

# Whitehill & Bordon Health Campus and re-provision of Hampshire Hospitals NHS Foundation Trust services update

## 1. Purpose

- 1.1. This report provides an update on the development of a health hub in Whitehill & Bordon and sets out proposals from Hampshire Hospitals NHS Foundation Trust (HHFT) to re-provide outpatient services currently delivered in the local area. It also provides an update on the CCG's progress on sourcing alternative provision.

## 2. Development of a health hub

### 2.1. Background

South Eastern Hampshire CCG's publicly stated commitment since 2013 has been to ensure that residents in Whitehill and Bordon have access to a comprehensive range of health and well-being services. In 2014/15 the CCG worked with community representatives to develop the 'Chase Charter' which set out the type of services that would be provided from the Chase Community Hospital based on the health needs of local people.

At its meeting in January 2016 the Governing Body restated this commitment and agreed that the progression of a capital investment bid for the Chase Community Hospital was no longer a viable option and that the CCG should focus on working with local GPs and partner organisations to develop plans for a new health and well-being facility as part of the NHS England Healthy New Town programme in Whitehill & Bordon.

A Steering Group made up of community representatives (elected members from Hampshire County Council, East Hampshire District Council and the Town Council, Patient Participation Group representatives, voluntary sector colleagues, Southern Health NHS Foundation Trust, NHS Property Services, local GPs and the CCG's Lay Member for PPI) has been involved in the project and continues to meet regularly to discuss issues and make recommendations.

A range of engagement exercises have been carried out in the local area over the last five years and these have had three consistent themes – local people want to be able to access a range of high quality and accessible services in the local area; local people are supportive of the commitment to provide a range of services; and transport, including public transport, is a concern for the local community.

## 2.2. Population changes

Whitehill & Bordon has a current population of approximately 16,100. The table below details the current population for the area and the forecasted growth.

YEAR	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
<b>0-4 Years</b>	895	939	986	1,013	1,029	1,011	982	931	920	918	913	913	889
<b>5 - 10 Years</b>	1,416	1,422	1,408	1,425	1,449	1,443	1,466	1,467	1,475	1,472	1,445	1,412	1,361
<b>11 - 15 Years</b>	1,034	1,114	1,218	1,302	1,372	1,434	1,428	1,364	1,352	1,346	1,323	1,345	1,353
<b>16-17</b>	417	429	443	466	486	526	558	602	618	599	621	604	554
<b>Adults 18- 64</b>	9,747	10,155	10,729	11,227	11,766	12,088	12,282	12,238	12,465	12,728	12,897	13,079	13,026
<b>65 -74</b>	1,873	1,989	2,100	2,212	2,338	2,419	2,505	2,595	2,720	2,870	2,995	3,123	3,248
<b>75-84</b>	645	698	774	835	896	983	1,059	1,096	1,147	1,206	1,258	1,320	1,352
<b>85+</b>	87	79	75	77	82	86	93	95	104	116	126	142	157
<b>TOTAL</b>	<b>16,114</b>	<b>16,825</b>	<b>17,732</b>	<b>18,557</b>	<b>19,418</b>	<b>19,992</b>	<b>20,372</b>	<b>20,388</b>	<b>20,803</b>	<b>21,255</b>	<b>21,578</b>	<b>21,939</b>	<b>21,940</b>
<b>Population impact of constraint</b>													
<b>Number of persons</b>	616	612	806	720	756	466	277	-83	317	358	233	269	-88
<b>Households</b>													
<b>Number of Households</b>	6,541	6,822	7,181	7,523	7,883	8,153	8,371	8,464	8,691	8,937	9,131	9,337	9,412
<b>Change in Households over previous year</b>	275	281	359	342	361	269	218	93	227	247	194	206	75
<b>Number of supply units</b>	6,871	7,166	7,543	7,902	8,281	8,564	8,793	8,891	9,129	9,388	9,592	9,808	9,887
<b>Change in over previous year</b>	289	295	377	359	379	283	229	98	238	259	204	216	79

The population in this area is generally older than that of Hampshire and England. The predicted forecast for 2029 highlights that over 80% of the population for this area will be of adult age, the highest proportion of this group is in the age range 18 to 64. There are no significant increases in population predicted for the under 18 age ranges, however, in the 65 plus age category there is a significant increase which sees the age category of 65 to 84 double in population by 2026.

