



Introduction from Simon Cordon

Why should the closure of Milford Hospital be inevitable?

The Primary Care Trust (PCT), like the old West Surrey Health Authority before them, might see Milford as an easy target - but they are wrong.

The affection that exists for the hospital is not just emotional, it's because so many people know the excellence that Milford exemplifies.

The PCT is facing a major budget crisis, imposed by Government. Their first reaction is to "review" the future of Milford Hospital.

If we are ambitious then we must turn these problems into opportunities.

I am ambitious, for our area and for an ever increasing level of local health care. This is why I do not want to fight just another 'save the hospital' campaign.

It's not enough.

We need to do much more and use this latest review as an opportunity to secure Milford Hospital's future once and for all.

It can be done and in such a way that we spend money better and help the budget crisis at the same time.

This paper sets out my initial ideas for the expansion of Milford Hospital into a centre of excellence for elderly care in our area, and maybe even more.

Please let me know any thoughts you have, but most all give the plan your backing. It's only with broad cross-community support that we shall make this happen.

Simon

A Bold New Future for Milford Hospital

Background to the current review

Different parts of the Country receive different amounts of money for the NHS depending on need in the area. This need is calculated by a formula. For the past ten years, West Surrey, which is one of the lowest funded areas in the Country, has had to spend above the formula level to provide an acceptable level of health care.

I would not argue that every area should be funded the same but the formula for West Surrey is just plain wrong. It provides for a level of funding that would push our local NHS below the safety net.

Successive governments have refused to change the formula and this year the Government is insisting that cuts be made to bring health spending in West Surrey down to the formula level.

It is ironic and also deeply unfair that at a time when everywhere else is receiving more for the NHS our area is having to make cuts.

Against this background the PCT has decided to undertake this new review of Milford Hospital, as part of their decision to adhere to the Government's cuts.

I believe the PCT are wrong on two fronts. First for pursuing the cuts agenda instead of standing up for our area and demonstrating to the Government that the funding formula is flawed. Second, if it turns

out to be the case, for imagining that closing Milford Hospital will somehow save money.

My view is that the loss of services at Milford would, in a very short time, result in spending across the whole of the elderly care sector increasing not decreasing.

This paper explains further. It points out that Milford is essential for the future provision of elderly care in our area and that the expansion of services would not only be a good thing in its own right but would also help the current budget difficulties.

Building on excellence

Milford Hospital is universally recognised for its excellence in elderly health care.

Building excellence can take years to establish. Once it is there, the culture and ethos passes to new staff and teams.

West Surrey is not alone in facing an ever-ageing population, but the growth in our area is amongst the highest in the Country.

The rehabilitation services at Milford, both in-patient and out-patient, are critical in allowing more elderly people to return home after an acute condition and lowers the dependency on the already over-stretched nursing home sector.

In essence, without the services at Milford Hospital, more elderly people would go straight from the Royal Surrey to a nursing home.

This would be an appalling denial of an opportunity to return home for many patients but would also add significant pressure to the long-term care costs of Surrey's Social Services.



Milford Hospital - Too Precious To Lose

Without Milford, delayed discharges or 'bed-blocking' would increase at the Royal Surrey as Social Services struggled to find more nursing or residential home places. This would add to the budget pressures faced by local health

Securing the Hospital's future ONCE AND FOR ALL

providers, not help them.

In summary our area needs and will continue to need a growth in elderly care services. Building excellence is not easy. Spending money effectively is always a challenge. What better way is there to build excellence and make best use of resources than where it already exists, at Milford Hospital?

The role of Social Services

Social Services used to be a minor player in the care of the elderly working at the 'gentler end' with basic home help services, support for meals-on-wheels and the direct provision of some residential care. (Residential care, unlike nursing home care, does not need medical or nursing support). In the past decade this has all changed, dramatically.

The NHS is tasked with dealing with medical conditions and the treatment of them. Social Services is responsible for all care arrangements outside of hospital. This includes care at home, respite (temporary) care, financial support for residential or nursing home care or a mixture of care arrangements.

Inevitably there are numerous 'grey areas' between the responsibilities of the NHS and Social Services.

