

## APPENDIX A

### Notes from consultation meeting with Exbury families, Thursday 24<sup>th</sup> May 2012

The purpose of the meeting was to give families the opportunity to talk together about the proposal to re-provide the service on Exbury Ward, to give feedback on the proposal and to ask questions of the service commissioner and provider.

Following introductions Jackie Charlesworth gave an introduction to the issues being discussed and provided people with a summary paper that they could take away. This is attached as Appendix 1.

Listed below in section 1 are the comments and statements made by relatives. Section 2 lists the questions raised followed by the response, together with any post-meeting clarification which was requested/necessary. This is not intended to be a verbatim account of the discussion which took place.

**THIS DOCUMENT HAS BEEN REDACTED VIA USE OF \*\*\*\* WHERE APPROPRIATE TO ENSURE PERSONAL, PROFESSIONAL AND COMMERCIAL SENSITIVITY IS PROTECTED**

#### **Section 1: Relative's Statements and Comments**

*(The majority of these comments are quotes or very close summaries of what was actually said, italics are used to add clarification to some of the feedback)*

"I am baffled that an excellent service is being cut"

"Whatever you find won't be better than Exbury"

"We don't want it to close"

"They (*Patients*) know who people are there (*Exbury*)"

"It's worrying that with four months to go, you don't know where people will go"

"Short time frame"

"We could have been told much earlier about what is going on – I think it's already been decided"

"It all seems a bit airy fairy, smoke and mirrors"

“ I am concerned that this consultation is tokenistic and that the closure will go ahead anyway”  
 “The biggest problem will be the effect that it has on my \*\*\*\*\* when he’s moved. People don’t survive long once moved. The fear is having someone who doesn’t understand his needs looking after him. I want him to be stimulated not isolated. It’s scary to try and think you are taking a person out of that environment who can’t communicate his needs. Is my \*\*\*\*\* going to get freaked out?”  
 “Physical and psychiatric issues and needs impact on one another, they can’t be separated”  
 “ I am concerned that this consultation is tokenistic and that the closure will go ahead anyway”  
 “We need assessments to say where people should go – with different options and recommendations on what might be best”  
 “You are not giving direct answers”  
 “ I feel this is a death sentence for my relative” “A lot of us feel like that”  
 “I don’t believe you have a contract”  
 “Giving notice before a contract ends stinks”

**Section 2: Questions and Answers**

*As requested, further information has been added to some of the answers given at the meeting in order to give a more detailed response. Similar questions and answers have been merged to improve understanding*

Question	Answer
<p>You said that lessons learned from previous closures (<i>Park Prewett</i>) would be considered when closing Exbury. What were these?</p>	<p>Firstly, clinicians, rather than managers would be responsible for making the decisions to move people. Patients would be continually assessed and if the clinician decides that it’s is best not to move the person at that time, they would not be moved.</p> <p>People would be moved in a timely manner, and not rushed, and this would not happen in the winter.</p> <p>Each person would have a contingency plan which describes what would happen in the eventuality that it would be unsafe to move them. The plan would explain how and where the person would be looked after by the</p>

	<p>NHS.</p> <p>It would be crucial that the handover of a person's care was managed effectively and that continuity of care was maintained.</p>
<p>Is the closure purely financial? If the need for dementia care is growing, why have more people not been admitted to Exbury? Where have those patients who would have been admitted to Exbury gone?</p>	<p>The model of care for people with dementia has changed. People no longer live their lives in the NHS when they have a diagnosis of dementia. People are supported to live in their own homes and communities as long as possible with only short stays in hospital if this is needed for assessment and treatment.</p> <p>The drive for changing services come from the National Dementia Strategy.</p> <p>Since 2009 patients admitted to the Limes have been supported to go back to the community, i.e. back home, to residential care or to nursing care.</p>
<p>Is this a national strategy for the NHS?</p>	<p>The change in the model is nationally driven, but the proposal to close Exbury is a local one. Exbury is the only remaining long stay ward of this nature in Portsmouth.</p>
<p>When assessing patients, what will be the criteria that you will use to decide if they will be admitted to the Limes or to a home? Can't all Exbury patients go on the Limes?</p>	<p>We would use the continuing healthcare framework to assess. The wards on the Limes are for people whose primary need is that of a psychiatric nature. Exbury ward now has people whose physical needs outweigh their psychiatric needs, which is what happens as a person's dementia progresses. The Limes are also not long stay.</p>
<p>How many of the patients on Exbury have physical needs that outweigh their psychiatric needs?</p>	<p>Its likely to be the majority, but we would need to fully assess every patient before we could give an exact answer.</p>

