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Report

To

The League of Friends of Swanage Hospital

Developing a Vision for Swanage Community Hospital

Providing Health and Care Services for the Community

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HTA Ltd

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Contents

1. Executive Summary

This report is the result of discussion with local people, staff, practitioners and managers on the role, function and potential of Swanage Community Hospital. This report reflects ideas generated for a vision for Swanage Community Hospital which it is hoped will provide a basis for further debate. The League of Friends has commissioned this study in order to prepare for contributing to a planning process to be led by NHS commissioners for Dorset in the New Year.

The groups working on this agreed a statement of purpose for Swanage Community Hospital:

> *Swanage Community Hospital offers care of exceptional quality in a safe environment. The long tradition of healing and care is highly valued by local people, and the hospital is considered to be part of the social fabric of the community. Each patient is treated as an individual with respect and dignity by friendly and professional staff. This small local hospital is vibrant, innovative and forward-thinking, offering a wide range of services through its many partnerships across health and social care*

The groups defined six values that would serve as reference points for future planning, namely: exceptional quality; integration; continuity; accessibility; person-centred care and community-focused.

The core group considered the current service profile and level of activity which includes: 15 inpatient beds, a minor injuries unit, out-patient clinics, day surgery, diagnostic facilities including x-ray and ultrasound, rehabilitation and a range of facilities. The group considered ideas and implications for the potential development of the services.

The integration of the community hospital with other services, staff and sectors was considered to be an important feature of the way that the hospital services are provided. The 9 types of integration considered were: primary care (GPs and staff); secondary care (Poole, Bournemouth and Dorchester hospitals); third sector (voluntary organisations such as Wayfinders, and private providers such as care homes); community services (district nurses, mental health services); social services (social workers as part of multi-disciplinary teams); patients (self referrals), health promotion (public health such as smoking cessation); community hospitals (Wareham) and the community (League of Friends volunteer support and promotion). This illustrates the need for a whole system approach when considering any changes, as there is an impact within the interlocking and interdependent services.

A SWOT analysis (strengths, weaknesses, opportunities, threats) was undertaken, to put a structure to the discussion on how to build on strengths, seize opportunities, address weaknesses and attend to threats. The report reflects the wider discussions on the complex issue of planning health and social care services for the future for Swanage and its neighbouring villages and for the Purbeck locality as a whole. The polarisation of views between the community and commissioners demonstrates that there is significant work to do on proposals and options in the coming year.

The discussions led to 10 action points being agreed. These concerned the need to promote the hospital by developing marketing and communication, and to further strengthen existing partnerships. The need to align to the commissioner's agenda and requirements was recognised, as well as the need to pursue closer working with GPs in their respective roles as providers of medical services, partners in the multidisciplinary teams, referral agents and commissioners. It was agreed that there needed to be a greater utilisation of data on activity, satisfaction, and outcome, and with this a move to be more explicit about what the hospital does well by identifying, valuing, measuring and building on good practice. All concerned talked of the benefits of continuing to research best practice nationally. It was considered helpful to quantify the community support as far as possible, such as numbers of volunteers, time spent and funds donated from the League of Friends. If required, it was suggested that the League of Friends consider surveying local residents on aspects of the service in order to add information to the planning process. It was also agreed that action should continue on exploring potential developments and innovations.

It is hoped that this community-led exercise reviewing the role, function and potential of Swanage Community Hospital, and the contribution that the hospital makes to the health and wellbeing of the population is considered to be a constructive contribution to the formal planning process to be announced by the Dorset commissioners in the New Year.

2. Context to the Commission

The League of Friends of Swanage Community Hospital has requested independent advice in developing a vision for Swanage Community Hospital. Local people have expressed their support for the hospital and its services, and want to contribute to the planning of health and care services for the future.

This study follows a commission in August 2012, when Helen Tucker was asked to prepare a formal response to a public consultation by NHS Dorset entitled "Making Purbeck Healthcare Fit for the Future." The local community were taken unawares by the options within the document and reacted strongly against the consultation process and the proposals. The options proposed the closure of the community hospital beds, the withdrawal of operations under general anaesthetic, and the transfer of the remaining community hospital services and facilities to a new polyclinic.

The League of Friends requested an independent view of the consultation process and an assessment of the implications of the proposals being put forward. The League of Friends also wanted some assistance with formulating their response to the consultation which included developing alternative proposals. The report by Helen Tucker, submitted in August 2012, challenged the process of consultation as being non-compliant with requirements for consultation in 15 areas, including failing "Lansley's Four Tests" and not incorporating a Gateway Review. The report rejected the two options being put forward for Swanage Community Hospital, and noted that the case for change for services at Swanage Community Hospital was not made. The findings of the report and its recommendations were fully endorsed by the League of Friends. The executive summary of this report is included in Appendix A.

A formal evaluation of the response from the Purbeck population to the consultation document has yet to be published, but it is understood that the views of local people will be taken into account when formulating new proposals.

One of the recommendations within the report to the League of Friends was to: "*Help develop a vision for Swanage Community Hospital that is based on key values and principles and which reflects the views, experiences and outcomes of patients, families, carers and the community."* It was suggested that this could be developed by the community, and ideally would be co-produced, working with providers and commissioners of health and social care services within the locality. This work could then contribute to a locality planning process, and be submitted within the Gateway review.

Dr Christian Verrinder, as Clinical Chair of the Purbeck Locality has written on the NHS Dorset website that: ***"****Our aim is to be able to give a full update in early 2013 along with comprehensive details of our next steps and how you can become involved. As part of our commitment to keep local people informed about progress, future updates will be published via local media and on the NHS Dorset website:* www.dorset.nhs.uk/getinvolved/purbeck.htm"

The League of Friends of Swanage Community Hospital discussed the report and recommendations at their Annual General Meeting in October 2012, and put to a vote a proposal to commission further work on developing a vision for the hospital and services. This was passed with overwhelming support by the meeting with 120 people attending, and therefore the League of Friends of Swanage Hospital recorded a mandate from the general public to proceed. The League of Friends commissioned a consultancy study in order to help start the process of developing a vision for Swanage Community Hospital. This is being viewed as a constructive exercise that would enable those concerned with their local hospital and health and care services to start the process of thinking about options for the future. It is hoped that the commissioners and their newly appointed management consultants who will be designing the process will develop a planning process that is systematic, comprehensive and transparent. It is hoped that there is a recognition of the principle that *"People have a right and a duty to participate individually and collectively in the planning and implementation of their health care"* (World Health Organisation Alma Ata 1978).

The League of Friends of Swanage Hospital is to be congratulated for keeping the issue of the community hospital and health and care services in the public eye, and for responding to requests within the community to be a channel for community views. A profile of the League of Friends committee shows the range of skills and experience offered, as well the considerable financial support from the League of Friends members and wider community.

Thank you to all those who agreed to be interviewed and those who took part in the discussion groups. In particular, thank you to Dorset Healthcare University NHS Foundation Trust which gave approval for managers and staff to be part of this study. And thank you to the GPs and practice manager who gave time to share their views.

3. Method

It was agreed that this commission would be carried out in an open and transparent way, and that all information would be shared. It was hoped that this would encourage open debate, and that the complex issues regarding appropriate health and care services for the future could be discussed. It is noted that in the previous commission the local community was vigorously campaigning against proposals for the closure of the hospital. In this commission, the local community is concerned with preparing to contribute to a planning exercise and therefore are hoping to work in a collaborative way with those responsible for designing future health and care services.

Task	**Involvement**
Identify current service and activity levels	Core Group
Develop values and principles	Core Group
Design features of a Vision	Core Group
Test out ideas, explore potential and discuss issues	Commissioners, providers and practitioners
Identify strengths weaknesses, opportunities & threats	Core Group
Discuss and refine a presentation capturing ideas	Core Group
Further develop ideas	Community representatives, carers, practitioners, managers of health and social services
Incorporate case studies	Staff
Group Discussions	League of Friends of Swanage Hospital Swanage Health Forum
Discuss draft report	League of Friends of Swanage Hospital

The method was designed to attract contributions from stakeholders including those who use the service, those who work in the service, those who support the service, those who refer to the service, those who manage the service and those who commission the service. Whilst it is not possible to seek the views of all interested parties within this commission, it is hoped that the range of interviews enabled a fair reflection of views from different perspectives (Appendix B).

