

Responses to the Consultation: A vision for the future of community hospitals in Ashfield and Mansfield

	Questions		
	Date	Comments Made	PCT Response
Q1	01/10/2008	4. Could you please tell us what is happening to Kirkby Health Centre?	Outside the scope of the consultation. It is still planned that the Community Services will vacate the premises later this year. Discussions are still underway with GPs.
Q2	10/10/2008	1. Yes, most imaginative proposals for years 2. Options: No2 Step-up care is my preferred option as Bayliss ward is 'fit for purpose' No3 Second option - pharmacy 3. Greater support for carers 4. I would like to see a fully integrated 'Friends' volunteer service. This could serve both the hospital and departments and also the proposed GP medical practice.	- Noted. - Noted. - Carer support to be noted in the development of patient and care pathways. - Both community hospitals have very active friend groups. Further discussion will take place following final decision on service reconfiguration.
Q3	10/10/2008	1. Prefer Stroke ward to remain at Mansfield Community, more relaxed environment, better hospitals	- Acute stroke rehabilitation will relocate to Sherwood Forest Hospitals Foundation Trust as agreed in the Modernisation of Acute Services scheme. The changes at both community hospitals will provide a great environment for rehabilitation.
Q4	10/10/2008	1. No. Do not want Chatsworth ward to go to Ashfield Health Village. Access to social activities, worried about anti-social behaviour in Kirkby 2. Support pharmacy & GP practice Bayliss Ward 3. No. 4. Seeking reassurance about continued very good service received from Chatsworth unit. If Chatsworth unit does move would like name to remain the same.	- Issues around social rehabilitation are noted and will be addressed; possibly through personalised transport plans. Crime rates are lower in Kirkby than central Mansfield. - Noted. - Every effort will be made to maintain or improve services to patients and carers. Should services be relocated to Ashfield Health Village then the title Chatsworth Unit will be maintained should patients users wish it
Q5	10/10/2008	1. No. I don't agree with the proposed move to Ashfield Health Village because a) Kirkby has no facilities to use out of hospital, b) Mansfield Community Hospital provides for me excellent service, ie Physio and care. 3. Swimming facilities to enable people who have MS and others to	- Every effort will be made to maintain or improve services to patients and carers. - Noted. Not currently proposed in the scheme and unlikely to be

		<p>progress to better health.</p> <p>4. Social aspects of Ashfield Health Village probably would not be the same as at Mansfield Community Hospital.</p>	<p>economic but NCH plans to enter discussions with SFHFT to access their hydrotherapy pool.</p> <p>- Issues around social rehabilitation are noted and will be addressed.</p>
Q6	21/10/2008	<p>1. Builds on the strengths of both hospitals therefore a long term benefit will be achieved at realistic cost</p> <p>2. GP practices locating at the community hospital would allow the practice to develop and provide increased care for the patients and if possible the pharmacy.</p> <p>3. If there is room: Chiroprody, Dental, Diabetic, Nursing duties: changing dressings, evaluating medication with doctors localised, optical hearing clinics.</p> <p>4. The proposals are sensible, well thought out. As a voluntary car driver I note that patient appointment times are not spaced as well as before leading to up to two hours delay in patients being seen – not good.</p>	<p>- Noted.</p> <p>- Noted.</p> <p>- The proposed Orchard Medical Practice development will include new treatment room facilities. Also proximity of outpatient facilities will help.</p> <p>- Noted. Passed to operational lead.</p>
Q7	21/10/2008	<p>1. Yes</p> <p>2. Option 1 – A mini health centre a good idea – but depends on what the GPs want. Option 3 – would then be more useful though using a pharmacy close to where you live is often the most convenient solution for the patient. Option 2 – We don't know how useful this is until Tennyson Ward reports</p> <p>3. Yes. Though there is a two page spread in the County Focus issue 5 August 2008 on the success of the Family Planning services. The announcement that the St John Street Health Centre is to close in December 2009 is only followed by an ominous silence as to plans for this most important of services! – or is it vaguely included in 'As part of long term plans agreed in 2005, the community services based in the centre will relocate to new facilities on the Mansfield Community Hospital site in December 2009, which will be created as part of the hospitals redevelopment'? (Pg 11 of the consultation document)</p>	<p>- Noted.</p> <p>- Noted.</p> <p>All clinical services provided by Nottinghamshire Community Health at St John's Street Health Centre will be provided elsewhere on closure of this facility. NHS Nottinghamshire County is eager to further invest in sexual health services locally, but will pursue a community based model targeting high risk groups.</p>
Q8	24/10/2008	<p>1. I agree with the change in principal and accept the need for step-down/longer term rehabilitation but feel Tennyson should be left to function as it is with step-up beds only</p> <p>2. I would prefer to see a pharmacy that can be accessed by both MCH and ACH as the current arrangements with SFHT are inadequate.</p>	<p>- Noted. Evaluation of Tennyson Pilot not yet finalised/agreed.</p> <p>- Noted.</p>

		4. Ensure that the units remain within the teams that they are.	- Chatsworth staff will be invited to transfer with the service to Ashfield Health Village if the move is approved.
Q9	24/10/2008	<p>1. I can see the reason why it is happening but I don't agree with it as it seems a wasted of valuable NHS money transferring two wards to opposite hospitals when they work well where they are.</p> <p>2. I think it will work well as a surgery as it is close at Ashfield.</p> <p>3. Possible respite beds will help the local community.</p> <p>4. Leave Tennyson and Chatsworth as they are as they are both well established with great teams and neither want to move.</p>	<p>- The move is required to ensure the viability of both Community Hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan.</p> <p>- Noted.</p> <p>- Respite beds are a function of social care and should not be provided at community hospitals where possible.</p> <p>- The move is required to ensure the viability of both Community Hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan.</p>
Q10	24/10/2008	<p>1. I strongly agree with the proposed changes at both hospitals. Smaller, friendlier, caring, homelier than acute hospitals they will hasten recovery of patients.</p> <p>2. I think the idea of primary care and a pharmacy on the site is excellent. Easily accessible by bus and car to patients and near to hand chemists plus a rental (reducing costs) from the chemist.</p> <p>3. Separating the hospitals so that they deal with specialist conditions thus staffing is of a good, trained (specialist to the need) standard all in one place is idea.</p> <p>4. Please make sure that the number of beds for care of the mentally, elderly patients are not reduced in number, in fact they should be increased as they will be needed. Ensure <u>good, regular</u> public transport between the two sites as some people will have problems visiting relatives. Ensure good value for money service as its from the public purse.</p>	<p>- Noted.</p> <p>- Noted.</p> <p>- Noted.</p> <p>- There are no plans to reduce the number of beds for older people with a mental illness. In future it is hoped to focus on community based services wherever possible.</p> <p>- Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case.</p>
Q11	29/10/2008	<p>1. The proposals seem to me well thought out. They make the best use of the physical facilities and I presume of staff. The proposals take due account t of the health characteristics of the areas and former industrial centre, they increase facilities at the two community hospitals, so the people should be pleased.</p> <p>2. The transfer of GP practices to Bayliss Ward seems best to me. If the surgeries from Orchard and St John Street come it would be very good – any prospect of them joining up to form an 8-GP surgery? The prospect of a pharmacy is good; there will be experience (in Notts?) about the viability of a pharmacy given the expected number of patients visiting the Community Hospital and their medicine requirements.</p> <p>3. As medical knowledge advances, so more babies with disabilities live, people live longer. Is there a case for say facilities at health</p>	<p>- Noted.</p> <p>- Noted. There are no plans to merge the practices as yet. As independent contractors they would need to seek merger themselves.</p> <p>- The proposed development will not preclude the development of services as described, although new services are subject to</p>

		<p>clinic for speech therapists to help those with dyspraxia, with stammering or with mild mental health problems? Alongside a refreshment bar is the case for a small post office, so that an informal social setting is provided? Meeting, talking etc is, I understand, so good for our general health.</p> <p>4. I assume that where staff are transferred to another place of work that teams will be encouraged to continue as far as possible.</p>	<p>prioritisation in the organisation's annual planning cycle.</p> <p>- Yes, that is the case.</p>
Q12	6/11/08	<p>1. Some, but we would like to see a 'Centre of Excellence' for lung disease and a disease oxygen assessment clinic.</p> <p>2. GP practices will create a parking problem for people visiting the hospital for their appointments – especially those with COPD who cannot walk far.</p> <p>3. Respite care for lung disease patients and it would be so welcome and much appreciated as there is nothing for COPD patients at the moment.</p> <p>4. Set up 'Step-up Care' and establish Centre of Excellence for lung disease, ie rehabilitation, oxygen assessment, patient education centre and drop-in-centre.</p>	<p>- The proposed development will not preclude the development of services as described, although new services are subject to prioritisation in the organisation's annual planning cycle.</p> <p>- Additional parking will be part of the capital scheme.</p> <p>- The proposed development will not preclude the development of services as described, although new services are subject to prioritisation in the organisation's annual planning cycle. Respite care is the function of social care.</p> <p>- As above.</p>
Q13	6/11/08	<p>1. I agree that they need to be used and not left empty, but I don't agree with a GP practice as it is only beneficial to the patients of one practice and not all the community.</p> <p>2. I think this should be kept as a ward and not made into another GP unit.</p> <p>3. Yes, why not have a variety of health professionals that would benefit the whole of the community, eg dietetics, sexual health.</p> <p>4. Why build an independent living flat if Chatsworth and Bayliss wards are not there to use it and why move patients from a superb location for shops etc to an area that is run-down, which offers little in the way of interest outside of the hospital environment with poor transport links for patients and visitors alike.</p>	<p>- Provision of more than 4 wards (including Unit for Rehabilitation Medicine) is not viable, since there is insufficient demand for rehabilitation. Either Chatsworth or Bayliss could potentially be used for step-up (Tennyson model) but this is subject to final decision on service configuration.</p> <p>- Noted.</p> <p>- Noted. A range of proposals has emerged through the consultation process and are being considered. Support services will be appropriate for the inpatient facilities agreed.</p> <p>- Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. The move of Chatsworth Ward to Ashfield Health Village is important to create a centre for Neurological Rehabilitation with access to the Ashfield Rehabilitation Centre.</p>
Q14	6/11/08	<p>1. No, I don't agree as everything already seems to work well where it is.</p> <p>2. Yes, I agree to the pharmacy.</p>	<p>- The existing service model is unsustainable following withdrawal of medical patients to King's Mill hospital.</p> <p>- Noted.</p>

		4. Yes, don't change them at all as everyone is settled and the disruption adds stress to the patients.	- See comment above.
Q15	6/11/08	1. I don't mind.	- Noted.
Q16	6/11/08	1. No.	- Noted.
Q17	6/11/08	1. Mother has had excellent care and attention on Tennyson Ward. The staff and all aspects of care for her have been excellent I think it should stay as it is. 2. I agree that this would improve Bayliss Ward. 3. If they are all like Ashfield it would be great. No changes to be made there. 4. I think Mansfield Community Hospital would benefit, but let Ashfield stay as it is.	- Every effort will be made to maintain or improve services to patients and carers. - Noted. - Noted. - Ashfield Health Village is not viable if change does not happen. It is likely that two out of four wards would be empty next year.
Q18	12/11/08	1. Very much agree 2. Fine 3. No 4. No	- Noted. - Noted. - Noted. - Noted.
Q19	17/11/08	1. I do not agree with the proposals for changes to services at Ashfield Health Village. It will leave Ashfield without rehabilitation facilities for older people. 2. The preferred option would be a step-up facility 3. Ashfield and the rural areas need older people's rehabilitation facilities within their community. To transfer all rehabilitation to Mansfield will undoubtedly cause access problems for patients and relatives. 4. Community hospitals are meant to provide care and support within the community. By transferring older people's rehabilitation to Mansfield, Ashfield people are being denied access to vital services. Ashfield has already been identified as an area of deprivation.	- Ashfield Health Village is not viable if change does not happen. It is proposed that rehabilitation services for older people with stroke will be provided at Ashfield Health Village. - Noted. Awaiting evaluation. - It is proposed that rehabilitation services for older people with stroke will be provided at Ashfield Health Village. - The proposals make Ashfield Health Village a centre for neurological rehabilitation and maintain the long term viability of the facility.
Q20	17/11/08	1. Ashfield is a deprived area in terms of accessing medical advice. Therefore a rehabilitation unit for older people is vital in the Ashfield area. 2. Step-up 3. The rural areas of Ashfield will find it impossible to access rehabilitation at Mansfield. 4. Community Hospitals should provide care and support to the community it serves. Ashfield is being denied vital older people's services.	- Ashfield Health Village is not viable if change does not happen. Rehabilitation services for older people with stroke will be provided at Ashfield Health Village. - Noted. Awaiting evaluation. - Rehabilitation services for older people with stroke will be provided at Ashfield Health Village - The proposals make Ashfield Health Village a centre for neurological rehabilitation and maintain the long term viability of the facility.
Q21	19/11/08	1. No. The amount of money used (part of which I contribute to as a tax payer) to upgrade the hospital will be wasted especially to	The cost of vacant accommodation could be as much as £2.5 million per year. Viable alternatives for use of inpatient facilities must be

