the hospital. There is good potential for expanding services here if needed in the future.
- Re-develop the Chaloner building at Guisborough Primary Care Hospital, retaining existing services and further extending the range of outpatient, diagnostic and therapy services for local people.
- Re-provide stroke rehabilitation beds at Redcar Primary Care Hospital and retain the community bed base at Redcar and East Cleveland Primary Care Hospitals
- Re-provide all services delivered from Carter Bequest Hospital, Middlesbrough because with the developing community services and proposed centralised stroke service we will no longer need the hospital. Administrative services in the hospital will be moved. GP services will continue to be provided.

## **Urgent care services**

There are a range of urgent care services across the South Tees area including minor injury services. Currently most of the minor injury services in South Tees are under used. In services where the numbers of patients attending are low, it can be very difficult to train and develop highly skilled staff as needed to maintain safe high quality services. It is also poor value for money to run a service only used by a small number of patients.

In recent years the minor injury services at Guisborough and East Cleveland Primary Care Hospitals have struggled to attract the skilled staff they need to operate 24 hours a day, seven days a week. As a result they are currently open 9am to 5pm Monday to Friday and 8am to 8pm on weekends and bank holidays. Each service treats between two and six people a day compared to around sixty a day at other similar services in the area.

As part of our plan to ensure that we continue to provide safe and sustainable services over the long term, we are proposing to:

- Re-provide minor injury services at both Guisborough and East Cleveland Primary Care Hospitals through GP practices and other community based urgent care services. Urgent care, including minor injury services, will be provided from Redcar Primary Care Hospital.

Patients in these areas will continue to be able to access primary care through their GP practice and out-of-hours service in the usual way. Urgent care support is provided via the free NHS 111 telephone number.

We are currently developing an urgent care strategy for the South Tees area which is designed to improve the quality and safety of services. Plans will include new urgent care facilities as well as extended GP opening hours.

## **A single point of contact for all health and social care needs**

Patients, carers, and health and social care professionals tell us that services for older people need to be more joined-up. In the long term our aim is to develop an approach that links primary, community, acute and social care to provide seamless support for elderly patients and people with long-term conditions.

As the first step towards achieving this aim, we propose to develop a single point of contact as a telephone based service for care professionals to co-ordinate access to a range of health and social care services, avoid unnecessary hospital stays, and support timely discharge for those who need hospital care. This will mean professionals can quickly set up the right packages of care for patients.

## **Improved community support for elderly and vulnerable people**

Before making changes to services at our four community hospitals, it is essential that we improve community based support. We have already started this and we will continue to develop services over the next two years to make sure that more people get the right care, closer to home.

Planned changes include:

- Increasing the capacity of services that promote independent living (reablement) services. Community teams who provide a rapid response to a crisis to meet the needs of patients who would benefit from early supported discharge from hospital will be expanded.
- Further improving discharge processes from The James Cook University Hospital into appropriate services. This will cut the length of time people have to spend in hospital and give patients faster access to community-based care.
- Further expanding the rapid response service to give more people care in their own home.

- Improving and promoting the use of outpatient and diagnostic services e.g. X-ray and clinics close to patients' homes,
- Improving community based rehabilitation services, e.g. offering more occupational therapy and physiotherapy in patients' own homes

## Case for change

In developing our plans, we considered a wide range of factors including:

- national best practice guidance
- capacity and use of existing services
- the skilled workforce available
- the standard and location of our current hospitals
- running costs of hospitals
- transport issues.

We used each of those factors to determine our best option for meeting the needs of elderly and vulnerable people, as well as those with long term conditions. Full details can be found on our website or contact us for a copy of our 'case for change' document but here is a summary of those options:

### Community hospitals

We are in the unusual position of having four community hospitals in our local area which together provide 132 beds. A number of independent reviews have shown us that we have more community beds than we need and our plans to develop more community based services would further reduce the need for beds. The reviews estimate that in future we will need approximately 62 beds.

We have reviewed each of the community hospitals' premises and identified problems with the long term viability of Carter Bequest and Guisborough Primary Care Hospitals because of their age and condition. Over the next five years, it would cost the NHS an estimated £2.7m in maintenance costs to keep these hospitals up to an acceptable standard. Redcar Primary Care Hospital was built as part of a private finance initiative (PFI) building and it has 30 years of its lease remaining so we must keep this site. It is a high quality, modern facility which can be used flexibly to meet needs.

