



We need your help to shape a vision for a healthier Ashfield...

We are committed to providing the highest quality healthcare for people living in the Mansfield and Ashfield districts.

However, this is a real challenge. We are all facing a health 'time-bomb' over the coming years due to an ageing population, a growing bill for drugs and new technology and an increase in diseases such as diabetes, heart failure and COPD (chronic obstructive pulmonary disease) alongside high levels of obesity, smoking and alcohol use.

We are committed to providing the highest quality healthcare for people living in the Ashfield district.

Like other public services, the NHS is operating in a difficult economic climate. Locally, NHS Nottinghamshire County needs to save more than £90 million by 2015, in addition to the £38 million saved in 2011/12. This is part of plans to save £20 billion across the NHS nationally. Therefore we now need to look at how some of our health services are delivered across Ashfield. Our vision is to redesign some of these health services to make them more efficient and productive so that we can meet the increasing demand. We want to enable people to:

- Receive the right care, in the right place, first time
- Reduce the need for people to stay in hospital
- Live as independently as possible.

In this document you will find information about our plans to improve:

- Existing services for older people and develop a 'one stop service' approach to care
- Services for people with dementia
- Services for people with long term conditions – especially diabetes
- Health and wellbeing including primary care services (family doctors, nurses, etc).

It is important for us to hear from you, our patients, carers and other members of the public living in Ashfield. We would like to know what you think of our vision. Do you think the vision will meet your health needs, and those of the residents of Ashfield? What are your own experiences of healthcare in Ashfield?

Please take the time to read the information and send us your views to help us provide the highest quality care for you and your family and friends.

“ Through implementing this vision, we are determined to deliver the best possible care for local people and to ensure that our strategy delivers real change and real improvements. ”

Dr Raian Sheikh, Clinical Lead for the Mansfield and Ashfield NHS Clinical Commissioning Group



Ashfield LIFT Building

Planning for the future

In developing our vision for a healthier Ashfield, we have examined local services and compared these to good practice elsewhere in the country. This has helped us to identify exciting opportunities to improve services, based in the community, which will help us to meet both the current and future needs of local people.

We know health is influenced by a wide range of social, economic and environmental factors, many of which are outside the control of the NHS. However, we believe that we can improve and develop services to help improve the health of local people.

As part of this work, we have reviewed the use of the health care premises in Mansfield and Ashfield. We believe we can better use the premises on the Ashfield Health Village site in Kirkby-in-Ashfield. We are focusing our vision and proposals on potential changes we can make to Ashfield Health Village (AHV), to ensure we can deliver high quality services locally.

This facility combines Ashfield Community Hospital and a high quality, self-contained extension built in 2007. It is a purpose built facility, which we believe could become a health and community hub for Ashfield residents for years to come.

We know that the way services are delivered needs to be able to respond to patient demands, and needs to change to keep up with the ever-changing world of healthcare and developments in medical evidence and practice.

Our clinical colleagues (GPs, nurses and hospital doctors) have told us that, based on national guidance, in order to provide the best possible outcomes and patient experience for local people, we need to transfer the ward-based services currently at AHV to other locations in Mansfield and Ashfield. For one specialist service, we need to transfer the service to Highbury Hospital, Nottingham.

By doing this, we will have additional space for the existing and new community-based services which will meet the health needs of the people of Ashfield both now and long into the future.

Improving existing services for older people

It is predicted that between 2010 and 2020, the number of people aged over 65 will increase by a quarter. This means we need to plan for an increase in demand on health services.

Older people often have complex needs that require a co-ordinated response between health, social care and other agencies.

Health crises – when a patient needs additional support to manage their condition – can develop quickly, and an older person's condition can deteriorate rapidly. In some cases it is possible this may have been prevented by earlier action.

What are the current services?

Patients who need referring to other health services often get lots of referrals to a range of services which are all separate – they are in different places and on different days and times.

There is not currently a system that allows older people to be identified and treated quickly in their own homes; they are usually taken to hospital for treatment. This is reflected in the national data that shows that older people in Ashfield have more emergency admissions than many other places in the country.

Proposed changes

Our vision is simple: 'Right Care, Right Place, First Time.'

