Specialist Dementia Hospital Care Consultation

The right healthcare, for you, with you, near you
What are we consulting on?

Wiltshire Clinical Commissioning Group (CCG) and Wiltshire Council are consulting on the future permanent location of specialist dementia hospital care in Wiltshire.

As the providers, Avon and Wiltshire Mental Health Partnership (AWP) are supporting the consultation.

At times of crises, a small number of people with severe dementia (usually no more than 120 people over a year in Wiltshire) require admission to a specialist dementia hospital during a severe phase of their illness. Specialist dementia hospital care forms part of the advanced dementia care pathway. It refers to those specialist services that may be needed by a small number of people who have severe dementia and require high levels of specialist care.

This period of assessment, treatment and stabilisation, for up to 84 days (on average), is provided by healthcare professionals with specialist knowledge of dementia and the impact it can have on people’s lives.

Where is specialist dementia hospital care being provided?

Since February 2013, all specialist dementia hospital care (20 specialist dementia beds) in Wiltshire has been provided on a temporary basis at Amblescroft South, Fountain Way, Salisbury. Before that there were 24 specialist dementia beds in Charterhouse, Trowbridge and 10 in Amblescroft, Salisbury. We also access specialist dementia hospital care in Bath and Swindon for people who live in Wiltshire.

The Options

Wiltshire CCG, Wiltshire Council and AWP have identified three potential locations in Wiltshire for the specialist dementia hospital services to be located:

1. Charter House in Trowbridge
2. Avebury Ward, Green Lane Hospital in Devizes
3. Amblescroft South, Fountain Way in Salisbury

Option 1

Locate the specialist dementia hospital services at Charter House, Trowbridge

1. Close the 10 temporary dementia beds, previously transferred from Charter House and 10 permanent beds, which already existed at Amblescroft South, Fountain Way, Salisbury
2. Refurbish Charterhouse
3. Reopen the specialist dementia ward following the refurbishment

Charter House is located on Seymour Road in Trowbridge. The building was constructed and opened in 1994 as part of AWP’s estate portfolio. It was closed temporarily in 2013 by AWP as the layout of the wards meant that, despite ongoing investment, it was unable to meet current national guidance.

Charter House, in its current form, contains a number of operational, layout and quality issues for a specialist dementia ward.

1. Bedrooms and en-suite bathrooms do not comply with current Health Building Notes.
2. En-suite provisions are limited to a hand basin and toilet.
3. The ‘sprawling’ building design makes it difficult for staff to observe patients within the bedroom areas and corridors at the frequency required to ensure that they are well and safe.
4. Some patient accessible areas are remote and are difficult for staff to ensure on a constant basis that patients are well and safe.
5. Communal space is fragmented throughout the building, which again raises the issue of staff not being able to ensure that patients are well and safe on a constant basis.
6. The Ward Garden contains a number of trip hazards and hard edges increasing the risk of falls and injuries to patients.
7. The existing fixtures, fittings and services do not meet current standards in relation to Health and Safety and Patient-led Assessments of the Care Environment (PLACE).
8. The raised timber flooring is sagging in areas and is difficult to walk on within certain rooms.
9. A drainage survey identified fine root ingress within sections of the pipes from surrounding trees, which has led to major drainage issues.
10. Some services are sub-standard and the lighting, sanitary ware, pressurisation plant and heating systems insulation all need to be replaced.
11. The existing signage is poor.
12. The existing colour schemes are not compliant with dementia care best practice, making it difficult for people with dementia to navigate the environment and remain independent.
13. A lack of ‘meaningful wandering space’ means that people with dementia can become increasingly anxious, distressed and confused.
14. There are inadequate quiet spaces for therapies.
Following the refurbishment of Charter House, the temporary ward and the permanent ward at Amblescroft South would be closed and all specialist dementia hospital care would be provided from Charter House. During the refurbishment period, services would continue to be provided at Amblescroft South. The advantages and disadvantages that are likely to arise are listed below:

**Estate Advantages**
- The dementia ward would be situated in a refurbished, state-of-the-art building that would be compliant with current national standards.
- Health & Safety would be better managed following this refurbishment.
- The environment would benefit from the most up-to-date and safe fittings.
- The internal finishes would be compliant with the most recent Health and Safety standards.
- This modern, specifically designed facility would provide a 20-bed specialist dementia hospital for all Wiltshire residents.