Patients and their relatives often feel they are past from pillar to post. Bed-blocking is a well known symptom of this.

Bed-blocking is very expensive for both the NHS and Social Services. Each organisation guards its own budget rather than gaining best use of money across the budgets as a whole.

Social Services have a deep vested interest in successful rehabilitation as provided at Milford Hospital.

Without it Social Services would find itself picking up increased nursing home costs

and increased intensive and expensive packages of care at home.

The 'pillar to post' culture would grow with money wasted on budget differentiation between the NHS and Social Services as they argue who is responsible for a patient's care at a particular point.

The question has to be asked. Should Social Services take up a partnership role at Milford Hospital, investing resources in co-operative rehabilitation so as to avoid escalating long-term care costs?

The answer must be yes.

Social Services and the NHS already talk of joint-working, and I recognise that they mean it.

Let them now take the principle to its logical conclusion. They should pool resources in a joint effort making Milford Hospital the centre of excellence for elderly care in West Surrey. Above all this could create a seamless service for patients passing from acute care, through rehabilitation and back to home, or in some cases, nursing or residential care.

The PCT should take the lead on inviting Social Services to be a partner and Social Services should consider the benefits, not just for today, but for the years ahead.

The benefits for elderly people would be considerable. The benefits for the budget of Social Services would be considerable too.

The role of the Royal Surrey

The role of the Royal Surrey must not be as a replacement for Milford in respect of rehabilitation.

The old West Surrey Health Authority proposed this three years ago. If the PCT do so now it will be resisted strongly.

The Royal Surrey is an acute hospital. It deals with acute conditions and surgery. Its ethos, rightly, is to remedy the acute condition. Its ethos is not the management of the human well-being that is required following a traumatic acute condition or procedure.

Its business is not the investment in time, however long it takes, to help a recovering patient become fully at ease with their returning home conditions; or their new medicine regime; or the hours and expertise needed in speech therapy, new dietary needs, or simply learning how to use a kettle again.

That's rehabilitation. The self-confidence and positive state-of-mind that the patient

themselves needs to learn or re-learn these skills, that's convalescence.

The Royal Surrey is not geared to provide this. Milford Hospital is geared to it and it does it with excellence.

There is another reason why Milford is suited and not the Royal Surrey - its grounds and surroundings. The wards are located on ground floor level with access to the grounds themselves.

A unit, new or old, at the Royal Surrey will never provide that.

So does the Royal Surrey have any role in an expanded centre of excellence at Milford? Yes. Social Services is at one end of the 'pillar to post' scenario and the Royal Surrey is at the other. Just as clumsy interfaces, arguments over whose financial responsibility a patient has become results in a poor use of Social Services money, so it is true for resources in the acute sector too.

The loss of rehabilitation at Milford would result in increased bed-blocking at the Royal Surrey and increased re-admission rates with unnecessary reoccurring acute conditions.

The Royal Surrey already has a good relationship with Milford Hospital. They should develop this and recognise it is in their own interests to pool effort and resources as a partner in an expanded centre of excellence for elderly care at Milford.

The role of the Private Sector

West Surrey is short of nursing home places. The demand, over the years ahead, will become even greater. It is accepted that the private sector now plays the key role in the provision of nursing homes.

It is in the interests of both the PCT and Social Services to be pro-active in ensuring increased 'capacity' is available.

The Milford site offers space for the provision of a new state-of-the-art nursing home.

Financially this is a golden opportunity for the PCT. It provides a potential income and would share the fixed overhead costs of the site.

Permanent respite care places could also be provided - an important development that both Social Services and the PCT need if more elderly people are to be cared for at home.

Of course not all elderly people leaving

FACT:
More compliments and letters of praise are received about Milford Hospital than any other local health facility

Source: PCT Board Papers, May 2004

Milford Hospital for a nursing home place would automatically transfer to any new nursing home on site, but it would be an attractive option for many.

Opportunities for sharing resources and specialists would arise, again making better use of resources.

I recognise that this proposal needs careful thought and perhaps some breaking down of traditional barriers. Such ambitious thinking is exactly the approach the PCT should be taking.

There is a second role that the private sector could have about which I am less certain but the PCT should investigate it.