### Transport considerations

An independent travel review was carried out which shows that all community hospital sites are accessible within 30 minutes' drive using private transport for people living in the South Tees area. Access by public transport to the four sites varies by site during the day and evening:

- 75% of the population of Middlesbrough and Redcar and Cleveland can get to both The James Cook University Hospital and Guisborough Primary Care Hospital within one hour
- Only 45% of the population can get to Carter Bequest Hospital within the hour
- East Cleveland Primary Care Hospital provides care for people from a wide geographic area. Whilst it is not easily accessible for patients living in Middlesbrough, it does provide good access to rural communities in East Cleveland.
- Accessibility to Carter Bequest Hospital by public transport is lower than that of all the other community hospital sites.
- Redcar Primary Care Hospital has relatively good accessibility. Buses to the hospital run often and serve a large part of the population, with 74% of people being able to get to the hospital within the hour, and 61% able to get there later in the evening.

## **Clinical and quality criteria**

A clinical review has been carried out to look at the quality, sustainability and efficiency of all the community hospitals. The review ranked Carter Bequest and Guisborough Primary Care Hospitals the worst when measured against a range of criteria developed together with GPs, patients and carers, and local voluntary organisations. These are:

- Adequate numbers of ward staff who can deal with elderly patients with co-morbidities, including dementia
- Adequate therapy services, e.g. physiotherapy and occupational therapy
- NHS Standards for quality and safety
- NHS essential standards for environment
- Environmental standards for dementia
- Fit-for-purpose rehabilitation facilities
- Access to x-ray facility
- 85% utilisation of beds as a minimum bed occupancy
- Community staff with necessary palliative care training
- Opportunity for patients at the end of their life to die where they choose, with good services around them
- Near-patient testing
- Ultrasound facility
- Adequate parking
- Impact upon other services delivered from that location



## **Workforce**

The availability of a suitably skilled workforce is central to the successful delivery of the CCG's vision for healthcare in South Tees. An external workforce review has established that there are enough suitably skilled staff to meet future demand. We will ensure there is suitable training and development to support staff in working differently, delivering more care in patients own homes and community settings rather than in hospital.

# **Our proposals at a glance**

## **Redcar Primary Care Hospital**

- Centralise all stroke rehabilitation and support services, e.g. the community stroke team, physiotherapy, occupational therapy and dietetics at Redcar Primary Care Hospital.
- Keep the 32 existing community beds on this site; 12 of which will be dedicated for stroke rehabilitation.
- Continue to provide urgent care services, including minor injury services.

## **East Cleveland Primary Care Hospital, Brotton**

- Develop unused space on this site to provide a range of hospital services as well as outpatient, diagnostic and therapy services.
- Keep the 30 existing community beds and support services
- Re-provide minor injury services at other sites

## **Guisborough Primary Care Hospital**

- Re-develop part of the hospital site to make sure it can continue to provide current services to local people and support newly developed services.
- Continue to provide a range of outpatient, diagnostic and therapy services.
- Invest in new community based services.

- Re-provide stroke rehabilitation beds at Redcar Primary Care Hospital and community beds at Redcar Primary Care Hospital and East Cleveland Primary Care Hospital.
- Re-provide minor injury services at other sites.

### **Carter Bequest Primary Care Hospital**

- Re-provide all services at other sites and invest in a range of additional community based services leading to the closure of the hospital

### **Additional investment**

We propose to invest in a range of new community based services such as:

- stroke rehabilitation and a community stroke team to provide more support to patients' in their own homes or in the local community.
- a single point of contact for all community and social care services.
- more rehabilitation, outpatient and diagnostic services.

### **Timetable**

Based on what people have told us, we will make these changes in a phased way by:

- Putting new services in place and testing them before moving existing services
- Making step by step decisions about the changes we are making and the impact that they have on patients and their health before continuing to the next step

We are proposing to introduce these changes over next two years with all services in place by April 2016.

Table 1 – Outline of current and future model of care

PHASE	DESCRIPTION	DATE/S
1	Development of community services which focus on improving pathways of care and discharge processes. Implement a community stroke team, increase reablement, rapid response and therapy services. Implement a single point of access and implement an assessment hub.	April 2014 – March 2016
2	Centralise stroke rehabilitation services to one specialist unit (Redcar Primary Care Hospital). Closure of Carter Bequest Hospital and re-provision of services within the community. Consolidation and enhancement of Minor Injury services onto one single site (Redcar Primary Care Hospital).	By April 2015
3	Redevelopment of Guisborough Primary Care Hospital (Chaloner Building) to provide increased range of community based services, closure of community bed base in Guisborough.	April 2015 – March 2016

