

APPENDIX 1

Option	Description	Clinical Evidence Base	Support of Clinical Commissioners	Promotion of choice for patients and improved patient experience	Engagement of public, patients and local authorities	Estates Issues	Value for money	Accessibility	Resource capacity and capability	Viability
1	All hospital beds to be provided from Prospect Park Hospital (PPH) in Reading resulting in closure of all beds on current three sites in East Berkshire. This option was included in the 2010 consultation.	BHFT Clinicians support consolidation of beds onto one site for optimum clinical outcomes associated with the purpose built environment, the availability of the full range of treatments, flexibility of staffing, and the maximisation of resources available for community investment minimising the need for admission, and promoting early recovery. Inpatient services regarded as specialist provision for approx 2% of patient population with majority of care pathway in local areas. Purpose built environment minimises risks eg from ligature point and absconson. Mitigates risk of potential for isolated inpatient services linked with possible future reduction in demand. Psychiatric Intensive Care Unit (PICU) is on site so eliminates risks due to transfer from other sites.	Conditional support of Clinical Executive Committee (including Clinical Commissioning Group Leads) confirmed 14.12.11. Conditions are: staged implementation plan with completion of community service planning and deployment, transport support, patient experience and quality improvement prior to closure of existing East Berks facilities, prioritisation of ward 10 closure due to quality and safety concerns.	33% of respondents to 2010 survey confirmed as first choice. Presents only one choice of inpatient unit. Provides individual rooms with ensuite facilities promoting privacy, feeling safe and dignity in care. Access to outside space. Allows continued investment in community services ensuring majority of patients receive treatment locally while living in their own homes.	Access for patients/visitors from East Berkshire a consistent concern for Slough and parts of RBWM. Maintenance and development of community services prioritised by RBWM and Bracknell, majority of whose stakeholders now support this option. Arrangements for transport support have been described in more detail, and commitment to ongoing financial allocation made by BHFT.	Sufficient space available for conversion into estimated inpatient capacity required (64) with a number of potential reconfiguration options. Purpose built facility therefore high quality environment. Allows single bedrooms lockable from inside and ensuite bedrooms, gender separation and separation of older adults with functional and organic illness.	Capital investment of £5-6m available within existing BHFT budget. Individual bed cost higher than existing facilities in East Berks due to being a modern building with higher / latest specification and built under a PFI procurement. Achieves a revenue saving of £1.9m per annum - assumed from 2012/13. Resources available to continue existing community services and allows for investment in new services for people with personality disorder.	Distance of Reading from Slough and parts of Windsor and Maidenhead presents difficulty for some patients and carers. 20 - 25% of Slough inpatients already access Prospect Park Hospital. Proposals for transport support and financial allocation of £100k pa planned to mitigate this. Outpatient services to be maintained in East Berks sites. Community services maintained and additional service developed for people with personality disorder therefore providing local service for majority of patients (98% of people accessing mental health services). Additional distance for police, ambulance and AMHPs to convey patients from East Berks. Balanced by co-location of all beds with intensive care unit which can require police support from East Berks sites. The Approved Place of Safety (APOS) at Prospect Park Hospital currently provides for the large majority of use in Berkshire at 3 - 4 times that experienced at either Wexham Park or Heatherwood. Thames Valley management of mental health protocol confirms use of Police Stations as APOS in exceptional circumstances, which would need to continue in patients' best interests.	Bed requirement can be accommodated at Prospect Park Hospital by reconfiguring current accommodation. Outpatient services would be maintained in East Berkshire locations as part of community service provision. Specific arrangements would need to be agreed with Thames Valley Police and South Central Ambulance Service to ensure effective joint working in terms of APOS and conveyance. Formal response has not indicated lack of support for option 1. Recruitment and retention of staff unlikely to present significant challenge (learning from relocation of Fairmile Hospital from S Oxon). Full range of treatment facilities can be provided. Has potential to provide centre of excellence and employer of choice for specialist inpatient staff.	Option is financially and clinically viable, and includes proposals to mitigate adverse accessibility impact for some of the Slough and Windsor and Maidenhead patients and their families. Enables maintenance of investment in community services therefore ensuring quality and capacity of provision required for patients while living in their own homes, thus reducing the risk of avoidable admission and promoting early recovery. No dependencies on non-mental health service reconfigurations. Time from approval to completion estimated at 21 months, but early relocation of some services could be achieved in 2012 if prioritised. Further work is required to identify optimum configuration and phasing if option formally approved.