	<p>upgrade Bayliss & Chatsworth Wards. I understand the proposed ward at Ashfield for Chatsworth will have to be made more wheel chair friendly, ie toilet & bathrooms.</p> <ol style="list-style-type: none"> 2. If you are having GP practices on the premises then I think a pharmacy is a 'must' – not hospital but in association with one in the town. 3. Yes – a ward to provide <u>short</u> term nursing care for the elderly who live at home, who have not 24 hour care in acute episodes of illness, eg chest infection with breathing difficulties – who are not ill enough to warrant acute hospital admission. 4. I do not think it appropriate that the Unit for Rehabilitation Medicine be located outside Mansfield as part of the holistic patient approach includes medical, social and spiritual care and it is the social part I feel can not be met on the Ashfield site. <ol style="list-style-type: none"> A. A lot of the patients on Chatsworth Ward come in twice a year, they look forward to meeting old friends and making new ones. <ol style="list-style-type: none"> a) Part of this socialisation includes shopping trips into Mansfield. b) Visit to local restaurants & hostelryes for a change of scene and food. B. Patients recovering and needing rehabilitation after long stays in the acute hospital, part of which is integration into the wider society, ie visiting shops etc in Mansfield. C. The change of venue for Chatsworth Unit may mean some people who need the rehabilitation/ rest may no longer choose to use the Ashfield site. This would be detrimental to their and their family's health. D. They would no longer be able to use the physiotherapy room at the weekend as I understand at Ashfield it is not on the main ward. (If they did then a member of staff would have to be with them, thus depleting ward staff numbers) E. Travel by public transport is more difficult from the north and east of the county especially evening time. <p>And finally, if GPs rent/buy into the hospital is there any guarantees they will move out after a few years like many did from St John's Street Health Centre?</p>	<p>found and can offer good value for money (i.e. Kirkby Primary Care Centre). If the proposals are approved, NHS Nottinghamshire County will work closely with patients and carers of Chatsworth Unit to ensure the facilities are upgraded to meet their needs.</p> <ul style="list-style-type: none"> - Noted. - Noted. Awaiting evaluation of Tennyson Ward. - Issues around social rehabilitation are noted and will be addressed, possibly through personalised transport plans. - Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. - Issues around social rehabilitation are noted and will be addressed, possibly through personalised transport plans. - Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. - Treatment facilities will be available on the ward at Ashfield, whilst the ward's operational policy will tackle the needs of patients who wish to use the facilities in the main rehabilitation unit. - Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. -Possible opportunity for long term lease to be arranged.
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Q22	17/11/08	<ol style="list-style-type: none"> 1. No. 2. 3. I would like to see Chatsworth Unit remain at Mansfield Community Hospital and not Ashfield. 4. I feel it will be a great shame for our patients here on Chatsworth to be located at Ashfield as it will have a significant effect on their rehabilitation needs. 	<p>- Noted.</p> <p>- Noted.</p> <p>- The proposal will strive to ensure that the rehabilitation provided to service users is unaffected by the move. Patients will have access to the excellent rehabilitation facilities in the Ashfield Health Village.</p>
Q23	17/11/08	<ol style="list-style-type: none"> 1. No. 2. Bayliss Ward is very much in demand as stroke rehabilitation. My father was there and could not have received any better care. If stroke patients were put on an ordinary ward I feel they would deteriorate without the same input which just does not happen on other wards (by experience with my dad). 3. I think stroke rehabilitation should continue just as now on Bayliss, if moved to Ashfield transport would be a nightmare, if moved to Kings Mill it would not be a specialist ward as now, it would just blend in and quality would be lost. 4. I think things should be left as they are. 	<p>- Noted.</p> <p>- The service model continues to ensure that stroke patients receive specialist inpatient care, but that this also includes intensive rehabilitation (which is not currently provided).</p> <p>- See comments above. Ashfield Health Village must be maintained as a viable centre. Public transport issues will be addressed.</p> <p>- Noted.</p>
Q24	17/11/08	<ol style="list-style-type: none"> 1. No – people will not be able to travel to KMH and paying for parking is expensive. Community Hospitals are more homely than KMH. 2. Cannot believe you are getting rid of Bayliss Ward, as I have heard of its brilliant reputation, wards like that DO NOT exist any more. 3. Leave the wards where they are. 4. Changes are not always for the better. 	<p>- Move of medical services to King's Mill Hospital was subject of major consultation 2004/5 and is non-negotiable.</p> <p>- Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients.</p> <p>- Noted. The move is required to ensure the viability of both Community Hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan.</p> <p>- Noted.</p>
Q25	17/11/08	<ol style="list-style-type: none"> 1. No – disappointed that the number of wards is reduced to 2 at each hospital – what happens when the need for more increases and there is no room for development. 2. Would sooner see it used as a ward – not primary care facility. Is it possible for Chatsworth to move there? 3. Definitely in-patient rehabilitation services, out patient facilities and diagnostic services. 4. Real concern moving Chatsworth to Ashfield Health Village due to its established place within Mansfield Community Hospital and now it incorporates Mansfield as part of rehabilitation – not the same opportunities for patients at Ashfield Health Village. 	<p>- The need for inpatient beds has been the subject of intensive bed modelling including engagement of hospital clinicians. Too many beds would be inefficient use of resources.</p> <p>- Both hospitals need a number of beds to keep them viable. Chatsworth has good clinical links with stroke rehabilitation.</p> <p>- Noted.</p> <p>- Issues around social rehabilitation are noted and will be addressed; possibly through personalised transport plans.</p>

Q26	17/11/08	<ol style="list-style-type: none"> 1. No. 2. Bayliss Ward works well as a stroke rehabilitation unit away from the acute setting, benefiting patients more in their rehabilitation process therefore feel options are wrong. 3. Stroke rehabilitation, orthopaedic rehabilitation, older person rehabilitation. 4. Yes it is so wrong the hospitals work so well for patient's rehabilitation. 	<ul style="list-style-type: none"> - Noted. - Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients. - Noted. This is the thrust of the proposal. - Existing model is not sustainable.
Q27	17/11/08	<ol style="list-style-type: none"> 1. Why can't they leave Bayliss Ward at the Community Hospital as the stroke rehabilitation unit its easier for me to visit my son. 2. None of the above. 3. No 4. For elderly people it's hard to get to Ashfield if you haven't any transport. 	<ul style="list-style-type: none"> - Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients. - Noted. - Noted. - Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case.
Q28	17/11/08	<ol style="list-style-type: none"> 1. No. 2. A total shame Bayliss Ward should stay as it is, an excellent ward, excellent staff, excellent environment. 3. Continue to leave Bayliss and Chatsworth Wards where they are specialised units excellent units. 4. A very big mistake, no thought given to this move at all. 	<ul style="list-style-type: none"> - Noted. - Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients. - Noted. - Comment noted.
Q29	17/11/08	<ol style="list-style-type: none"> 1. No. 2. I believe Bayliss Ward should remain a stroke rehabilitation unit. It is and has been a wonderful facility for patients who have had stroke illness. They are happy patients on that ward. 3. 4. 	<ul style="list-style-type: none"> - Noted. Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients.
Q30	17/11/08	<ol style="list-style-type: none"> 1. 2. I feel Bayliss Ward works well where it is at the moment. There is a clear definition between acute and rehabilitation as with my experience with my own relatives. 3. General health clinics and rehabilitation services. 4. Better transport links would make Ashfield more accessible as a medical service. 	<ul style="list-style-type: none"> - Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services for stroke patients and will further define the acute and rehabilitation needs of patients. - Noted. - Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case.
Q31	17/11/08	<ol style="list-style-type: none"> 1. No. Community Hospital (Mansfield) should be kept as it is, it is vital the community has a hospital such as this. 	<ul style="list-style-type: none"> - Move of medical services to King's Mill Hospital was subject of major consultation 2004/05 and is non-negotiable. The proposal maintains sustainability of the community hospitals.

		<p>2. Bayliss Ward should be left as it is, as a stroke rehabilitation unit. A lot of good work and excellent care is put into this unit.</p> <p>3. A lot of money has been spent in Mansfield Community Hospital and to me it has been wasted if we cannot carry on serving the community as a stroke rehabilitation unit.</p> <p>4. Yes to leave Bayliss Ward where it is. This ward delivers excellent care, many patients return to see the staff and much praise is given about Bayliss Ward.</p>	<p>- Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services</p> <p>- See comment above.</p> <p>- See comment above.</p>
Q32	17/11/08	<p>1. No. Community Hospitals means exactly that – these were built for the people of Ashfield and Mansfield and to reduce wards is a disgrace.</p> <p>2. Bayliss Ward should remain as a stroke rehabilitation ward this ward has been adapted for stroke patients. Why are we spending money again when there is no need to?</p> <p>3. There are excellent services here and the people of Mansfield deserve it, not all patients like the hustle and bustle of a larger hospital.</p> <p>4. Mansfield Community provides excellent services throughout the hospital in very friendly and peaceful surroundings and atmosphere.</p>	<p>- Move of medical services to King's Mill Hospital was subject of major consultation 2004/05 and is non-negotiable. The proposal maintains sustainability of the community hospitals.</p> <p>- Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services</p> <p>- See comment above.</p> <p>- Noted.</p>
Q33	17/11/08	<p>1. Stay as a small hospital clinic/ward mix keeping the services accessible and local.</p> <p>2. Stay as a stroke unit, good service, good rehabilitation, homely non-clinical environment, good client rehabilitation outcomes. We have extremely good feedback from both clients and their relatives. Over 25 years service from the stroke service.</p> <p>3. Accessible and local for all services.</p> <p>4. Change is inevitable, but it would be nice to keep a ward/clinic mix. NHS Nottinghamshire County doesn't even acknowledge in the booklet that is a specialised Stroke Unit.</p>	<p>- Move of medical services to King's Mill Hospital was subject of major consultation 2004/05 and is non-negotiable. The proposal maintains sustainability of the community hospitals.</p> <p>- Services at Bayliss Ward are transferring to King's Mill Hospital, not being dispersed. New stroke rehabilitation facilities will increase quality of services</p> <p>- See comment above.</p> <p>- Noted.</p>
Q34	20/11/08	<p>4. Although we only use Mansfield and Ashfield Community Hospital for wheelchair services and for appointments with Dr Farrell, I must let you know that my six year old son and myself always think they are the two best hospitals we visit! My son especially likes the coloured glass!</p>	<p>- Noted.</p>
Q35	27/11/08	<p>1. Chatsworth Unit to stay at Mansfield Community and older people rehabilitation to stay at Ashfield Community.</p>	<p>- Inpatient facilities for older people are too small at Ashfield Health Village to provide sufficient beds required by this client group (need about 48 beds).</p>

		4. Ashfield needs older people's services.	- Ashfield Health Village is not viable if change does not happen. Rehabilitation services for older people with stroke will be provided at Ashfield.
Q36	3/12/08	1. GP practices create parking problems at hospitals. 2. I would like Step-up-care in this ward. 3. Respite care for lung disease and in-patient(?) rehabilitation for lung disease. 4. Establish a centre of excellence for lung disease, ie pulmonary rehabilitation, oxygen assessment, patient education, drop-in-centre.	- To be addressed in the planning phase. - Noted. Subject to evaluation of Tennyson Ward. - The proposed development will not preclude the development of services as described, although new services are subject to prioritisation in the organisation's annual planning cycle.
Q37	3/12/08	1. Yes (with proviso's) 2. Agree with all 3 proposals. 3. Ashfield Health Village could perhaps small operations be carried out (referred by local GPs) 4. Empty wards must be filled, but care must be taken that they will be fully staffed. Present staff and facilities must not be poached.	- Noted. - Noted. - Treatment rooms are provided at Kirkby Primary Care Centre. Increased use planned. - Noted.
Q38	9/12/08	1. Yes. As long as all the premises are used for medical purposes. Do you have enough staff to provide a service daily, 7 days a week, intensively? 2. Accept option 2 for Bayliss Ward and use intensively for occupational and physiotherapy. Full staffed. 3. Day service in regard to occupational and physiotherapy fully staffed. Possibility of short stay patients. 4. If you want pharmacy in Ashfield or Mansfield or both, let them be private under contract at no loss to the NHS Nottinghamshire County in cost.	- Staffing will be adequate to provide the necessary quality of service. - Noted. Subject to evaluation of Tennyson Ward. - See comment above. - Noted.
Q39	9/12/08	1. The proposals for Ashfield Health Village are satisfactory. 2. The proposals for Bayliss Ward at Mansfield Community Hospital should be GP practice and pharmacy. 3. & 4. Close the consultation and get the project implemented.	- Noted. - Noted. - Noted.
Q40	10/12/08	2. All sounds very good, but what about the jobs of catering staff, domestics, and porters? No one tells us anything!	- Subject to comprehensive staff engagement. Will note comments regarding engagement with outside contractors.
Q41	27/11/08	1. These changes sound very good and seem a good way to improve local NHS services. 2. All these options have good points. 3. More links with disability organisations such as DIAL Mansfield. (Disability Information Advice Line) 4. It is good that Orchard Medical Practice is moving to the Community Hospital. This is a step towards all services coming together under one roof.	- Noted. - Noted. - Noted. - Noted.