It is important to record the scope of this commission in order to manage expectations. This is a high level strategy commission, and does not include more detailed work such as a feasibility study or business case. There are a number of practical issues concerning land, buildings, staffing, and finance which is beyond the scope of this commission. This study is described as “work in progress” as the shaping of the vision for the hospital and services will take further discussions within a wider context. However, this report does aim to capture a flavour of the many views and ideas that were expressed in individual interviews and group discussions.

This paper setting out a community view of a vision for health and care services and the role of Swanage Community Hospital will be shared with NHS Dorset and the Clinical Commissioning Group who are leading this process. It is hoped that the report would be used as a basis for contributing to the Gateway review and the work of the National Clinical Advisory Team (NCAT).

4. Current Services and Facilities

The Core Group developed a diagram which set out the key components of Swanage Community Hospital. The group stressed however that it was vital to appreciate how the services worked together, rather than view them as isolated entities. The development of care pathways has helped to illustrate the interrelationships and interdependencies (Appendix E).

The purpose of identifying the current range and level of service as well as utilisation was to make sure that there was a common understanding of all that the hospital had to offer. This was to be set out as a baseline, from which the planning for potential changes could be undertaken.

Swanage Community Hospital offers a service to residents of Swanage, Corfe Castle and surrounding areas. According to NHS Choices, the latest figures of patients registered with GPs in the Swanage Medical Practice was 11,805, and for Corfe Castle 1,812, making a total of 13,617. Of the estimated total population of Purbeck, it is understood that 40% live in Swanage and Corfe Castle. The hospital provides a service to people living throughout Purbeck. It is understood from discussions within Swanage Medical Practice that there is a high level of pathology within Swanage and an increasing population of older people. Therefore, any design of service provision would need to be matched to the defined need as part of a whole system of health and social care in the area.

The current services provided at the hospital are shown in the diagram below.

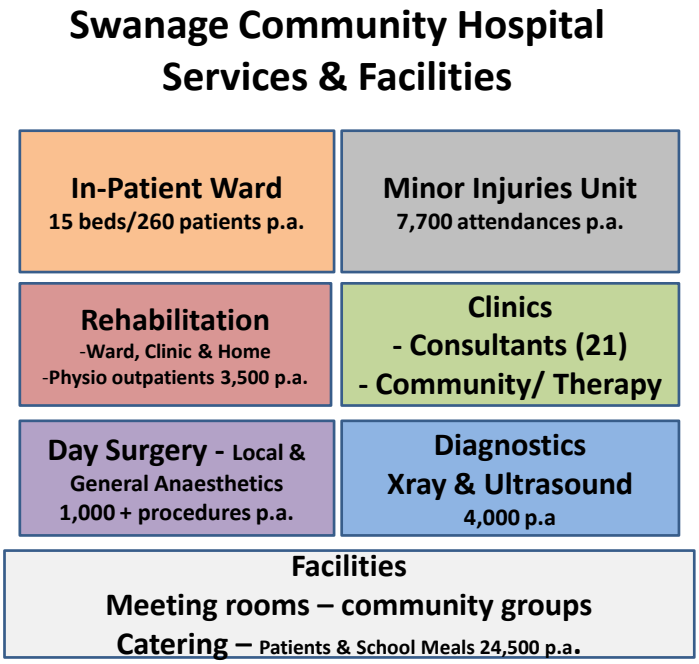

Diagram 1 Services and Facilities based at Swanage Community Hospital

In discussion, particular attention was paid to inpatient services and the operating theatre, as the inpatient beds and operations under general anaesthetic were the two specific services proposed for closure in the recent consultation. There was also discussion on the potential to enhance and extend ambulatory services such as clinics and services within the MIU. Therefore key points from these discussions on these services are presented below.

Inpatient Ward

Current Service

The inpatient facility is a 15 bedded ward known as the Stanley Purser Ward. The beds are configured as 3 single rooms, 2 x two bedded rooms and 2 x four bedded rooms. This configuration allows for patients to be isolated or to be in shared accommodation. The service is described as nurse-led and individualised, with input each weekday from Dr Lepper, GP from the Swanage Medical practice. There is a fortnightly consultant ward round. A multidisciplinary team (MDT) works together to plan, manage and deliver care, and this includes community hospital nursing staff, district nurses, social worker, physiotherapist, occupational therapist and dietician as well as the GP and Consultant. Staff in the MDT who were interviewed said that their level of understanding about their respective roles had increased with multidisciplinary working, and that they were better placed to anticipate need and develop appropriate integrated care plans.

Patients are referred either as step down from acute hospitals, or step up from home. Referrals may be made by GPs, District nurses, Community Matron, community team or Macmillan nurse.

The inpatient service offers rehabilitation for those patients who require a level of rehabilitation that they are unable to have at home, and also for those patients who are not able to be discharged. The service also offers palliative and terminal care, which for local people enables family and friends to visit and the care to be designed for the individual circumstance. Patients may be admitted for a review if they are confused or have had a fall. They may also be admitted for treatment of leg ulcers in those situations where they are slow to heal and require additional rehabilitation and nutrition.

Patients who require transfusions are able to be admitted to the ward for the day, and this averages 4-5 a month. Intravenous infusions are also offered on the ward. Other reasons for an inpatient stay may be related to the procedures or operations within the day surgery unit which require either pre-operative preparation (such as for bowel surgery), or post-operative support (such as for pain relief). This inpatient service is typically offered to patients who, due to individual circumstances, are considered appropriate for an overnight stay.

Last year 260 patients had an inpatient stay, with a range and type of case mix catered for.

Potential Service

There is a suggestion from commissioners, managers and staff that the proportion of “step up” beds, used for patients admitted directly from home, may be increased. The suggested ratio by commissioners is 80% step up, and 20% step down. The current proportions are currently being verified by the hospital staff. This shift would be in line with the national policy of helping to avoid admissions to acute hospitals whenever possible and appropriate. This would include patients with

diagnoses such as urinary tract infection, respiratory infection and cellulitis. Currently patients with these diagnoses are admitted directly to acute hospitals.

There is understood to be scope for admitting patients who are being discharged from an acute hospital earlier than is currently the case. This would need to be within a defined care pathway, and undertaken when the patient is stable.

There is a suggestion that there is the potential to offer more infusions, particularly if the staffing was adjusted accordingly. Some ideas were put forward for offering patients with complex conditions a multidisciplinary assessment and review on a day case basis on the ward.

Issues

It is noted that there is a high proportion of older people in the Purbeck area, and this will rise. There are challenges to supporting people in their own homes, as some people require care available on a 24 hour basis in order to maintain safety. The current lack of night care is considered to be a major concern.

It is noted that patients are admitted to the ward not only from Swanage and Corfe Castle, but also the surrounding areas. There are pressures to take patients from a Dorset-wide catchment when the hospitals are on red alert, and this is a particular problem in the Dorchester area where there are no community hospital beds.

It would be helpful to have more detailed costings on the cost of a community hospital bed in Swanage, as there was a perception from some of those interviewed that this was considered to be high, and possibly higher than a bed in an acute hospital. This was leading a number of those people interviewed to view the service as unaffordable. However, there was no access to any facts or figures on activity and cost on the community hospital beds, equivalent acute hospital beds, or an equivalent package of care in the community.

Suggestions

The closure of inpatient beds at Swanage Hospital was proposed by NHS Dorset in their consultation paper, “Making Purbeck Healthcare Fit for the Future.” This has raised concerns with many individuals and agencies concerned with health care in Swanage. The general public are witness to occasions when the acute hospitals are on red alert and the ward at Swanage Community Hospital is fully occupied. This raises questions about capacity, particularly with an increasing population.

There are also questions about how the beds are used. The Clinical Commissioning Group, through Dr Christian Verrinder, has commissioned Dr Mark Lepper and Dr Ann Marshall to carry out a bed audit of Swanage and Wareham hospitals with support from Jane Williams the Matron and staff concerned. It is understood that the audit will incorporate an assessment of case mix and appropriateness, with data on activity levels and cost. It is not clear what the precise remit and timescale for this work is, but it is hoped that the findings will inform a future planning process. In discussion we have talked about the vital importance of carrying out this audit in equivalent wards in acute hospitals, in order to gain an overview of the appropriateness of inpatient care – the right care in the right place. Earlier studies have demonstrated a “cascade” effect, which has shown that some

patients in acute hospitals could have been cared for in community hospitals, and some patients in community hospitals could have been cared for at home (Donald et al 2001). It is not possible to get a full picture of the whole system if only auditing community hospital beds.