2	All hospital beds for adults of working age to be provided from Prospect Park Hospital, but beds for older adults to be retained at St Marks Hospital in Maidenhead. This option was included in the 2010 consultation.	Clinicians for older adults do not support maintenance of a single inpatient service in East Berkshire for older people which would be an isolated unit presenting difficulty in providing full range of treatment facilities. There is strong support for a purpose built facility for older adults providing separate accommodation for people with functional and organic illness, to achieve the best clinical outcomes. Current provision does not achieve this, and it cannot be achieved within existing footprint of Charles Ward.	Not supported.	23% of respondents to 2010 survey confirmed as first choice. Presents a single choice of inpatient unit for adults and maintains 2 units for older adults. Patient experience for older adults compromised by difficulty in providing full range of facilities.	RBWM strongly support continued health provision on St Marks site, and received assurance about improved clinical outcomes from consolidation onto a single site and continued strategic importance of St Marks to health economy.	Space required for required quality of accommodation (see clinical evidence base) would require use of both Charles Ward and Henry Tudor (BUPA), which was not in original consultation.	£7m capital investment to achieve single ensuite rooms (if larger footprint were available, i.e. Charles and Henry Tudor together) inclusive of cost of conversion at PPH for required adult beds. Revenue saving of £1.9m associated with option1 would not be achieved in full (£1.4m saving associated with this option), and therefore would reduce resources available for community services.	Accessibility for inpatient services for older people maintained at current level, but accessibility of community services likely to be compromised as a result of financial impact. APOS could theoretically be maintained in East Berkshire but would present staffing challenges due to lack of presence of dedicated adult staffing. Issues for adult services above apply, but ability to mitigate reduced due to financial impact. Accessibility to community services would be reduced for all East Berkshire patients due to financial impact.	Outpatient services for adults would be retained in East Berks. Service model not supported by clinicians and would present significant problems in terms of staff recruitment and retention if considered viable. Savings would be required from community services which would potentially compromise recruitment and retention of staff in these services.	Option is not supported by clinicians and majority of stakeholders as presenting the optimum solution for patients. Would also require movement of other services to achieve required footprint - consultation on this has not been taken forward because of lack of overall support for this option. Savings would also be required from community services to achieve this option - therefore not considered viable overall.