Q42	10/12/08	I will not be able to make the meeting on Tuesday 16/12/08. If you move from the Community Hospital in Mansfield to Kirkby I will not be visiting anymore because we have to rely on public transport.	- Noted. Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case.
Q43	16/12/08	<p>1. I do not agree. Chatsworth is ideally situated in Mansfield. The area is far more suitable. The ward needs no money spending on it, physiotherapy is on the ward, parking is much easier. The ward is ideal as it is and as a patient I strongly object to your proposals.</p> <p>2. I agree Bayliss could become a step-up unit, but I do not agree with a GP practice on Bayliss (or Charsworth) as the only people it serves are those in Mansfield, not the surrounding communities. Surely a GP practice is capable of finding its own premises.</p> <p>4. Browning ward is not big enough for a rehabilitation unit with many people in wheelchairs. The cost of alterations needed is a scandal considering Chatsworth needs nothing spent on it. The floor space seems very small, dayroom tiny, no garden, no physiotherapy on premises. No, Browning Ward is not suitable as a rehabilitation unit.</p>	<p>- The move is required to ensure the viability of both community hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan.</p> <p>- Step up proposal still under evaluation. Alternative uses must be found for potentially vacant accommodation following withdrawal of medical beds. The proposed Orchard Medical Practice move will support the training of clinical staff locally and this will benefit all primary care services in Central Nottinghamshire.</p> <p>- Floor layout almost identical to that of Chatsworth – certainly in circulation spaces. Detailed design work will maximise available space. NHS Nottinghamshire County is also keen to work with patients and carers throughout the design process to ensure facilities meet their needs. Ashfield Health Village offers excellent rehabilitation facilities.</p>
Q44	17/12/08	<p>1. Yes in principle. Excellent vision.</p> <p>3. Good links with voluntary/3rd sector. Better communications between agencies that are patient-centred.</p> <p>4. The ladies with dementia relatives were moving!! Wonderful if they are supported.</p>	<p>- Noted.</p> <p>- Noted. This will be included in development of operational policies.</p> <p>- Noted.</p>
Q45	16/12/08	<p>1. Cannot see any need to relocate Chatsworth Unit other than to accommodate a private practice (Orchard Medical Practice). Concerned about social aspects particularly access to town independently. Staff on Chatsworth Unit are excellent.</p> <p>4. What was the long term plan for Ashfield Health Village when the most recent building development on site was commissioned?</p>	<p>- The move is required to ensure the viability of both community hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan. The move would be proposed even if Orchard Medical Practice were not to move.</p> <p>- New buildings were created to support the services envisaged in the MAS scheme - primarily the development of inpatient rehabilitation facilities.</p>
Q46	23/12/08	<p>1. Yes. If the standard of care is maintained to the level of personal care that is available at present in Chatsworth Ward etc.</p> <p>2. Option 3 seems to offer the best use and return using the existing buildings plus the maximum benefit to the local community as a whole new pharmacy plus GP surgery(s) etc.</p>	<p>- It is planned to maintain or improve standards of care.</p> <p>- Noted.</p>

		<p>3. Because Ashfield is being designed for rehabilitation a nice garden area with wide paths, plenty of seating, handrails etc, patient internet café (dedicated), vending area for patients able to use wifi laptops etc to improve and communicate outside of their hospital environment.</p> <p>4. My only main concern is that all members of staff who now provide a fantastic personal service to existing and new patients are also happy with any changes and are not displaced in anyway.</p>	<p>- Comments will be fed back to the design team.</p> <p>- Chatsworth staff will be invited to transfer with the service to Ashfield Health Village if the move is approved.</p>
Q47	23/12/08	<p>1. Yes.</p> <p>2. I think that a pharmacy could be considered.</p> <p>3. The Orchard Medical Practice (and the 2 small GPs?) should develop services that support the rehabilitation work in Mansfield & Ashfield Community Hospitals.</p> <p>4. Urgent need I think for County NHS and Social Services to co-operate and co-ordinate so as to enable people to continue to live in their own homes with appropriate support.</p>	<p>- Noted.</p> <p>- Noted.</p> <p>- Noted. This proposal would fit well with the service model at Ashfield Health Village where the Medical Practice provides medical cover for Tennyson Ward.</p> <p>- Agreed. Local Authority involved in the design team and in the production of care pathways.</p>
Q48	29/12/08	<p>1. There is a need to establish breathing/Chronic Obstructive Pulmonary Disease (COPD) centres for people with lung disease.</p> <p>2. Bayliss Ward should be used to provide comprehensive COPD services including pulmonary rehabilitation and patient education/self management training</p> <p>3. Establish breathing centres to provide high quality care for people with lung disease and also continuous staff training and education for COPD services</p>	<p>- The proposals under consultation address significant unmet needs within Central Nottinghamshire, whilst a comprehensive COPD service already exists. However, views are noted for future service planning.</p> <p>- See above.</p> <p>- See above.</p>

	Date	Comments Made	PCT Response
E1	22/09/2008	<p>1. The closure of St John Street HC raises concerns regarding the futures of the general office/main reception staff and also the Health Centre Manager who manages this group of staff as well as providing site management. The staff provide main reception and switchboard services to all users of the health centre, plus admin and system 1 support to all Children's services staff based here, ie health visitors and school nurses. We would appreciate some information of how, or if, the PCT intends to re-deploy these members of staff.</p> <p>Several services have already been ear-marked to move out of the HC next year but there will still be services based here, eg Family Planning, Paediatric Speech and Language Therapy as well as services who just use the rooms for clinical sessions. They also require some information around where their services will now be moved to.</p>	<p>Comments noted. Moves from St. John's Street Health Centre, will be the subject of comprehensive staff communication programme.</p>
E2	22/09/2008	<p>1. Agree rehabilitation should be the focus for MCH and ACH. I have reservations about GP practices moving into the premises which may compete with rehab/office space and car parking at peak times.</p> <p>2. I think a pharmacy is a good idea.</p> <p>3. Establishing a Long Term Condition team similar to Newark & Sherwood that can integrate Rehabilitation staff such as Physiotherapists/Occupational Therapists with Community Matrons to provide seamless care in the community and help prevent admission. We currently have no community physiotherapists that can work in the patients' homes. I would also like to see Respiratory clinics run by AHPs for Pulmonary Rehabilitation, or those returning to the community following an extended hospital stay that possibly required ITU</p> <p>4. Please keep us informed. I am a member of a very small team which means it can be difficult to find out what is happening. Please take car parking seriously - it really does make a large impact on the patient's experience of their visit to our premises.</p>	<p>1. Noted. Additional car parking spaces will be provided as part of the scheme.</p> <p>2. Noted.</p> <p>3. Noted. It is the strategic intention of the PCT to develop the community based services for management of long term conditions.</p> <p>4. Noted.</p>
E3	22/09/2008	<p>1. With inpatients services at Mansfield Community Hospital and Ashfield Health Village moving to King's Mill Hospital it makes sense to develop existing inpatient rehabilitation services at both community hospitals, particularly as the moves could potentially see a loss of intensive inpatient stroke rehabilitation services. However, it is difficult to comment without knowing what you</p>	<p>1. Noted. Further planning work underway to establish detailed patient pathways and staffing arrangements.</p>

		<p>propose in terms of admission criteria to these wards, length of stay, staffing levels and grades of staff etc. The balance needs to be right to ensure the best support for patients and families.</p> <p>2. Do we really need another ward like Tennyson? Are staff working on the existing Bayliss ward going to be transferred automatically to the new ward, or will they be sent to Kings Mill? (This is a major concern of staff working there).</p> <p>3. If you develop inpatient services, you need to ensure there are adequate follow-up/outpatient/community services serving patients in the local community, not just for those who have been admitted to the wards but for those who never get admitted to hospital. Having worked in inpatient rehab services in the past, there is nothing more frustrating than knowing that your patients will face a lengthy wait for follow-up on discharge. We need outreach and long term care services, which include a range of professionals (therapists, nurses, support staff, voluntary workers. These could be based at the community hospitals to provide continuing care to people at home, whilst working alongside ward staff.</p> <p>4. Don't forget smaller, specialist services like Speech & Language Therapy, Dietetics and Psychology in your plans. You explain "neurological" rehab as "nerves". Whilst I appreciate the need for you to be succinct, I think many people still consider "nerves" to be related to psychiatric disorders.</p>	<p>Evaluation of Tennyson Ward underway. Discussions with Sherwood Forest Hospital Trust on the deployment of staff currently working in the community hospitals is underway and will be subject to further structured communication with staff side.</p> <p>Noted. Comments will be fed back to the service planning group.</p> <p>4. Noted. See comments above.</p>
E5	25/09/2008	<p>1. Yes it will improve local services greatly</p> <p>2. Step up unit is the best as it would save admission</p> <p>3. GP admission unit for emergencies</p> <p>4.</p>	<p>1. Noted.</p> <p>2. Noted. Evaluation of Tennyson Ward underway.</p> <p>3. Noted.</p>

E6	01/10/2008	<ol style="list-style-type: none"> 1. No, although we understand that the community hospitals provide an important service to patients and must be utilised to their full potential. Care must be delivered to patients close to home, but it is the extent of the change that is difficult to understand because we don't feel that there are the necessary assumed facilities available at Ashfield Health Village to support the move of Bayliss and Chatsworth and perhaps neuro outpatients. 2. As there has been so much work done on Tennyson Ward at Ashfield, this would be our preferred option. The service has been evolving since January and has seen many changes. However the model as it stands is not working due to the difficulties encountered at present referring to the acute sector. If a different model is accepted by referrers and supported by medical staff this would be a better option. Patients themselves have evaluated the ward very favourably. 3. Although the rehabilitation facilities within the gym at Ashfield are not being fully utilised as envisaged by Tennyson, they are already used fully by the physiotherapy outpatient services at Ashfield Health Village. Individual patients access the equipment and there are Back to Fitness groups, Core Stability groups, Falls groups and OA Knee groups and Pain Management groups already using the facilities. The outpatient physiotherapy department has developed considerably and there is use made of the gym by those staff and patients. This facility is not solely used by Tennyson ward. 4. By moving Bayliss and Chatsworth to Ashfield this will divide the neuro inpatients and outpatients services who work closely together at Mansfield, if neuro outpatients remain at Mansfield. However, if the neuro outpatient services move to Ashfield in a form of satellite service to Ashfield patients there is not the capacity in the existing facilities to rehab patients from Bayliss, Chatsworth and outpatients, across both OT and Physiotherapy. In MCH these services have ward dayroom treatment areas in those areas alone which can facilitate more patients than can be accommodated at Ashfield. There would need to be extensive adjustments to both wards, treatment rooms and working areas to have capacity and space for the numbers of patients needing treatment. However if the wards at Ashfield were to admit the Sherwood Forest patients an increase of 28 patients above those existing on Tennyson, this would mean that there would be 8 	<p>The facilities necessary to support the transfer of Chatsworth Ward to Ashfield Health Village will be developed as part of the scheme. The proposal will make best use of Ashfield Health Village rehabilitation services.</p> <p>Noted. Evaluation of Tennyson Ward is underway. Patient feedback on services provided by Tennyson Ward has been very positive.</p> <p>Noted. The proposed transfer of Chatsworth Ward to Ashfield Health Village will further increase utilisation of the gym at Ashfield. Overall, the facility is not currently used to its full potential.</p> <p>Noted. Issues around the location of neurological outpatients will be addressed by the service planning group.</p> <p>The proposal increases the overall number of beds available within the health community significantly. Existing beds are being transferred to the Kings Mill Hospital site.</p>
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E7	07/10/2008	<p>1. In the past the community hospitals have provided end of life care. This consultation makes no reference to this care - so is this no longer available from the community hospitals?</p> <p>3. Most prefer to stay at home as long as possible - but have an option for admission at the very end of life. This is despite very large amounts of community support. Some choose hospital for those final days and the community hospital is better than an acute ward. The staff provide high quality end of life care for those that do not go to the hospice - it would be a setback if this choice was lost.</p> <p>4. No mention of end of life care availability - this is potentially reducing some choice.</p>	<p>The proposed new services at Ashfield Health Village and Mansfield Community Hospital will focus on the reablement and rehabilitation of patients, not end of life care. Existing services at Mansfield Community hospital will be transferring to Kings Mills Hospital site. It is the intention of the PCT to improve end of life services for a range of conditions and investment is earmarked to do this.</p> <p>Noted. See comments above.</p> <p>Noted. See comments above.</p>
E8	09/10/2008	<p>1. In the past the community hospitals have provided end of life care. This consultation makes no reference to this care - so is this no longer available from the community hospitals?</p> <p>3. Most prefer to stay at home as long as possible - but have an option for admission at the very end of life. This is despite very large amounts of community support. Some choose hospital for those final days and the community hospital is better than an acute ward. The staff provide high quality end of life care for those that do not go to the hospice - it would be a setback if this choice was lost.</p> <p>4. No mention of end of life care availability - this is potentially reducing some choice.</p>	<p>The new services being created at Ashfield Health Village and Mansfield Community Hospital will focus on the reablement and rehabilitation of patients. The existing services provided at Mansfield Community Hospital will transfer to Kings Mill Hospital. It is a strategic intention of the PCT to improve end of life care for a range of conditions with a focus on care in the community.</p> <p>See comments above. The PCT wish to develop alternatives other than community hospital accommodation for end of life care.</p> <p>See comments above.</p>