## What our plans could mean

**What would be different for services and the patients that use them?**

The patient's story	What happens now?	What will happen in the future?
Tom was admitted by ambulance to The James Cook University Hospital after suffering a stroke. He was left with some weakness down one side of his body and some speech difficulties	After a period of medical treatment and assessment at The James Cook University Hospital, it was determined that Tom required a range of therapies to aid his recovery.  Tom was transferred to Guisborough Primary Care Hospital where he	After a period of medical treatment and assessment at The James Cook University Hospital, it was determined that Tom required a range of therapies to aid his recovery.  The community stroke rehabilitation team assessed his home

	received 8 weeks' rehabilitation as an inpatient.	<p>environment and determined that he would benefit from receiving therapy at home.</p> <p>Tom returned home after 5 days. He received regular therapy support at home for the next six weeks, based around his normal daily routine.</p>
--	---	---

## Have your say

We would like your views on our vision for improving services and ensuring that more elderly and vulnerable patients with long-term conditions are able to remain independent for longer.

You can provide feedback by completing the attached questionnaire or via our website where you will find an online questionnaire and further details and documents relating to this consultation.

We are also working with the voluntary and community sector across South Tees to understand the views and opinions of patients and their carers.

We are holding a number of drop-in events for the general public. There will be no formal presentation at these events, visitors can attend at any time during the stated hours in order to learn more about our vision and future plans, and have their say.

In addition, we are working with a range of community and voluntary groups to help us seek the views of carers, patients and those with long-term conditions.

### Public drop-in events

Come along to one of our public drop-in sessions below. You will be able to talk to hospital clinicians, professionals and local GPs to find out more about our plans and give us your views. You do not have to book to attend.

If you want to attend and have any access requirements, please call us for further support on 01642 745318 or email [Lesley.barker8@nhs.net](mailto:Lesley.barker8@nhs.net). Please note that translators and other support will only be available on request.

<b>Time 17:30pm - 19:00pm</b>	
<b>Date</b>	<b>Venue</b>
4/6/14	Eston – Civic & Learning Centre, Normanby Road, Eston, Middlesbrough TS6 9AE
11/6/14	Brotton – Freebrough Enterprise Centre, Linden Road, Brotton, Saltburn-by-the-Sea TS12 2SJ
18/6/14	Guisborough – Methodist Church, 67-69 Westgate, Guisborough, North Yorkshire TS14 6AF
2/7/14	Middlesbrough - Acklam Green Centre, Stainsby Road, Middlesbrough TS5 4JS
9/7/14	Redcar - Sacred Heart RC School, Mersey Road, Redcar TS10 1PJ

## What happens next?

We will use the information you provide to help us make decisions on the plans for the future shape of services across South Tees.

No decision will be made until the consultation has ended; the consultation will run until the end of July.

All comments, views and feedback will be collated and considered by the CCG. They will be used to inform decisions made by the CCG's Governing Body at its meeting in late summer.

We will review the information shared with us by the public and our partners alongside the evidence we have gathered and presented for the proposed changes to services. This will enable us to identify the best way forward that provides the best balance of evidence, public support and clinical need. We will share our decision on the future model of services with the public and it will also be reviewed by local authorities' Health Scrutiny Committees.

As a Clinical Commissioning Group we have a duty to secure services to meet the needs of people in our area. We are following national, best practice guidance from NHS England to ensure our consultation is conducted fairly and legally, and delivers our responsibilities to consult with the people of South Tees under the Health and Social Care Act 2012.

Thank you for sharing your views with us and helping to improve services for vulnerable and elderly people.

# Glossary of terms

<b>Acute services</b>	Medical and surgical treatment provided mainly in hospitals.
<b>Carer</b>	A carer is a person giving assistance to an ill, disabled or frail person, usually a relative, for no wage.
<b>Clinical Commissioning Group (CCG)</b>	A CCG is an NHS organisation that commissions (plans and buys) healthcare services for local residents. CCGs were established under the Government's Health and Social Care Act 2012 and replace Primary Care Trusts (PCTs).
<b>Commissioning</b>	Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a cycle of work from understanding the needs of a population and identifying gaps or weaknesses in current provision, to procuring services to meet those needs.
<b>Delayed Discharge</b>	When it is intended to discharge a patient from hospital as they no longer require acute medical treatment, but they are retained, as no suitable alternative provision is available
<b>Home care</b>	Home care is where paid care professionals come to the home of the person you are looking after to provide support to them.
<b>Local Authority</b>	Your Local Authority provides most of your local public services, such as refuse collection, road maintenance and social care. There are different systems in operation across the country. Also known as your 'council'
<b>Long-term condition</b>	We define a long term condition as something that can't be cured at the moment, but can be controlled by