3	New build on Upton Hospital site in Slough to replace all East Berkshire MH beds. This option is for the full 64 bed Mental Health Unit. This option was included in the 2010 consultation	BHFT Clinicians support consolidation of beds onto one site for improved clinical outcomes, including patient safety, and also maintenance and development of community services for optimum clinical outcomes. Transfer of patients to PICU would remain a challenge in terms of patient and staff safety. Opportunities presented by Shaping the Future - looking at all future hospital provision in East Berks limited due to lack of ability to share clinical staffing across specialist MH inpatient and general services.	Impact on community service provision resulting from financial impact noted as significant concern leading to conditional support for option 1 as stated above.	36% of respondents to survey confirmed as first choice. Would retain 2 inpatient facilities for adults and older people. Would significantly reduce access to community services as a result of additional investment to inpatient services leading to risk of increased need for inpatient services.	Supported by Slough stakeholders, not supported by majority of RBWM, and not supported by Bracknell Forest BC.	Provision of a 64 bed full support services unit. This provides the latest specification of infrastructure but is the most costly of all the options available (Capital and Revenue). Planning consent has not been applied for but it is assumed that it is achievable.	Financial impact of in excess of £20m capital investment with annual commitment of >£2m revenue. Revenue savings associated with option 1 not achieved leading to total savings requirement of approx £2.6m (approx equivalent to more than 50% of total NHS budget for community mental health in any one of the council areas.) Financial impact of a new build on any available site would be very similar to those noted for this option	Good accessibility for inpatients and families from Slough and parts of Windsor and Maidenhead. Poorer accessibility for inpatients from parts of Windsor, Maidenhead and Bracknell. Reduced access to community services for patients from all parts of East Berkshire as a result of financial impact, risking lower rates of recovery and increased demand for more expensive inpatient treatment. Would retain APOS in East Berks in a clinical environment but accessibility to Intensive Care Unit at Prospect Park Hospital would present a challenge, as currently, to be managed in partnership with Police and Ambulance Services.	Option includes full estimated bed requirement. No change to outpatient services. Working in a purpose built environment is more attractive to staff and therefore aids recruitment and retention. A new inpatient service would provide 2 wards of current size for adults - and as such would improve current difficulties associated with the single wards at Wexham Park and Heatherwood, but presents a greater challenge to long term provision of full range of services through effective recruitment and retention of staff than consolidation onto a single site. Linked reduction of community services risks recruitment and retention difficulties in those services thus compromising their viability.	Would require viable plan to enable assumed savings and revenue impact of capital investment to be achieved. The financial impact equates to approximately the level of investment in a community mental health service by BHFT in a single Council area, and there are currently no specific proposals as to how this level of saving could be achieved. Not considered viable overall.
4	Conversion of Wexham Park Hospital Wards in Slough to provide 64 beds. This option was considered as part of the 2011 additional engagement.	BHFT Clinicians support consolidation of beds onto one site for improved clinical outcomes, but not retention of a single isolated ward. Shaping the Future opportunities as for option 3 above. Refurbishment would not provide the quality of accommodation that a purpose built facility would offer, and would therefore present a risk that optimal outcomes would not be achieved. Fewer resources would be available for investment in community services, although this would not be as great a reduction as option 2 due to lower cost of conversion as opposed to new build. Transfer of patients to PICU would remain a challenge.	A modified option has also been considered - retention of existing Ward 10 and accommodation of Heatherwood and Charles Ward beds at Prospect Park Hospital not supported by any of CCGs.	Option not consulted on due to lack of estates viability. Would retain 2 inpatient facilities, but reduce community service provision leading to risk identified for option 3.	Would effectively address concerns from Slough regarding access for local residents but access for patients and visitors from areas south of Wexham would present a challenge. Would not be supported by Bracknell Forest BC because of adverse impact on community services due to additional investment required and poorer access. Additional consultation would be required because of knock on impact on other services on site.	Space required to achieve estimated 64 beds required is not consistent with HWWP Trust plans, which has confirmed no available ground floor space. Refurbishment undertaken to date at Ward 10 has limited benefit because of the nature of the building, and challenges remain in terms of observation, separation of male and female areas, access to outside space and natural light. This option requires the conversion of Wards 10, 11, 12 and the Day Surgery Unit therefore requires significant relocation of current services in some of these areas.	Financial impact of approx £10m capital with corresponding annual commitment. Reduction of resources available for investment in community services as a result of savings requirement of approx £3m.	As above.	As above for purpose built unit. If conversion of existing buildings, accommodation would not be at same level of quality and therefore not achieve the same outcomes for patients and staff.	Would require movement of other non-mental health services to achieve required footprint. Formal consultation of options currently in development for Shaping the Future planned for March 2012, and the time required to achieve approval of preferred option would significantly delay resolution of existing challenges to quality and safety associated with Ward 10. Savings would be required from community services to achieve this option as described above.