E9	09/10/2008	<p>The ward is well organised, the staff helpful and pleasant to everyone; and you are made to feel part of the team. Most of the time calls are about real problems and about problems that cannot wait. The admission process is smooth and the paperwork is designed with some thought to the ease of completing.</p> <p>The paper notes on the ward are laid out back to front unfortunately, a system that leads to tearing of the pages and filing letters in the wrong order.</p> <p>Some suggestion was made that no admissions should be made after midnight, due to the disturbing of the ward, but that is a matter for general discussion.</p>	Noted. Comments will be passed to the service design team.
E10	09/10/2008	<p>Tennyson Ward has proved invaluable for crisis management of our patients. Without their input, I don't know what Chatsworth would have done and feel that the unit has provided our patients with continuity of care.</p> <p>Without Tennyson Ward's input, our patients would have had to be admitted inappropriately to other hospitals or nursing homes. They have even provided emergency outreach when no one else could help.</p> <p>In summary they have supported the Chatsworth Rehabilitation Centre and our patients and have gone above and beyond what has been asked of them. We feel that the unit is a valuable asset and has proved its worth.</p>	Noted. Evaluation of Tennyson Ward currently underway.
E11	12/10/2008	<p>I was pleased to be at the consultation meeting held at Mansfield Community Hospital on Friday 26th September at which Oliver Newbould addressed us. I have read the documents concerning the plans for the future and find myself rather perplexed as to why it is necessary to move Chatsworth Ward away from Mansfield Community Hospital.</p> <p>Little or no thought is evident about the wider needs of those who are being or are to be offered rehabilitation in the Chatsworth. Many of the people who use Chatsworth are disabled rather than 'ill'. It is well known that there are two models of disability, the medical model and the social model.</p> <p>While those who are coming from King's Mill Hospital may require a period of rehabilitation to recover from their surgery or illness the needs of those admitted to Chatsworth is rather different in that many of those being admitted there are unlikely ever to be completely cured but rather see their admission as an opportunity to undergo physiotherapy and other therapies to improve their</p>	The relocation of Chatsworth Ward to Ashfield Health Village is necessary to support the development of a centre for neurological rehabilitation on the community hospital site. These services are to be located at Ashfield rather than Mansfield because of the available capacity of wards at Ashfield Health Village (these wards provide insufficient capacity for general rehabilitation) and because of the presence of the rehabilitation unit at Ashfield Health Village which offers excellent facilities for physical rehabilitation. NHS Nottinghamshire County recognises the importance of social rehabilitation in neurological patients. The development of personalised transport services is currently being considered to address this issue.

		<p>condition. So, the needs of many admitted to Chatsworth is not purely medical but rather social in that their condition may be improved by contact with the local community in accessing a range of shops, pubs and restaurants and a resource centre, all of which are available close to Mansfield Community Hospital but are not available in the same way to Ashfield Health Village. I feel that this may be something of an oversight in the vision as it is expressed in the published documents! One proposal which may not have been considered is that Chatsworth Ward relocation to the first floor of Mansfield Community Hospital while the offices currently on the first floor at MCH relocate to the Ashfield Health Village. That would allow those undertaking rehabilitation to benefit from both medical oversight and interaction with the vibrant social facilities available close to MCH. I urge members of NHS Nottinghamshire County to think again about this proposal!</p>	
E12	13/10/-8	<ol style="list-style-type: none"> 1. Awareness and use of service – An increasing number of GPs across the PCT are aware of the service and are taking appropriate advantage of the service at Tennyson. I have personally used it for non-acute elderly patients that needed short-term rehabilitation admission. I think there may be a need to increase awareness and educate the GPs on case selection. 2. Benefits – The benefits are significant. A significant percentage of patients we send to an acute ward have no acute problem. Often they live alone and just need short rehabilitation stay. What is more, at an acute ward they are at an increased risk of picking up hospital infections, which in most cases can be fatal. I have admitted and treated patients in Tennyson in this class. A few times a patient on admission may develop acute problems. These few patients are immediately reviewed and transferred to acute wards. 3. Admission and referral system – The admission is via the single point access. In most cases the admitting medical personnel speak with the on-call GP and decisions are made, in conjunction with the ward, about the admission. This system works and has reduced inappropriate admission significantly. I think for me, the limitation is that the service is not robust enough to accommodate the need for it. 4. Do I want the Tennyson Ward to continue after the pilot finishes? 	<p>Noted. Evaluation of Tennyson Ward underway.</p> <p>Noted. The evaluation will address a wide range of issues including patients views, clinical outcomes, and financial implications.</p> <p>Noted. See comments above.</p> <p>Noted. See comments above.</p>

		Absolutely yes. As a GP, Tennyson provides an avenue for me to maintain my clinical skills and an opportunity to help our patients in the community. I think the patients like it too.	
E13	15/10/08	<p>I have had great joy in covering Tennyson Ward. Closure would be sad for the patients and for us the GPs alike. It serves an excellent purpose to our patients with the middle range emergency. Acute emergencies do need to go to the acute units at KMH and the chronics need Hospital at Home facilities.</p> <p>It is a well-run unit and the nurses have developed the expertise of what is expected of Tennyson Ward. There are on-site x-ray and other facilities. There is an excellent input by the Advanced Nurse Practitioners and the Associate Nurse Consultant.</p> <p>Before accepting the patient it is only proper to discuss with the Nurse in charge, the nature of the problem. Problems like diarrhoea and dementia are the two the nurses will question prior to admission. This I quote because the former problem may infect the whole ward and the latter owing to lack of nurses handling dementia patients.</p> <p>I hope the Tennyson Ward will continue.</p>	<p>Noted. Evaluation of Tennyson Ward underway.</p> <p>Admission criteria will be considered as part of the evaluation of Tennyson Ward.</p>
E14	15/10/08	Very positive about the access and care for the patients I have sent in.	Noted.
E15	29/10/2008	<ol style="list-style-type: none"> 1. Yes, this will be brilliant news. 2. A pharmacy on site would be useful 	<p>Noted.</p> <p>Noted.</p>
E16	29/10/08	<ol style="list-style-type: none"> 1. Broadly 2. Agree, regarding pharmacy, if GP's practice goes ahead 3. 24 hour Walk in Centre. Minor Ops, or perhaps a private practice/clinic offering cosmetic procedures 4. Assessment and diagnosis/treatment (non surgical) of arthritis and other joint/muscular problems. Physiotherapy service to advise on pain management and joint/mobility problems. 	<p>Noted.</p> <p>Noted.</p> <p>Comments will be fed back to the service planning team. The development of a Walk In Centre in the Mansfield area has recently been approved.</p> <p>Comments will be passed to the service design team. Muscular skeletal rehabilitation will address these areas.</p>
E17	6/11/08	<ol style="list-style-type: none"> 1. GP practices should not be housed in either of the hospitals. As well as taking up valuable hospital space, the problem is that car parking at both venues is restricted, and I s not enough for those needing to attend GP surgeries, out-patient appointments, patient visitors, etc. 2. Bayliss Ward to be used for step-up care. 	<p>Current Primary Care Centre is an excellent example of how primary care services can be effectively integrated into a community hospital setting. Access to primary care services for local people has been significantly improved whilst the practice plays an active part of the management of patients within the community hospital. Additional parking will be addressed as part of the scheme.</p> <p>Noted. Evaluation of Tennyson Ward currently underway and will inform development of similar services in health</p>

		<p>3. Due to the prevalence of lung diseases in this area, there is a need for respite care and also patient rehabilitation for these conditions.</p> <p>4. Ashfield Community Hospital to be established as a centre of excellence for those suffering from lung diseases, id rehabilitation, oxygen assessment, patient education clinic and drop-in centre.</p>	<p>community. Respite care is provided through social care services. The proposal as outlined in the consultation process addresses significant areas of unmet need in the local health community, whilst excellent services for people suffering from lung disease currently exist. Comments will be passed to the service planning team.</p> <p>See comments above. Comments will be passed to the service planning team.</p>
E18	12/11/08	<p>I am writing on behalf of the Mansfield & Ashfield Breathe Easy Group with reference to the public consultation on the future of the community hospitals. The Breathe Easy Group is a support group for people living with long term lung problems like COPD, bronchiectasis and pneumonicosis. The Mansfield and Ashfield branch was set up in 2002 and many people from the pulmonary rehabilitation courses attend our meetings. Attendance at our monthly meetings averages 50 people and we send our newsletter o over 300 supporters.</p> <p>Our supporters would like to see both hospitals established firmly as respiratory centres of excellence. These could include</p> <ol style="list-style-type: none"> 1. Early diagnosis and spirometry clinics 2. Drop-in advice and information facilities. 3. Education and training for patients, carers and staff 4. More pulmonary rehabilitation exercise classes 5. Beds for lung patients for respite care, assessment and rehabilitation 6. Oxygen clinics 7. Better car parking for breathless patients. <p>Respiratory disease is the poor relation and has been ignored for long enough. There are high levels of lunch disease in Mansfield and Ashfield – this are, with its mining legacy, deserves better facilities. We firmly believe that more rehabilitation and education is needed for people with lung disease.</p>	<p>Noted. The development of services as described in the consultation document will address significant areas of unmet need within the local population. There already exists nationally recognised services for the rehabilitation of people with lung disease which are based at Ashfield Health Village. Whilst it is recognised that future demand for these services is likely to increase, resources must be deployed to address the needs of all patients.</p> <p>Additional car parking will be included in the scheme as proposed.</p> <p>Development of additional services for people with lung disease will be necessary in future. Comments will be passed to the planning team.</p>
E19	17/11/08	<ol style="list-style-type: none"> 2. GP practices on site would mean too few parking spaces for patients attending the clinics for various rehabilitation treatments. 3. Bayliss Ward would be better used for step-up care!!!!. We 	<p>Additional car parking spaces will be provided as part of the proposed scheme.</p> <p>Evaluation of Tennyson ward is presently underway and will</p>

		would also like to see respite care for lung disease!!!! The hospital should become an established centre of excellence for lung disease!!!!	inform future development of step up care in the community. Nationally recognised services for the rehabilitation of lung disease currently exists at Ashfield Health Village. Respite care is normally provided by social care services.
E20	26/11/08	If Tennyson Ward at Ashfield Community Hospital closes, what happens to he current step-up facility???	Evaluation of Tennyson Ward is currently underway and will inform the future development of Step Up Services within the health community.
E21	26/11/08	Has the views of patient organisations been sought specifically on the relocation of the Unit for Rehabilitation Medicine from Mansfield Community Hospital to Ashfield Health Village. This will involve a longer journey for the relatives of husband, wife, etc, of elderly people from Mansfield or Warsop area to visit their families who are in hospital under going rehabilitation, obviously mean smaller journeys for Ashfield relatives though.	Chatsworth users have been fully consulted as part of the proposed changes. The proposed movement of the unit for rehabilitation medicine from Mansfield Community Hospital to Ashfield Health Village will involve longer journeys for some patients. However other patients will need to travel shorter distances to receive care (less than 20% of Chatsworth Unit patients are Mansfield residents). Service plans will attempt to address the transport needs of patients of the unit for rehabilitation medicine.
E22	26/11/08	1. Not if it means moving the Chatsworth Rehabilitation Centre away from Mansfield Community Hospital. 2. May be OK as a pharmacy bit if the Chatsworth Centre needs to move, might it not move into Bayliss Ward?	Noted. Noted. The unit for rehabilitation medicine needs to be relocated to Ashfield Health Village to develop the unit for neurological rehabilitation. The unit for neurological rehabilitation will make best use of the Ashfield rehabilitation unit and provide ward accommodation which is appropriately sized for the patient numbers anticipated. The wards at Ashfield Health Village are too small to meet the needs for general and muscular skeletal rehabilitation.
E23	1/12/08	1. We do not wish the Orchard medical Practice to be transferred to the Mansfield Community Hospital. 2. A pharmacy would be very acceptable.	Noted. Noted.
E24	29/11/08	I have just been directed to this site by an article in this week's Chad. The press release dated 22nd September indicates that there have been 2 meetings to consult the public. I would be interested to know how many members of the public attended these meetings as they do not seem to have been widely communicated. As a member of the Orchard Medical practice I would have	The pubic meetings were advertised in local press (Chad) on local radio (Mansfield FM/BBC Nottingham) and post is located in public spaces (GP Practices, Libraries, local hospitals etc). Both meetings were well attended, with approximately 50 members of the public attending both. A third public meeting was held in December. The proposed site of Orchard Medical Practice on Mansfield