Minor Injuries Unit

Current Service

The Minor Injuries Unit sees on average 7,000 patients a year, equivalent to nearly 20 patients a day. The MIU is open each week day from 8am to 10pm. On the Dorset Health care website the service is described as a nurse-led service, seeing patients with minor injuries such as lacerations, sprains, soft tissue injuries and simple fractures. Patients are seen with foreign bodies in eyes, foreign bodies in skin, head injuries, and bites from animals or insects. An x-ray service is available each weekday morning. The nurses in the unit also see patients with minor illnesses such as urinary tract infection, eye infection, and other wound or skin infections.

Potential Service

There is interest and support for the service to re-instate a previous role which was as an out of hours treatment centre. This was described by a number of people interviewed as a successful and efficient service with good integration between GP practices and the hospital. One of the major benefits was considered to be the continuity of care that could be offered. In addition, nursing staff could offer their expertise and skills, and also enhance their training.

Issues

There is some concern that the number of patients seen does not justify the service. There is however a recognition that the population in Swanage increases dramatically during the summer months estimated to reach over 30,000. It is also recognised that the A/E departments have capacity issues at times, and there is a logistical problem with transport and travel times particularly for urgent and unplanned care.

Suggestions

It is helpful to continue to audit and monitor the utilisation of the service, so that there is evidence of how the service is used. It is also important to ensure that the availability of the service, and the location of the hospital, is well advertised and signposted coming into Swanage and within the town.

Clinics

Current Service

There is a wide range of clinics held at Swanage hospital, both by Consultant medical staff and teams from acute hospitals (Appendix D). 21 consultants choose to hold their clinics at Swanage, with clinics including cardiology, general surgery, gynaecology, rheumatology, ophthalmology, elderly

care and urology. This service is highly appreciated by those interviewed in terms of being seen by a Consultant or Registrar, close to home without the time and cost of travel to Poole, Bournemouth or Dorchester.

Clinics are also held by practitioners, therapists and nurse practitioners who are community based, such as Parkinsons disease clinic, orthopaedics (by GP with Special Interest as well as physiotherapist), mental health services and audiology.

Potential Service

Suggestions for additional services include dermatology, gastroenterology and vascular clinics. There is also some interest in the community hospital developing its public health role more fully and holding clinics for health promotion and screening such as well women and well men clinics, family planning, bariatric care, and Falls clinic. There may be scope to offer a nurse-led ear suction service alongside the ENT clinic, and staff training is ongoing for this. Services that were previously available were suggested as a possibility for reinstatement, and these included the continence clinic and the kidney dialysis service. Other community hospitals offer training to the community, such as "First Aid for Grandparents", Sports First Aid and others and this helps with income generation as well as sharing knowledge on unplanned and urgent care http://www.wellshospital.org.uk/first_aid_training/.

Issues

The collaboration and cooperation needed when planning the cardiology clinic provided a useful template for how an integrated approach between commissioners and providers can result in a redesign of services so that they are more accessible. It is understood that a similar approach is being used for planning a respiratory clinic at Swanage hospital, so that pulmonary rehabilitation and other services that are needed locally may be offered.

Suggestions

It is understood that pursuing the options of additional clinics takes time and careful negotiation. There are complex contractual issues, as well as implications such as equipment and staffing, as well as space. However, there is interest in enhancing and expanding the outpatient service with community support. This would be in line with the policy to provide as many service close to home as possible, and take the pressure off the acute hospitals as far as possible.

Day Surgery

Current Service

Currently the staff in theatre perform around 1000 procedures a year. Specialties include endoscopy, dental, dermatology, general surgery, minor skin cancer operations and gynaecology. The GPs also do a minor ops list. Other procedures routinely carried out include a bi-monthly change of a supra-pubic catheter for a patient with disabilities, and podiatry procedures.

The proportion of general anaesthetic (GA) procedures to local anaesthetic (LA) procedures is 30% GA to 70% LA. Of the GAs performed from January to August 2012, 60% were dental. The procedures carried out in the theatre are within the ASA (American Society of Anaesthesia) levels 1 & 2 and exclude level 3 & 4. There is some flexibility in the theatre lists, which can be re-assigned according to the number of referrals and waiting times.

Potential Service

There are already a number of endoscopies undertaken, and there is interest in increasing this. It is understood that there is a Government initiative to carry out more screening for bowel cancer, and that this would require accreditation with JAG (Joint Advisory Group on gastrointestinal endoscopy). It is understood that more complex skin cancer operations could be offered. There is a potential to carry out colonoscopies for investigating conditions such as inflammatory bowel disease.

Issues

It is understood that the latest risk assessment on the operating theatre has shown compliance, and therefore standards are being adhered to. Training and updating needs are being attended to.

Facilities

Current Service

The hospital offers community space, such as rooms for meetings for community groups. The hospital also provides school meals for a local school. It is understood that 1,500 meals were supplied in a two month period. This service improves the links between the hospital and the school.

Potential Service

The catering service could be extended to others within the community such as schools and meals-on-wheels for newly discharged patients. The catering service has a high reputation locally, and has been recognised for its quality in a recent debate in the House of Commons by the local MP, Richard Drax. Other ideas are for the community hospital to perform a role as a community “hub” with a community cafe, possibly offering apprenticeships to individuals with disabilities.

5. Integration

"Improving integration was a key theme of the Government's Health and Social Care Act and the Care and Support White Paper published last summer. Let me be clear on what integration means. Not just joining up health and social care, but looking more broadly at the role housing and communities play in keeping people independent and healthy."
Jeremy Hunt MP Secretary of State for Health

The core group developed this diagram in order to visualise the interrelationships the hospital has. There was a view that it was helpful to demonstrate the range and type of relationships, and the way that services, staff and sectors are interdependent. There was also a view that there was scope to further the level of integration. A matrix showing three levels of integration is often used to measure how closely services work together, and these are described as "linkage, coordination and integration" (Leutz 1999). Essentially linkage describes shared knowledge on what each other is providing, coordination suggests joint planning, and integration describes shared provision and resources. Most of the relationships described were linking or coordinating, so there is scope to develop these to integration where appropriate. The author of the matrix also stressed that integration needed to be local, in order to have meaningful working relationships (Leutz 2005).

The diagram has also been developed to help inform future discussions on potential changes and their implications. It is clear that an impact assessment would need to be undertaken, in order to model, measure and manage the impact of change across interdependent services.

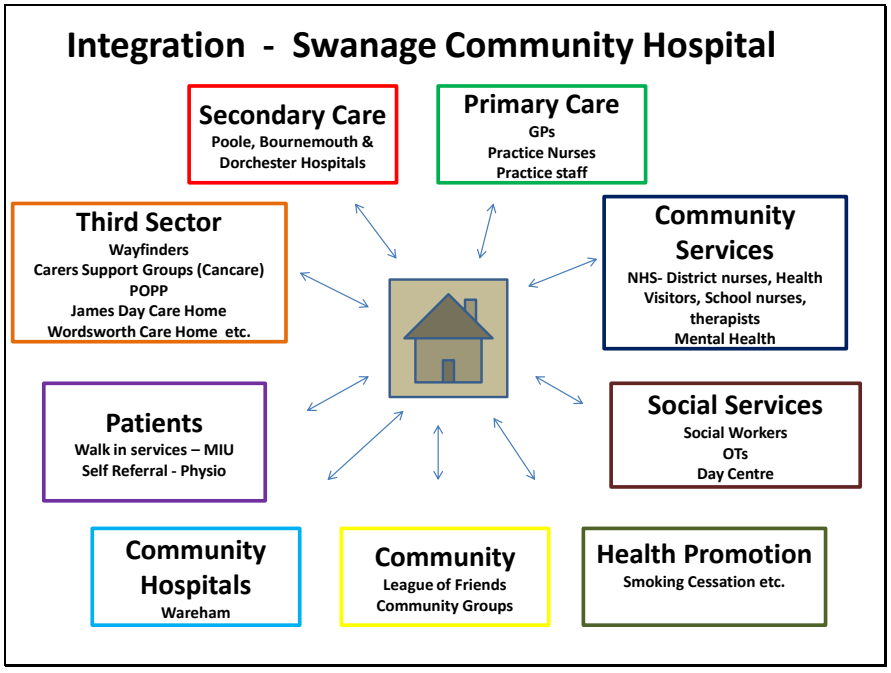

Diagram 2: Integration in Swanage Community Hospital

A flavour of some of the discussions on the relationships and reciprocal agreements is summarised below.

