

2.5 Planning regulations

All these proposals are subject to planning approval by the local authority. Green Belt regulations would normally require that any developments at the Goscote site result in no more activity on the site than currently, and any new buildings to be built within the physical bounds of existing buildings.

3 Results

3.1 If the approach summarised above is followed, it will mean:

3.1.1 There will be new long term care facilities for older people

3.1.2 People who should not be in hospital will be in the most suitable accommodation

3.1.3 People who need acute care will have the best that Walsall has to offer

3.1.4 Walsall will have an adult hospice, with capital funding through the NHS.

Questions:

You may wish to consider the following questions

Are there people who would be disadvantaged by these proposals? How could the proposals be improved to prevent this?

Are a Walsall Hospice and a long term care centre good developments on the site?

Do the proposals go far enough? Are there ways in which we could improve services more?

How do I respond?

We welcome written, emailed and face to face responses. We will also be holding a series of public meetings, which you can request to attend.

You can send responses to:

Older People's Consultation
Walsall tPCT • FREEPOST MID14116
Walsall • WS11BR

You can email your comments to:
martin.turner@walsall.nhs.uk

You can book a face to face meeting with a member of our team by ringing

01922 618358. The full document is available on www.walsall.nhs.uk

If you would like to present your views to our Board at one of the public meetings, please contact us as above.

You will be asked to give a short summary of what you intend to say, and state in what capacity you are commenting—either as a Walsall resident, a representative of an established Walsall organisation, or as

an elected Member for Walsall at the local, national or European level. We will notify you of when and where you should attend, and how long you can expect to speak. Organisations outside Walsall with a stake in these issues—such as nursing homes and hospices—may also comment, as can people who live outside the borough but work in Walsall.

Questions and Answers

Q What is the future of health services at Goscote Hospital?

A These proposals would see health care at the site for decades to come.

Q What about the rumours that the land is being sold off for housing?

A They were just rumours—we have no intention of letting the land leave the public sector

Q Will doctors and nurses at Goscote be made redundant?

A No. We do not intend that any health professionals leave the NHS as a result of these changes. We are in fact actively recruiting for more doctors and nurses.

Q How much money will this save?

A Nothing. We do not intend to save any money by these changes. Where costs are reduced, the money

will go straight back into providing improved services.

Q Is this linked to prospective changes of the organisation of the Hospitals Trust?

A Not directly. There are a number of changes taking place in the NHS across the Black Country. Each will have an impact on the others. There is no specific link between the changes described here and the potential reorganisation of the Acute Hospitals Trust. Either one can take place without the other.

Q Should we send in petitions?

A You can, but it misses the point. All responses will be taken seriously, but we will be weighing the reasons people put forward, not counting signatures.

Q How do I know that you are listening to my comments?

A In the public meetings you will have a chance to put your views straight to the decision makers. If you submit comments in writing or in a face-to-face interview, we will publish them along with the transcripts of the public meeting at the end of the consultation. The tPCT Board has committed to reviewing all of the comments.

Q Can we ask for more detail?

A We will do our best to answer questions, but in many cases the actual detail of what we do will change as a result of this consultation. When we provide additional details, these should be seen as indicative: we are not consulting on the additional details, and we are not committing to them.

Public Consultation

14 September - 14 December 2005

Improving Services for the Older People of Walsall

Proposals to:

Build the Walsall Hospice at the Goscote Hospital Site

Build a long term older people's specialist care centre

Provide new intermediate care services in the community

Cease patient transfers from the Manor Hospital to Goscote

If you would like this document in a different format, please ring our PALS team on **01922 618358** or log on to **www.walsall.nhs.uk**

How to make the most of consultations in the NHS

The NHS now has a duty to consult people who are affected whenever there are substantial changes to services. From time to time we will also consult local people and organisations when we are developing long term plans.

A consultation is not a referendum – it is a way for people to put their views and arguments forward so that they are part of the discussion. Ultimately, we are not counting votes but collecting reasons why we should or shouldn't do something.

What do you do when you consult?

When we begin a consultation, we will publish a consultation document with a letter explaining what kind of questions we are most interested in. In the letter we will also outline a timetable and a way for you to get your responses back to us. We will usually also explain how decisions are made after the consultation is finished. Anyone can respond to our consultation document, either as a group or as an individual.

Who exactly is being consulted?

Generally we consult partners and stakeholders. Partners have a formal

relationship with the Teaching Primary Care Trust. A stakeholder is anyone with a stake in what is going on – patients and potential patients are stakeholders, staff and suppliers are stakeholders, local residents are stakeholders, even if they are not patients. Stakeholders have different shares in what is going on. For example, if we are planning to put up a new health centre, residents in the same street might have more of a say on the parking arrangements than people from the other side of the borough.

What are you asking for?