		<p>expected to have been notified directly about these meetings as they have a direct bearing upon me and raise a number of questions:</p> <p>a) The proposed site is not very convenient to reach by bus from out of town;</p> <p>b) How will this affect car parking facilities;</p> <p>c) Will I now be expected to pay for parking to visit my GP as this will be a hospital site;</p> <p>d) Will this have any bearing on the availability of my GP?</p> <p>These are questions that immediately spring to mind, and had I been at one of the meetings, I am sure that they would have been answered, or I would have been prompted with many more.</p> <p>Is there anywhere that I can get further information about these proposals so that I will have the chance to give considered feedback before the end of the consultation period?</p>	<p>Community Hospital site will be a short walk from the new Mansfield Bus Station which is presently under construction, this will greatly improve access to Orchard Medical Practice via bus services. Additional car parking facilities will be provided as part of the scheme and visitors to the GP practice would not be expected to pay for parking. The proposed relocation of Orchard Medical Practice will enable further expansion, potentially improving availability of primary care services in the area.</p> <p>Further information is available on the organisations website and copies of the full consultation document are available from the Patient Advice and Liaison Service (as indicated on the consultation leaflet).</p> <p><i>(A copy of the consultation document was forwarded immediately upon receipt of this enquiry.)</i></p>
E25	29/11/08	<p>It was good to be able to visit Ashfield Health Village yesterday with a good number of other patients of the Chatsworth Rehabilitation Centre.</p> <p>During that visit Oliver Newbould twice said “When the move takes place”, rather than “if the move takes place”, which rather supports our theory that the decision to move the Chatsworth has already been taken. This was denied by Mr Newbould at a consultation meeting in September but does make me wonder whether this consultation is real or just a sham. I do hope that my e-mails about this have not been a waste of my time and they will be taken into account before a final decision is made.</p> <p>During our visit I again found myself wondering whether Ashfield Health Village is entirely suitable for the rehabilitation of patients. The corridor to the therapy room is not only long, it is also up a gradient which I was able to manage on that occasion but may not be able to manage if I was unwell – and indeed will not be manageable by many other Chatsworth patients. On asking about this we were told that a porter would be available to help if required. That would mean that I would lose part of my independence which is so important in rehabilitation.</p>	<p>No formal decision about the relocation about Chatsworth Ward has yet been made. This decision will not be made until it is a subject of discussion at the Board of NHS Nottinghamshire County. The organisation takes the matter of consultation seriously and comments received have been used to shape the final proposals to be put before the Board.</p> <p>Access to the rehabilitation department at Ashfield Health Village from the proposed new site of Chatsworth Ward is indeed up a long corridor which includes a gradient. Some rehabilitation facilities will be provided on the ward whilst staff will work with patients to ensure that there is minimum impact on patients’ sense of independence, which is recognised as being very important. Social interaction is a recognised aspect of rehabilitation. NHS Nottinghamshire County will make every effort that access to social rehabilitation is maintained following any move to Chatsworth Ward to</p>

		<p>As I have said in a previous e-mail, part of rehabilitation is our ability to interact with the local community in terms of being able to go out to shops, pubs, restaurants and day centre. This would be very difficult in Kirkby but much easier in Mansfield. We were told on our visit that the possibility of transport to allow us to return to Mansfield would be considered but I cannot really believe that an accessible vehicle would be available to call upon at the times we wished to return to Mansfield, perhaps in the late evening!</p> <p>Once again I find myself asking, "Is it necessary or wise for the Chatsworth Rehabilitation Centre to move away from Mansfield Community Hospital to Ashfield Health Village?"</p> <p>Also, "if it does move, we would like to retain the title 'Chatsworth Rehabilitation Centre' which is known nationally under that name".</p>	<p>Ashfield Health Village. Personal transport plans are under consideration through the use of services such as volunteer transport.</p> <p>Should services be relocated to Ashfield Health Village then the title Chatsworth Unit will be maintained should patients users wish it.</p>
E26	3/12/08	<p>We are concerned that only a small group of some 80 patients of the Chatsworth Rehabilitation Centre have been asked to take part in the consultation about the community hospitals in Ashfield and Mansfield. We find ourselves wondering, "What do the larger group (who were not invited to take part) of patients (or their carers) think about the proposed move of the Chatsworth to Ashfield Health Village?"</p> <p>Under the Mental Capacity Act 1995 those who may be affected by this change are entitled to call upon the services of an Independent Mental Capacity Advocate who may advise them of their rights and respond for them in situations such as this.</p> <p>We would like to ask, "How has the Mental Capacity Act 1995 been upheld for ALL patients during this consultation?" and "What measures have been taken to ensure a fair representation of less capacitated patients and their carers during this consultation by Nottinghamshire Health and PALS?"</p> <p>We would like to know how the group who received letters and booklets about the proposed move were chosen. Exactly how many patients/carers received letters and booklets and what proportion of the total patient/carer number this is?</p> <p>a) How have those with communication difficulties been heard? b) How and why were those not selected to take part discriminated</p>	

		<p>against?</p> <p>c) Is this a case of clear discrimination in that those conducting the consultation assumed a less advantaged group could or would not represent themselves?</p> <p>d) Was it assumed that due to their various disabilities and lack of mental capacity they were overlooked, or even worse, not given a right to be involved in the decision making?</p> <p>e) How were the 'core' group selected to represent the views of all the patients of the Chatsworth Centre?</p> <p>We suggest that were this marginalised group, their carers and their advocates to be involved in the consultation a very different picture may emerge of what ALL patients feel about how this move might detrimentally affect them.</p> <p>In view of the limited amount of time left in this consultation, it should be extended and ALL the patients be invited to take part and their rights to representation be explained.</p> <p>I look forward to hearing answers to our questions.</p>	
E27	19/12/08	<p>1. Yes</p> <p>2. Agree</p>	<p>Noted.</p> <p>Noted.</p>
E28	17/12/08	<p>It says on the Notts PCT Website "The proposals we have outlined above would deliver major benefits to patients, including.....helping more people to be more independent."</p> <p>Having visited Browning Ward at the Ashfield Health Village to where it is proposed to relocate Chatsworth Rehabilitation Centre I find myself at odds with that statement.</p> <p>My main reasons for disagreeing with the statement are:</p> <p>1) There is a long corridor between the ward and the therapy room. This corridor slopes for its entire length and would be difficult, if not impossible, for a wheelchair user in a manual wheelchair to negotiate. On my visit I only managed one short part of it. I pointed this out on my visit to the ward and was told that a porter would be available to help to push those needing it to the therapy room.</p> <p>2) When I have been an in-patient of the Chatsworth at Mansfield Community Hospital I have been able to enhance my rehabilitation</p>	<p>The proposed services will affect a significant number of patients who require extended rehabilitation and reablement following an acute admission to Kings Mill Hospital. The proposed services will represent a significant improvement in patient care and result in more patients returning home after an inpatient stay than is presently the case.</p> <p>Facilities for rehabilitation will be available within the refurbished Browning Ward at Ashfield Health Village. Staff will work closely to ensure that if services are moved to Ashfield Health Village the use of porters to transfer patients to the rehabilitation unit will result in the minimum impact on personal independence.</p> <p>The need for transport at weekends and evenings has been noted.</p>

		<p>by accompanying other patients and our visitors to local pubs, restaurants and shops all of which are within easy walking or wheeling distance. When I pointed this out on my visit to Browning Ward I was told that the provision of transport between Kirkby and Mansfield would be considered. Also that this accessible transport would be available in the evenings and at weekends. I cannot believe that that will ever be possible or even considered!</p> <p>These are only two of all the factors which appear to make this proposed relocation less than ideal for patients trying to re-find their independence.</p> <p>I urge again NHS Nottinghamshire County to reject this proposal and allow the Chatsworth Rehabilitation Centre to continue its nationally renowned work with patients at the Mansfield Community Hospital.</p>	
E29	21/12/08	<ol style="list-style-type: none"> 1. The group was supportive of the proposals outlined in the consultation document as they believe they will secure the longer term sustainability of both community hospitals. However, the group were aware of the issues raised by patients of the Chatsworth Unit and their carers at public meetings and suggest the issues they raised needed to be addressed, particularly those relating to transport provision and social integration. 2. With regard to the possible relocation of the two GP practices currently based in St. John's Street Health Centre which it is proposed will close in December 2009, the group noted a decision from the independent contractors concerned was outstanding. The group recommended the application of strict timescales for a decision to be made by the independent contractors to inform the planning process. <p>The group noted the pending evaluation of the Tennyson Ward step up pilot and that the support of Highpoint Practice Based Commissioning consortium would be required to maintain that provision in the future. It was also noted that if the service were to continue to be commissioned it would be provided from Mansfield Community Hospital in the future.</p> <ol style="list-style-type: none"> 3. The group view the proposals and investment in services to be positive but suggest there is a need to increase awareness of 	<p>Noted.</p> <p>Noted. A final decision of the GP's currently using St. John's Street Health Centre is required by the end of January at the latest.</p> <p>Highpoint Practiced Based Commissioning Consortium has been fully consulted on the proposals and their views will be taken into account in the final evaluation of Tennyson Ward which is to conclude shortly.</p> <p>Noted. Comments will be passed to the Service Planning Team.</p>

		<p>health and social care service provision amongst the local community via advocacy services.</p> <p>It was noted that Central Nottinghamshire Clinical Services had been appointed as the preferred bidder to provide the GP Led Primary Care Centre for NHS Nottinghamshire County. The service would be delivered from two existing facilities at Ashfield Health Village and Byron House on the King's Mill site. CNCS have indicated a willingness to discuss other options for the location of the service to suit the local health needs assessment work currently underway. In addition to providing this service at Ashfield Health Village, the group recommend that serious consideration should be given to provision of this service at Mansfield Community Hospital due to the excellent facilities and transport links there.</p> <p>4. Reference was made to the Joint Strategic Needs Assessment (JSNA) that describes a projected significant increase in the number of people with dementia by 2020 and a query was raised as to whether this had been factored into the planning undertaken by health and social care. Whilst the difficulties associated with longer term planning for such need was difficult, it was nevertheless considered by the group that the JSNA should be used as a tool to support such long term planning and closer partnership working between health and social care.</p> <p>It was suggested that there remained significant work to do to improve the public perception of the community hospitals and a co-ordinated communications plan was required to support this.</p> <p>The group would like the above comments and suggestions to be taken into account by NHS Nottinghamshire County and look forward to being informed of the outcome of the consultation process and the decision taken by the Board.</p>	<p>Central Nottinghamshire Clinical Services has expressed no firm intention to provide any services from either community hospital. That is not to say that discussions of this type may not happen in the future. A range of future locations are under consideration and will be the subject of negotiation between the PCT and Central Nottinghamshire Clinical Services.</p> <p>Comments noted.</p> <p>Agreed that significant work is required to improve the perception of the community hospitals and co-ordinated communication plan will be developed to support implementation of any scheme approved by the Board.</p>
E30	21/12/08	<p>Staff side welcome the opportunity to respond to the proposals for Ashfield Health Village and Mansfield Community Hospital.</p> <p>Having been previously concerned by the underuse of vacant accommodation, which is wasteful of NHS resources, Staff Side is keen to see the full utilisation of space at both hospitals for the</p>	<p>Noted.</p>