Our aim is to ensure the full range of health and social care services are more joined up and better co-ordinated to place patients at the centre of their care. To do so, we propose the following:

- New services to identify people who are at risk of a health crisis earlier. This may include developing a community geriatric service in partnership with Sherwood Forest Hospitals NHS Foundation Trust (SFHFT)
- Services to be 'joined up' across the range of healthcare providers so that they can respond quickly to patient needs.

Making it happen

To put in place a new community 'one stop service' and rapid assessment services, we need to ensure that existing services are co-ordinated; this includes making sure that they are all provided in the same place at similar times.

“Our aim is that a patient is only admitted to hospital if they need to be. We want to provide additional services and new ways of working that will enable more patients to receive safe and effective treatments without needing to be admitted to hospital.”

Dr Julian Law, member of Mansfield and Ashfield NHS Clinical Commissioning Group and Kirkby GP

Do you agree with our vision to improve existing services for older people and develop a 'one stop service' approach to care?

What is it you like or dislike about our proposals?

Improving services for people with dementia

National figures predict that 1 in 20 people over 65 will have some form of dementia. In Ashfield, the number of people with dementia is projected to increase by 8% between 2011 and 2015 (from 2,741 in 2011 to 2,960 in 2015).

To support the existing National Dementia Strategy, a plan was developed by NHS Nottinghamshire County and Nottinghamshire County Council. The plan identified gaps in current services.

What are the current services?

These include community support for patients and carers, access to diagnosis and assessment for patients, and support and management during health crises. However, we realise that these are limited.

Proposed changes

We want to address some of those gaps through improvements in services based in Ashfield. Many people with dementia benefit most from community-based services. It makes sense that these are provided close to people's homes, in a community setting. We want to improve local access to dementia services in Ashfield.

- **High quality memory assessment services** – We will increase these and ensure they are provided in a suitable and welcoming environment and close to other services for older people.
- **Support after diagnosis and a range of day care services** – We already commission (plan and pay for) Dementia Café sessions and Family Day Service sessions from our voluntary sector providers. These are highly regarded and provide a stimulating environment for people with dementia, as well as offering respite for families and carers. We will commission additional sessions, and enhance the important role played by voluntary sector colleagues.

- **Better support to plan for the future** – We will work with those who provide services that can help people with dementia and their families plan for the future.

- **Commissioning an intermediate care service** – Being admitted to hospital can be particularly distressing for people with dementia and their families, as the person becomes disorientated and often more confused and upset. We will commission an intermediate care service for people with dementia in Mansfield and Ashfield. Initially, this will provide help to around 125 people with dementia.

Making it happen

We need to review the existing services and intend to put in place new dementia services that will support patients more effectively in a community setting, and ensure that they get the support they need when they develop dementia.

Do you agree with our vision to improve existing services for older people and develop a 'one stop service' approach to care?

What is it you like or dislike about our proposals?

Who are we?

The Mansfield and Ashfield NHS Clinical Commissioning Group (CCG) is one of the new commissioning organisations in England. We are a collective of 31 GP (family doctor) practices in Mansfield and Ashfield, and are led by a group of doctors, nurses and health service managers from your area.

We are one of the new organisations which will be responsible for planning and paying for healthcare services when primary care trusts are abolished in April 2013 in accordance with the Health and Social Care Act 2012.

Our aim is to improve the health and wellbeing of the 184,000 people who live in the districts of Mansfield and Ashfield. We are responsible for planning and paying for healthcare services for people in the area, and from April 2013 we will manage an annual budget of approximately £235 million.

We are currently operating in shadow form under the authority of NHS Nottinghamshire County. This means that whilst NHS Nottinghamshire County retains legal responsibility for ensuring patients and the public are involved in the proposed changes to these services that it has given us responsibility for providing the managerial and project support required.



Improving services for all people with long term conditions

A long term condition is one that cannot be **cured** but can be **managed** by medication or therapy. Examples of long term conditions are diabetes, heart failure and chronic obstructive pulmonary disease (COPD).

We want to ensure that people who have long term conditions have access to information and services that enable them to manage their condition well, and remain as healthy and independent as possible.

Recently we have focused on improving the care of patients with asthma and COPD. We have been able to reduce the number of people with these conditions being admitted to hospital as an emergency. This now places us well below the national average.

In comparison, the number of people admitted to hospital as an emergency with a diabetes related condition is above average. We want to make the same impact and improvement in diabetes care that we have already made in COPD.

What are the current services?

