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Telephone Interview

Code A

His role over the last 2 to 3 years is both Strategic and operational in the development of intermediate care and rehabilitation services in the community hospital making overall view in Fareham and Gosport.

Care management presence increased in time with growth of intermediate care beds in Fareham and Gosport. Standing in for Managers

He has a very wide district role

Primary role is to facilitate discharge – past of multi-disciplinary assessment for discharge

Wards would notify him that patient becoming more stable and ready for move back home.

Consultant OT, nursing staff, physiotherapist would also Care management assessment would be And placement either at home orhere

Enabling services role in district

Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP-Tony's team would have greater contact even sultan.

Concerned me thatwas transferred between QA and WMH especially where patient moved out of district.

We would prefer patients to be placed locally

Increasingly concerned our beds locally- trying to develop schemes to ease bed pressures.

Nursing trust homes down sized considerably

Private owners pushed out because of greenery policy

Level.....generally less and closure of nursing and rest homes

Seeing how we canlost capacity

Significant delays in discharge because of difference inplacement on vacancies

Trying to develop intermediate facilities to move people out of hospital block purchasing beds in nursing homes-facing problems of cost as many properties putting prices up as demand rises resets market price

The social services department has to meet any price for nursing home bed
Nursing home beds closing community hospital beds
£ 550-575 a weeksame level of service received in community than manager and service manager meet regularly were
local implementation then buys GWMH and Social Services
Ward contacts frequently between ward managers and social work team
GWM staffsocial services should get patients out faster, but real problem getting beds in community
Also face measurement crisis- problem getting social workers and care staff
Trying to discourage blame culture trying to developservicemore that are called to do
The more we can show solution of problem the better.
Improving care pathways NB and working on the supplyof problem in terms of community beds.
PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.
Care be more And management opportunity for implementation
GWMH offerdiscuss made by acute trust move of 15 rehab beds into Haslar from QA- no consultation- Portsmouth Health care Trust seen as a good hospital very reactive to pressure causing frustration in local health economy
Risk where SE Hants for people to be more reactive
Can't takeeye off acute trust
Very concerned about inappropriate discharges- banding an preferentially unsure practice
Intermediate care pathway because its breaking downculture of dodgyand discharge develops not sure that communication overcareenough