The Government insist that all health trusts pay 'interest' on the value of their buildings, effectively a rent at around 6% of the value of the building each year.

The argument behind it is that it encourages optimum use of buildings.

My view is that this is a scandalous policy but it seems unlikely that it will change.

The PCT are keen to reduce the number of buildings providing health care in the area to help reduce this annual charge.

An option for the PCT is to consider whether the private sector becomes the owner of the whole building and whether this may be cheaper for the PCT in terms of their annual revenue budget.

Arrangements like this have happened elsewhere. Though on a smaller scale, many GP surgeries or health clinics are private buildings that the NHS uses.

Before the PCT rushes ahead with a closure plan it should explore all financing options. If it is a choice between closure, and expanding Milford by use of an imaginative approach, then the PCT must examine such an approach.

However, any private initiative must be open to thorough public scrutiny and have cast-iron guarantees that the hospital will remain a fully-fledged NHS facility.

The role of the Voluntary Sector

In today's age the voluntary sector is much more than 'icing on the cake'. Many voluntary organisations are either key providers or essential parts of the elderly care network.

The benefits for collaborative working between voluntary providers, the NHS and Social Services, should not be overlooked.

For many elderly people whether their

care and support is provided by a voluntary organisation or the statutory sector is neither here or there.

I have chosen not to refer to any potential examples of where voluntary organisations could become partners at Milford, as I would not wish to create any speculation that could be unsettling for organisations or their volunteers.

However I expect the PCT to work in detail with the voluntary sector to see what ideas they can bring and offer for the future of Milford Hospital, in terms of their own work or the hospital in general.

The role of GPs

Not surprisingly the largest caseload of most GPs is their elderly patients. Some GPs use services at Milford, especially the out-patient treatment clinics and the day hospital.

Other GPs, often outside the Godalming area, find themselves making referrals to the Royal Surrey or Frimley Park.

The PCT has already recognised that non-acute services should be provided away from the acute hospitals. Referrals to the acute hospitals can be very expensive.

Specialists in elderly care, ranging from consultants, through specialist geriatric nurses, to the whole range of therapists, already congregate at Milford.

It makes sense to develop more GP referral opportunities for elderly care at Milford as part of an expanded centre of excellence. Sense for the GPs, sense for the patient and sense for the budget in that it would be cheaper than using the acute hospitals.

The role of community health facilities

The PCT has not only recognised the need to provide more health facilities away from the acute hospitals for elderly people but for the population at large.

I understand and enthusiastically support the fact that Milford is a specialist rehabilitation hospital. It provides a critical service supporting the whole of the West Surrey elderly care sector and the thrust of this paper is that the PCT should recognise the opportunity to expand this role.

I am not therefore making proposals that would deflect from this crucial role.

VIEW OF AN EXPERT

"We support its expansion. If its rehabilitation is curtailed, patients will have to go into nursing homes. The acute hospitals will get silted up. Patients will be deprived of their opportunity to go there and the social services will have to pay and they won't like that".

- Dr. Vir Seth, Senior Consultant who has worked at Milford Hospital for 23 years

Source: Surrey Advertiser

The Godalming area though, is underserved with primary care facilities. Facilities equal to those elsewhere should be available to the population in and around Godalming and I have consistently argued for a walk-in health centre for Godalming.

Provision of some general community health facilities at Milford could help with spreading the overhead costs of the site and this issue, whilst never deflecting from the core rehabilitation service, should not be ignored within the current review.

The principle is already well established with the popular x-ray service at Milford.

Whatever the future of Milford this service must remain available to the Godalming area, and by whatever eventual approach, I will continue to press for more community and primary care facilities for the Godalming population at large.

Outreach at Farnham, Haslemere and Cranleigh Hospitals

A key aim of my plan, in terms of excellence of service and sound use of money, is to concentrate and co-ordinate specialism at Milford Hospital, rather than it be dispersed and disparate. Improved communication, common ethos, shared expertise and good practice, let alone less travelling time for key professionals,

are some of the benefits that an expanded centre of excellence at Milford would bring.

But this plan must not be viewed by the PCT as an argument for reducing local health facilities at our three community hospitals.

