

Fuchsias Ward, Tolworth Hospital

Introduction

The purpose of this paper is to seek agreement of the CCG Governing Body regarding our future commissioning of the services for patients on Fuchsias Ward at Tolworth Hospital.

Fuchsias Ward, situated within Tolworth Hospital, is operated by South West London and St Georges Mental Health 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.

Current situation

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.

Fuchsias consists of three six bedded dormitories, one two bedded and two single bedded side rooms. The ward does not provide the privacy and dignity for the patients in the dormitories and falls below the environmental standard we expect to commission services for this client group both currently and in the future.

The full cost to Kingston CCG charged by the Trust for these 6 patients is £1.46million per year.

The number of patients will continue to reduce and as this happens it will become increasingly unsuitable to care for patients on this ward. There is no plan as to what will happen with the patients who will still be on the ward when it becomes unviable and the risk is that patients would then need to be moved in an unplanned way and too quickly. We cannot draw up plans to move patients when the date as to when the moves might take place is so uncertain.

Meetings with relatives

Staff from NHS Kingston, Royal Borough of Kingston and the Trust met with relatives during 2011 to explore alternative care settings, but no consensus was reached. In order to ensure that the issues were handled appropriately, NHS Kingston wrote to the Official Solicitor in January 2012 to inform him of the possibility of a change process for this ward and these patients.

The Chief Executive of the Trust, David Bradley and the Chief Officer of the CCG David Smith have met the relatives on two occasions, 15th November 2012 and 20th December 2012. At the conclusion of the first meeting, the Trust agreed to share the full details of the running costs with the relatives and to explore alternative options for caring for these patients. At the second meeting, which was also attended by Debbie Stinson, Consultant in Old Age Psychiatry, a further discussion took place. The Trust is unable to significantly reduce the costs of running the ward and is unable to move the patients to another location on the Tolworth site. The Trust's position is that it should not be providing services for this patient group.

Kingston CCG has confirmed that it will continue to fully fund the care of these patients in appropriate nursing homes and would work with the families and with each patient to find a suitable nursing home either in Kingston or nearer to the relative's homes. If the preference is to keep the group of patients together in an appropriate care facility we will endeavour to commission this.

The relatives oppose a decision to close the ward or to moving the patients to nursing homes.

David Smith advised the relatives that this paper would be discussed by the CCG Governing Body on 8th January 2013.

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 a NHS continuing care responsibility and therefore that the NHS will continue to be responsible for funding their care regardless of setting for their lifetime.

Options

In considering which of the following options should be pursued, the CCG needs to take into account the following:

- The individual clinical needs of the 6 patients.
- Our responsibilities to commission high quality, safe and cost effective care for all of our population as well as for the Fuchsias Ward patients. There is an opportunity cost to the CCG of maintaining the ward.
- The position of the Trust that it does not believe it should be providing this service.
- The views of the relatives.

There are 3 options.

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.

Recommendation

The CCG Governing Body is asked to agree which option should be pursued.

David Smith

Chief Officer

3rd January 2013