<p>When will assessments be done? What's going to happen for people who can't cope for themselves?</p>	<p>Assessments can be done very quickly. Every patient would be assessed and then continually assessed. People can change on a daily basis. Robust care planning would be put in place to make sure the care patients receive at Exbury would continue wherever they go.</p> <p>There is at least one nursing home in Portsmouth that we know of that can meet the high level of need of Exbury patients. This is ***** which is a specialist dementia nursing home. ***** has the capacity to support a group of patients, in close proximity, if relatives feel it would be beneficial for some patients to stay together.</p> <p>However, where patients go if Exbury closes is a decision for families to make.</p>
<p>What is the biggest difference between ***** and Exbury?</p>	<p>Staff at ***** have the same qualifications as the staff on Exbury Ward. *****</p>
<p>Are there any staff vacancies at *****</p>	<p>We believe they are fully staffed.</p>
<p>Can the nursing staff go with them – we thought some of the staff would?</p>	<p>We can't make staff go to work for somebody else. Staff from Exbury would work with the patient and staff in the new placement for some time after the move until the patient was settled.</p>
<p>Staff at Exbury are keen to get people up and out of their rooms, how can we be sure this would happen at ***** ?</p>	<p>The care plan would ensure that this would continue.</p>
<p>People with dementia often wander off. Is ***** locked?</p>	<p>Yes.</p>
<p>If patients needed to be sectioned would it happen</p>	<p>It would happen quickly. They would need to be detained at the Limes.</p>

quickly? Would they be detained at ***** or would they have to be admitted to the Limes?	
If a patient is assessed and ***** is identified as the right place for them, where does that fit into the timescale?	A final decision is likely to be made late June/early July 2012. No one would move before then unless they wanted to. We could advise you where we think is suitable and as families you would be involved in making any decisions about where your relative goes. Patients do not necessarily have to move together.
If six months down the line we were not happy with the quality of care at ***** what would we do?	<p>*****, like Exbury Ward, is monitored by the Care Quality Commission. There would also be a contract between the NHS and ***** and the council carry out monthly quality monitoring checks of the care provided (this includes talking to residents and their families).</p> <p>If you were unhappy with the quality of care you could complain to the service direct or/and contact NHS commissioners. If you were still not happy, we would work with you to look at moving your relative to another place of care.</p>
What is the capacity of Exbury?	14 beds, currently 9 are in use and we are not admitting any more lifelong patients.
Is any family member supportive of the closure of Exbury?	(No family members were supportive)
Who will make the final decision? When will the final decision be made? Will we be informed?	<p>The Integrated Commissioning Board will make the final decision. It will not be presented to the board until the consultation with families has been carried out. You will be kept fully informed of any decisions.</p> <p><b>Post meeting note:</b> <i>In line with the new structures within the health service this will not be the ICU Board, but the Clinical Commissioning Group Executive. This is made up of the GP's who are taking on responsibility for commissioning</i></p>

	<i>services within the NHS. It is planned to take a paper to the August meeting of this group for a decision.</i>
What do we need to do to make sure the ward doesn't close? What representation can people make – to whom and by when? Can we put our views to the board?	Following the review, and for the reasons already explained, it is our recommendation to close Exbury Ward. No final decisions will be made until we have consulted with families. It is your right to challenge and seek further advice. You can also speak to Advocacy (SEAP) to support your relative. If you write to me ( <i>Jackie Charlesworth</i> ) I will ensure that all of your views are heard by the decision makers. You could also write to the Head of Integrated Commissioning, Suzannah Rosenberg. You have the right to involve whom you wish, people such as Councillors, MPs etc.
MPs and the newspaper have tried to get information by contacting the ward but have said they can't get any details. Why is this?	We are not aware that MPs or the newspaper have made any contact either with the ward or with NHS commissioners.
You keep referring to "us", which authority is "us"	NHS Portsmouth /Portsmouth Clinical Commissioning Group. Our identity is undergoing change at present but we represent the NHS body which commissions health services for the people of Portsmouth.
Has somebody calculated the cost of private care vs keeping Exbury open? How do you know it's more expensive to keep Exbury open?	We do not have the exact figures as it would depend where people moved to, but we do know that there would be savings. We know the current cost of Exbury and we know the range of fees for other services. NHS care is more expensive as there are more overheads. If people moved from Exbury the full cost of their care in the future would be met by the NHS.
Do you understand the effect it might have on relatives if a patient dies after they have been moved? This needs to be measured. If only two die this time, is that OK as its better than the 6 last time? Has the impact it will have on relatives been	This question was not answered at the meeting, and it is not possible to provide an answer. We don't believe any work was done in respect of impact on relatives and it is not something we would envisage undertaking as part of this re-provision.