A recent housing strategic review estimates the population growth will be staggered over a number of years with:

- 31% of the population growth occurring between 2017 and 2020
- 21% between 2021 and 2022
- 48% between 2023 and 2027
- 53% of the new households are forecast to be three, four or five bed houses.

This is likely to mean new families moving into the town.

## 2.3. Developing plans for a new health hub

The CCG has been working with East Hampshire District Council (EHDC) and other partners to progress one of the core ambitions within the Healthy New Town Programme in Whitehill and Bordon – the development of a new town centre health facility to be delivered in 2020.

In 2017, the CCG commissioned Hampshire LIFT to produce a Strategic Outline Business Case (Post PID Option Appraisal) for Whitehill & Bordon, building on the findings and recommendations of an earlier study.

The Strategic Outline Case (SOC) considered a range of options to deliver the stated investment of objective of:

*“Co-locating general practice with existing and planned community health services and providing the capacity to deliver primary and community health services to the increased population.”*

The SOC concluded that the Preferred Option was for a new building in the town centre as part of the Healthy New Towns programme. The building would house both GP practices from the town; all services currently provided at Chase Community Hospital and have flexible space for other services. Under this option the CCG and partnering NHS bodies (GP practices, SHFT and other Trusts) would lease space within the new building.

This was agreed by the Governing Body in December 2017 and the SOC was subsequently submitted to NHS England. The CCG is now working with partners to develop an Outline Business Case.

#### 2.4. Next steps

There are a number of key next steps for the programme. These are:

- **Continuing to work with potential tenants**
  - Review and agree space requirements with tenants
  - Support potential tenants to understand the financial requirements
- **Development of the Outline Business Case**
  - Fully develop the outline business case for the CCG Governing Body to agree
- **Applying for planning permission**
  - Preparing planning permission application for December 2018
- **Development of full business case**
  - Agree/appoint development partners
  - Finalise service provision
  - Tenants' agreement to lease.

### 3. **Re-provision of Hampshire Hospitals NHS Foundation Trust services**

#### 3.1. Background

Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton and Whitehill & Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for the community midwifery team who provide services from the hospital as well as home visits.

The community midwifery service is in the process of transferring to Royal Surrey County Hospital NHS Foundation Trust which is already delivering this service locally.

In 2017/18 HHFT delivered a total of 602,457 outpatient attendances across all of its sites. 1.5% of this activity was for Whitehill & Bordon practices. Of this, the activity delivered at the Chase Community Hospital was 2,382 appointments, which represents about 0.39% of the Trust total.

In 2017/18 HHFT received 3,918 referrals from the GP practices in Whitehill & Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up),

around 74% were seen at the Trust's main hospitals or locations other than Whitehill & Bordon. 26% were seen locally in Chase Community Hospital.

The outpatient services currently provided in Whitehill & Bordon are run by medical and nursing staff and clinics are across five main specialties at differing frequencies between Mondays and Fridays. X-ray (plain film only) is provided across two sessions held on Mondays and Thursdays.

The x-ray service at Chase Community Hospital performed 1,816 examinations 2017/18 for around 1,280 individual patients (some individual patients have multiple x-ray examinations).

In total over the course of 12 months HHFT typically provide around 167,000 x-ray examinations across all of its sites. The activity delivered at Chase Community Hospital therefore represents about 1% of the Trust total.

HHFT's 'market share' (the percentage of new outpatient appointments for Whitehill & Bordon patients that are provided by HHFT) has fallen. It has fallen to just 22.8% at the end of 2017/18 from 29.2% in 2015/16. Therefore 77% of first outpatient attendances are provided by other Trusts.

### 3.2. Financial implications and cost of transport

HHFT's costs to provide the 2,382 outpatient appointments and the 1,816 x-ray exams carried out in 2017/18 were £339,439. This cost includes medical, nursing, allied health professionals and non-clinical staff costs, equipment costs, materials, travel expenses, accommodation, and Trust overheads.