We have already commissioned (planned and paid for) a new diabetes service in the community which is delivered by doctors and diabetic specialist nurses from SFHFT. They see patients in community clinics and help them manage their condition. These clinics are not currently run in Ashfield. Patients travel to Mansfield for this service.

The diabetes specialist nurses also work closely with local GP practices to provide training and support to GPs and practice nurses who look after patients with diabetes.

We also commission patient education programmes for patients with Type 1 and Type 2 diabetes.

Who are we working with?

- Patients that use the services to ensure we design services that are truly patient focussed
- Local GPs from across Mansfield and Ashfield
- Sherwood Forest Hospitals NHS Foundation Trust (SFHFT), who provide the services at King's Mill Hospital and in the stroke and Chatsworth wards
- Nottinghamshire Healthcare NHS Trust, who provide the services in the mental health wards – Shelley and Bronte
- County Health Partnerships, our provider of community services
- Nottinghamshire County Council Social Services
- Local MPs, Nottinghamshire County Councillors and Ashfield District Councillors
- Voluntary Sector in the local community
- User groups – including Diabetes UK and Friends of Ashfield.

Proposed changes

Ashfield Health Village will provide excellent, co-ordinated doctor and nurse-led services for people with long term conditions. It will provide accommodation for a resource centre and the various voluntary organisations who work with and support people with long term conditions.

We want to expand the number of clinics currently running. We want to expand patient education programmes in the community.

“ We hold our meetings and committee meetings at the King's Mill Centre but, as most of our Group members are from the Ashfield areas, meetings at the AHV might be more convenient once the plans are made known. ”

Peter Green, Mansfield Voluntary Group of Diabetes UK

Do you agree with our plans to look after people with long term conditions?

Are there any other care priorities we need to consider?

Making it happen

The key to successfully managing long term conditions is to support people to live independently, ensuring care is planned around their needs and choices, at a place that is convenient for them.

We aim to ensure these patients have timely access to services and that all the organisations involved in their care, from health and social care through to the voluntary sector, work together to deliver this.

Our vision supports providing services in the same location to improve the experience of patients with long term conditions at Ashfield Health Village.



Changes in the ward-based services provided at Ashfield Health Village

Stroke services

Since the National Stroke Strategy in 2007, we have invested in improving stroke services. There is now growing national evidence that joined-up hospital stroke services provide better patient outcomes than services provided separately in different locations.

Joined-up care means that patients have immediate access to rehabilitation following their initial 'acute' treatment. There are some additional benefits of this model, including continuity of care for patients, developing a staff group who are highly skilled in all aspects of stroke care and making the best possible use of the scarce skills of specialist therapy staff. Services located together also allow for rapid access to hospital services if a patient's condition deteriorates.

What are the current services?

When someone has a stroke, they are treated at King's Mill Hospital or Queen's Medical Centre for the first few days. This is defined as the 'acute' phase of their care.

Some stroke patients need more longer term care, which cannot be delivered at home. These patients are sometimes transferred to Ashfield Health Village for inpatient rehabilitation, where there are currently 16 stroke rehabilitation beds. This patient transfer does not reflect best practice.

During 2011/12, 196 patients used the stroke ward – only 34% (66 patients) came from the Ashfield area.

How do you feel about the proposed transfer of the stroke rehabilitation ward from Ashfield Health Village to a specialist stroke unit at King's Mill Hospital?

Proposed changes

The local stroke specialists and their GP colleagues have proposed that the bed reconfiguration options are investigated and that the stroke rehabilitation ward is transferred from AHV to King's Mill Hospital in Sutton-in-Ashfield, in line with best practice.

Making it happen

Our vision supports the clinical case for stroke inpatient services to be delivered from one location at King's Mill Hospital. We will work with local GPs and stroke specialists to ensure that the transfer is as smooth as possible for all patients.

"I welcome any plans to ensure that health and social care services become more integrated and co-ordinated so that we are able to respond seamlessly and in a timely manner to the needs of older people. This will allow them to live as independently as possible and avoid unnecessary admissions to hospital."

Dr Steve Rutter, Consultant Geriatrician and Service Director for Geriatrics, Sherwood Forest Hospitals NHS Foundation Trust



King's Mill Hospital

What are the Mansfield and Ashfield CCG 10 priorities?