	<p>benefit of patients, staff and the local communities.</p> <p>Whilst we welcome the provision of new rehabilitation beds at Ashfield Health Village, Staff Side is concerned none-the-less at the possible loss of the 'new' step up facility on Tennyson Ward. Whilst not yet always performing adequately to reduce acute admissions it is valued by patients and the public locally and is developing a deserved reputation for excellence.</p> <p>Staff Side understands the PCT's desire to move neuro-rehab to the specialist facilities at Ashfield, but we do have some concerns about the effects this will have on the patient group, the local community and staff from the existing ward. Consideration needs to be given to the provision of high quality inter-hospital transport, perhaps along similar lines to the Medilink service at Nottingham University hospitals. We are also concerned as to the adequacy of parking given the planned increase in usage.</p> <p>Whilst supporting the development of high quality primary care facilities for GP's within our premises, Staff Side do not believe this should be done at the expense of having too little space to continue developing our own new and innovative services; for example Tennyson Ward. The consultation document indicates it is the PCT and not the ST John's Street GP's idea for them to re-locate to Mansfield Community Hospital, we believe Bayliss ward should be utilised as a step up facility to replace Tennyson ward. This appears to us to be the option of least cost to the organisation and greatest benefit to local communities in Ashfield and Mansfield. This would leave the two practices at St John's Street free to make their own choices unencumbered by the pressure brought to bear by the PCT to comply with plans which may not fit their business models</p> <p>Staff side are concerned that some staff groups, particularly those managed by third party organisations may feel disenfranchised by this consultation process. We have heard from some staff that appeared to be unaware of the consultation going on around them. We believe the PCT needs to do more in future consultations to ensure the needs of staff employed by us, but managed by third parties, are adequately catered for. Staff side is also concerned that as the pace of change increases The PCT should remain mindful of the fact that they are still currently the employer of staff in both</p>	<p>Evaluation of Tennyson Ward is presently underway and will be completed shortly.</p> <p>Active steps are planned to make sure that patients will still have access to social rehabilitation in Mansfield. A survey of patient transportation usage has been completed and will be used to inform the proposed way forward. The scheme includes an increase in parking at Mansfield Community Hospital site.</p> <p>Comments noted. The impact of 'Step Up' facilities, similar to those provided currently at Tennyson Ward is presently the subject of a formal evaluation currently taking place. Only after the impact of the Tennyson Ward pilot is fully understood will a judgement be possible on the future development of similar services else where. The development of Primary Care services within community hospital settings has been shown by the Kirkby Primary Care Centre to offer good value for money and great patient care.</p> <p>Comments noted and passed to Nottinghamshire Community Health management team. Efforts will be made to ensure that staff employed by third party organisations will be involved in communication planning.</p>
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		<p>provider and commissioning arms of the organisation and that as a good employer there should be consultation with the staff on a regular basis. Staff who are well informed have less to fear.</p>	
E31	15/12/08	<p>Thank you for attending the High Point PBC Cluster meeting recently to discuss the PCT consultation paper on the reconfiguration proposals, it was much appreciated. Having discussed this further at the PBC Cluster steering group and at a cluster wide Clinical Leads meeting High Point would like the following comments and suggestions to be taken into account by the PCT.</p> <p>Re the development plans:</p> <ol style="list-style-type: none"> 1. Accommodation <ol style="list-style-type: none"> a. The Cluster has a number of service redesign proposals under development which will require clinic accommodation. We've already requested NCH to identify accommodation at Ashfield and Mansfield hospitals for Diabetes clinics and want to ensure this isn't lost sight of in the proposals for the new development. b. COPD –Medical staff have recently identified that the accommodation for the pulmonary rehabilitation classes at Mansfield Community Hospital is unsafe due to the small room that holds the necessary equipment for the class. This has brought to light the fact that the original MAS plans didn't have space for the COPD service (as its developed in the interim) and therefore its not provided for in the current plan. The Cluster seeks reassurance that the proposals are checked for any other gaps which might affect services currently based at Ashfield or Mansfield, including COPD. c. Parking –The transfer of Orchard Medical Practice will increase the pressure on available parking at MCH, which at visiting times is already very congested. There must be adequate provision for parking for visitors and patients on site in the reconfiguration proposals. d. Options for Bayliss Ward <ol style="list-style-type: none"> i. "Tennyson Ward" - The PBC General Manager has summarised the Cluster response to the evaluation report on the Tennyson Ward pilot by email on 12 and 15 December in to which you've been copied in, and stated the Cluster doesn't support the continuation of the pilot, and therefore wouldn't 	<p>Comments noted. These will be passed to the design team for inclusion in final service plans.</p> <p>Comments noted. The PCT is committed to working with the cluster to identify any other possible areas where service gaps remain.</p> <p>Additional car parking spaces are included in the scheme at Mansfield Community Hospital.</p> <p>Comments noted. The formal evaluation of the Tennyson Ward pilot is presently underway and will be completed shortly.</p>

	<p>support it as an option for Bayliss Ward. The Cluster believes the pilot evaluates at poor value for money, and that costs are running at around double the cost of the same treatment at Kings Mill. In total the ward would cost £1.8m per annum to run, and there is no new funding in the planned care CAP to provide for this, the only source of funding would be “move to fair shares” or FURs. At the Clinical Leads meeting there was a clear consensus that the use of the funding available to the Cluster should be on improving community services across Ashfield and Mansfield in high priority services such as COPD and Mental Health that would benefit a greater number of patients.</p> <ul style="list-style-type: none"> ii. Pharmacy – this was supported in principle as we recognise it would be more convenient for patients to be able to access a pharmacy on site. iii. Primary Care facilities – The Cluster would like to see diagnostic facilities such as imaging, and hearing assessments considered as part of the development. <p>Concerns the PBC Cluster wishes the PCT to address:</p> <ul style="list-style-type: none"> 2. Costs <ul style="list-style-type: none"> a. The outline business case estimates the net cost of commissioning the proposed service developments at £2.5m, which will take up the majority of the Clusters remaining move to fair shares allocation. We believe its unreasonable that this calculation includes detail provided by Nottinghamshire Community Health (NCH) on the additional costs of the new wards whilst we still await from NCH the detailed cost of commissioning existing community services. NCH’s request for additional funding for the hospitals reconfiguration needs to be considered in the context of the entire NCH contract with the PCT and any potential for savings therein. b. Whilst we accept that this is subject to negotiation with the Trust the Cluster believes that the proposals don’t represent good value for money if the full cost of rehabilitation services can’t be released from the Sherwood Forest Hospital contract. We understand that to date Sherwood Forest Hospitals have only agreed to release the cost of excess bed days, and haven’t yet agreed to split the cost of the admission which would mean we are paying twice. 	<p>Comments noted.</p> <p>Comments noted. Plain film X ray currently exists on both hospital sites. The PCT would welcome further proposals on what additional diagnostic facilities should be made available and how these would link to PBC commissioning plans.</p> <p>Comments noted. The PCT would welcome proposals from the cluster on where additional efficiency may be released. This should be a subject of discussion during the 2009/10 Service Level Agreement round. In itself, the lack of adequate activity information from Nottinghamshire Community Health is not reasonable cause to significantly reduce Service Level Agreement contract value.</p> <p>The service proposal described in the outline business case represents a significant improvement in services meeting unmet need within the health community. As such additional investment will be undoubtedly required. Discussions on tariff splitting with Sherwood Hospitals Trust are ongoing and will be concluded as part of the 2009/10 negotiations.</p>
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		<p>c. Will the savings on running costs accrued from the eventual closure of St Johns St Health Centre be offset against the £2.5m?</p> <p>3. Bed pressures in Secondary Care</p> <p>d. The reconfiguration proposals assume full retraction of Sherwood Forest Hospitals Trust from the beds at Mansfield and Ashfield. However experience from the Tennyson Ward Pilot at Ashfield has shown that at times of red alert at Kings Mill the PCT has been under pressure to accept transfers from Kings Mill Hospital. Potentially this could lead to the PBC Cluster incurring the Cost of admission at full tariff at SFHT, whilst being unable to access the beds for their new purpose. What steps will the PCT be taking to ensure this is avoided in these proposals?</p>	<p>Comments noted. It is likely that the savings on running costs associated with closure of St. Johns Street Health Centre will be used to off set the additional Private Finance Initiative costs agreed as part of the project. As such they relate to the capital development and not revenue costs associated with development of rehabilitation services.</p> <p>Service Plans include comprehensive admission criteria which relate to patients who will benefit from active rehabilitation reablement. Any deviation from admission criteria would need to be subject of discussion and agreement between commissioners, Sherwood Forests Hospitals Trust, and would only be considered as part of a significant bed capacity problem. The Payment by Results impact of any such agreement would have to be formerly recognised.</p>
E32	23/12/08	<p>On behalf of the Nottinghamshire LINK I have participated in the discussions concerning proposals for change. I have listened to the debates and now confirm that the LINK concur with the responses that have been compiled by Julie Andrews in a letter signed by Peter Robinson, following your presentation to a joint meeting held on 8th December with lay members of the Mansfield and Ashfield Locality Engagement Group and the Health Improvement Network.</p> <p>Nottinghamshire LINK would like to add a further comment concerning the fact that there does not appear to be any proposals for change to the number of beds (30) for patients with mental health issues in spite of the current Joint Strategic Needs Assessment signalling projected significant increase in the number of people with dementia by 2020.</p> <p>Nottinghamshire LINK looks forward to being informed of the consultation outcome.</p>	<p>Comments Noted.</p> <p>Comments Noted. The present proposals relate to the rehabilitation and reablement of patients for an acute episode of care. As such the development of services for people with mental health issues is not within the scope of this consultation. However the PCT takes the growth in patients with mental health issues very seriously (in particular the anticipated growth in patients with dementia) and will be commissioning services to meet these needs in the future.</p>
E33	22/12/08	<p>I am writing on behalf of Nottinghamshire Community Health in response to the above public consultation.</p>	

	<p>The key points we wish to make are as follows:</p> <ul style="list-style-type: none"> • Overall, we feel the proposals present an excellent opportunity to deliver real benefits to the local population and we are committed to working with you to implement any changes smoothly and successfully. • We remain concerned about timescales, and any slippage would be to the detriment of the local population. Sherwood Forest Hospitals Foundation Trust is due to transfer their in-patient services from Mansfield Community Hospitals as soon as their new wards are commissioned which is expected to be during March 2009. As you are aware this leaves us with empty wards for which we will have to pay a unitary charge but also a range of clinical and non clinical staff who support the wards. Not only is this a significant financial risk for Nottinghamshire Community Health, and the PCT, we believe that the potential reduction in beds will result in capacity pressures. In addition we will not be in a position to offer posts to Sherwood Forest Hospitals Foundation Trusts staff currently employed in Mansfield community hospital. I know this will present SFHT with real difficulties. • We are concerned that we have no written agreement regarding the continuation of Tennyson – in fact we have had no payment for this service since September 08, and would not be in a position to continue with the employment of staff on that ward without a written commitment from the PCT regarding future funding. We again believe that to cease this service prior to any increased intermediate care capacity coming on stream will compromise bed capacity locally. • We have given consideration to the options for use of the area currently occupied by Bayliss Ward. Our preferred option is to use the ward for in-patient facilities to provide services similar to those currently provided by Tennyson, which we believe does meet a local need and the evaluation undertaken has proven to have high patient satisfaction. This is also supported by many local GPs. We also believe consideration could be given to the re-provision of the intermediate care beds currently provided by the independent sector to enhance services for the Highpoint 	<p>Comments Noted.</p> <p>NHS Nottinghamshire County is working with Sherwood Forest Hospitals Foundation Trust to minimise any period where hospital wards are empty, but the service plans need to be made robustly and need to reflect the outcome of the public consultation. The transfer of services to the Kings Mill Hospital site will not result in any significant reduction in existing bed numbers.</p> <p>Tennyson Ward is currently the subject of detailed evaluation after which a decision on the future of such services will be made. Given that additional services are being proposed at both Mansfield and Ashfield Community Hospitals, it is unlikely that any closure of Tennyson Ward would result in unemployment of staff presently employed. Communication with staff side representatives is ongoing.</p> <p>See comments above regards Tennyson Ward.</p>
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		<p>population.</p> <p>I am more than happy to meet to discuss these comments further</p>	
E34	23/12/08	<p>I refer to your letter dated September 2008 and the associated consultation documents in relation to the proposed rationalisation or reconfiguration of health services at Ashfield Health Village and Mansfield Community Hospital.</p> <p>Thank you for your invitation to participate in the consultation process which has subsequently been complemented by our Councillor Tom Appleby temporarily joining the Joint County Health Scrutiny Committee which has also considered your proposals and will be reporting separately to you.</p> <p>My immediate impression was that the information provided was excellent in that the proposals were well summarised with supporting background information and that the precise changes to health care were well reasoned and convincing.</p> <p>I make the following comments based on the questions found in your consultation booklet.</p> <p>Do you agree with the proposals for changes to services at Ashfield Health Village and Mansfield Community Hospital?</p> <p>I fully support the establishment of new services for general rehabilitation and musculoskeletal rehabilitation in two wards at Mansfield Community Hospital with Ashfield Health Village building on existing facilities to enhance neurological rehabilitation. Both these proposals must generate positive and improved services and capacity at the Kings Mill Hospital site which will be able to deal in a more focussed way with more immediate and acute health care needs. The concentration of specialised rehabilitation facilities at Mansfield and Ashfield Community Health sites will no doubt help to concentrate expertise and excellence which again must have enormous benefit potential for patients.</p> <p>What are your views on the 3 options proposed for the existing Bayliss Ward at Mansfield Community Hospital?</p>	<p>Noted.</p> <p>Noted.</p> <p>Noted.</p>

