

**Appendix 1 – Option Appraisal against the three E’s**

	Areas to be considered	Option 1 – Do Nothing – Re open the 12 inpatient beds and do not change the inpatient service provision.	R A G	Option 2 – Develop a combined use of the beds sharing the use across health and social care. (including end of life beds)	R A G	Option 3 – Develop the 12 beds as Long Term Nursing and/or residential care beds.	R A G	Option 4– Permanent closure of the 12 inpatient beds	R A G	Option 5 – Permanent closure of the 12 inpatient beds and shape existing health and care services around a Health and Wellbeing Centre on the hospital site in Rothbury.	R A G
1	<b>Efficient</b>	<ul style="list-style-type: none"> <li>Nursing staff remain at Rothbury and any vacancies would require a recruitment process. Recruitment of nurses is currently difficult across Northumberland, and recruitment if successful would reduce the pool of nurses available in other hospitals with more pressing needs.</li> <li>Bed usage will remain low therefore beds likely to be over staffed.</li> </ul>		<ul style="list-style-type: none"> <li>Nursing staff remain at Rothbury and additional staff would be needed for the social care beds. As with Option 1, difficulties in recruiting nurses would be an issue.</li> <li>Bed usage will remain low therefore beds likely to be over staffed.</li> </ul>		<ul style="list-style-type: none"> <li>The provider would recruit care staff and possibly nurses to meet the needs of the service provided. If a nursing service was provided, recruitment could be an issue.</li> <li>Bed usage will remain low therefore beds likely to be over staffed.</li> </ul>		<ul style="list-style-type: none"> <li>Staff would continue to work in the higher occupancy sites within the trust.</li> </ul>		<ul style="list-style-type: none"> <li>Nursing staff able to be dispersed to areas of need within the health economy.</li> </ul>	
2	<b>Effective</b>	<ul style="list-style-type: none"> <li>Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.</li> <li>No issues with quality of patient care prior to the service suspension.</li> <li>This options does not support the strategic direction set out by NHS England’s Five Year Forward View, October 2014, stating that “out of hospital care needs to become a much larger part of what the NHS does” This is the strategic direction supporting more patients at home by providing therapy and care through community services and reducing the reliance upon bed based care.</li> </ul>		<ul style="list-style-type: none"> <li>Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.</li> <li>No issues with quality of patient care prior to the service suspension.</li> <li>Northumberland has approximately 2800 care home beds and utilisation is currently below capacity. Creating additional capacity is not a strategic priority.</li> </ul>		<ul style="list-style-type: none"> <li>The service would be required to meet Northumberland County Council contract standards &amp; register with CQC.</li> <li>Small care homes are in general more likely than larger homes to be of high quality.</li> <li>The local authority strategic direction is to invest in services to support people to stay within their own homes.</li> <li>Investment in care home accommodation is not the current strategic direction and is not preferred model of care for most older people.</li> </ul>		<ul style="list-style-type: none"> <li>Evidence suggests that avoidable hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.</li> <li>The options supports NHS E five year forward plan around increasing out of hospital services.</li> <li>The significant investment to developing integrated community teams who can keep people well and safely looked after at home has adversely impacted on the low bed usage.</li> </ul>		<ul style="list-style-type: none"> <li>Evidence suggests that hospital care carries more risk than care at home. Some examples are an increased risk of hospital acquired infections, risk of undermining confidence and immobility.</li> <li>The low utilisation of the ward beds is a positive reflection to the significant investment to developing integrated community teams who can keep people well and safely looked after at home. In order to further support and develop out of hospital services a local office base and increase in outpatient activity as appropriate would enhance the community based offer to the people of Rothbury.</li> </ul>	

3	<b>Economic</b>	<ul style="list-style-type: none"> <li>• Current utilisation is not cost effective due to the low bed usage.</li> <li>• The full cost of running the service is known to NHCFT as the provider of the care. The cost to the CCG is through the block contract which in total is £10.5 M per year.</li> </ul>	<ul style="list-style-type: none"> <li>• In order to have dual use of beds, Care Quality Commission (CQC) has confirmed the need to have physical separation between the NHS inpatient beds and the social care accommodation, and each would need to be registered separately to meet the individual requirements. The building would require alterations to enable this.</li> <li>• The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. If all those people from the Rothbury area who are currently living in care homes with support from the County Council were living in the hospital building, only around two thirds of the current capacity would be in use. Capital investment required to remodel interior to meet registration requirements and attract residents.</li> <li>• The full cost of running the service is known to NHCFT as the provider of the care. The cost to the CCG is through the block contract which in total is £10.5 M per year.</li> </ul>	<ul style="list-style-type: none"> <li>• The review highlighted the limited demand for social care beds from Rothbury residents over the last 3 years. If all those people from the Rothbury area who are currently living in care homes with support from the County Council were living in the hospital building, only around two thirds of the current capacity would be in use. Capital investment required to remodel interior to meet registration requirements and attract residents.</li> <li>• It would be likely to take a number of years for a newly opened care home to reach maximum occupancy level.</li> <li>• Small care homes are more financially vulnerable because of limited ability to cope with fluctuations in demand.</li> <li>• The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds.</li> </ul>	<ul style="list-style-type: none"> <li>• The closure of beds would release a cost saving in service provision although would leave the building half empty and the full lease would need to be paid.</li> <li>• The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds.</li> <li>• Any increase in activity within community services would be cost neutral due to the contractual framework in place.</li> </ul>	<ul style="list-style-type: none"> <li>• The closure of beds would release a cost saving</li> <li>• Shape existing health and social care services around a health and wellbeing centre would ensure the long term lease would deliver value for money.</li> <li>• Capital cost requirements A £600k NHS England Estates and Transformation Fund bid have been submitted to convert Rothbury community hospital to accommodate the Rothbury practice.</li> <li>• The CCG would make an annual saving of £500K which NHCFT have calculated as the staffing costs for running the 12 inpatient beds.</li> <li>• Any increase in activity within community services would be cost neutral due to the contractual framework in place.</li> </ul>
---	-----------------	--	---	---	---	--