CHAPTER 3 NATIONAL AND LOCAL CONTEXT

NATIONAL CONTEXT

3.1 The standard of NHS care for older people has long caused concern. A number of national reports, including the NHS Plan and the Standing Nursing and Midwifery Committee's 2001 report found care to be deficient. National concerns raised include: an inadequate and demoralised workforce, poor care environments, lack of seamless care within the NHS and ageism. The NHS Plan's section *Dignity, security and independence in old age,* published in July 2000, outlined the government's plans for the care of older people, to be detailed in a later national service framework.

3.2 The national service framework for older people was published in March 2001 and sets standards of care of older people in all care settings. It aims to ensure high quality of care and treatment, regardless of age. Older people are to be treated as individuals with dignity and respect. The framework places special emphasis on the involvement of older patient's and their relatives in the care process, including care planning. There are to be local mechanisms to ensure the implementation of the framework with progress expected by June 2001.

3.3 National standards called *Essence of Care*, published in 2001, provide benchmarks for assessing nursing practice against fundamental aspects of care such as nutrition, pressure sores and privacy and dignity. These have been produced by the Department of Health as an audit tool to ensure good practice and have been widely disseminated across the NHS.

TRUST BACKGROUND

3.4 Gosport War Memorial Hospital was part of Portsmouth Healthcare NHS Trust between April 1994 and April 2002. The hospital is situated on the Gosport peninsula and has 113 beds. Together with outpatient services and a day hospital, there are beds for older people and maternity services. The hospital does not admit patients who are acutely ill and it has neither an A&E nor intensive care facilities. Portsmouth Healthcare NHS Trust provided a range of community and hospital based services for the people of Portsmouth, Fareham, Gosport and surrounding areas. These services included mental health (adult and elderly), community paediatrics, elderly medicine, learning disabilities and psychology.

3.5 The trust was one of the largest community trusts in the south of England and employed almost 5,000 staff. In 2001/2002 the trust had a budget in excess of £100 million and over 20% of income was spent on its largest

service, elderly medicine. All the trust's financial targets were met in 2000/2001.

Move towards the primary care trust

3.6 Portsmouth Healthcare NHS Trust was dissolved on 31 March 2002. Services have been transferred to local primary care trusts (PCTs), including Fareham and Gosport PCT, which became operational as a level four PCT in April 2002. Arrangements have been made for various local PCTs to host clinical services on behalf of other organisations. This will not mean that the PCT will commission services of another PCT. Fareham and Gosport PCT will manage the nursing staff, premises and facilities of a number of sites, including the Gosport War Memorial Hospital. Medical staff involved in the care of older people, including those working at the Gosport War Memorial Hospital, are now employed by the East Hampshire PCT. Further detail of PCT hosting arrangements can be found at appendix F

PORTSMOUTH HEALTHCARE NHS TRUST STRATEGIC MANAGEMENT

3.7 The trust board consisted of a chair, five non executive directors, the chief executive, the executive directors of operations, medicine, nursing and finance and the personnel director. The trust was organised into six divisions, two of which are relevant to this investigation. The Fareham and Gosport division, which managed the Gosport War Memorial Hospital, and the department of elderly medicine.

3.8 CHI heard that the trust was well regarded in the local health community and had developed constructive links with the health authority and local primary care groups (PCGs). For example, in the lead up to the formation of the new PCT, Portsmouth Healthcare NHS Trust's director of operations worked for two days each week for the East Hampshire PCT. Other examples included the joint work of the PCG and the trust on the development of intermediate care and clinical governance. High regard and respect for trust staff was also commented on by the local medical committee, Unison and the Royal College of Nursing.

LOCAL SERVICES FOR OLDER PEOPLE

3.9 Before April 2002, all services for older people in Portsmouth, including acute care, rehabilitation and continuing care were provided by the department of medicine for elderly people, managed by the Portsmouth Healthcare NHS Trust. Acute services are based in the Queen Alexandra and St Mary's Hospitals, part of the Portsmouth Hospitals NHS Trust. Though an unusual arrangement, precedents for this model of care did exist, for example in Southampton Community NHS Trust. Management of all services for older people has now transferred to the East Hampshire PCT. Until August 2001, the Royal Hospital Haslar, a Ministry of Defence military hospital on the Gosport peninsula, also provided acute medical care to older civilians as well as military staff.