We welcome views of all kinds. The most helpful responses, though, are the ones which point out implications or consequences that we have not covered in the consultation document, and which go on to offer constructive improvements to the plans which are on the table.

Do you ever disregard particular responses?

We take all responses seriously, but some kinds of responses will have less effect on decisions than others. For example, a petition with two-hundred signatures on it which simply says

'yes' or 'no' will not carry as much weight as a response from just one or two people which goes into detail about why they agree or disagree with particular parts of the consultation. Equally, if we become aware that someone is getting up a campaign for or against something, and we receive two hundred letters all making exactly the same points in the same words, we are likely to treat this as a single response from a campaign group.

What's the best way I can make my views count?

The most powerful responses are the ones which deal specifically with the consultation document. In every case, we are interested in why people have come to a particular view. We are also interested in alternatives – especially if they have been carefully thought through. We are especially interested in independent responses which are not part of a campaign, and in responses from people and groups which have a particular stake in what is happening. It's always worth making it clear what your stake is – for example, local resident, patient, chairman of a user group, or whatever it is.

that we include them in the process

- will allow reasonable timescales and recognise the constraints that each sector has to work within, whilst recognising the national compact guidelines to allow 12 weeks for most consultations; where this is not possible clear reasons should be given
- will respect confidentiality
- will give an honest picture of responses received
- will expect new solutions to emerge
- will listen and make changes
- will seek to maintain open channels of communication with those we have consulted

This is an extract from the Walsall Compact, now being agreed across the public and voluntary sector in the borough.

Improving Services for Older People in Walsall

1 Introduction

The proposals described here have grown from a long standing and passionate desire to improve health care for older people in Walsall. It is our intention to provide the right care at the right time in the right place and by the right person for every older person in the borough that needs it. This introduction outlines the key strategies which have brought us to this point, and summarises the action we are proposing to take.

1.1 Older People's Strategy

1.1.1 Walsall has been a national leader in the development of older people's services over the last two years. The Teaching Primary Care Trust was one of the pioneers of case management for people with multiple, long term conditions, and was among the first NHS organisations to introduce Community Matrons.

1.1.2 Based on the best clinical evidence, the Walsall Older People's Strategy aims to reduce admissions of older people to acute hospitals, and to shorten their length of stay when they are admitted.

1.1.3 This is achieved by early intervention in the community to avoid unnecessary admissions, and by timely, safe discharge into intermediate care or home. This reduces the risk of hospital acquired infection, prevents older people from losing the social networks which they rely on, and helps them to regain mobility and self-reliance as quickly as possible.

1.2 Primary Care Strategy

1.2.1 Since its inception in 2002, Walsall Teaching Primary Care Trust has been committed to providing health care close to where people live, in the community. This has led to an investment of some £14 million in new health centres which have opened in the borough in the last twelve months, equipped with facilities for minor surgery and the potential for ultra-sound and other procedures which would previously have required a hospital appointment.

1.2.2 The shift of services from hospitals to GP surgeries and other primary care centres means that acute hospitals can concentrate on services which can only they can provide.

1.2.3 Coupled with the modern medical practice of keeping hospital stays as short as possible, and a move to day case work, this means that there has been a downward trend in the number of acute beds required in the borough.

1.4 Proposed action

1.4.1 Step One — new services

Our first step is to introduce **new intermediate care services**, including rehabilitation, for older people who are medically fit for discharge from hospital, but not yet ready to return to their own homes. We will commission beds in nursing and residential accommodation in Walsall ideally suited to their needs. We will also **cease to transfer acute patients from the Manor Hospital to Goscote**, so that all patients will be able to benefit from the on-site specialist care that the Manor provides. Currently there are about fifty patients who have been transferred in this way. We will create capacity at the Manor Hospital for these patients, including re-providing the stroke rehabilitation unit.

1.4.2 Step Three — redesigning Goscote

Subject to planning agreement by the Local Authority, we intend to begin construction work for a new **specialist older people's care centre** at Goscote with around 40 beds, and the construction of the long awaited **Walsall Hospice**. This will guarantee that the Goscote Hospital site remains a key provider of health services in Walsall for the decades to come.

2 Background

This section sets out further background.

2.1 Acute hospital beds

2.1.1 In the NHS, the phrase 'Acute beds' or 'Acute hospital beds' refers to physical beds in an acute hospital which are supported by appropriate medical (doctors) and clinical (nurses and allied health professional) staff to ensure that patients can be treated effectively and safely.

2.1.2 Modern medicine aims to admit patients to acute beds only when they need hospital treatment, and to

discharge them as soon as they are fit. This is particularly important for older people, who lose mobility and social networks if confined to hospital longer than needed. Where possible, treatment takes place through out-patient or day-case procedures, or, increasingly, in the community in GP surgeries or other primary care work.

