

ADULT SERVICES AND HEALTH COMMISSION
NHS SERVICE RECONFIGURATIONS CONSULTATION FORM

NHS health bodies are required under section 7 of the Health and Social Care Act 2001 to consult with health overview and scrutiny committees on any proposals they may have for substantial variation or development of health services. Please complete this form if you are considering making changes to services that:

- affects the accessibility of patients and the public to services- This may be in terms of increase in travel time, greater cost to patients, change in opening/closing time of clinics etc.
- affects a significant proportion of patients or public
- is a speciality service and meets an important regional/national need
- require consultation with the patients and public
- is more than just a temporary change and state how long it will take for the service to be put back to original or better state
- affects the method of service delivery such as moving a particular service from acute to community setting
- impacts on the wider community

SECTION 1

Name of organisation: Derbyshire Mental Health NHS Services Trust

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Background information

1.1 Please outline the nature of the proposed service reconfiguration

Interim step to enable PFI delivery and configuration.

1.2 What will the proposed service reconfiguration mean for patients and the public?

- Interim step enables single sex accommodation
- More efficient therefore cost effective with reinvestment of savings into new PFI facilities

1.3 Please provide a copy of the project programme, illustrating the project timeline and key milestones.

See appendix A.

1.4 Is there any further information you want to provide at this stage?

The proposed consolidation of Wards 12 (DRI) and Lathkil (Kingsway) on Lathkil (Kingsway) meets current and expected future demand in terms of admissions and length of stay in preferred ground floor accommodation.

Required bed numbers have been calculated based on existing and anticipated referral rates and effective lengths of stay (appendix B).

SECTION 2 – Further information

The following information will assist the Health Overview and Scrutiny Committee to determine its response to the service reconfiguration.

Strategic relevance and evidence base

2.1 Is the proposed service reconfiguration in context with the stated aims and objectives of your organisation?

Yes.

2.2 How will the service reconfiguration enhance the health of local communities?

- Single sex accommodation.
- Improving patient experience (right treatment, right care provider, right time) via increased throughput and reduced (current) above average lengths of stay.

2.3 a. What is the evidence base for the service reconfiguration?

PFI Business Case

b. Is the proposal in line with 'good practice'?

Yes.

2.4 How does the service reconfiguration complement your partner organisations' aims and objectives?

- National target re. Delayed transfer of care
- Supports national guidance e.g. Everybody's Business.

Finance

2.5 a. What is the cost of the service reconfiguration?

No additional cost.

b. Is the project affordable, short term and long term?

This interim solution is affordable in the short-term and long-term delivery necessitates this efficiency saving for PFI affordability.

2.6 What is the source of funding for the service reconfiguration?

Internal reconfiguration.

- 2.7 Are there any direct service changes linked to the proposal so that it can be funded, e.g. service reductions, delays in new services?

This is the interim step to PFI delivery.

Human Resources

- 2.8 What is the impact on the current workforce?

Reduction of 14 wte unqualified nursing staff.

- 2.9 What are the human resource demands within the service reconfiguration proposals?

Necessity for some redeployment.

- 2.10 Will you be able to recruit sufficient trained and experienced staff to deliver the newly reconfigured services?

N/A

- 2.11 What are the plans for workforce development?

Skill mix is developed for interim and future service provision.

SECTION 3 – Detailed information, with a patient and public perspective

Consultation

- 3.1 a. Who has been consulted so far?

Commissioners
CSIP Lead
Trust Top Management Group
Business Unit Senior Management Team
Business Unit Senior Clinical Team

- b. Why have you consulted these groups?

Commissioners and CSIP to establish evidence.
Organisational teams as part of management process.

- c. What questions were asked?

How do we deliver PFI within agreed financial envelope and what are the steps and processes needed to get there?

- 3.2 a. Who will you consult in the future, as part of your consultation programme?

Trust Board

- b. Why will you consult these groups?

For sign-off.

- c. What questions will you ask?

None. Taking a proposal.

- 3.3 a. What information have you gathered so far from your consultation programme? (key points, themes and issues)

- PFI justification re. improved environment
- Twice national average number of beds per 10,000 population
- Above average lengths of stay

- b. How do you plan to respond to these emerging points, themes and issues?

Implementing the interim plan as specified.

- 3.4 What are the views of the Patient and Public Involvement Forums (or LINKs)?

Will be sought following the Trust Board.

Changes in Accessibility of Services

- 3.5 Please set out how the proposed service reconfiguration impacts upon the accessibility of services from the patient and public perspective.

- Improved access in terms of transport network and parking.
- Ground floor accommodation as opposed to current first floor accommodation.

Is an existing service being withdrawn or modified resulting in reduced access or changes in access?

Modifying an existing service but by increasing throughput and reducing average lengths of stay access will be improved.

Impact of the proposed service reconfiguration on the wider community

3.6 Please set out the impacts of the proposals on the wider community:

Environmental impact

- Negligible.

Employment impact

- Negligible as surplus staff will be redeployed.

Inequalities impact

- None identified.

Impact on other organisations

- None identified.

You may want to provide an environmental or health impact assessment, or similar supporting evidence

Patients affected

3.7 Please set out how the proposed service reconfiguration impacts upon patients, carers (if appropriate) and other members of the public.

Patients on Ward 12

- Moving from first floor accommodation to ground floor accommodation.
- External environment affords access to garden space and attractive grounds.

Carers / family

- Suburban setting and greater parking space.

Public

- Release of space at DRI to offer alternatives.

Methods of service delivery

- 3.8 Please set out plans to vary the existing form of service delivery – from an organisational and patient perspective. Further provision of information on the link between the patient care pathway and the service reconfiguration is essential.

By consolidating Ward 12 and Lathkil we are enabling the delivery of assessment and treatment services in one location.

Any other comments?

- 3.9 Please use this space to add any further comments relating to the proposed service reconfiguration.

FOR FURTHER INFORMATION PLEASE CONTACT:

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