Secondary Care

The relationship with secondary care services are particularly featured in services such as the community beds taking patients discharged from acute hospitals, consultant input on the ward, in clinics being held by consultants from the acute hospitals, and also in the work of the operating theatre. Further work on care pathways, illustrating the role of the community hospital, may help to further strengthen these relationships.

Primary Care

There has been a tradition of close working between the GP practices and the hospital. It is recognised that any discussion on potential enhancements or developments in either the hospital or the practice need to be undertaken jointly. It is recognised that the Swanage surgery has a particular challenge with regard to the environment and space. It is also understood that there have been reciprocal arrangements when nursing resources have been under pressure.

Community Services

The links between the hospital and community-based staff were particularly strong when managed under the matron of the hospital, and resources and skills deployed flexibly. The matron now manages two community hospitals. District nurses are based at the GP surgery in Swanage, and are part of the MDT at the hospital.

Social Services

Social services aims to provide a link social worker to each GP practice, and also provides this for the community hospital. It is understood that the social work teams and home care staff are under considerable pressure in the area, and this is typically measured by the number of safeguarding referrals. Proposals that increase the level of home care support would need to be carefully developed, resourced and tested in order to ensure that it is feasible and practical to increase the level of support, particularly if this is to be over a 24 hour period.

Community

The Community supports the hospital through volunteering, promoting the hospital and sharing information on quality and building its reputation, as well as providing financial support. The League of Friends has donated an average of over £100,000 a year (Appendix C). The funds have been used for staff training, equipment, furnishings and buildings. There is integration with the community through links with the schools, clergy, and community groups.

Community Hospitals

The level of integration between community hospitals has been increasing as more community hospital and community-based staff work across Purbeck, incorporating Swanage and Wareham community hospitals. This provides an opportunity to share good practice, as well as utilise staff flexibly across Purbeck.

Third Sector

Gainsborough Care Home (previously James Day Care Home) is being renovated by Agincare http://www.agincare-homes.com/richard-drax-opens-gainsborough-care-home. It will offer 45 residential places including for people with dementia. There are plans to make the care home a community hub, providing home care and meal delivery services. The hospital staff and League of Friends have been following with interest this development and there are ongoing discussions on how this service will complement existing services and provide much needed services for the community overall.

Conclusion

The hospital staff will be populating this diagram, and identifying the many relationships that they have developed in order to provide a full service to patients. Included in the list will be the ambulance service, volunteer transport, community pharmacists and others.

6. Statement of Purpose and Values

The Core Group developed the following statement of purpose as a way of encapsulating the main focus for the hospital as far as possible. It is offered as a contribution to the work of defining the role, function and potential of the community hospital.

Swanage Community Hospital
Statement of Purpose

Swanage Community Hospital offers care of exceptional quality in a safe environment. The long tradition of healing and care is highly valued by local people, and the hospital is considered to be part of the social fabric of the community. Each patient is treated as an individual with respect and dignity by friendly and professional staff. This small local hospital is vibrant, innovative and forward-thinking, offering a wide range of services through its many partnerships across health and social care.

Values and Principles

The Core Group agreed priority values and principles, which may be used as guides when considering any changes or developments to the hospital. Any change may be measured against its compliance with values such as accessibility and offering an integrated service. It is accepted that not all changes or developments will be fully compliant, but the structure provides an opportunity to measure proposals against what the local community believe is important to them.

- Exceptional Quality
- Integration
- Continuity
- Accessibility
- Person-Centred
- Community-Focused

Exceptional Quality

In interviews, one of the most frequently referred to comment about the hospital service was of its high quality, which was described as exceptional. Feedback from patients on the NHS Choices website http://www.nhs.uk/Services/hospitals/Overview/DefaultView.aspx?id=30073 includes comments such as:

"Amazing levels of care. All NHS hospitals should strive to be like this one."

"The levels of care were unprecedented, nothing was too much trouble for the staff. I have never come across such a high standard of care at any other hospital especially at such a hard time for our family. A huge thank you from all our family for your care not only towards (the patient) but also to us."

"A warm and reassuring approach and excellent professional treatment."

"My husband received very good treatment by an experienced nurse when he was not able to be seen by a nurse at the health centre."

"I was treated exceptionally well."

The high quality of the service was also a factor stressed by practitioners and staff.

Integration

The diagram of integration and relationships illustrates how embedded the community hospital is within the whole system of health and social care. There is always scope to improve the level of integration, and this is being carefully considered. Integrated Care is a national priority for the NHS, and the outcome of a two year pilot programme on integrated care concluded that: *"Greater integration of health care has led to improved care processes, more satisfied staff and reduced use of (acute) hospitals"* (Ernst & Young et al 2012).

Continuity

Patients have said that they value the continuity of care, not only with their local GPs, but also with the hospital and community staff. The familiarity with the patient and their circumstances provides some relief to vulnerable patients, particularly with those who have complex and long-term conditions who are regular users of the service.

Accessibility

Patients often describe the value of having an accessible service. This is often used to describe a service whereby they are able to attend the minor injuries unit within a relatively short period of time, and the waiting time is less than in the large A/Es. Patients also describe the access in respect of attending clinics and surgery. The benefit of being close to family and friends is often stressed, as this makes visiting patients who are on the wards more manageable. Access is also described within the hospital, as the domestic size and scale means that getting to services is not as daunting as it is in the larger hospitals. For patients with limited mobility this is an important consideration. The location of the hospital up the hill out of town has been referred to as less than ideal, and it is noted that car parking can be an issue at busy times.

Person-Centred

The groups talked of the way that patients are treated as individuals and holistically, taking account of their health needs and also their social circumstances and their lifestyle wishes. Patients speak of the care and compassion shown by hospital staff from the moment that they walk into the hospital. Patients also know that if they are admitted to the ward they are not likely to be moved around the hospital, unlike in the acute hospital where they may change wards during their inpatient stay.

Community-Focused

The hospital staff are aware of their accountability to the community as a public service, and the importance of working with the community. It is clear that there is a reciprocal relationship, whereby the community hospital staff "go the extra mile" to support the health and wellbeing of the community, and the community contributes to the work of the hospital.

Compliance with Values

A number of case studies have been offered by staff to illustrate how the service impacts on individual patients and their families (Appendix F). These demonstrate how the service can be considered as complying with these values and principles in a number of ways, whilst there is always scope for continual improvement.

7. SWOT Analysis – Strengths, Weaknesses, Opportunities and Threats

It was thought to be helpful to structure the debate about the future of the hospital by identifying some of its strengths, weaknesses, opportunities and threats. The list was created by the groups in discussion.

Strengths

- Integrated services
- Quality of Care
- Support from clinicians & practitioners
- Community support – volunteers, funding for equipment, training etc.
- Safe
- Trusted
- Friendly
- Serving a natural community
- Able to recruit & retain staff

Weaknesses

- Location - up the hill from the town centre
- Building – age & design
- Purbeck-centred planning
- Lack of data on activity
- Lack of evidence on outcomes
- GPs & hospital not working closely enough together

Opportunities

- Extend services – more clinics, theatre lists etc based on GP referrals
- Optimise use of beds – increase step up
- Enhance MIU to be an Out-Of-Hours Treatment Centre
- Offer accommodation for District Nurses at the hospital to provide co-location and further integration
- Extend training to community & third sector
- Explore the potential for development – land & buildings
- Further develop integrated working

Threats

- Commissioners have a Purbeck-wide perspective rather than a community focus
- Commissioners view vocal support for Swanage negatively
- Clinic and theatre lists often full, so local patients cannot always be seen
- Contractual system
- Building not yet on Heritage Asset list
- GPs need larger premises (both opportunity & threat)

The groups considered what action needed to be taken to build on the strengths, address weaknesses, seize opportunities and attend to threats. The list represents the key points made most frequently.