The CCG is responsible for commissioning patient transport for patients using an acute service and who meet the national eligibility criteria. This is provided on a cost by case basis which takes into account factors such as mileage, mobility and if an escort comes with or is provided for the patient.

During 2017/18 there were 2,824 journeys to or from the GU35 postcode area (Whitehill & Bordon) to hospitals. The majority of these were return journeys and were made by 182 patients. The total cost for these journeys was £146,000. The majority of these journeys (1,794) were made by renal patients, this cost £94,000.

As the provision of NHS transport is determined by national eligibility criteria rather than the clinic type we are unable to predict any changes in transport need. However, patients who meet the criteria will be provided with transport.

### 3.3. Views of local people

The Trust, with support from the CCG, sought the views of local people on the plans to re-provide these services.

The feedback received highlighted five clear themes:

1. **Strength of feeling about Chase Community Hospital:** The people of Whitehill & Bordon care passionately about the retention of local services and any proposal to relocate services away from Chase Community Hospital is seen as a further erosion of local health provision. The hospital is very much viewed as an under-

used public asset whose future is of great concern to the population of Whitehill & Bordon.

2. **Transport issues:** Whitehill & Bordon is poorly served and public transport to any hospital site is extremely difficult involving lengthy journeys and bus changes. Any additional requirement to travel to alternative sites would put pressure on existing travel options. Volunteer car services already feel under pressure where volunteers are already in short supply. A trip to the hospital in Basingstoke lasts at least four hours and often longer and removes a driver from local journeys.
3. **The growing population:** It is felt that the issue that HHFT faces of reduced referrals and small numbers attending local clinics could be a short term problem given the expanding population of Whitehill & Bordon.
4. **Lack of Choice:** Patients feel they are not given the choice to attend Chase Community Hospital where provision exists. This issue was common to all the services at the hospital, not just those provided by HHFT.
5. **Local provision is more important than who provides it:** Attendees felt strongly that local provision was more important than which organisation/provider actually delivers it.

There were 452 respondents to the survey and the key findings were:

- The majority of respondents (54%) consider Royal Surrey County Hospital to be their main District General Hospital (DGH) with around 30% of respondents considering Basingstoke and North Hampshire Hospital (HHFT) to be their local DGH
- Around 45% of respondents found their journeys to their chosen DGH difficult or very difficult. And around 18% consider the journey to Alton difficult or very difficult
- Being seen in a location that was local to them was an extremely important factor in accessing health care. This is confirmed by the result that around 80% of respondents would not choose to travel more than 20 miles to access their healthcare
- 76% of respondents drive their own car when accessing healthcare
- 88% of respondents would approve or strongly approve of the same service being provided by another provider.

### 3.4. Views of local clinicians

There have been discussions between the Trust and local GPs about the Trust's plans and these have been welcomed by local clinicians. Their view is that ensuring local provision of services for long-term conditions such as diabetes, respiratory and heart disease will make the biggest difference to the healthcare of local people. The local practices are already developing these approaches including having diabetes specialist consultants and the community diabetes team seeing patients locally. This approach improves early diagnosis, medicine optimisation and skill transfer between secondary and primary care health professionals.

They have also reflected that improving access to primary care services, through extended access, and improving the use of IT, for example being able to electronically

request an x-ray in Haslemere, supports a different way of working which benefits patients.

### 3.5. Potential alternative providers

South Eastern Hampshire CCG has been considering alternative arrangements for the services provided by HHFT at Chase Community Hospital. This has included meetings and discussions with potential alternative providers including Care UK, Royal Surrey County Hospital (RSCH) and Portsmouth Hospitals NHS Trust. HHFT has fully supported these discussions providing detailed information on clinic activity, the types of cases seen and facilities available at the community hospital.

The following tables detail each of the services, the outcome of discussions to date and proposed new arrangements. A table is also included outlining additional or changes to current services for Chase Community Hospital (not provided by HHFT).