**Estate and Investment Disadvantages**

**Revenue costs**
- Additional costs of £0.77m per annum would result from opening Charter House and permanently closing Amblescroft South, due to:
  - depreciation charges associated with a new and more expensive property
  - additional staff requirements as a result of the new layout of the building
- Existing dementia services would lose £0.77m in funding each year to meet the costs of re-opening Charter House.
- Closing Amblescroft South will cost about £0.25m, due to mothballing of the estate and potential staff redeployment/redundancy.

**Staffing**
- The unit would cost more to staff than the current provision because it is a stand-alone site meaning that additional staff could not be called on, in an emergency.
- There could be potential staff redundancy costs once Amblescroft South is permanently closed.

**Capital costs**
- Refurbishment requires about £5.37m to bring the facilities up to modern standards.
- AWP has no financial resources available to fund refurbishment and Wiltshire CCG does not hold a capital budget.
- Funding the capital will have to by the Private Finance Initiative (PFI) or external private funder route, which will be an additional cost of about £0.53m with additional costs of £0.04m pa.

**Clinical Advantages**
- Clinical risk would be better managed after the capital investment as the facility would be modern and fit for purpose.
- The building would be specifically designed and fully compliant with regulations and best practice guidance enabling the delivery of high quality clinical care.

**Clinical Disadvantages**
- As a stand-alone unit, there would be no cross cover support from other staff or services, which could create additional clinical risks.
- The nearest District General Hospital is the Royal United Hospital, 30 minutes drive away.
- If Amblescroft South were to close:
  - this would lead to a split site for older people’s specialist hospital services, with older people with conditions, such as depression, anxiety, bipolar disorder, schizophrenia, personality disorders and addictions staying in Salisbury.
  - splitting the service across two sites would be costly to maintain and there would be less opportunity for learning, exchange of ideas and cover which could lead to a less effective use of staff and equipment.
  - this would also leave underutilised estate in Salisbury, which is not considered a good use of NHS assets.
- There will be no dedicated medical on-call service.
- There could be recruitment issues if staff do not want to transfer from Salisbury to Trowbridge.

An overview of these issues is outlined below:

1. Room sizes are not compliant with current national guidance.
2. Bedrooms and corridors cannot easily accommodate or allow the movement of King’s Fund beds, which are designed and built to exacting specifications for safety, durability, ease of handling and patient comfort.
3. The bedrooms have en-suite facilities, but are not provided with showers.
4. Observation throughout the ward is poor due to recesses within the corridors making it difficult for staff to observe patients to ensure that they are well and safe.
5. Communal space is limited and a lack of communal space can be detrimental to the wellbeing of some dementia patients and makes visits by relatives and friends difficult to accommodate in a comfortable environment.
6. The Ward Garden contains a number of trip hazards and hard edges that increase the risk of falls and injuries to patients.
7. The existing fixtures and fittings do not meet current standards in relation to Health and Safety and Patient-led Assessments of the Care Environment (PLACE).
8. The existing signage is poor.
9. The existing colour schemes are not compliant with dementia care best practice, making it difficult for people with dementia to navigate the environment and remain independent.
10. There is poor wandering space for patients.
In order for Avebury Ward to become the new permanent location for specialist dementia hospital care it will need to undergo a period of significant refurbishment. Following the refurbishment, the temporary ward at Amblescroft South would be closed and all specialist dementia hospital care would be provided from Avebury Ward, Green Lane Hospital. The advantages and disadvantages that are likely to arise are listed below:

**Estate Advantages**
- The dementia ward would be situated in a refurbished, state-of-the-art building that would be compliant with current national standards
- The refurbished unit would create a 20 bed dedicated specialist dementia unit in the centre of the county
- After refurbishment, health and safety would be better managed
- The new ward would benefit from the most up-to-date standards