8. Issues and Options

Issues Arising from Discussion

The SWOT analysis helped to focus the discussion on the different perspectives of the role of the hospital. This was summarised as whether the community hospital was considered an asset or a liability.

Nationally there has been a debate about whether community hospitals function primarily as satellites of a District General Hospital (DGH), or as an extension of primary care.

Community hospitals provide a considerable level of outreach services that would otherwise be carried out in an acute hospital, such as Consultant outreach clinics, operating theatre procedures and a high proportion of "step down beds" for patients being discharged from acute hospitals. Alternatively community hospitals can be viewed as an extension of primary care, providing services for local GPs as an extension of their practice. These services are primarily nurse-led, GP-led or therapy-led, and typically by staff working in a multidisciplinary team. These include community beds with a high proportion of "step up beds" for patients being admitted by their GPs from home, rehabilitation, diagnostics and minor injuries.

In practice, the differences are not so distinct. GPs may carry out minor procedures in the operating theatre and GPs with a special interest hold clinics. A minor injuries unit may be supported by Consultant medical staff from acute hospitals through training and telehealth. Whilst some community hospitals have a focus towards primary care, others are more focused on secondary care, according to context and local circumstances. In discussion on the main focus for Swanage Community Hospital, the overriding view was that the service offered was both acute and primary care facing. It was concluded that neither was dominating, but that it was helpful to have an awareness of significant and principal relationships for the future.

The perspective of the commissioners was put forward in the consultation document. The consultation process led to a polarisation of views.

In summary my interpretation of the commissioners' view is that they wish to invest in more home-based and community-based services within Purbeck, and have identified the budget for the inpatient ward at Swanage hospital as a source of income for investing in community teams. There is a recognition that the primary care facilities in Swanage Medical Practice are no longer adequate in terms of design and space, and therefore a re-provision of this service is urgently required. If considering a new health building within Swanage, there is a logic to incorporating some of the ambulatory care services from the hospital within the GP practice as a "polyclinic." This would enable co-location of staff and services and would result in the closure of the existing hospital building. The community beds would be re-provided in a new community hospital in Wareham, and also commissioned in local care homes. There is a view that the strong public reaction in Swanage and neighbouring areas against the proposals are based on affection for Swanage Community Hospital as a building, which is an emotional attachment to a facility that will not be appropriate for modern healthcare in the future. There is concern that the community voice is very vocal in Swanage, and that this is not matched by the rest of Purbeck.

The views expressed by local people concern the high quality of the service, and the confidence and trust they have in the staff and services which has built up over many years. This is something that the NHS aspires to. There is a concern that there is a lack of appreciation by those putting forward proposals for closure of the impact of the service on the population as a whole. There is also concern at the practical implications of closure, in respect of travel arrangements and cost, particularly given the geographical isolation of Swanage and the difficulties of access using one single road in the busy summer months. There are concerns about the feasibility of reinvesting health care funds into home care staff and community teams, given the difficulty of recruiting such staff in the area already. There are genuine fears about patient safety.

There are also reservations about the quality of care in nursing homes. The community wishes to be actively engaged in the planning processes, and in particular to consider options and implications. This commitment in terms of time, energy and skills may be viewed as a positive contribution, recognising that local people have a right and a duty to be involved individually or collectively in the planning of their health and social care.

Discussions centred on whether to take a Purbeck-focused approach to planning health and social care, or whether to recognise Swanage and neighbouring villages as a local natural cohesive community. There were discussions on the pros and cons of a new building or utilising the existing building and adjacent land. Further discussion is needed on these and many other areas of differences. In interviews, a number of statements were made that were presented as fundamental principles from which all options needed to be considered. An example of this concerned the high cost of a community bed in Swanage hospital which was quoted as three times higher than an acute bed. Another was that there were very few operations undertaken using general anaesthetics. It will be essential that future debate is fully informed by evidence, and that information is shared.

There is considerable debate about the implementation of the policy of providing care closer to home, and the ways in which capacity within the community can be increased in order to support patients outside of acute hospitals. Whilst in some areas the funding is being directed from acute services, in others the investment needed for developing integrated community teams and home care services is being taken from community hospital funding, creating a significant gap in provision. Iona Heath, President of the Royal College of General Practitioners, discusses this in a powerful article for the British Medical Journal (BMJ) and concludes that: *"The gap between hospital and home is unsustainable, and for the sake of our frailest and most vulnerable patients it must be closed. The rebirth of local community hospitals has the potential to provide a constructive, compassionate, and even cost effective means of doing this"* (Heath 2012).

9. Vision for Swanage Community Hospital

When stakeholders were asked to describe their vision for the hospital, many responded with a request for "more of the same." Many of those who contributed described current services that they value, and talked about extensions or enhancements of these. Therefore the vision for the hospital was not so much for a radical change, but more for an evolutionary development. The level of satisfaction with the service and staff was generally very high, and the need to value and promote the service was often stressed. Therefore the vision that has been developed for the hospital is in the form of observations and quotes from those who contributed to the study, and these collectively present aspirations of how the hospital and services may be in the future. Overall, the comments described the hospital as functioning as a "local community hub" which serves as a resource for the whole community in promoting health and wellbeing, as well as providing integrated health and social care services.

The comments have been made form a variety of "voices" and have been grouped under the six values that the groups identified, namely:

- Exceptional quality
- Integration
- Continuity
- Accessibility
- Person-centred care
- Community-focused.

- **Exceptional Quality**

The vision for the hospital is one in which the hospital is recognised, accredited and valued for its very high standard of care and support.

"I believe that the ethos and culture of the hospital is felt from the moment you walk in the door, as there is a sense of being welcomed and being nurtured. It is so reassuring to be greeted by the friendly faces of familiar local staff."

"The environment at the hospital appears to be clean, safe, ordered and of a high standard. The furnishing, fittings and equipment are up to date, and this is due in part from the community support such as through the League of Friends. This helps to maintain the feel of a service of an exceptional quality in terms of the environment and care. This needs to be continued and further developed so that standards are maintained."

"Staff are generally enthusiastic and proud of their service. Staff talk of additional training they receive, and conferences they attend so that they are able to keep up to date with standards and good practice and the latest developments. The League of Friends add to the NHS training budget so that staff are able to update their skills, and take on additional services if required. This may be further reviewed, to ensure that all opportunities for staff to provide the best of services are taken."

"I would hope that the hospital promotes its compliance with national standards and independent assessments, so that certificates of achievements, accreditations and awards are there for all to see. This will help to continue to build confidence in the service. Individual recognition and praise for staff who provide an exceptional service would also be appreciated."

- **Integration**

The vision for the hospital is for the hospital to be embedded within the community and the whole health and social care system.

"I know that the service is designed to minimise the number of separate appointments that patients have. An example is this is the existing facility to go to a urology clinic in the morning and have the investigatory procedure in theatre on the same day. The idea of a "one stop shop" is attractive, particularly for those patients with long-term conditions and high care needs. There is an increase in the number of diabetics registered according to the Swanage Medical Practice, and these patients require regular monitoring. The idea of a one stop clinic for these patients would enable them to see the doctor and also have their eyes and feet checked, as well as talk to a dietitian if needed."

"I understand that there is good joint working between the community hospital and the acute hospitals, and could this be further supported through technology? Other hospitals utilise telemedicine and telehealth to enable staff working in the community hospitals to link up with specialist colleagues in order to seek advice, receive training, or share information on patients."

"Could technology also be used to enable the community hospital staff to monitor patients within their own home who are being assessed or who have been recently discharged. Would it be possible to have telelinks for monitoring blood pressure, oxygen saturation levels or ECG? Patient may feel reassured that they can contact local staff on the ward if they are concerned, and any difficulties may be attended to as an early intervention rather than as a crisis."

- **Continuity of Care**

The vision for the hospital is for the patients to be aware of and benefit from a continuity of care through the staff supporting them and information shared.