Agreed with local people, our 10 priorities for action are:

- Care of the elderly in the community
- Planned care
- Mental health and substance misuse
- Prescribing
- End of life care
- Cardiovascular disease and prevention
- Access and urgent care
- Chronic obstructive pulmonary disease
- Children's health
- Cancer.

Inpatient services for people with dementia



Millbrook, King's Mill Hospital

Shelley Ward and Bronte Ward

In order to follow best practice, which is set out in the National Dementia Strategy, it is recommended that wards caring for people with dementia are located, wherever possible, with other mental health wards in specialist units.

Local dementia experts have suggested that 'stand-alone' mental health wards in a community hospital are not the best location for patients with dementia and challenging behaviour. Such services could risk becoming isolated, and may not benefit from a full range of mental health services. Instead, a better service could be provided from specialist facilities for all patients with such needs.

What are the current services?

A small number of people with dementia require care in an inpatient setting. There are currently two wards caring for people with dementia located at AHV – Shelley Ward and Bronte Ward.

The current wards are used by patients from across Nottingham City and Nottinghamshire County.

During 2011/12, 91 patients used Shelley Ward – only 27% (25 patients) were from the Ashfield area. In the same period 28 patients used Bronte ward – only 38% (11 patients) came from the Ashfield area.

Do you agree with our plans to improve services for people with dementia – both inpatient (Bronte Ward) and those in the community?

We are particularly looking to improve our community-based dementia services – what are your current experiences of these?



Proposed changes

Shelley Ward is a 20 bed assessment ward for patients with dementia. Nottinghamshire Healthcare NHS Trust has already consulted with service users about transferring Shelley Ward to a newly refurbished ward at the Millbrook mental health unit on the King's Mill site. This transfer is scheduled to take place in Autumn 2012. In the new ward at Millbrook, patients will have quick and easy access to screening, medical assessment, Accident and Emergency and other support services.

Bronte Ward is a 10 bed ward for people with dementia who have challenging behaviours. These are beds for people with dementia whose behaviours are so complex or difficult to manage that they can't be cared for in any other environment.

In addition to the move of Shelley Ward to Millbrook, Nottinghamshire Healthcare Trust wishes to transfer Bronte Ward to a specialist facility in Highbury Hospital, Nottingham. This will deliver a new style service by centralising expertise and existing resources so that high quality care is delivered to people with dementia and who have challenging behaviour. Clinical experts in dementia believe this will help recruit and retain highly skilled staff within the field of challenging behaviour.

Making it happen

It is very important to us that we ensure maximum benefit of AHV for Ashfield people. We will work with Nottinghamshire Healthcare NHS Trust over the coming months to ensure the changes are as smooth as possible for patients who are using the services at AHV at the moment.



Chatsworth Ward

Chatsworth Ward is one of the four wards at Ashfield Health Village. If the other three wards move out of AHV, as described earlier, Chatsworth will be the only inpatient ward in the building.

Keeping just one ward at AHV poses significant clinical and non-clinical risks including, safety, clinical staff cover and coping in the event of an emergency overnight.

Additional investment would be needed to maintain Chatsworth Ward at AHV.

What is the current service?

Chatsworth Ward provides short stay neuro-rehabilitation services. There are 16 beds in this ward. Patients attend for short periods to have medical, nursing and therapy input to help them manage neurological problems such as multiple sclerosis and brain injury.

During 2011/12, 213 patients used Chatsworth Ward – only 26% (55 patients) came from the Ashfield area.

Proposed changes

We are proposing to move Chatsworth Ward to Mansfield Community Hospital. This is supported by informal feedback from some service users, who have indicated that they would prefer the ward to be moved to Mansfield Community Hospital.

If the ward is moved to Mansfield Community Hospital, Sherwood Forest Hospitals NHS Foundation Trust will continue to manage the service working with the CCG based on patient needs.

“ We await the public consultation but agree that parts of the vision could provide a positive and major change of health and social care, not only for Kirkby but other surrounding communities. ”

Ron Chamberlain, Friends of Ashfield Community Hospital

Making it happen...

Our vision supports Chatsworth Ward moving back to Mansfield Community Hospital.

For all the ward moves, the intention is that the existing staff group will move with the patients so that continuity of care can be maintained, and that the culture and philosophy of the current services is maintained, or developed in line with best practice.