**Estate and Investment Disadvantages**

**Revenue costs**
- Closing Amblescroft South and opening a new building will cost £0.69m per annum in depreciation charges and additional staff requirements
- Refurbishment of Avebury Ward will mean that £0.69m per annum will have to be taken from other services to meet the costs
- There will be additional costs of £0.25m to finance the mothballing of the estate and potential staff redeployment/redundancy

**Capital Costs**
- Refurbishing Avebury Ward will cost about £3.12m to bring the facilities up to standard
- As AWP have no further financial resources available, and Wiltshire CCG does not hold a capital budget, outside funding, such as a Private Finance Initiative (PFI) or external private funders will need to be sourced
- The initial cost of outside funding would be about £0.31m with additional costs of £0.03m per annum.

**Clinical Advantages**
- The building would be compliant with current standards
- Clinical risk would be better managed after refurbishment as the ward would be fit for purpose
- There would be access to on call medical staff due to the campus nature of the site
- This campus nature would mean that resources could be shared when required

**Clinical Disadvantages**
- If Amblescroft South were to close, this would lead to a split site for Older People’s specialist hospital services between Salisbury and Devizes. This would be costly to maintain and there would be less opportunity for learning, exchange of ideas and cover, which would mean less effective use of staff and equipment
- This option does not make best use of NHS assets as currently there are no alternative services identified to fill the void that would be left in Salisbury
- The nearest District General Hospital is Great Western Hospital which is a drive of about 38 minutes without traffic
- There could be recruitment issues if existing staff do not want to transfer from Salisbury to Devizes

**Option 3**

**Formalise permanent specialist dementia hospital services at Amblescroft South, Salisbury**

1. Validate the current arrangements regarding the 10 temporary dementia beds, which were transferred from Charter House, at Amblescroft South, Fountain Way Hospital, Salisbury, to supplement the existing 10 beds and make the temporary closure of Charter House permanent

Fountain Way is a modern hospital campus located on the outskirts of Salisbury. Amblescroft South is the specialist dementia ward located on the older people’s healthcare campus in Fountain Way, which opened with newly built facilities in 2003 and occupies the southern part of the site of the former Old Manor Hospital. It comprises a three ward specialist hospital facility and a range of buildings that deliver community services. The existing ward has provision to accommodate 20 service users in single occupancy bedrooms.

An overview of Amblescroft South estates is outlined below:

1. Room sizes are compliant with current national guidance
2. Bedrooms have en-suite facilities including showers
3. Ward provides separate male/female bedroom areas to protect privacy and dignity
4. Observation offered throughout the ward is good
5. Communal space is provided by a number of smaller lounges giving people choice and a variety of rooms in which to socialise and undertake activities
6. Ward Garden contains a number of areas that allow for escorted or unescorted access and activities in a safe environment
7. Existing fixtures and fittings meet current AWP standards. The Patient-led Assessments of the Care Environment (PLACE) scored this facility as above the national average
8. Signage meets current Trust standards, making it easier for patients with dementia to orientate themselves, which can reduce confusion and stress levels, as well as maintain independence
9. Ward provides space for people to move about freely without a sense of confinement and there is a circular design for hallways allowing patients to walk in any direction for as long as they want without being stopped or confused by dead-ends
10. Patient-Led Assessments of the Care Environment (PLACE) scores the Fountain Way Hospital site above the national average in all areas, including: Cleanliness, Privacy, Dignity and Wellbeing, Food and Condition, Appearance and Maintenance

Adopting this option would result in the current arrangements for specialist dementia hospital services being formalised at Amblescroft South and the temporary closure of Charter House made permanent. This is Wiltshire CCG and Wiltshire Council’s preferred option.
**Estate Advantages**

**Revenue costs**
- No additional revenue funds are required for this option, which represents good value for money. Furthermore, due to funds set aside and saved from not running two sites since 2013, about £0.44m of funding can be released and reinvested elsewhere.

**Capital costs**
- No additional funds required as facilities are already in place at Amblescroft South.
- No funding would be required from existing dementia services.

**Reinvestment in Community Services**
- Potential to invest the £0.44m in saved revenue in secondary community services.