"I know patients really value being cared for by the same member of staff, such as the same physiotherapist in the hospital supporting them when they go home. And of course patients appreciate their GP practice supporting them if they are admitted to the ward. A great benefit of the continuity of care from the practice is that they already know the patients, their social circumstances and their medication regime. It would be wonderful if there was one matron for the hospital and she managed the community hospital staff as well as the community staff. There would be more scope for staff following patients through their episode of care. It would also be fantastic if technology could help support this, through clinical and social care data systems that were accessible."

"I appreciate the fact that staff at the hospital stay for a long time, which provides great continuity for patients. One of the sisters has just retired after 33 years. There is a high degree of loyalty to the service. My vision for the hospital is that success story, in terms of successful recruitment and retention of staff, continues for many years to come."

- **Accessibility**

The vision for the hospital is to ensure that the service is readily accessible to the whole community of Swanage, Corfe Castle and neighbouring villages.

"I would like ready access to information about what the hospital is about and what is has to offer. This might be a leaflet, its own website, or newsletters. I want to make the most of my local hospital and if I know what is provided I can prompt my GP for a local referral if I need any of the services for myself or my family."

"It would be helpful if the hospital was well signposted as you come into Swanage, as visitors may not know where to go. This is particularly important for minor injuries when anxious visitors may want to be assessed quickly."

"I really appreciate the easy access to the hospital, as it is so much more convenient than going to Poole. I know that there is a volunteer car donated by the League of Friends. How about a regular shuttle bus from the town to the hospital, to make it even easier to get to?"

"How about extending the hospital, so that even more services and facilities could be offered? There are additional clinics that could be provided locally such as the respiratory clinic currently being negotiated. There are also lots of ideas about additional operations and procedures that could be carried out, including screening and investigations."

"People in the community often talk of the value of having a minor injuries unit so close and available during the day and evenings. Some remember when the MIU also was an out of hours treatment centre. Could this be reinstated, so that as much can be done within Swanage for the local community and people in the neighbouring villages as possible?"

"I know of patients who require regular infusions and transfusions. Could the hospital provide more of these, so that patients who require chemotherapy or blood transfusions can come to the hospital? And what about reinstating the kidney dialysis service for local patients and holiday makers?"

- **Person-Centred Care**

The vision for the hospital is that it continues to provide care that is tailored to the needs and wishes of individuals and families.

"I think that the way that the staff look after each individual patient is commendable. I heard about the elderly gentleman who was very frail and in a poor state, who had spent the day in one of the busy acute hospitals with nothing to eat or drink. On arriving at the hospital he was asked what he fancied to eat. He asked for scrambled eggs and a cup of tea, and within minutes there was the enticing smell of the eggs being cooked for him. He was considerably better that evening, and was generally less anxious and more relaxed. I think we cannot underestimate the importance of nutrition and fluid intake as well as the overall holistic care of our patients. This must continue to be promoted."

"I would like to see each patient whose needs are such that they have a care plan having the reassurance of having a key worker who supports them through stays in hospital, attendance at clinics and day care, and also at home."

"The hospital already provides clinics for people with mental health needs, and this could be further extended. The hospital may be seen as a facility that caters for all ages and all conditions, and offers a friendly and familiar environment that is not stigmatising."

- **Community Focus**

The vision for the hospital is that its role as a community hub is further developed.

"It would be nice if there was evidence of the hospitals involvement with the community within the reception area, such as local artwork, projects by schoolchildren, and more information on local groups concerned with the wellbeing of the community. This would show how connected the hospital is with its community."

"It would be excellent if there was a large meeting and training room, with resources for staff and the community such as books and internet access on health education. Self help groups could meet there, and talks could be given by hospital and community staff. Other hospitals offer first aid training and support for carers, which may be a way of supporting local people, preventing accidents and generating income."

How about a reception area with a cafe, where patients, visitors, families and staff can have a snack, and meet in a communal area? This works well in a number of community hospitals, and it provides a community focus. I would like to see an opportunity for apprenticeships within the hospital particularly for people with a learning disability, and such a venture might be ideal for this."

"I think there is more scope for working with the local schools. Suggestions that have been made include nurses going into schools and giving talks on topics such as handwashing. This is an excellent way to spread the word to children and their parents. Intergenerational projects with patients may also be a way of increasing understanding, such as through life stories generated by children by talking to older people."

“The hospital kitchen cooks for the school children each day, and I heard that the school grows its own vegetables and brings them in to be cooked. This sounds like an excellent cooperation and promoting healthy eating.”

“Could the hospital be doing even more on health promotion and healthy living? Could it also be a base for a range of welfare and social care services, such as the Citizens Advice Bureau? Other community hospitals have signed up to be ’Health Promoting Hospitals’ which is a European programme, and this may suit the role that the hospital could play more fully in the future.”

“I would like to be able to walk into the hospital and be able to easily identify the volunteers who support the hospital. Perhaps there could be more volunteer input?”

“I know that Swanage is growing, with an increase in housing, schoolchildren, and businesses. I also know that the anticipated number of older people will rise. I have heard that there is a high number of people with long-term conditions in the area. My vision is that the hospital continues to design its services around the changing needs of the population, and works closely with the town council and Local Authority to ensure that changes are anticipated and services developed accordingly.”

Conclusion

There is a vision that the hospital expands and develops, offering more services in the future and enables more people to be treated away from acute hospitals. This aspiration to increase the capacity of community-based services and to fully integrate services is aligned to national policy and is being vigorously pursued in other areas. Work on developing the vision is ongoing, and ideas and suggestions are being welcomed by the core group as it continues its deliberations.

10.Suggested Action

Action points were discussed within the Core Group, League of Friends and Health Forum and are directed to the Community, League of Friends and hospital staff working together.

1. **Promote the hospital: marketing and communication**

The Swanage Health Forum proposed the creation of a leaflet which would summarise the role of the hospital, its statement of purpose, list of services and contact details. Health and care facilities typically provide information on their services in leaflet form, such as the Gainsborough Care Home, the Swanage Medical Practice, and other community hospitals nationally. The matron has already started work on preparing a leaflet as part of enhancing the communication systems.

2. **Strengthen partnerships**

The range and type of integration is impressive, and those interviewed spoke of examples where this works very well and also how this might be improved. Developing integrated care pathways with all organisations involved with care is a way of providing a more explicit basis for cooperation and integration.

3. **Align to Commissioners' agenda and requirements**

The commissioning bodies of NHS Dorset and the Clinical Commissioning Group are determining their strategies and aligning these to national policies and requirements. The shift to more care in people's home, an increase in community capacity for health and social care, and more support for self-care and empowerment for patients are among the drivers for change. The role of the community hospital and services in supporting the shift away from acute hospitals can be further explored as part of a whole system approach.

4. **Pursue closer working with GPs**

There has been a history of close working between the practice and the hospital, and a tradition of sharing resources and services. Changes in funding streams and systems have made this more of a challenge in recent years. Many of the service developments being considered require a community focus from primary care, community health services and social care working in an integrated way. There are very real problems and challenges for the Swanage Medical Practice, particularly concerning the building and environment.

5. **Utilise data on activity, satisfaction, outcome and finance**

Within the NHS there is a lack of data on activity, satisfaction, outcome and finance specific to community hospitals, due in part to the complexity of contractual arrangements of the variety of providers basing their services within the hospital. It is therefore a challenge to coordinate all of the statistics for all services that take place in the community hospital. It is however vital that there is an evidence base to the discussion that is needed on the future of the hospital.

6. **Identify, value, measure and build on good practice**

There are examples of high quality services, care and compassion and these are not always identified and recognised. In doing so, there is a potential to share good practice, improve the confidence in the service, and build on this further. Applying for local, county-wide and national awards and accreditations may help provide an independent assessment of the service.

7. **Continue to research best practice nationally**

There is a concerted effort by managers, staff and the community to ensure that staff are offered training, attendance at conferences, and access to resources to enable them to be aware of best practice nationally. This can be usefully reported, shared and built on.

8. **Quantify community support, including volunteers and funds from League of Friends**

The League of Friends of Swanage Hospital contributes over £100,000 a year on average, and supports the hospital through volunteers and promotion. When carrying out an assessment of the cost benefit of developing or closing the hospital, the community contribution should be a factor to be taken into account.