Farnham, Haslemere, and on a smaller scale, Cranleigh, are community hospitals providing a variety of services across the whole community. Elderly people are part of the community too and the services for the elderly that exist in our three community hospitals would not change under this plan.

The stroke unit at Farnham was hard fought for three years ago and it has a specialism of its own that integrates importantly with the acute stroke unit at Frimley Park.

The GP, respite and other beds at Farnham, Haslemere and Cranleigh are small in number, but are important for particular circumstances in each of these communities.

The PCT must not try to fool us into believing that these beds are part of the wider specialist rehabilitation service that Milford provides. My plan envisages close collaboration between the new centre of excellence at Milford and the work at the three community hospitals.

I envisage support being provided from the services and expertise at Milford. This would not represent a dispersed service but sensitive levels of outreach across South West Surrey, for which the geographical location of Milford, being central, is ideally placed.

The role of the buildings

It has been argued that the buildings at Milford Hospital are not important.

I have already pointed out that the location and grounds, and particularly the ground floor arrangement of Milford is in fact very important, and could not be provided at the Royal Surrey.

But the buildings themselves are important. The current hospital was purpose built not that long ago. It has modern wards and its design is a quadrangle, meaning there are no dead-ends. This is important for safety reasons. In the event of a local fire for instance, beds can be moved around

the building and never caught at the end of a corridor.

The buildings are very special. It would be a scandal to lose them and a long-term false economy.

Better use of money

I have pointed to examples where budgets could be better used and savings achieved, whilst at the same time expanding services at Milford.

The core of the argument is to end a culture of each part of the elderly care sector protecting its own budget. Collaboration and pooling of resources could result in an overall improved use of public money. It's not 'PCT money' or 'Social Services money'. It's public money.

The argument about amalgamating Social Services and the NHS is one for the national stage though it is one I support. For now I accept that each service will have its own budget, but that is no excuse for rejecting a more imaginative philosophical approach to how the budgets are used.

The 'pillar to post' / bed-blocking money trail is a perfect example. Generally the NHS (whichever part) and Social Services decide who should pay what, for each patient, according to where that patient is at in their current care journey. "At 5pm the patient became Social Services responsibility so you should pay now!" What a daft culture, and one that spends on bureaucracy, accountants and staff time on paper trails rather than care.

I am arguing for Milford that the various providers should agree overall levels of funding from each to provide a single seamless service. They do it for London Transport, across buses, tubes and trains, so there is no reason it cannot be done for a centre of excellence at Milford Hospital.

Further improved use of money will come from better and more co-ordinated discharge and a reduction in unnecessary post-rehab care. Less readmission to either acute hospital or rehabilitation would save money and a more efficient use of the buildings and the estate at Milford would spread costs more effectively. More elderly people returning home after rehabilitation at Milford rather than going

early into nursing care would save on Social Services spending.

Summary

This paper makes the case for expanding services at Milford Hospital into the centre of excellence for elderly care in West Surrey.

It argues that pooling of effort, budgets, resources and responsibilities between all of the providers would make for an improvement in service as well as a far more effective use of money.

This plan, ***A Bold New Future for Milford Hospital***, can be achieved. The PCT should examine the arguments, develop the detail and understand the budget improvements that it offers.

The PCT have entered into their current review as part of an approach to solve a financial problem. Closing Milford Hospital is no answer. Closing Milford might provide a saving on a balance sheet now but the effects of such an act will see costs escalate across the elderly care sector for years to come.

Expanding services at Milford is the right answer. A real win-win for services and the budget. It's an opportunity the PCT should embrace with enthusiasm.

ABOUT THE AUTHOR.

Simon Cordon was the LibDem candidate at the 2001 General Election in SW Surrey. He is currently LibDem Parliamentary Spokesman for the area. He is a former Chairman of Social Services in the County of Wiltshire and was heavily involved in the first negotiations for the transferring and sharing of care services between the NHS and Social Services in the late 1980s and early 1990s. He played a leading role in the campaign to save Milford Hospital from closure three years ago and is a passionate believer in the provision of more health services at a local level.

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Securing the Hospital's future
ONCE AND FOR ALL