**Estates**
- This option would create a single specialist site in the south of the county.
- Amblescroft South is a purpose-built, specialist dementia hospital.
- Amblescroft South meets modern standards in relation to Health Technical Memorandums (HTMs) and Health Building Notes (HBNs).
- All in-patient beds for older people with mental health needs will be in one place, improving governance, quality and clinical effectiveness.
- Amblescroft South is situated on an older people’s campus, which will allow the use of specialist equipment/supply management between wards.

**Estate and Investment Disadvantages**

**Impact on carers and families**
- Some carers/family members will have further to travel resulting in associated costs for carers/family members and support workers.

**Clinical Advantages**
- Salisbury District Hospital is situated 3.6 miles away and about 9 minutes by car without traffic.
- It would provide a health centre allowing patients to cross from the general ward to the dementia ward if required.
- Dedicated medical on-call service would be available due to the campus nature of the site.

**Clinical Disadvantages**
- There are points raised by a recent CQC inspection, which are covered by an AWP Action Plan. The CQC raised minor building issues and staffing processes and training. All have been actioned and we will see further improvement in the already high quality of service provided.

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**Wiltshire CCG 2014/2015 dementia budget**

- **Primary care** diagnosis, treatment and care of dementia patients.
  - District general hospital (DGH) services to assess and treat people with dementia who have been admitted with an existing medical problem. Specialist staff provide ongoing support and education within a DGH setting.
  - Specialist dementia hospital care which includes assessment, treatment and stabilisation of people with severe dementia. Includes ongoing support through therapeutic services comprising the use of physiotherapists, occupational therapists, psychologists and art psychotherapists.
  - Total **£7.5m**

- **Voluntary sector** organisations that provide support and activities to stimulate people with dementia. Ongoing support and signposting of services to carers and people with dementia by the Dementia Advisors.
  - **£0.4m**

- **Secondary care memory services** which include specialist dementia diagnoses, treatment and ongoing care of patients before being repatriated to primary care.
  - **£1.6m**

- **District general hospital (DGH) services** to assess and treat people with dementia who have been admitted with an existing medical problem. Specialist staff provide ongoing support and education within a DGH setting.
  - **£1.2m**

- **Specialist dementia hospital care which includes assessment, treatment and stabilisation of people with severe dementia. Includes ongoing support through therapeutic services comprising the use of physiotherapists, occupational therapists, psychologists and art psychotherapists.**
  - **£2.1m**

- **Community teams** that provide specialist assessment, intervention, care planning, case management and therapeutic support following a crisis. Therapeutic support includes that provided by physiotherapists, occupational therapists, psychologists and art psychotherapists.
  - **£2.2m**
Option 1: Charter House, Trowbridge

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Option 2: Avebury Ward, Green Lane Hospital, Devizes

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Option 3: Amblescroft South, Fountain Way, Salisbury

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The cost of funding either Option 1 or Option 2 will be in addition to the projections outlined above. Assuming a PFI route, additional funds required for Option 1 are likely to be in the region of £0.53m with additional costs of £0.04m per annum. Additional funding for Option 2 is likely to be £0.31m with additional costs of £0.03m per annum.

Revenue Financial Modelling

The table below indicates the financial needs for each of the three options over a six year period, excluding the impact of any additional funding which might be required.

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We want to hear your views on the three options outlined in this booklet.

You can help us to consider where the permanent location for specialist dementia hospital care should be sited in Wiltshire.

Questions can be found on our website: http://www.wiltshireccg.nhs.uk/your-health/specialist-dementia-hospital-care-consultation

Healthwatch Wiltshire are widely consulting and asking people what they think about the options.

Timescales

The public Consultation runs between 1st December 2014 and 28 February 2015.

Following this time, the responses to the consultation questions will be collated through our consultation partners and by direct contact at public events.

The responses will be examined by the Wiltshire CCG Governing Body and the Wiltshire Council Cabinet.

Following these meetings, Healthwatch Wiltshire will write a report on what people think about the options, a decision will be made, which will be transmitted to the public.

Healthwatch Wiltshire can be contacted by email: info@healthwatchwiltshire.co.uk or by telephone: 01225 434218.

Are we speaking your language?

If you would like this publication sent to you in large print, audio, Braille or another language then please contact us.