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### **Developing an 'Ambulatory Care Model'.**

The nature of healthcare is changing and at an unprecedented rate. Care which used to be undertaken in an intensive therapy department (ITU) in an acute hospital is now routinely being undertaken in general hospital wards and so it is with care delivered within the community. Care which was once considered to require hospitalisation is increasingly being delivered in the patient's own home.

There are many factors which have affected this shift in care. Increased availability of technology has enabled diagnostic tests to be delivered closer to a patient's home, a term referred to as 'point of care diagnostics'. In simple terms, a blood test which would have required hospital analysis can often now be delivered at the patient's bedside with results available to the clinical teams within minutes.

Use of technology widely available to us on mobile phones has also transformed the way in which we can contact and support our patients. However, a significant driver is that it is what patients, their carers and families tell us that they want.

Delivery of good quality care close to home without recourse to hospital admission is at the heart of developing new models of care which capitalise on what is increasingly achievable as technology and workforce capability improves. These changes enable services to more effectively meet the expressed desires of our patients.

Clinical care which may include diagnosis, observation, treatment and rehabilitation that is not provided within the traditional hospital bed base or within traditional outpatient services and that is provided across the primary/community/secondary care interface is referred to as 'Ambulatory emergency care'.

This approach has been endorsed by many clinical groups such as the Royal College of Physicians (RCP) Acute Medicine Task Force, the College of Emergency Medicine as well as The Kings Fund and others.

There is a growing body of clinical evidence both nationally and internationally which has supported the view of clinicians that frail elderly patients often do not benefit from hospitalisation and may be better served by meeting their needs in their own homes. This is perhaps most evident in the way in which we treat patients with dementia, where admission to hospital can often be distressing and associated with notable deteriorations in the patients general condition.

Within Oxfordshire the shift towards ambulatory care has been made with the introduction of the Emergency Multidisciplinary Units in Abingdon and Witney, supported by GPs, community services and acute hospital specialist teams combining resources to best meet the needs of the patient population in or close to their home, wherever possible.

Our desire to make ambulatory care available across Oxfordshire is central to the proposal outlined for the new Townlands Hospital model of care.

The proposal that has been outlined in the document suggests a range of opportunities to transform care for the patients of the Henley area and their families. The focus is not only on meeting the needs of a more elderly population but also the needs of working populations and young families.

The proposal is based on working in close partnership between clinical colleagues in the Oxford Health, Royal Berkshire Hospital and local clinicians in general practice, who are equally excited at the opportunity to deliver care closer to patients homes supported by a range of integrated health and social care services.

There is no doubt that there will be a need for some beds in whatever model we agree as the needs of some patients will dictate that they cannot safely be looked after in their own homes despite their wish for this to happen.

We will need to carefully consider how we might deliver this and the proposal outlines a partnership between the hospital teams and the Order of St John as the most attractive option. The term used is 'step up care' where the needs of a patient require a 'step up' from the services being provided to the patient in their own bed.

Delivering 'ambulatory care' is not easy. It will require clinicians and their patients to work together in ways that we haven't done up until now. It will require considerable focused investment and development of the community based health and social care

teams to support patients and their families. It will require collaboration with patient's general practitioners and practice based health care teams to deliver this.

It will challenge our clinical teams to adapt to new models. It is however, the right thing to do for our patients for tomorrow and future generations. As clinicians involved in the delivery of the services across Oxfordshire and in the existing hospital in Townlands we welcome the opportunity to work with you and clinical colleagues from across the health and social care system to implement this.

We are pleased to be working closely with Dr Toni Chan of the Royal Berkshire Hospitals Trust in developing and implementing this model of care and services for the people of Henley and the surrounding area.

Yours sincerely

Pete McGrane

A handwritten signature in black ink, appearing to read 'Pete McGrane', written in a cursive style.

Dr Andrew Burnett

A handwritten signature in black ink, appearing to read 'Andrew Burnett', written in a cursive style.