<b>Service / clinic</b>	<b>What does HHFT currently provide in Whitehill &amp; Bordon?</b>	<b>How will this be re-provided by HHFT?</b>	<b>Could a different provider provide this in Whitehill &amp; Bordon?</b>	<b>Will this service move to the new health hub?</b>
ENT	HHFT have provided one clinic a month providing around 230 appointments a year	Patients can choose to be seen by HHFT in Alton, Basingstoke or Winchester or choose to be seen by RSCH in Haslemere	Alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill & Bordon.  HHFT will not relocate their service until March 31, 2019	This service will not move to the new health hub
Audiology	Around one audiology clinic a week providing around 260 appointments a year	Patients can choose to be seen by HHFT in Alton, Basingstoke or Winchester or choose to be seen by RSCH in Haslemere	The number of patients using this service is very low so alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill & Bordon.  However the provision of audiology will be subject to review in the near future.  HHFT will not relocate their service until March 31, 2019	This will be determined when the service provision is clarified
Maxillo Facial	Just less than one clinic a month seeing around 48 patients a year	Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill & Bordon.  HHFT will not relocate their service until March 31, 2019	This service will not move to the new health hub

Service / clinic	What does HHFT currently provide in Whitehill & Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Paediatrics services (general paediatrics, hearing clinics, child development and physiotherapy)	These clinics provide around 20 new and 39 follow-up appointments each month	<p>Patients choosing HHFT as their provider will be offered an appointment in Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester.</p> <p>General paediatric patients can choose to be seen by RSCH in Haslemere</p>	<p>Discussions are underway between HHFT, RSCH and the CCG regarding RSCH potentially providing general paediatrics.</p> <p>HHFT will not relocate their service until March 31, 2019</p>	This will be determined when the service provision is clarified
X-ray	Some x-ray services twice a week seeing about 1,300 patients every year	HHFT x-ray services in Alton are walk-in accessed by GP referral. Patients from Whitehill and Bordon are able to choose this service	<p>Alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill &amp; Bordon.</p> <p>HHFT has proposed it gradually withdraws the service by June 30, 2019 pending certain conditions being met.</p> <p>The CCG will keep diagnostic provision under review as the town develops and will explore opportunities for a service that works across a wider area</p>	This will be included in future discussions
Midwifery	Pre and post-natal care for all local women, although over 80% chose to give birth at Frimley and Surrey hospitals	Where women choose to be referred to HHFT, they will continue to provide care in line with patient choice from their Alton base	<p>RSCH provides the pre and post-natal care for women from Whitehill &amp; Bordon who chose to give birth with them. This is being provided in the local community.</p> <p>There is a commitment from RSCH to keep the pre and post-natal care local (either at Chase Community Hospital or in GP surgeries)</p>	Yes as it will transfer either from Chase or with the GP services
Ophthalmology	These clinics provide one clinic a week seeing an average of 75 appointments per month	Patients choosing HHFT as their provider will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester or choose to be seen by RSCH in Haslemere	<p>RSCH provides an ophthalmology service from Badgerswood GP practice. Discussions are currently underway about whether this service could also be offered from Forest Surgery.</p> <p>HHFT will not relocate its clinics until March 31, 2019</p>	This will be discussed with RSCH as part of the health hub plans

<b>Additional or changes to current services for Chase Community Hospital (not provided by HHFT)</b>				
<b>Service</b>	<b>How is/has this service been provided?</b>	<b>How has/is this service changed/ changing?</b>	<b>Is the service provided in Whitehill and Bordon</b>	<b>Will this service move to the new health hub?</b>
Physiotherapy	Patients used to travel to Haslemere	Southern Health NHS Foundation Trust now provides this service locally	Yes, with the service being provided at Chase Community Hospital	This will relocate to the health hub
Podiatry	Patients used to travel to Haslemere	Solent NHS Trust now provides this service locally	Yes, with the service being provided at Chase Community Hospital	This will relocate to the health hub
Phlebotomy	Currently provided at Chase Community Hospital as a bookable service	The CCG has procured a GP led, bookable service. This new service will replace the existing service in January 2019	Yes, with the service being provided in GP practices	Yes, as part of GP services

#### **4. Recommendation**

- 4.1. The Committee is asked to note the update on the development of the health hub and consider the further information provided on the re-provision of the HHFT services.