



My Care, My Way – Home First Myth Buster

We have compiled the top ten statements that we heard during our engagement process on the proposed model of care and explain the facts:-

1. The Community Hospitals are Closing

No decision has been taken on the future of community hospitals. From 8 May the CCGs will be consulting the public on the future of community hospitals. This will be an opportunity for local people to design their local health care services with us.

2. Community Beds have closed

The situation at the moment is that some community beds in our 5 community hospitals have been temporarily closed to new admissions.

3. There should be community beds for rehabilitation

There will still be c.70 rehabilitation beds across the system.

4. The beds in the community hospitals could be used to support winter pressures in A&E.

The majority of the beds at all five community hospitals were commissioned to provide sub-acute intermediate care. In August 2016, a spot check was undertaken to identify whether the patients in the community hospital beds needed to be in hospital. This study, carried out across the adult intermediate and rehabilitation beds open across our five community hospitals showed that the 91% of patients were receiving assessments or care that could be carried out at home or a care home or were waiting for another service.

These beds were not commissioned for assessments for on-going care to be carried out, or for A&E overflow. They should not be used as waiting rooms for patients who are much better served with care in their own homes or in their assessed permanent place of residence following a health and/or social care assessment.

Commissioners are working closely with SSOTP and the UHNM to develop a service within A&E to ensure that patients are discharged home from A&E with the right clinical assessment, and with support where required and therefore reducing the requirement for an admission into a bed.

5. There is no community based care in place to support people when they go home

We would like to reassure people who have raised concerns that home based care is not yet fully in place. Over the past three years there has been £18.7m investment in improving the range and quality of community health services such as district nurses, intermediate care teams and specialist nursing teams to make sure that support and care are based around the individual patient with the aim of delivering high quality care, closer to home. Whilst the CCGs have commissioned more suitable alternative capacity to enable patients to be discharged from the community hospitals, to do this savings from community beds are required to reinvest in these alternative services.

6. Hospital is the best place to be

Investigations reveal that a person's condition deteriorates if they spend more time in hospital than needed. A study undertaken by the National Audit Office in 2016 entitled *Discharging older patients from hospital* revealed that older people can lose 5% of muscle strength for each day that they spend in hospital. We also know that patients who spend too long in hospital find it much harder to cope physically and emotionally when they get back home. A Nursing Standard Study Commissioned by the Department of Health found that Dementia, delirium and depression are likely to affect many aspects of the care, treatment and planning that older people experience in hospital.

7. There is a shortage of community nurses and an overreliance on agency staff in hospital

There is a Safe Staffing policy in place and there is no indication that the health economy is understaffed. CCGs have continued to invest (over £15m in the last 2 years) in Local Authority care provision, district nursing etc. Some of this problem is exacerbated by the national picture and pressures on the whole health economy.

8. Some elderly need 24 hour care and that is not provided at home. Community care services are not sufficient to meet the 24 hour need.

If patients require 24 hour care, they would not be at home.

9. Put more money into the community initiatives and voluntary sector.

There is a strong commissioned voluntary sector network. The services they provide include a befriending service and people to take patients home, make follow up contact and make sure there is food, warmth etc. at home.

10. This is just about cost savings

With diminishing resources and increasing pressures on services across the whole of the NHS, we have to be clear that both Stoke-on-Trent and North Staffordshire CCGs are facing financial challenges. Maintaining services as they are is not a financially viable option. For every investment, there must be an equal and opposite disinvestment. There is no new funding and current services are strained.

Each community hospital bed costs around £2,100 each week. An average domiciliary care package costs around £210 per week. An average residential home bed costs around £600 per week, a nursing home bed £700 per week and with intensive therapies support it can be up to £1,000 per week. As you can see, keeping people in very expensive community hospital beds when they do not need to be there is not clinically or financially sustainable.