	<p>My immediate thoughts concerning replicating the 'step up' facility (like the Tennyson Ward pilot scheme) is perhaps premature at this time since the full implications of the pilot have yet to be determined. Providing accommodation for 'further primary care facilities' has more appeal since it will relocate two single handed GP practices from St Johns Street health centre which will address a known and as yet unresolved problem. Again the development of a community pharmacy within part of the accommodation would offer greatly improved and inclusive health care provision which again must enhance the patient experience. My support for the relocation of the GP's and the pharmacy are not only a consolidation of services but they also offer opportunities for attracting revenue.</p> <p>Do you have any further ideas about the type of services you would like to see provided at the community hospitals?</p> <p>I appreciate that the issue I raise does not feature within the comprehensive consultation documents but I feel there is need to consider the impact of increasing patient services at Ashfield and Mansfield without also assessing the effect on public transport and/or car parking capacity.</p> <p>It is accepted that the intention is to provide coordinated health care closer to the community but patients and in many cases the visitors they attract, will inevitably travel to the community healthcare facilities by bus or car. It is suggested that the frequency, availability and capacity of public transport should be reviewed and positive efforts made to encourage and facilitate services that complement patient, clinic and visitor times. Similarly, car parking accommodation needs to be adequate to cope with demand to avoid overspill congestion and eliminate the visitor experience being frustrated by an inability to park conveniently, which in many cases may involve mobility issues as well.</p> <p>It may well be that this perennial problem at every hospital site nationally should be examined as an issue for, Kings Mill, Mansfield and Ashfield hospital sites with a long term objective to provide dedicated park and ride facilities servicing all three sites.</p> <p>Do you have any further comments on our proposals to change services at Ashfield Health Village and Mansfield Community</p>	<p>Comments Noted. Full evaluation is currently underway and will be completed shortly. Commitment has not yet been reached with the GP's at St. Johns Street Health Centre to move to the proposed new site and points related to pharmacy are noted.</p> <p>The Scheme to increase the services at Mansfield Community Hospital includes the provision of additional car parking spaces relating to primary care services. NHS Nottinghamshire County is keen to ensure that both hospital sites are well served by public transport and wish to engage with the relevant local authority to ensure this is the case. A survey of patients and carers transport to and from wards at the community hospitals has been undertaken and will be used to inform service plans.</p>
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	<p>Hospital?</p> <p>My final comment would be that the proposals offer an opportunity to make the best possible use of existing facilities with relatively modest investment, maximising the potential of limited resources which must be good for the health service but more so for the people we both serve.</p> <p>I would like to thank you for this opportunity to participate in the consultation; I hope that my comments are useful to the process.</p>	<p>Comments noted.</p>
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PUBLIC MEETINGS			
Questions raised at end of presentation			
Meeting with Patients of Chatsworth Unit & Carers on 26/9/08			
	Date	Comments Made	PCT Response
PM1	26/09/2008	A request was made for ongoing involvement to determine refurbishment requirements of Browning Ward if the transfer of Chatsworth Unit goes ahead with particular reference to bathroom and toilet facilities meeting the needs of the patient group	The PCT undertook to ensure ongoing involvement opportunities were available. A representative from Chatsworth Unit was also invited to join the Patient Advisory Panel established to oversee the consultation.
		A request was made for a visit to Browning Ward to enable patients and carers to view the facilities and location	The PCT agreed to arrange a visit to Browning Ward to coincide with the public meeting being held at Ashfield Health Village on 13 November 2008
		Are any changes proposed to the provision of respite care? Will there be any change to admission criteria, particularly relating to age? Will speech and language therapy services relocate to Ashfield Health Village? Will there be any change to visiting times?	Reassurance was provided that there would be no change to service provision other than it would be provided in a different location
		Will the same staff be working on Chatsworth Unit?	Staff will have the opportunity to relocate to Ashfield Health Village to continue to work on the Unit for Rehabilitation Medicine
		How will transport issues be addressed? Transport will be an issue for some people particularly those who use public transport and will need to catch two buses. Ashfield Health Village is also approximately six minutes walk from the bus station. How will these issues be addressed? Will in-patients be reimbursed for transport costs if they need to access other health services, eg dental services?	Due to the number of concerns raised about transport issues, NHS Nottinghamshire County is considering establishing a sub-group to progress these issues
		Rehabilitation means more than just a ward, patients need to be able to access social opportunities, eg. shops, Dallas Street Resource Centre, pubs. Concerns were raised that there is not a community to be part of at Ashfield. Patients/carers expressed fears about their vulnerability in Kirkby and fear of crime. There are issues regarding accessibility for wheelchair users to shops in Kirkby as not all have suitable access.	Issues around social rehabilitation are noted and will be addressed, possibly through personalised transport plans
		There is a need to minimise impact for staff. If the status quo is maintained what is the future of the community hospitals?	There are no plans to close the community hospitals. However, there will be the issue of viability of the hospitals and maintaining the status quo would not represent good use of public money.
		Documents suggest this is a done deal. Is this the case?	The Board has agreed to proceed with the consultation based on the content of an outline business case. The

			consultation provides the opportunity to genuinely understand what the impact of the proposals may be on the lives of those people using services and ensure steps are taken to minimise that impact. There are three options to consider for use of the empty ward and this can be influenced by the consultation process.
Briefing Session with Councillors - 3rd October 2008 at Mansfield Community Hospital			
	Date	Comments Made	PCT Response
PM2	3/10/2008	If we realise in a few years that we did need 120 beds for rehabilitation after all, is there the capacity to increase the number of beds?	In the longer term, it is possible to create new inpatient ward accommodation through the conversion of existing buildings or the creation of new facilities.
		Are you saying that you would have three practices potentially moving in here? With three receptions?	There is the potential for three practices moving to Mansfield Community Hospital. The detail of design will be subject to discussion with practices, but it is hoped that a shared reception could be created with dedicated accommodation for practices to see patients.
		Having a shared reception with Mansfield Community Hospital would take away from personal service that patients should expect	There are examples where good design maintains the integrity of individual GP practices but allows a shared reception and entrance.
		Why can't Orchard Medical Practice move to Bull Farm LIFT building?	The distance is too great and the facilities at Bull Farm would not accommodate Orchard Practice and the shared plans to develop clinical education.
		What's the difference between musculoskeletal and general rehabilitation?	Musculoskeletal conditions relate to bones, joints and muscles, whereas General Rehabilitation can relate to all other medical conditions. The rehabilitation needs of both groups are very similar however, and include intensive support from Physiotherapy and Occupational Therapy.
		Will parking and transport needs be addressed?	Yes. Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. Additional car parking will feature in the scheme.
		There was a proposal for a link bus to run around central Notts, between all the healthcare facilities but that opportunity has now passed.	Noted. . Provision of transport links between hospitals is subject of a dedicated sub-group and will be addressed in the business case. A regular bus service used to run but was hardly used – other alternatives might be a better way forward.
		What will Orchard medical Practice be putting into the cost of creating this new facility?	Contributions and ongoing rental issues are subject to the standard arrangements that all GPs are contracted through.

		I am concerned that Orchard Medical Practice is getting a lot out of this arrangement.	The proposed move of Orchard Medical Practice will provide a better service to patients and will enable the training of new clinical staff who can work locally.
		What will the rest of the local GPs think about what we are doing for Orchard Medical Practice?	All GPs have been asked to contribute to the consultation process. There have been no negative responses.
		Can I ask about single sex wards – will these new facilities have single sex wards?	Yes.
		What about respite care for people with seriously ill and disabled children?	Respite care is the responsibility (primarily) of social services. The proposal in the consultation relates to the development of new services for rehabilitation.
		Are you building something then looking for something to do with it? Shouldn't your vision have been created in 2005 when you started building?	The proposals fit with the strategy outlined in the MAS scheme of 2005. It is only the number of rehabilitation beds that are required that has changed the plans.
		Can I be reassured that this will be a completely NHS facility?	Yes – with strong links to Social Services and other Voluntary Sector groups.
		There is lots of building currently taking place at Mansfield and Ashfield – have the predictions for patient numbers in the future been taken into account?	Yes. The construction underway at Kings Mill Hospital and Mansfield Community Hospital is part of the completion of the MAS redevelopment of these sites.
		You call this a vision but it is taking place in 5 months and you have just started a 3-month consultation	The proposals fit with the strategy outlined in the MAS scheme of 2005. It is only the number of rehabilitation beds that are required that has changed the plans. Timescales are tight because of the planned move of wards from Mansfield Community Hospital to King's Mill in April.
		You have got to give people the choice	The consultation process is giving people the opportunity to have their say about these proposals.
		As someone who is medically healthy, my main experience of the NHS is that it seems to change its name every 5 minutes – the cost of replacing uniforms, signage etc must be very high	It is hoped that the proposed changes will provide stability for the community hospitals in the future.

	Date	Comments Made	PCT Response
PM3	14/10/08	<p>Mansfield Community Hospital on Tuesday 14 October 2008</p> <p>The meeting was attended by approximately 40 patients, carers, members of the public and staff and began with a presentation delivered by Oliver Newbould, Assistant Director of Procurement and Planning. The panel comprised:</p> <ul style="list-style-type: none"> • Michelle Adams, Business Manager, Orchard Medical Practice • Eleri de Gilbert, Managing Director, Nottinghamshire Community Health • Dr. James Mills, Partner, Orchard Medical Practice • Oliver Newbould, Assistant Director of Procurement and Planning • Dr. Stephen Shortt, PEC Chairman, NHS Nottinghamshire County <p>The presentation described the proposed vision for community hospitals in Ashfield and Mansfield and was followed by a question and answer session. The comments made and questions raised and responded to by the Panel were:</p> <ul style="list-style-type: none"> • General <p>Do the proposals take into consideration the health characteristics of the population of Ashfield and Mansfield and ensure positive health outcomes?</p> <p>Will the proposals contribute to improved patient pathways in the future?</p> <ul style="list-style-type: none"> • Chatsworth Unit <p>What will happen to the staff currently working on Chatsworth Unit who are friendly and achieve good quality rehabilitation outcomes?</p>	<p>Public health have been involved in the development of proposals that take into account the ageing population, incidence of heart disease, diabetes and respiratory conditions associated with the local area. Primary care practitioners also understand what services are required locally to achieve improved health outcomes locally.</p> <p>The location of primary care services within community hospital settings will provide easier access to diagnostics and will provide increased opportunities to deliver an enhanced range of services (with the involvement of acute sector clinicians) that have historically been delivered in acute hospital settings supporting enhanced patient pathways.</p> <p>Work is continuing to involve and consult with staff and when the final decision is known there will be further discussions with staff to discuss what it means for them. There will be no redundancies.</p>

	<p>How have the needs of patient of the Chatsworth Unit living in Lincoln and Newark been taken into account in deciding the proposed location of the unit? The proposal will mean a further distance to travel.</p> <p>Social aspect of care at Mansfield Community Hospital is good whilst Kirkby is a 'dump'. Has this been taken into consideration?</p> <p>As a result of changes will Chatsworth Unit be better and will there be extra facilities?</p> <p>Relocation of the Chatsworth Unit will mean longer travelling distances. Has NHS Nottinghamshire County looked into public transport provision?</p> <p>Would it be possible for Chatsworth Unit or Orchard Medical Practice to relocate to another ward at Mansfield Community Hospital?</p> <p>Would it be an option to locate Chatsworth Unit at King's Mill Hospital?</p> <p>Will there be any change to the admission criteria to Chatsworth Unit?</p> <p>Why was money spent on upgrading Chatsworth Unit if there were plans to move it?</p>	<p>There is no escaping the fact that some patients will have to travel further. However, when looking at the profile of patients accessing the Chatsworth Unit only 19% of patients actually reside within the district of Mansfield, so for some people the journey will be shorter.</p> <p>It is important that NHS Nottinghamshire County understands what the changes will mean to patients and it was noted that social integration is an issue of real concern.</p> <p>Chatsworth Unit patients will benefit from access to improved rehabilitation facilities. A commitment was given to the ongoing involvement of patients of Chatsworth Unit and their carers as part of the planning for the new facility at Ashfield Health Village.</p> <p>Due to the number of concerns raised about transport issues, NHS Nottinghamshire County will establish a sub-group to progress these issues in order to ensure facilities are fully accessible.</p> <p>Orchard Medical Practice needs to be located on the ground floor.</p> <p>Whilst the facilities on the King's Mill site will be first class on completion of the MAS development, they are acute services and are not appropriate for people who require access to longer term rehabilitation care.</p> <p>Reassurance was provided that there would be no change to the admission criteria.</p> <p>At the time the money was spent there were no plans to relocate Chatsworth Unit.</p>
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	<ul style="list-style-type: none"> • Orchard Medical Practice What will happen to the building currently occupied by Orchard Medical Practice? Will Orchard Medical Practice have its own main entrance and car parking provision at Mansfield Community Hospital? What is the view of the Local Medical Committee regarding the process followed that has led to the proposals relating to Orchard Medical Practice? • Rehabilitation The proposals suggest a large reduction in rehabilitation bed capacity from 120 to 60. What is the explanation for this? What is step-up care? • Other Services Plans to close St. John Street Health Centre due to poor state of repair but New Street Health Centre, Sutton-in-Ashfield is in a worse state of repair but there is no mention of this. What will happen to family planning services currently provided at St. John Street Health Centre? How have service users been consulted? 	<p>The building is leased and will return to the landlord.</p> <p>Yes. The reason it is proposed to accommodate Orchard Medical Practice in the current Chatsworth or Bayliss Ward is to ensure the practice has its own main entrance and if possible designated parking area, although car parking is a real issue yet to be addressed.</p> <p>All GPs have been asked to contribute to the consultation process. There have been no negative responses.</p> <p>The planning that projected the need for 120 beds was originally undertaken in 2003. Since that planning was undertaken there have been reductions in the length of stay, there have been advances in modern technology and investment in community services that means there is now a reduced number of beds required.</p> <p>This is care provided to patients who need additional support or care but do not need to be admitted to an 'acute' hospital.</p> <p>New Street Health Centre is owned by Nottinghamshire Healthcare NHS Trust. The GP practice working out of New Street Health Centre is progressing a new surgery development that NHS Nottinghamshire County is supporting.</p> <p>Discussions are taking place between providers and commissioners about the provision of sexual health services in response to changing trends whereby many women are opting to access services via their GP. There is also a need to deliver more accessible services that are responsive to the needs of young people today, for example, outreach services within</p>
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		<p>Will a community pharmacy bring in an income stream?</p> <p>Are there plans to incorporate advocacy provision within the facilities?</p> <ul style="list-style-type: none"> • Consultation <p>How will the work of the Overview and Scrutiny Committee's Select Committee dovetail with the consultation and engagement being led by NHS Nottinghamshire County?</p> <p>Page 13 of the consultation documents makes reference to Ashfield Community Hospital opening in 1984 when the hospital opened on 6 April 1982. It was only open for 14 years before wards closed.</p> <p>Will the rehabilitation wards be run by Nottinghamshire Community Health?</p> <p>It would appear that decisions have already been made and this is a fait accompli?</p>	<p>schools.</p> <p>Yes. This would off set some other revenue costs.</p> <p>This suggestion was noted and would be explored further.</p> <p>Early discussions commenced with the Overview and Scrutiny Committee in June, 2008. The OSC opted to establish a Health Select Committee to scrutinise the proposals and the consultation undertaken by NHS Nottinghamshire and ensure it fulfils its statutory obligations. The Health Select Committee is fully aware of the timescales associated with the consultation.</p> <p>Comments noted.</p> <p>Yes.</p> <p>The only decision taken to date is that taken by the Board of NHS Nottinghamshire County on 18 September 2008 to consult on the Outline Business Case to find out the views of local people and consider how any concerns raised can be addressed both individually and collectively.</p>
Mansfield CVS Coffee Morning Thursday 16/10/08			
PM4	16/10/08	Can the same catchment area be retained for Orchard Medical Practice?	Yes.
Kings Mill Hospital Open Day 18/10/08			
PM5	18/10/08	Would it be possible to have an ultrasound facility at Mansfield Community Hospital?	Possibly. This would need to be commissioned in conjunction with the local Practice Based Commissioning Cluster.
Ashfield Health Village on Tuesday 13 November 2008 from 2 pm to 33 30 pm			