“ Jigsaw Support Scheme can only see value in having integrated local services which are accessible to all members of the community. Such integrated service provision can only help to increase the ability of vulnerable people to be able to access much needed services. ”

Diane Davies, Jigsaw

Do you think Chatsworth Ward should remain as possibly the only ward at Ashfield Health Village? Or should it be relocated back to Mansfield Community Hospital?

Ashfield Health Village



Improving primary care services

Primary care services are those health services provided by GPs, chemists, opticians and dentists.

We are developing long term plans to further improve primary care access across Mansfield and Ashfield. We need to plan now to make sure that we continue to provide excellent primary care in the future. If we want to make sure that patients can access the right care, in the right place, first time, we know that they will want to see their GP or other healthcare professionals in a timely way. Of course, this is important for everyone but as people become older, we know that they need to visit their family doctor more often.

Across Mansfield and Ashfield we have plans to support and develop primary care. We will be looking at a range of factors including the number of GPs we have, the quality of the accommodation that services are delivered from, feedback based on patient experience and the quality of the outcomes achieved for patients.

Your comments, as part of this consultation, will help us to develop our future plans for primary care.

Please tell us when it comes to primary care (your family GP):

What do you like that you would want us to do more of?

What do you like that you think we should keep the same?

What improvements would you like us to make?

Inpatient beds

Stroke rehabilitation beds
Neurological rehabilitation beds
Older person's mental health assessment beds
Older person's mental health inpatient beds

Consultant-led outpatient clinics:

Gynaecology
Rehabilitation
Respiratory
Chronic Obstructive Pulmonary Disease (COPD)

Other Outpatient clinics

Audiology
Physiotherapy
Speech and Language Therapy
Podiatry
COPD services
Continence clinics
New Leaf (Smoking cessation)
Contraceptive and sexual health
Child Health Services
Health visiting teams
Community nursing teams
School nursing
Emotional health and well-being (Child mental health)
Let's Talk Wellbeing (Counselling service)
Clinical psychology
Pain management

Tests

X-ray

Primary care

Kirkby Community Primary Care Centre

One-Stop Service for older people

Rapid multi-professional, multi-agency assessment
Signposting to other services

Other Outpatient clinics

Diabetes

Dementia Services

Memory clinics
Day care services
Intermediate care service
Support to plan for the future.

How Ashfield Health Village might play a key role in delivering health and wellbeing services

Key:

The diagram on this page is to illustrate the current and proposed services for Ashfield Health Village. Some services will remain, some will move to other locations and some new services will be offered.

- SERVICES THAT WILL MOVE
- SERVICES THAT ARE STAYING AT ASHFIELD HEALTH VILLAGE
- NEW SERVICES AT ASHFIELD HEALTH VILLAGE

Inpatient beds will move to:



Stroke rehabilitation beds
King's Mill



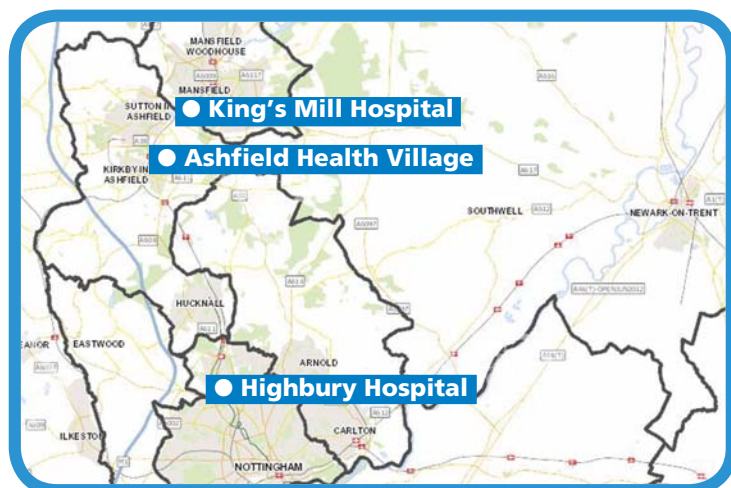
Neurological rehabilitation beds
Mansfield Community Hospital



Older person's mental health assessment beds
Highbury Hospital (Bulwell)



Older person's mental health inpatient beds
Millbrook (King's Mill)



The future of Ashfield Health Village



We are excited about the possibilities for using this excellent facility to its full potential. We want to be as bold and creative as we can be within our existing budgets.

