

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PROVISION OF POST ACUTE NEURO REHABILITATION
DATE OF DECISION:	10 TH NOVEMBER 2011
REPORT OF:	NHS SOUTHAMPTON – EXECUTIVE DIRECTOR SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP
STATEMENT OF CONFIDENTIALITY	
None	

BRIEF SUMMARY

With the closure of Victoria House, a neurological-rehabilitation unit at University Hospitals Southampton NHS Trust, there is a requirement to re-provide this service to patients from both the city and Hampshire in an alternative setting. Following much consideration, local commissioners favour an option to competitively tender this service. This Paper sets out the reasons for that decision and requests that the Southampton HOSC supports it.

RECOMMENDATIONS:

- (i) The Panel agree NHS Southampton tender the existing neuro rehabilitation services currently delivered from Stanley Graveson Ward and Snowden Ward at the Western Hospital

REASONS FOR REPORT RECOMMENDATIONS

1. This option offers an opportunity to procure a high quality, cost effective service capable of maximising the rehabilitation of post acute neurological patients.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. Undertaking a limited procurement – Solent NHS Foundation Trust only

DETAIL (Including consultation carried out)

3. For some time, University Hospitals Southampton NHS Foundation Trust (UHS) have sought to close Victoria House – a stand alone neurological-rehabilitation facility situated within the grounds of the main hospital site, seeking to relocate patients within the main hospital building in line with what were at the time, guidelines which supported such a move.

In 2009/10, commissioners from both NHS Southampton and NHS Hampshire, formed part of a project group with UHS, looking at how this could be achieved. However, UHS was unable to allocate space to these patients within the main hospital and the project came to a halt. Commissioners had no particular desire for Victoria House to close; it was affordable, popular with patients and achieved the aims of rehabilitating post acute neurological patients in a less clinical environment.

In August 2010, without prior notification to Southampton commissioners, Victoria House was closed for neurological-rehabilitation, with those patients being relocated to Stanley Graveson Ward on Level E of the main building. The reason for closure was later described by UHS as resulting from a decrease in appropriate staffing levels at Victoria House.

On 17 March 2011, the Southampton Health Overview and Scrutiny Panel (HOSP) called UHS to explain to the Committee why Victoria House had been closed, particularly without public and patient consultation.

On 22 March 2011, the HOSC wrote to advise UHS that it needed to re-provide the neuro-rehabilitation services in another facility (Stanley Graveson Ward having been described as an inappropriate setting) as quickly as possible, whilst at the same time advising both staff and patients that the existing service was a temporary measure only.

NHS Southampton commissioners began exploring service options with colleagues in NHS Hampshire, whilst at the same time speaking to and visiting a number of providers from both the public and private sector. Commissioners have been working with our existing community provider (Solent Healthcare) to see if they could absorb the additional patients in a bid to speed up the process of securing alternative accommodation for patients. However, a model for a clinically high quality service that is also value for money has not been achieved..

The Clinical Commissioning Group has considered the options and has decided to proceed by tendering the community service in its entirety, thereby removing any duplication in provision. This has in part been informed by advice received from NHS contracting specialists that services of this cost and volume should always be competitively tendered in line with Government Guidelines. In addition, Southampton City Council Adults Social Care (Personalisation and Safeguarding) Team, expressed an opinion which supports the approach, as it offers an opportunity to explore a variety of options from different providers for progressive rehabilitation, ensuring patients maximise their potential as quickly as possible.

In July 2011 NHS Southampton commissioners undertook a limited consultation. All patients who had been treated in Victoria House, Stanley Graveson Ward or Snowden Ward at the Western Hospital were written to, requesting that they, or their carers/guardians contact NHS Southampton with their views about how post acute neurological rehabilitation services should be provided in the future. Posters were offered to all GP practices in the city, similarly, in order that any patients or carer not already contacted could contribute their views. NHS Southampton commissioners received two patients/carers contacts. One of these we were subsequently unable to contact, the other applauded the service they received at Stanley Graveson Ward.

In the meantime, both the city HOSC and LiNKS have visited both Stanley Graveson Ward at UHS and the Western Hospital and have expressed a desire that the service should be re-provided at the Western Hospital, although we understand that no other providers have been visited with whom to compare.

A tendering exercise of this nature would offer an opportunity to thoroughly test the market and allow both private and public sector organisations to bid. Tendering would allow for providers with rehabilitative environments on a non hospital site to be considered. The aim would be to progress with the tender process immediately.

RESOURCE IMPLICATIONS

Capital/Revenue

4. The overall cost of the service to be provided is between £700k - £900k..

Property/Other

5. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

6. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

Other Legal Implications:

7. None.

POLICY FRAMEWORK IMPLICATIONS

8. None.

AUTHOR:	Name:	GillianParker	Tel:	023 80 296908
	E-mail:	Gillian Parker@scpct.nhs.uk		

KEY DECISION No

WARDS/COMMUNITIES AFFECTED:	
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SUPPORTING DOCUMENTATION

Non-confidential appendices are in the Members' Rooms and can be accessed on-line

Appendices

1.	None
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Documents In Members' Rooms

1.	None.
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Integrated Impact Assessment

Do the implications/subject of the report require an Integrated Impact Assessment (IIA) to be carried out.	Yes/No
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Other Background Documents

Integrated Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None.	
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