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Dear Colleague

Re: Developing enhanced community services in Whitby and Malton

The Board of NHS North Yorkshire and York has approved a trial of a different approach to providing frontline NHS services, aimed at ensuring community healthcare services for people in the Whitby and Malton areas are delivered in the most appropriate healthcare setting and in the most cost effective way.

The Whitby project forms a key component of the proposals in a paper presented to the North Yorkshire County Council Overview and Scrutiny of Health Committee in June, which focussed on strategic options and interim planning arrangements for the provision of health care services in Whitby. A similar proposal is planned for community services in Malton.

The aims of developing enhanced community services are to:

- maintain the provision of the community hospitals with a range of services (including access to diagnostics, theatres, inpatient and outpatient facilities, Minor Injuries Units and hospital-based rehabilitation)
- strengthen community services, including the provision of an overnight nursing service, to support patients safely at home when they do not need the level of care provided in the hospital setting.

Developing enhanced community services (often known as a Hospital at Home) is not a new concept. It works well in many other countries and parts of the UK. It has a number of benefits. At a time when people are living longer and placing more demands on an NHS, which is already under cost and operational pressures, new



ways are being found to deliver cost effective and quality care. Enhanced community services allows the NHS to do this.

This is not appropriate for everyone and bed-based care in the community hospitals will be provided for those patients who need it as usual. Evidence indicates patients prefer to be treated in own homes, provided it is safe and clinically right. Patient surveys demonstrate high levels of satisfaction with care and treatment for people treated and supported in their own homes. By providing more specialist support within community services fewer patients would need to be admitted for a stay in hospital which evidence suggests produces better outcomes.

A "hospital at home" scheme was implemented in Ryedale last year on a temporary basis. This successfully reduced the need for some admissions to community hospital beds. Fewer staff were needed to run the Hospital ward enabling a number of staff to work within the community team and support additionally services supporting people in their own homes. A key part of this being the provision of an overnight nursing service not previously being available for the Ryedale area. Admissions to acute care were not significantly affected during the period of the ward closure and the scheme was well received in the local community.

Longer-term our proposal is to alter the balance between resources in the community and the inpatient services in Whitby and Malton. This will happen incrementally by reducing the number of beds open for admission, whilst slowly transferring some staff into the community. At Whitby we already have empty beds and plan to staff accordingly effectively reducing staffing capacity by the equivalent of 5 beds. In Malton we plan to close 5 beds immediately whilst this new model is trialled. The impact will be reviewed on a weekly basis.

A phased approach will allow us to fully understand the impact on the whole health care system in the area, which will include reviewing bed reduction carefully at every stage. A nurse staffing formula is being used to show the numbers of nurses required for every 5 beds in the community hospitals. This will help us ensure the ward areas have sufficient staff for the reduced number of beds open for admission. It will also help us to decide how many staff can transfer out into the community as the project progresses, and how many posts can remain vacant. The current medical staffing model is also being reviewed by local GPs, to ensure patients continue to receive the required level of medical support whether they are admitted to a bed in the community hospital or cared for at home.

We are also assessing quality and patient experience of the service, as well as activity. It is not possible to accurately predict the optimum number of beds that are needed, or the size of the enhanced community team until the model can be tested over the next 6 months.

For this reason we will be working closely with staff, GPs and other stakeholders to monitor and evaluate the scheme and seek their views on an ongoing basis. The effectiveness of the model will be fully reviewed in April next year.

In order to deliver the best possible care to as many patients as possible the Board has approved this new approach to enhancing community based care in the Whitby and Malton areas. We acknowledge local concerns about change and how this is perceived about the long-term future of the community hospitals. As such, we

acknowledge the need to explain very carefully what we are doing, and why, on an ongoing basis. If the scheme is a success and demonstrates the need for a permanent change to the bed base in these hospitals, we would undertake **FULL CONSULTATION** in accordance with our statutory duties. What we can assure our staff and local people is that it is absolutely clear that there will always be a need for inpatient beds in Whitby and Malton community hospitals for those patients whose health needs cannot be met at home, and we will maintain those services.

For the avoidance of doubt, we have no intention of closing either Malton or Whitby hospitals, but we must use our resource flexibly to meet changing patient needs in the 21st century, and this trial is part of that process.

Yours sincerely

Jayne Brown OBE
Chief Executive

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