

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 county 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 view, OT, nursing staff, physiotherapist would also
Care management assessment would be don't and placement either at home or nursing home

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 that vision was transferred between QA and WMH especially where patient moved out of district.

We would prefer patients to be placed locally

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

Nursing trust homes down sized considerably

Private owners pushed out because of new housebuilding policy

Land sales generally less and closure of nursing and rest homes

Seeing how we can rebuild lost capacity

Significant delays in discharge because of difference in finding placement 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 reduction

£ 550-575 a week without same level of service received in community than manager and

service manager meet regularly were colleagues from reach

local implementation then buys GWMH and Social Services

Ward contacts together are frequently between ward managers and social work team

GWM staff through social services should get patients out faster, but real problem getting beds in community

Also face recruitment/retention crisis- problem getting social workers and care staff

Trying to discourage blame culture trying to develop streamlined services more that are called to do

The more we can show solution of problem the better.

Improving care pathways NB and working on the supply side of 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 joint commission and management opportunity for implementation

Often unilateral decisions 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 take your eye off acute trust

Very concerned about inappropriate discharges- banding an preferentially unsure practice

Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough

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