By moving wards, we will be able to invest more money to pave the way for new community-based health services, as we have outlined in this document.

Savings would be achieved as a result of not running a site that is open 24 hours a day. Those savings will be reinvested into the new services that will operate from AHV. Once realised, our vision will improve how the site is used and increase the number of people passing through.

We want to develop AHV so that it becomes a thriving vibrant resource for people in the area; providing a range of services – from baby clinics to rapid assessment clinics for older people – with some services being provided by the NHS but other services developed in partnership with other organisations.

We are committed to helping people to stay healthy and avoid becoming unwell. We want to address some of the root causes of ill health – we know that factors such as lack of exercise, smoking, poor diet and unemployment all have long term impacts on both physical and mental health and wellbeing.

We have worked closely with our health and social care partners in developing this vision to ensure their services continue to be delivered in the best interest of patients and at the most appropriate locations. They support the vision we have set out in this document.

“The vision for older people links with our strategy, and would enable us to work together more closely to provide a wide range of integrated health and social care services.”

David Hamilton, Service Director, Personal Care and Support to Older Adults, Nottinghamshire County Council

Public Meetings

Tuesday 3 July 6.00pm to 8.00pm, Ashfield Health Village, Portland Street, Kirkby-in-Ashfield, NG17 7AE.

Tuesday 17 July 2.00pm to 4.00pm. The Towers, Botany Avenue, Mansfield, NG18 5NG (first floor conference room).

Thursday 9 August 6.00pm to 8.00pm. Summit Centre, Pavilion Road, Kirkby-in-Ashfield, NG17 7LL.

Feedback form

It is important to us to know what you think about our plans so please take the time to answer the questions below. You can: post your completed form to the following freepost address, to be received by us no later than 5pm on 9 September 2012:

FREEPOST RRZL-GBTT-RJUJ
ASHFIELD HEALTH VILLAGE CONSULTATION
NHS Nottinghamshire County
NG21 0HJ

or email your completed form to **communications.team@nottspct.nhs.uk**

About you:

Although you can respond anonymously, if you could provide us with your name, address and contact details, it will help us to analyse the results and also to keep you informed of our progress. Your details will not be shared.

Name:
Address:
Postcode:
Email:
Phone:

Please indicate your ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Asian | <input type="checkbox"/> Black British |
| <input type="checkbox"/> Asian British | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Polish | <input type="checkbox"/> White & Asian |
| <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Black | <input type="checkbox"/> Any other ethnic group |

Please indicate your age group:

- | | | | |
|-----------------------------------|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> Under 14 | <input type="checkbox"/> 15-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35-44 |
| <input type="checkbox"/> 45-54 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> Over 75 |

Preferred form of contact (please tick):

- ☐ post ☐ email ☐ text

Are you responding as (please tick as appropriate):

- ☐ Staff ☐ GP ☐ Public ☐ Carer ☐ Organisation/Group

Other, please state

How did you hear about the proposals?

- ☐ Public meeting ☐ Group meetings ☐ Media ☐ Website link ☐ Word of mouth

Other...

1. Do you agree with our vision to improve existing services for older people and to develop a 'one stop service' approach to care?

☐ Yes ☐ No ☐ Not sure

2. What is it you like or dislike about our proposals?

Please give us your views

3. Do you agree with our plans to look after people with long term conditions?

☐ Yes ☐ No ☐ Not sure

Please give us your views

4. Are there any other care priorities we need to consider?

Please give us your views

5. How do you feel about the proposed transfer of the stroke rehabilitation ward from Ashfield Health Village to a specialist stroke unit at King's Mill Hospital?

☐ Supportive ☐ Not supportive ☐ Not sure

Please give us your views

6. Do you agree with our plans to improve services for people with dementia – both in hospital (Bronte Ward) and those in the community?

☐ Yes ☐ No ☐ Not sure

Please give us your views

7. We are particularly looking to improve our dementia services in the community – what are your current experiences of these?

Please give us your views

8. Do you think Chatsworth Ward should remain as possibly the only ward at Ashfield Health Village? Or should it be...

☐ At Mansfield Community Hospital? ☐ Remain at Ashfield?

☐ No strong opinion

Please give us your views

9. Please tell us when it comes to primary care (your family GP):

What do you like that you would want us to do more of?

What do you like that you think we should keep the same?

What improvements would you like us to make?