2.1.4 At present, Walsall acute beds are on two separate sites. Around one hundred beds are currently provided on the Goscote site, and 675 at the Manor site. Goscote was never designed to provide the full range of acute services, which means that patients at times have had to be transferred back to the Manor when their condition worsened.

2.2 Patients needing discharge

2.2.1 Currently, an average of around fifty older people are in acute hospital beds in Walsall who are medically fit.

2.2.2 In total therefore around fifty patients are in acute beds at the Goscote site who should not be in an acute hospital at all, and around fifty patients are in acute beds at the Goscote site without access to the full range of acute services.

2.3 Dementia care

2.3.1 Dementia in older people (sometimes referred to as Alzheimer's disease) is a progressive condition which often results in the need for long term residential care.

2.3.2 It is estimated that there is a need for 40 dementia care places in Walsall provided by the public sector. At present there is no NHS or social care centre in Walsall which could provide specialist dementia care for this number of people.

2.4 Walsall Hospice Appeal

2.4.1 There has been a long term aspiration for a hospice in Walsall. In recent years, this campaign has been led by the Walsall Hospice Appeal, supported by the Teaching Primary Care Trust. The Teaching Primary Care Trust recently consulted on its Palliative Care Strategy, which emphasised a need for hospice beds.

The Walsall Compact on Consultation

Consultation is about finding the best course of action by giving the people and organisations the chance to have a say on real choices. It provides us all with the opportunity to be part of decision making.

We believe that consultation is essential if decisions are to be realistic, workable and reflect local people's needs and wishes. Consultation may be about big issues, affecting the whole Borough, or about a single issue, specific to a place, time or situation. We believe that consultation is a key form of dialogue between partners. Where appropriate, partners will work together on consultations, undertake consultation together, and share the results of consultation exercises.

When we consult we

- will set out the basis of consultation (how consultation is to happen, who

is being consulted, how this will influence the decision, what use will be made of the information collected)

- will ensure Walsall Borough Strategic Partnership and relevant partners are advised of intention to consult
- will present the clearest and fullest picture possible
- will build on existing networks, partnerships and forums
- will ensure that consultation processes are inclusive
- will take account of the specific needs, interests and contributions of those whose views may not otherwise be heard
- will be open about any implications there may be for the full range of partners and people and make sure

14 September 2005

Dear Stakeholder

I am writing to invite you take part in our consultation on improving services for the older people of Walsall, which is running from 14 September to 14 December 2005.

As the NHS in Walsall, we are proposing to commission **new intermediate care beds and associated services**, for patients who are fit to be discharged from hospital but not yet ready to go home. These will be in nursing and residential homes in Walsall.

We are also proposing to **cease transferring patients from the Manor Hospital to Goscote**. By doing this we will ensure that all patients receive the very best specialist care the NHS has to offer.

I believe that both of these changes are essential if we are to provide the right care for Walsall people.

As you may know, the Goscote site has been used for its current purpose for less than thirty years. Before this the site had held an isolation hospital, a tuberculosis sanatorium, and a workhouse for the elderly poor. The site has been in the NHS since 1948. Before that — from 1903 — it was owned by Walsall Corporation. However, it was originally part of Goscote Hall, owned by local families, and is first mentioned in documents from 1756, although the hall itself was demolished some time before 1966.

The site is now within the Green Belt, which restricts us from putting up new buildings in the grounds. However, by taking the steps I have outlined above, there will be a limited number of newly vacant buildings at Goscote, and we would be allowed to put new buildings in their place.

With this in mind, we propose to continue Goscote's tradition of care in the borough by building the long-awaited **Walsall Hospice** on the space of the no-longer-needed buildings, accompanied by a **specialist care centre for elderly people with long-term conditions**. Together this will be the most significant new investment at the Goscote site since it entered the NHS.

I would very much welcome your views on these proposals, which are detailed in full in our consultation document **Improving Services for Older People in Walsall**. Details of how you can respond are overleaf.

All these proposals have grown out of a passionate desire to do the very best for Walsall residents. I welcome each and every response which will improve them.

Yours



Paul Jennings
Chief Executive

Response to Improving Services for Older People in Walsall

I have read the Proposal Document and I would like to make the following comments (please use the numbering system from the proposal document to assist us in collating comments)

or

I have read the Proposal Document and I would like to attend a public meeting to make my comments to Board Members of Walsall Teaching Primary Care Trust. My main points are summarised as follows:

I am commenting as a member of the public

I am commenting as an NHS staff member

I am commenting formally on behalf of an established organisation (please specify)

I am commenting as an elected representative (please specify role)

Name of Organisation/Ward/Constituency _____

Contact details

(You may comment anonymously if you prefer)

Name _____

Address _____

_____ Post Code _____

Daytime telephone _____ Mobile _____

Email _____

If you have particular knowledge or a particular stake in this consultation, you can specify it here:

Send to: **Older People's Consultation**

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