9. **Consider surveying local residents on aspects of service**

The NHS supports giving local communities a voice, and there may be specific elements in the future planning process that require views and contributions from the community. It is not unusual for a League of Hospital Friends to undertake such surveys – street surveys, door-to-door, postal and online. The networks of the Leagues within their communities enable a high response rate and can generate a full discussion.

10. **Explore potential developments and innovations**

The League of Friends of Swanage Hospital has already taken an initiative to commission a local architect to explore the feasibility of further developing the hospital and utilising surrounding land and buildings. A more systematic, transparent, and comprehensive planning process by commissioners should lead to the development of a specification for services for a combination of primary care, community hospital services, community health services and social care services. It is then that the practical implications may be considered.

11.Outcome of the Report

This report sets out many of the ideas, issues and initiatives that were shared in individual interviews and focus groups as part of this process for developing a vision for Swanage Community Hospital and health and social care services. The League of Friends and the local community are preparing to make a constructive contribution to the debate on the future of local health and social care for the local population, and have given a considerable amount of time and energy to considering local health issues and challenges.

It is hoped that the process encouraged open debate on potential options and possibilities, as well as the challenges and difficulties. There was not a consensus of views. There was a contrast between the views of commissioners, GPs and some senior managers with those of local people and those working in the hospital.

It is hoped that there will be a collaboration between stakeholders in the next stage of the planning exercise so that there is a way of working jointly to prepare for the future.

This report is in the style of “work in progress” in recognition of the continuing debate that needs to be held on the future of health and social care in Purbeck, and specifically Swanage and surrounding areas.

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Appendix A Executive Summary of Report on NHS Dorset Consultation

*"People have a right and a duty to participate individually and collectively in the planning and implementation of their health care."*World Health Organisation Alma Ata 1978

The League of Friends of Swanage Community Hospital is concerned for the future of health and social care services in the community. NHS Dorset is consulting on two options for local services, both of which would result in the closure of Swanage Community Hospital and a loss of services. The proposals are for a Polyclinic, combining GP services and ambulatory care services. Community hospital inpatient beds would be lost, as would the ability to offer operations under general anaesthetic to the local population.

As these proposals represent a substantial change in health services, NHS Dorset is required to consult with the Health Overview Committee of Dorset County Council as well as with patients and the general public. The NHS Dorset consultation process covers the Purbeck Locality and is in two phases. The first phase invited responses on two options. In response to the lack of support for these options, this phase has been extended to enable people to submit alternative proposals.

The League of Friends has commissioned this study with a brief to comment on the consultation process within the extension period, and provide the basis for a response from the League of Friends to NHS Dorset.

This study has involved a critical appraisal of documents, meeting and interviewing local people and stakeholders, listening to views, visiting the hospital, and discussing the issues with Swanage League of Friends and staff in NHS Dorset. Case studies have been used to illustrate how other community hospitals have developed and how communities have influenced their development. A review of the literature has also been undertaken to illustrate the evidence for developing community hospital services and the benefits of community engagement.

In analysing the requirements and best practice for public consultation, I have found that the process does not meet many of the key requirements. I have identified 15 limitations within the process and in particular a lack of engagement, inadequate supporting information and failure to make the case for change.

This study makes 12 recommendations. The main recommendation is that The League of Friends of Swanage Hospital challenges the legitimacy of the consultation exercise undertaken by NHS Dorset. The study recommends that the proposed Phase 2 of the process is replaced with a Locality Planning exercise whereby patients and the public can engage in planning their health care. This would represent a constructive way of carrying out an informed debate on the future configuration of health and social care services for the community. This would include both commissioners and providers of health and social care services in the co-production of a locality plan. This would provide a mechanism for developing a vision for integrated health and social care services in which Swanage Community Hospital services could continue to play a valued part.

Appendix B Individual Interviews and Group Discussions

League of Friends Core Group	
Jan Turnbull	Chair League of Friends of Swanage Hospital
Davina Smith	Patient Participation Group, Swanage Medical Practice
Dr Tim Morris	Retired GP
Community Representatives	
Cindy Harris	Town Councillor & Emergency Care Assistant
Sandra Rhead	Chair of Swanage carers
Mo Andrews	POPPs, Wayfinders and Senior Forum committee
Vicky Fooks	Cancare
Bill Trite	Mayor & Member of Dorset Health Scrutiny Committee
Ali Patrick	Town and District Councillor on the Health & Wellbeing Board:
Guy Patterson	Public Governor Dorset Healthcare Trust
Dorset Healthcare Trust	
Sally O'Donnell	Deputy Director for Community Services Dorset HealthCare University NHS Foundation Trust
Jane Williams	Matron Swanage Community Hospital (& Wareham Hospital)
Pat Cooper	Hospital Services Manager
Nicki Acres	Administration Manager
Caro Morris	Out Patient Sister
Judy Ford	Senior Sister Day Surgery Unit
Teresa Karlowski	Associate Specialist
NHS Dorset	
Maggie Hardy	Purbeck Locality Commissioning Manager
Dr Christian Verrinder	GP & Purbeck Locality Chair, CCG
Keith Williams	NHS Dorset Communications
Purbeck Managers	
Alison Tallant	Purbeck Locality Manager – District Nurse lead
Stuart Gallagher	Dorset County Council's Social Services Locality Manager for Purbeck.
Primary Care	
Phil Dowding	Swanage Medical Practice Practice Manager
Natasha Ritchie	Swanage Medical Practice Deputy Practice Manager
Dr Claire Hombersley	Swanage Medical Practice GP
Dr Jason Clark	Swanage Medical Practice GP
Dr Mark Lepper	Swanage Medical Practice GP
Groups	
Group	Multidisciplinary Team at Swanage CH
Group	*League of Friends
Group	**Swanage Health Forum

**The League of Friends of Swanage Hospital has 928 members currently.*
***Included representatives from the Clergy, Town Council, Corfe Parish Council, Senior Forum, Stroke Association, Cancare, Carers, POPPs, Wayfinders and others*

Appendix C League of Friends of Swanage Hospital

The League of Friends has 928 members currently. Members of the committee come from a variety of backgrounds, such as clinical, financial, and services. The committee profile is shown below.

Position	Name	Profession	Status
Chair	Jan Turnbull	School Bursar	Retired
Treasurer	Terry Buck	Head of Maths	Retired
Secretary	Pat Cooper	Service Manager for Swanage Community Hospital	
Committee:	Tony Clark	Banker	Retired
	Mike Davis	Royal Air Force Officer	Retired
	Dorothy Felton	Matron Swanage Community Hospital	Retired
	Dr Mike Jenkins	Consultant Physician (North London)	Retired
	Dr Tim Morris	GP (Swanage)	Retired
	Gerry Norris	Legal Secretary	
	Mike Ranger	Vet	Retired
	Davina Smith	Director of Nursing and Patient Services, Bedfordshire Heartlands PCT	Retired
	Sue Whitton	Senior Sister Swanage Community Hospital	Retired
Ex Officio Members	Jane Williams	Matron Swanage and Wareham Community Hospitals	
	Claire Thompson	Hospital cook and staff representative	
	Dr Mark Lepper	GP (Swanage) for Swanage Community Hospital	

The total expenditure on the hospital by the League of Friends of Swanage Hospital

This demonstrates the financial support given by the community, through the League of Friends over the past eight years. An average of just over £100,000 is given to the hospital. The proposals for expenditure are presented to the League of Friends by the Matron, and agreed by the League of Friends committee. These have included a contribution of £250,000 to the new outpatients building, equipment, flooring and furnishing. The League of Friends also makes an annual contribution towards staff training.