assessed? What happened to the relatives of those that died after the Park Prewett move?	
If this went ahead to timetable and by October we can't find anywhere suitable, where would the patients go? Who would make the decision about where they would go?	We would need to work together to identify the best option.
Will Dr ***** be involved in this process? How does she feel about the closure? Could she attend the next meeting?	Dr ***** would be involved in all of the patient assessments. We will book the next meeting when Dr ***** is available so that she can be invited.
What do you mean by "notice in July"?	Our contractual obligations mean we have to give a notice period to the provider. This has been agreed in advance with Solent NHS Trust so that if the move goes ahead we can move people during summer/autumn and not over winter.
If people are not moved by the winter, does this mean it will not happen until the following summer?	We have agreed notice in advance so its not likely that this will happen.
Hasn't there got to be a period of notice for staff?	Consultation with staff is currently taking place.
What plans are in place to support people when they move? How will you guard against isolation and people not taking part in activities?	People would have full assessments carried out and these would be updated as necessary throughout the life of the project. This would ensure that everyone went to the right place for them to receive appropriate levels of care and support. Care plans would be updated to detail any changes identified. There would be individual risk plans developed to support the move.
How can we be sure that people will get the care they need in the way they need it? Things like making	Currently everyone has a care plan and there are assessments carried out as necessary. In preparation for the changes comprehensive assessments would be carried out which would be updated on a regular basis before

sure people get out of bed, taking part in things, someone who understands them?

people move to their new places.

Each assessment pack would also include a risk plan to ensure that the potential impact/stress around change would be minimised as far as possible. There would be a clear care plan developed for each person which would detail things like activities/likes/dislikes etc. which the new home would work to.

Before people move there would be a transition plan developed which would ensure that staff from the new setting spend time with the person and the current staff team to ensure there is a thorough handover of each case, and the new carers and patients begin to get to know each other.

Current staff members would also assist in the transfer to new homes.

It would not be appropriate to discuss the outcome of individual assessments and care plans at open families meetings. These would be discussed in individual meetings with patients and family members.



## **Appendix 1: Meeting with Families – Exbury Ward Reprovision Thursday 24<sup>th</sup> May 2012**

### **Background**

- Purpose of meeting to give families the chance to talk together about the proposal to reprovide the service on Exbury Ward
- A paper was submitted to the Health Overview & Scrutiny Panel (HOSP) in March to advise of the intention to reprovide the service and close the Ward
- Unfortunately, because of the local elections in early May and the purdah period, the information paper had to be taken to HOSP before consultation and discussion with families
- Feedback requested by HOSP on outcome of consultation in July, and a further report on the outcomes 3 months after the ward closure
- The national driver for the modernisation of services is The National Dementia Strategy (DoH 2009).

### **Why is this being proposed?**

- The quality of the care provided is not disputed, but the review of OPMH services during 2011 highlighted that things needed to change in order to meet increasing demand for services and shrinking budgets
- No new patients admitted to Exbury Ward for several years and as people have sadly passed away the services is becoming less viable. It is representative of the old way of caring for people with dementia, and the newer model of care which has been operating since 2009 provides support to people to enable them to live longer in their homes and communities, which short-stays in hospital when needed. People no longer live large parts of their lives in the NHS
- The service and clinicians are supportive of the changes being proposed
- Impact on patients and families is not underestimated – patients are provided with excellent levels of care and support from staff who know them well. Any change will create great anxiety for families and patients.
- Clinicians are very aware of the inherent dangers of moving frail elderly people with dementia and will be leading any transfer of patients to new settings

### **What happens now?**

- Patients and families will be fully involved in the discussions around closing the ward and reprovide care, and specialist external advocacy will be offered through SEAP to ensure people's views are heard
- There will be independent Best Interest Assessments under the Mental Capacity Act for each patient
- Clinical assessment of need will be used to determine the most suitable setting for a person's care. This could be to another ward on The Limes or a nursing home
- Review of assessments will be ongoing throughout the life of the project and if, at the point of transfer, a Clinician determines that a patient should not move the alternative arrangements for the person's care will be made within the NHS
- Where possible any moves will support ongoing friendships/relationships
- Patients who move to a nursing home will have the full cost of their care met by the NHS – there will be no financial assessment by social care
- There will be close working between the current staff team and the patient's new settings to support them before, during and after transfer
- The final decision on the proposed closure will be taken after the consultation has happened

Jackie Charlesworth  
Senior Programme Manager  
Integrated Commissioning Unit