

GOVERNING BODY

LEAD: David Smith, Chief Officer	ATTACHMENT:	B
REPORT AUTHOR: David Smith, Chief Officer,	AGENDA ITEM: 5	
RECOMMENDATION: The Governing Body is asked to agree which option should be pursued for the future commissioning of services for patients on Fuchsias Ward	GOVERNING BODY MEETING DATE: 8 th January 2013	

FUCHSIAS WARD, TOLWORTH HOSPITAL

EXECUTIVE SUMMARY:

Fuchsias Ward, situated within Tolworth Hospital is operated by South West London and St Georges NHS Trust and supports 6 patients. It was commissioned in 1993 as a 22 bedded ward for patients with dementia who at the time of admission presented with severely challenging behaviour. The aim of the service was to provide medium to longer term care for a patient group who were difficult to place in local residential and nursing home provision. It is now recognised that the NHS should not be providing long term lifetime care for patients within hospital environments and therefore these services have been decommissioned and provided in the non-statutory (non NHS) sector throughout the country.

KEY SECTIONS FOR PARTICULAR NOTE:

There are currently 6 patients on Fuchsias Ward, five have a diagnosis of end stage dementia, one patient has an acquired brain injury and end stage dementia. They have been on the ward for between 7 and 12 years. There are 3 male and 3 female patients who are aged between 64 and 83 years. These patients have varying degrees of dementia. None of the patients exhibit challenging behaviour any longer and are at the palliative stage of dementia care. There is very little input required in the way of psychiatric interventions. The patient's psychiatric needs have now been overtaken by their physical health needs. The patients lack mental capacity.

The service is led by a Consultant Psychiatrist and the ward is staffed by Registered Mental Nurses (RMNs).

New admissions to the ward were stopped in 2008, when there were 14 patients on the ward. Since then care for new patients has been successfully provided in patients own homes supported by family carers or home care support, or in nursing and residential care homes. There has been no clinical requirement to make a case to admit to Fuchsias Ward since 2008.

RECOMMENDATIONS:

The Governing Body is asked to consider the following 3 options and decide which option should be pursued.

Option 1. Continue to commission the services from Fuchsias Ward.

Under this option we would continue to commission the services for an undetermined period. We would also need the Trust to continue to provide the service.

Option 2. Work with the relatives to move the patients to alternative care settings.

Each patient would be individually assessed and a detailed care plan drawn up. This would require a formal Best Interest assessment, under the Mental Capacity Act. Working with the relatives we would find alternative care settings. At the meeting on 20th December 2012, the relatives rejected this option.

Option 3. Consult on closing the ward.

As closure would constitute a service change we should publically consult on closing the ward. If this option is pursued we would aim to produce a consultation document within the next few weeks with the intention of commencing consultation in February 2013. We would agree the length of consultation period with the Health Overview Panel, but it will be between 4 and 12 weeks. Any proposed change to the location of care of the six individuals would require a formal Best Interest assessment under the Mental Capacity Act.

At the close of consultation the CCG would then take a final decision regarding the future of the ward. If the CCG decide that the ward should be closed, we would then individually assess each patient and produce a detailed care plan and work with the relatives to find alternative care settings or to identify one care setting where the patients could move as a group if this is the relatives preference.

Implementing this option will require the CCG to obtain best interest assessments from the Official Solicitor and involve legal costs to the CCG.

RISKS IDENTIFIED:

Continue to commission a very high cost service.

FINANCIAL IMPLICATIONS:

The cost charged by South West London and St Georges Mental Health Trust to the CCG for these 6 patients is £1.46 million per annum, a cost of £243,000 per patient per year. This is the full cost and includes trust overheads. Care in an alternative nursing home would cost in the order of £300,000 per year or £50,000 per patient.

NHS Kingston has accepted that the 6 Fuchsias patients are an NHS continuing care responsibility and therefore that the NHS will continue to be responsible for funding their care regardless of setting for their lifetime.

EQUALITY IMPACT ASSESSMENT:

This will be carried out once a decision has been made on the option to be pursued.

PRIVACY IMPACT ASSESSMENT:

No patient identifiable information was used in the writing of this report.

KINGSTON CCG MISSION & VALUES

We are passionate about your health, compassionate about your care

Our task is to:

- help you stay as healthy as possible
- support you in looking after yourself when you are well and when you are not
- make sure the right services are available if you become unwell, and for those services to be safe, effective and provide the good experience you deserve

- listen to you, involve you and be influenced by you
- work with you to continuously improve:
 - o the health and wellbeing of people in Kingston
 - o the support that's available to help people look after themselves
 - o the quality of local health services
- work with you to reduce inequalities in health across Kingston
- become recognised and respected as the leader of the health care system in Kingston

We value:

- healthier lives for people in Kingston
- getting the best possible health improvement and health care for people in Kingston
- health services for local people, shaped by local people
- you being able to say, I'm heard, I'm healthier, I'm cared for

We plan to achieve this by:

- targeting the causes of ill health and premature death
- improving the quality, safety and responsiveness of services
- ensuring good quality health services are available and accessible in a timely way
- developing services across health and social care

We will measure how well we do by:

- your feedback on the services you use
- the improvement in health and life expectancy across Kingston
- the reduction in the health gap between affluent and more disadvantaged areas and people