

Rothbury Community Hospital Future Options

	Areas to be considered	Option 1 – Do Nothing – Re open the 12 inpatient beds and do not change the inpatient service provision.	Option 2 – Develop a combined use of the beds sharing the use across health and social care. (including end of life beds)	Option 3 – Develop the 12 beds as Long Term Nursing and/or residential care beds.	Option 4– Permanent closure of the 12 inpatient beds	Option 5 – Permanent closure of the 12 inpatient beds and further development of health and social care services at the hospital site.
1	Feedback from residents	Residents do not want to lose resources within Rothbury and suggested the ward should be used to alleviate bed blocking elsewhere within the system. Concerns were also raised about rurality and transport.	Following a review, residents suggested the consideration of combined or dual use health and social care beds in Rothbury community hospital. Residents also expression concerns regarding end of life care.	Residents suggested that social care beds should be explored as an option. There are currently no nursing or residential homes in Rothbury, other than some registered beds in Rothbury House for former service personnel.	Residents expressed concerns about a loss of resources within Rothbury and what it would mean for the overall future of the building.	Residents supported the extension of current services for example, relocation the Rothbury GP practice or increasing the physiotherapy services, podiatry and diabetes clinics.
2	Patient Choice	Residents of Rothbury would continue to be given choice of Rothbury community Hospital	Residents of Rothbury would continue to be given choice of Rothbury community hospital for an inpatient bed or social care short break bed.	Residents would be able to stay within Rothbury if they required long term nursing / or residential care. For NHS inpatient step up/step down care Alnwick infirmary would be the choice.	For NHS inpatient step up/step down care Alnwick infirmary would be the choice. Other choices would be community based services where care would be provided within peoples own homes.	Residents would still be able to use the hospital to receive appropriate health and social care services
3	Staffing	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.	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.	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.	Staff would continue to work in the higher occupancy sites within the trust.	Nursing staff able to be dispersed to areas of need within the health economy.
4	Quality	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. No issues with quality of patient care prior to the service suspension.	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.	The service would be required to meet Northumberland County Council contract standards & register with CQC. Small care homes are in general more likely than larger homes to be of high quality, but they are also more financially vulnerable because of limited ability to cope with fluctuations in demand.	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.	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.

5	Cost effectiveness	Current utilisation is not cost effective due to the low bed usage.	A provider from social care would be required to be identified to operate this service. Bed occupancy would remain low and this would therefore not be cost effective or sustainable. The national policy is also to provide greater focus on out of hospital care.	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.	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.	Developing health and social care services would ensure the long term lease would deliver value for money.
6	Additional resources / cost	No additional resource required.	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.	Capital investment required to remodel interior to meet registration requirements and attract residents. It would be likely to take a number of years for a newly opened care home to reach maximum occupancy level.	No additional costs identified.	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.
7	Timeline	3- 6 months due to the nursing resource being distributed to support demand elsewhere within the Trust, a recruitment process may also be needed.	12-18 months	12-18 months	6-9 months	12 months to conclude the process of primary care service relocation.
8	Strategic fit	This option 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	Northumberland has approximately 2800 care home beds and utilisation is currently below capacity. Creating additional capacity is not a strategic priority..	The local authority strategic direction is to invest in services to support people to stay within their own homes. Investment in care home accommodation is not the current strategic direction and is not preferred model of care for most older people.	The option supports NHS E five year forward plan around increasing out of hospital services. 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.	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

		based care.				of Rothbury.
--	--	-------------	--	--	--	--------------