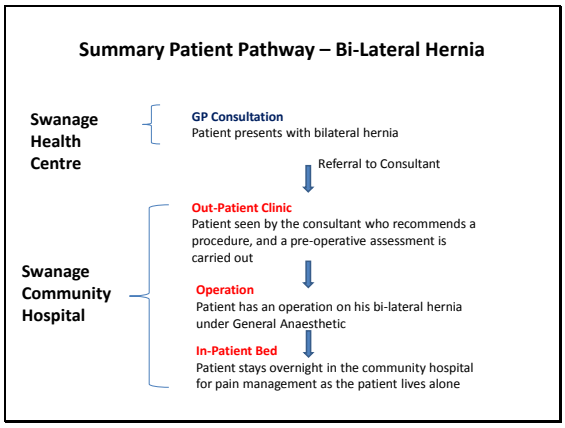
Year Ending	Expenditure
2005	£267,993.00
2006	£69,677.00
2007	£93,395.00
2008	£116,892.00
2009	£56,317.00
2010	£93,880.00
2011	£62,587.00
2012	£98,896.00
Total	**£859,637.00**

Appendix D Clinics

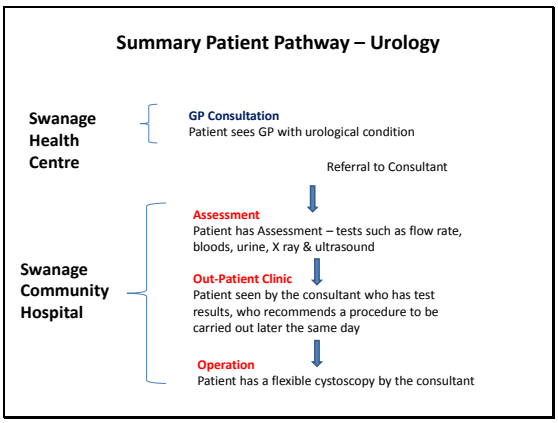
Specialty	Consultant/Practitioner	Additional	Day	Frequency
Poole				
Cardiology, BHF Heart Failure	Dr Blakemore		Thursday	Weekly
Clinical Oncology/Radiotherapy	Dr P Crellin		Tuesday	Monthly
Ear Nose & Throat	Mr John		Tuesday	Fortnightly
Elderly Medicine	Dr Harries-Jones		Wednesday	Fortnightly
Parkinsons Disease	Alison Bush NP	Nurse Practitioner	Wednesday	Monthly
General Surgery	Mr Talbot		Friday	Monthly
General Surgery	Miss Karlowski		Friday	3 x a Month
Gynaecology (and ultrasound)	Mr Carpenter	and Registrar	Tuesday	Fortnightly
Haematology	Dr Sitta		Thursday	Three weekly
Paediatrics	Dr Kelsall		Thursday	Monthly
Respiratory Medicine/General Medicine	Dr Mallawathantri	and Registrar	Wednesday	Fortnightly
Poole Outreach Respiratory Team (PORT)	Simon Bellis	with Dr Mallawathantri	Wednesday	Monthly
Rheumatology	Dr Thompson		Wednesday	Fortnightly
Rheumatology	Trish Cornell	Nurse Practitioner	Wednesday	Weekly
Bournemouth				
Ophthalmology, Cataract POA, Glaucoma	Mr Etchells		Monday	Fortnightly
Cataract	Lennie Bizoumis	Nurse Specialist	Tuesday	Monthly
Glaucoma	Mrs S Cox	Nurse Practitioner	Thursday	Monthly
Orthoptics	Miss Grounds	with DEE	Monday	Monthly
Dorchester				
Orthopaedics	Mr Barlow	and Registrar	Friday	Weekly
Urology	Mr Cornaby		Monday	Monthly
Urology	Mr Blegay		Monday	Monthly
Swanage				
Orthopaedic Medicine - physio	Tracey Attwell	Physio Practitioner	Wednesday	Weekly
Orthopaedic Medicine - GPwSI	Dr Knott	GPwSI	Wednesday	3 x a month
Orthopaedic Medicine - GPwSI	Dr Knott	GPwSI	Friday	Monthly
Dorset Healthcare				
Adult mental health	Dr Figueiredo		Monday	Monthly
Cognitive Behaviour Therapist	Gary Brooks		Thursday	Weekly
Adult mental health	Dr Keswick		Friday	Monthly
Acute Back Pain, Back clinic	Tracey Attwell	Physio Practitioner	Wednesday	Weekly
Audiology	Practitioner		Tuesday	Weekly
Chiropody	2 Podiatrists		Mon & Wed	Weekly(+alt Tues)
Diabetic Eye Screening	Practitioner		Thursday	Fortnightly
Dietetics	Dietitian		Friday	Weekly
Foot care	Jane Cable		Thursday	Monthly
Phlebotomy	MIU nurses		Daily	
Hand Therapy – OT			Any day	Fortnightly
Orthotics	Mr Chisolm	TONKS	Wednesday	Fortnightly
Speech Therapy		as required	Tuesday	Variable
Stoma Nurse	Nurse Specialist			Monthly
Heart Failure Nurse	Pearl Lesson		Any day	Monthly
Urology Flow Rate	OPD Sister		Any day	Monthly (min)
Ultrasound	Dr Tarver/Stenographer		Friday	Weekly

Appendix E Case Study Flow Charts

These case study examples have been provided by the hospital staff, and illustrate in summary how patients can be catered for within Swanage for diagnosis and treatment, without having to go to the acute hospitals. The examples show the links between the medical practice and the hospital, and the utilisation of the clinics, diagnostic services, operating theatre and inpatient ward.



Operation on a patient requiring repair of bilateral hernia



Procedure on a patient requiring a cystoscopy

Appendix F Case Studies

Right Care in the Right Place and Respecting Patient Choice

Dorothy was 100 years old and lived alone. She was admitted to Poole Hospital after having a fall, and was then transferred to Swanage Community Hospital where she was well cared for. Well-meaning relatives who live some distance away were anxious about the prospect of Dorothy returning home to live alone, and were insisting that Dorothy went into a nursing home. The District nurse visited Dorothy in the community hospital to talk about whether she could go home. Dorothy was desperate to go home, and said that she wanted to die in her own home. With the cooperation and support of hospital staff, the district nurse, social services and home carers, a care package was put together to support Dorothy at home. Dorothy died peacefully at home aged 101 years.

Successful Transition from Hospital to Home

Arthur transferred from Poole hospital to Swanage Community Hospital for rehabilitation following an admission for treatment of his cancer. The community-based intermediate care team organised a package of care for his return home which included rehabilitation, OT assessment and meals. He was able to return home with support at the beginning of the week, which meant that his care package was working well by the weekend.

Patience and a Person-Centred Approach

Ian is a young man with autistic traits who lives in supported accommodation. Ian was required to come to the hospital to see the ENT surgeon as he has an issue with putting foreign bodies in his ears. This causes pain and discomfort and can lead to infection. In the past this led to Ian requiring the removal of foreign bodies to be carried out under general anaesthetic. Now this is undertaken within the clinic. Ian was very wary of coming into the hospital for clinic appointments initially, and it took many visits before he felt confident enough to progress from the reception into the clinic area. The hospital staff worked closely with his care staff, recognising that Ian needed to be unhurried and a calm atmosphere. Ian now comes in regularly for checks and procedures, and knows the routine and what is expected of him. He cooperates and no longer requires procedures to be carried out under general anaesthetic.

Holistic Palliative Care

Robert was an elderly gentleman who was admitted to the ward for palliative care. His family visited frequently. The staff were aware that it was to be his golden wedding anniversary. Arrangements were made for Robert's family to come in, and a cake was presented to the couple. Robert died three days afterwards. The family were grateful for the memories, and appreciative of how the staff cared for Robert and met his needs.

Rehabilitation Following Fracture

Joan is an elderly lady who had a fall at home. She was seen by the Emergency Care Practitioner, and as there was a possible fracture suspected, she was referred to the Minor Injuries Unit at the hospital. Following an x ray Joan was diagnosed with a fracture of her humerus. Joan was admitted to Stanley Purser ward for assessment which included an assessment of her risk of further falls, a medication review, medical assessment and rehabilitation from the physiotherapist. Joan recovered well and was able to return home with support.

Successful Recovery and Returned Home

Jeremy, an elderly gentleman living alone, was seen by his GP as he had had a collapse. He was admitted to the District General Hospital for an investigation of the cause of his collapse, which included a CT scan. The consultant diagnosed a Transient Ischaemic Attack (TIA), and arranged for Jeremy to be transferred to Swanage Community Hospital to the Stanley Purser Ward for rehabilitation. On admission to the community hospital he had a multidisciplinary assessment which included a medication review, monitoring of his blood pressure, and a falls risk assessment. The physiotherapist provided input to help address his loss of confidence in his mobility following his collapse. He was able to return home after an inpatient stay, with a care package arranged by the multidisciplinary team and the OT.