Service performance management

3.10 Divisional management at Portsmouth Healthcare NHS Trust was well defined, with clear systems for reporting and monitoring. The quarterly divisional review was the principle tool for the performance management of the Fareham and Gosport division. The review considered regular reports on clinical governance, complaints and risk. Fareham and Gosport division was led by a general manager, who reported to the chief executive. Leadership at Fareham and Gosport divisional level was strong with clear accounting structures to corporate and board level.

INPATIENT SERVICES FOR OLDER PEOPLE AT THE GOSPORT WAR MEMORIAL HOSPITAL 1998-2002

3.11 Gosport War Memorial Hospital provides continuing care, rehabilitation, day hospital and outpatient services for older people and was managed by the Fareham and Gosport division. In November 2000, as a result of local developments to develop intermediate and rehabilitation services in the community there was a change in the use of beds at the hospital to provide community rehabilitation and post acute beds.

3.12 In 1998 four wards t Gosport War Memorial Hospital admitted older patients : Dryad, Daedalus, Sultan and Mulberry. This is still the case in 2002.

Figure 3.1 Inpatient provision at Gosport War Memorial Hospital by ward

Ward	1998	2002
Dryad	20? Continuing care beds. Patients admitted under the care of a consultant, with some care provided by a clinical assistant.	20 continuing care beds for frail elderly patients and slow stream rehabilitation. Patients are admitted under the care of a consultant. Day to day care is provided by a staff grade doctor.
Daedalus	Trust to complete?? Patients admitted under the care of a consultant, with some care provided by a clinical assistant.	24 rehabilitation beds: 8 general, 8 fast and 8 slow stream (since November 2000). Patients are admitted under the care of a consultant. Day to day care is provided by a staff grade doctor.
Sultan	24 GP beds with care managed by patients' own GPs. Patients are not exclusively older patients; care can include rehabilitation and respite care. A ward manager (or sister) manages the ward, which was staffed by Portsmouth Healthcare NHS Trust staff.	The situation is as in 1998, except that staff are now employed by a PCT.

Admission criteria

3.13 The current criteria for admission to both Dryad and Daedalus wards are that the patient must be over 65 and be registered with a GP within the Gosport PCG. In addition, Dryad patients must have a Barthel score of under 4/20 and require specialist medical and nursing intervention. The Barthel score is a validated tool used to measure physical disability. Daedalus patients must need multidisciplinary rehabilitation for strokes and other conditions.

3.14 The case note review undertaken by CHI confirmed that the admission criteria for these two wards were being adhered to in recent months and that appropriate patients were being admitted.

3.15 There is a comprehensive list of admission criteria for Sultan ward that were developed in 1999, all of which must be met prior to admission. The criteria state that patients must not be medically unstable and no intravenous lines must be in situ. CHI found examples of some recent patients who had been admitted with more complex needs than stipulated in the admission criteria.

Elderly mental health

3.16 Although not part of the CHI investigation, older patients are also cared for on Mulberry ward, a 40 bed assessment unit comprising Collingwood and Ark Royal wards. Patients admitted to this ward are under the care of a consultant in elderly mental health.

Terminology

3.17 CHI found considerable confusion about the terminology describing the various levels of care for older people in written information and in interviews with staff. For example, the terms stroke rehab, slow stream rehab, very slow stream rehab, intermediate and continuing care were all used. CHI was not aware of any common definition for these terms in use at the trust. CHI stakeholder work confirmed that this confusion extends to patients and relatives in terms of their expectations of the type of care that will be received.

KEY FINDINGS

1. Throughout the timeframe covered by the CHI investigation, CHI received evidence of strong leadership, with a shared set of values at corporate and divisional level in Portsmouth Healthcare NHS Trust. The senior management team was well established and, together with the trust board, functioned as a cohesive team. The chief executive was accessible to and well regarded by staff both within the trust and in the local health economy. Good links had been developed with local PCGs.

2. CHI considers the divisional management quarterly review process to have been an appropriate method of monitoring the performance of the Fareham and Gosport division.

3. There was lack of clarity amongst all groups of staff about the purpose of each of the wards caring for older people and about the levels of care provided. This confusion had been communicated to patients and relatives.

Recommendations

1. Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth

Healthcare NHS Trust in order to progress the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should devise an appropriate performance monitoring tool to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.

2. The findings of this investigation should be used to influence the nature of local monitoring of the national service framework for older people.

The Department of Health should assist in the promotion of a shared understanding of the various terms used to describe levels of care for older people across the whole NHS.