	medication and/or other therapies, including self-care and changes to life-style. This definition covers lots of different conditions including diabetes, asthma and multiple sclerosis.
<b>Planned care</b>	Planned care means services where you have a pre-arranged appointment. This includes things like being referred by your GP to see a physiotherapist or consultant or being sent for diagnostic tests such as an X-Ray.
<b>Providers/Service Providers</b>	Anyone who is commissioned to supply a health or care-based service. For example, GPs are primary care providers. Social care providers include social workers and home support workers. Hospitals like The James Cook University Hospital are also providers.
<b>Primary care</b>	Primary care is the services provided by GP practices, dental practices, community pharmacies and high street optometrists. Around 90% of people's contact with the NHS is with these services. Most primary care services are commissioned by NHS England, not the CCG.
<b>Secondary care</b>	Secondary care is the services provided by medical specialists, quite often at a community health centre or a main hospital. These services are provided by specialists following a referral from a GP, for example, cardiologists, urologists and dermatologists.
<b>Social services/Social Care</b>	Social services is the department of your local authority that deals with issues around disability and caring.
<b>Step-down Care</b>	Part of intermediate care facilities that are outside acute hospitals, enabling people who strongly value their independence to leave acute hospital and get ready to return home.

<b>Step-up Care</b>	Part of intermediate care facilities that are outside acute hospitals, enabling people who strongly value their independence to receive more support than is available at home
<b>NICE guidance</b>	NICE stands for National Institute for Health and Care Excellence. NICE sets standards for quality healthcare and produces guidance on medicines, treatments and procedures. Visit their website for more information: <a href="http://www.nice.org.uk">www.nice.org.uk</a>



# Questionnaire

1. Do you think we should centralise stroke rehabilitation services in a single specialist unit in line with best practice?

Yes / No

Please explain why you do or you don't:

.....

.....

.....

2. Do you think we should provide community beds in two locations within the South Tees area in order to be able to invest in more community services for elderly and vulnerable people?

Yes / No

Please explain why you do or you don't:

.....

.....

.....

3. Do you agree with our proposal to provide a more comprehensive minor injury service at a single location (Redcar Primary Care Hospital) with enhanced medical and diagnostic cover?

Yes / No

Please explain why you do or you don't:

.....

.....

.....

4. Do you agree with our proposal to spend more of our money on increasing community nursing and therapy services rather than on maintaining ageing buildings which are not able to support the delivery of our model of care?

Yes / No

Please explain why you do or you don't:

.....  
.....  
.....

5. How else do you think we could increase and improve community based services for people who are elderly, vulnerable or who have long-term conditions? This would include, for example, occupational therapy and physiotherapy services.

Any comments:

.....  
.....  
.....

6. Do you agree with our vision to improve prevention and deliver more care in the community, closer to where people live, i.e., more consultant out-patient clinics, diagnostics and treatments in the community?

Yes / No

Any comments:

.....  
.....  
.....

7. We want to get your views on our proposed plans for change and understand any concerns you may have about these proposed changes to services, and how they would be implemented.

Please tell us:

.....  
.....  
.....

8. How do you think our plans could have an impact on specific groups or individuals within our community? For example people from black and ethnic minority backgrounds, males/females, those with disabilities, carers.

Please tell us

.....

.....

.....

## Personal details

**Age – please choose the category which best describes you:** *Tick as appropriate.*

Under 16 years ☐ 16-25 years ☐ 26-35 years ☐ 36-45 years ☐  
46-55 years ☐ 56-65 years ☐ 66-75 years ☐ Over 75 ☐

**Carer – Do you provide care for someone who is elderly or living with a long-term condition?** *Delete as appropriate.*

Yes / No / I do not wish to disclose

**Ethnicity – please choose the category which best describes you:** *Delete as appropriate.*

White Mixed Asian/ Asian British Black/ Black British

Chinese Other ethnic group I do not wish to disclose my ethnicity

**Disability – do you consider yourself to have a disability or a long-term health condition?** *Delete as appropriate.*

Yes / No / I do not wish to disclose

### Gender

Male ☐ Female ☐

**Please tell us the first four characters of your postcode:** .....

You can email responses to the questions above to: [mynhstees@nhs.net](mailto:mynhstees@nhs.net)

Or by post to:

**Communications and Engagement Team  
Freepost RTGC-XBHS-JUSS  
North of England Commissioning Support Unit  
Teesdale House  
Westpoint Road  
Thornaby  
Stockton on Tees  
TS17 6BL**

The closing date for responses is **Thursday 31<sup>st</sup> July 2014**

**Contact details**

Lesley Barker  
Communications and Engagement Assistant  
Tel: 01642 745318  
Email: [Lesley.Barker8@nhs.net](mailto:Lesley.Barker8@nhs.net)

**This document is available in alternative  
formats on request from 01642 745318**