PM6	13/11/08	<p>The meeting was attended by approximately 45 patients, carers, members of the public and staff and began with a presentation delivered by Oliver Newbould, Assistant Director of Procurement and Planning. The panel comprised:</p> <ul style="list-style-type: none"> • Eleri de Gilbert, Managing Director, Nottinghamshire Community Health • Dr. James Mills, Partner, Orchard Medical Practice • Oliver Newbould, Assistant Director of Procurement and Planning • Vickie Minion, Locality Manager, Health and Social Care <p>The presentation described the proposed vision for community hospitals in Ashfield and Mansfield and was followed by a question and answer session. The comments made and questions raised and responded to by the Panel were:</p> <ul style="list-style-type: none"> • Tennyson Ward What was the outcome of the evaluation of Tennyson Ward? <p>It had been suggested during the initial presentation that 'the future of Tennyson Ward was extremely uncertain'. A request was made for a decision to be taken as quickly as possible regarding the future of Tennyson Ward as staff were concerned. It was also pointed out that the ward provided another option for GPs to access an appropriate care environment for their patients. Who will decide on the three options for the future use of Bayliss Ward?</p> <ul style="list-style-type: none"> • Chatsworth Unit What benefits will the proposals bring to patients of the Chatsworth Unit as the ward environment and facilities are not better? <p>Staff contribute to good service provided on Chatsworth Unit and some may have difficulties with transport to Ashfield Health Village.</p>	<p>Whilst the patient evaluation provided very positive feedback the economic evaluation had not been completed. One of the main drivers behind the introduction of the pilot scheme had been to reduce the number of inappropriate admissions to King's Mill Hospital.</p> <p>The decision will be influenced by the decision of the GPs currently accommodated in St. John Street Health Centre and High Point Cluster's decision regarding their ongoing commitment to continue to fund step up facilities.</p> <p>A visit has been arranged for patients of Chatsworth Unit and their carers to enable them to view the facilities at Ashfield Health Village. The proposals will provide the same if not better facilities and access to a better rehabilitation unit.</p> <p>Discussions are being held with staff. It was acknowledged that some staff currently working on</p>
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		<p>How will NHS Nottinghamshire County integrate with local authorities to ensure patients receive a seamless service across health and social care?</p> <p>How many beds are available for respite care?</p> <p>.</p> <p>Concerns were raised about inadequate provision for people requiring continuous oxygen therapy.</p> <ul style="list-style-type: none"> • Consultation <p>Is this a done deal?</p> <p>Why had some groups, eg Kirkby Partnership, Annesley Wives only just been made aware of the consultation despite it having commenced on 22 September?</p> <p>.</p> <p>The consultation does not present any real options.</p>	<p>provide primary care facilities. There is already a strong sense of partnership working in Ashfield and Mansfield and integrated working exists at planning and delivery stage.</p> <p>NHS beds are provided for rehabilitation and reablement rather than respite care. Respite care is provided as part of a care package by adult health and social care (formerly Social Services) and could include sitting services, day care support, residential respite care and there are no plans to change this.</p> <p>It was acknowledged this is a challenge and the PCT will investigate this further</p> <p>Reassurance was provided that NHS Nottinghamshire County is taking the consultation very seriously and there is an opportunity to revise plans in light of consultation responses.</p> <p>The consultation document had been circulated to a wide range of stakeholders including local authorities and community and voluntary sector groups. Articles had been included in the local press (newspaper and radio), displays had been put up in community hospital receptions and posters advertising public meetings were on display in various NHS establishments and public places. An additional public meeting had also been arranged to take place at Ashfield Health Village.</p> <p>A significant amount of work has gone into developing proposals that will make the two community hospitals viable for the longer term. The proposals represent the only configuration that provides the required number of beds and clinical adjacencies but if anyone has any solutions these will be considered.</p>
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PM7	Kirkby Partnership Group – 12 November 2008 from 6 pm		
	12/11/08	Can dental services be provided from Ashfield Health Village?	This is currently not planned.
	Ashfield Health Village on Tuesday 16 December 2008 from 6 pm to 7 30 pm		
PM8	16/12/08	<p>The meeting was attended by approximately 30 patients, carers, members of the public and staff and began with a presentation delivered by Oliver Newbould, Assistant Director of Procurement and Planning. The panel comprised:</p> <ul style="list-style-type: none"> • Eleri de Gilbert, Managing Director, Nottinghamshire Community Health • Dr. James Mills, Partner, Orchard Medical Practice • Oliver Newbould, Assistant Director of Procurement and Planning • Matt Youdale, Director of Communications <p>The presentation described the proposed vision for community hospitals in Ashfield and Mansfield, consultation undertaken and early analysis of feedback received to date and was followed by a question and answer session. The comments made and questions raised and responded to by the Panel were:</p> <ul style="list-style-type: none"> • Transport Transport may be a problem as there are no direct buses running from Alfreton to Kirkby-in-Ashfield. <p>Are there any plans to enable patients to access public transport without having to walk long distances to a bus stop?</p> <ul style="list-style-type: none"> • Orchard Medical Practice Will Orchard Medical Practice operate over split sites? <p>Concerns expressed about collection of prescriptions from practice/pharmacy if Orchard Medical Practice relocates to the community hospital site.</p>	<p>A survey is currently taking place to ascertain how people travel to hospital. Discussions are also taking place with Nottinghamshire County Council regarding opportunities to meet any identified need through a variety of providers including volunteer drivers or taxi services.</p> <p>Discussions are taking place with Nottinghamshire County Council regarding opportunities to meet any identified need and this issue will be explored within the scope of those discussions.</p> <p>No. It is proposed that the practice will relocate in its entirety to Mansfield Community Hospital.</p> <p>It was explained that the new bus station in Mansfield would be located close to Mansfield Community Hospital and that this will provide improved access for people using public transport.</p>

	<p>Will car parking be free? Could there be dedicated provision or passes issued for patients of Orchard Medical Practice?</p> <p>How do the proposals support the commissioning intentions of the PBC Cluster?</p> <ul style="list-style-type: none"> • Chatsworth Unit From a patient perspective Chatsworth Unit is a resounding success. Can you guarantee that it will be in the future? <p>Will there be adequate facilities to accommodate meetings of the Chatsworth Users Support Team (CRUST)?</p> <p>Is it anticipated that Chatsworth Unit will experience a reduced level of support from League of Friends if the unit moves to Ashfield Health Village?</p> <ul style="list-style-type: none"> • Dementia Services What steps will be taken to ensure health services are geared up for dementia patients who display challenging behaviour? <p>Are there any plans to increase the number of beds to care for patients with</p>	<p>Skanska who own the site wish to introduce car parking charges but this is being opposed by Nottinghamshire Community Health. Discussions are ongoing. With regard to car parking for patients accessing primary care services, assurance was provided that this would continue to be available free of charge and would be addressed in the associated transport plan.</p> <p>An example was provided whereby Orchard Medical Practice currently offers an orthopaedic service to patients but this is limited due to current limitations on accommodation. The practice would like to extend this service and offer service to patients from other practices.</p> <p>Nottinghamshire Community Health is extremely proud of the service and the incredible staff working on the Unit. The service provided in the future will in no way diminish but should improve.</p> <p>Accommodation will be made available to enable CRUST to meet at Ashfield Health Village. A number of options were discussed including the reception area, sun lounge and a range of meeting rooms.</p> <p>Ashfield Health Village has a dedicated team of volunteers who come under the umbrella of Friends of Ashfield who are very supportive and raise significant funds for the hospital. Friends of Ashfield will support all patient groups on the site.</p> <p>NHS Nottinghamshire will be investing money in providing support for people caring for patients with dementia enabling them to be cared for at home rather than in hospital settings. It was acknowledged that there is a problem regarding the provision of home visits by consultant medical staff and this is being looked at.</p> <p>Presently there are no plans to increase the number of</p>
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	<p>dementia?</p> <p>A number of concerns were raised about the care provided to patients with dementia as follows:</p> <ul style="list-style-type: none"> - the standards in some care homes are very poor and there is very limited Choice - delays in visited by determining nurse to secure respite care - lack of respite care provision <p>• General</p> <p>Will NHS Nottinghamshire County be looking to support community and voluntary sector in delivering support services?</p> <p>Account needs to be taken of continuing care in terms of health and social care needs. Independent support network/advocacy required to support patients in planning continuing care. Are there any plans to improve communications to raise awareness about services provided at Ashfield Health Village and Mansfield Community Hospital and signpost to other services via an advocacy service?</p> <p>Presents a real opportunity to enhance services for COPD patients through provision of a dedicated ward.</p> <p>Has any decision been taken by the GPs at St. John Street about relocating to Mansfield Community Hospital?</p> <p>It would appear that everything is controlled by the accountant and services are</p>	<p>beds but the plan is to deliver care as close to home as possible.</p> <p>NHS Nottinghamshire County takes very seriously the provision of care to this client group and will be investing significant sums of money. The organisation also takes partnership working very seriously. From a primary care perspective, there is a genuine desire to integrate more effectively with adult health and social care. Nottinghamshire Community Health do work closely with adult health and social care and operate a common assessment framework, employ social care staff in pockets. One of the biggest challenges is to integrate shared information systems and this is being looked at nationally.</p> <p>NHS Nottinghamshire County is committed to supporting the community and voluntary sector. The Local Involvement Network (LINK) have been invited to have a nominated representative on the Board. In addition, the GEM awards will be extended to include the voluntary sector.</p> <p>Nottinghamshire Community Health confirmed that Resource Centres will be staffed on both sites to provide advocacy and support in the future.</p> <p>Comments noted.</p> <p>Discussions are ongoing but there is no commitment as yet.</p> <p>Reassurance was provided that the proposals outlined</p>
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		only provided if they are financially viable.	in the consultation document are not about cutting costs. The proposals represent £3.5 million investment in revenue costs and further capital costs. This represents massive investment for the local people who will be encouraged to use the facilities that should be a focus for the local community. There will be an opportunity to expand the range of services available in primary care to many more people thus releasing resources for investment in development to further enhance patient care.
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Petitions			
	Date	Comments	No. of Signatures
P1	17/12/08	<p>There has been great discussion about the possible relocation of Chatsworth Ward to become part of the Ashfield Health Village at Kirkby in Ashfield. As patients of this ward, friends and carers of relatives who attend, we intend to oppose this decision.</p> <p>Please find names of people who DO NOT want to move to another site. We feel the premises, facilities and locality of Chatsworth are accessible and suitable to meet our rehabilitation needs. We do not see any benefit from the possible move and want our views noted.</p>	<p>124 signatures</p> <p>- The move is required to ensure the viability of both Community Hospitals with clinically appropriate services. Clinical adjacency and the size of available facilities are at the heart of the plan. Ashfield Health Village is not viable if change does not happen. It is proposed that rehabilitation services for older people with stroke will be provided at Ashfield Health Village.</p>