5	Conversion of Upton Hospital to provide a 64 bed unit. This option was considered as part of the 2011 additional engagement.	As above	Option not formally considered due to estates limitations noted.	Option not consulted on. Would retain 2 inpatient facilities, but reduce community service provision leading to risk identified for option 3.	As above	This option is to provide the full 64 bed fully supported unit. The option of converting current accommodation is not achievable for patient safety or financial viability. The reason for the above explanation is the age, construction, condition and design suitability of the current building stock at this hospital.	As for option 4 above.	As above.	As above in relation to converted buildings.	Estates analysis concludes existing buildings not suitable for conversion. As above in relation to Shaping the Future and requirement for additional savings from community services. Option assessed as not viable overall.

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6	Conversion of St Marks Hospital to provide inpatient service possible within site (estimated at 44 beds). This option was considered as part of the 2011 additional engagement.	As above	Option not formally considered due to estates limitations noted	Consideration given to MH Inpatient services possible to provide on St Marks site as part of additional engagement undertaken in 2011, but lack of overall support meant that additional consultation not taken forward	As above. Access for RBWM and Bracknell residents would be better at Maidenhead than Slough, but issues regarding financial impact and consultation apply as above.	Space required to achieve type and amount of accommodation required for older adults would necessitate the move of elderly frail patients to the BUPA facility next door to Charles Ward.	Financial impact in excess of £8m capital with corresponding revenue impact Significant reduction of resources available for investment in community services	As above.	As above in relation to converted buildings.	Estates, financial and clinical analysis concludes this option is not viable overall.
7	Conversion of Heatherwood Hospital, Ascot, to provide inpatient service possible within site (estimated at 36 beds). This option was considered as part of the 2011 additional engagement.	As above	Option not formally considered due to estates limitations noted.	Option not consulted on. Consideration given to MH Inpatients services possible to provide on site, but lack of overall support meant that additional consultation not taken forward.	As above. Access for RBWM and Bracknell residents would be better at Ascot than Slough, but issues regarding financial impact and consultation apply as above.	The conversion of the space occupied for Mental Health at Heatherwood would only provide a facility for 36 patients when converted to the latest required specification.	The cost of conversion for 36 patients is circa £6m partly as a consequence of the current building construction. Bed no's provided means investment also required at Prospect Park Hospital.	As above.	As above in relation to converted buildings.	Estates analysis concludes that existing MH footprint would only provide 36 beds. As for option 4 in relation to Shaping the Future and requirement for additional savings from community services. Not considered viable .
8	Establishment of acute inpatient unit in Slough locality to replace Ward 10. This option was considered as part of the 2011 additional engagement.	Exploration of this option by BSS and CCG in association with BHFT clinicians confirmed not clinically appropriate for the patient group. The facility would represent an isolated unit and therefore pose challenges in terms of provision of the full range of treatment facilities. A larger cohort of staffing would be required to mitigate patient safety issues, and environmental design would be likely to emphasise security features, therefore impacting on patient experience.	Option considered by Slough CCG and not supported due to clinical issues.	Option not consulted on due to lack of overall support.	Engagement work not progressed following identification of this option as clinically non-viable, though access for patients and visitors would be significantly better than option 1.	Potential for use of a converted nursing home has been explored. Conversion of a current nursing home facility is considered difficult and not cost effective but more importantly not a suitable environment for treatment and presenting patient safety concerns.	Costs not analysed in detail as not considered clinically viable. Additional savings would be required as accommodation would be required at Prospect Park Hospital for Bracknell and RBWM patients, so full £1.9m savings would not be secured. Staffing costs would be higher than a consolidated unit.	Service would be more accessible for majority of patients and families from Slough than either existing services or any other options considered.	High level of staffing would be required to ensure safety of patients and staff. The environment would not be purpose built, and this in combination with its isolated nature would present significant risk to recruitment and retention of staff. Would not be supported by clinicians and therefore unlikely that commissioned provider would support the option. Would require savings to be made in community services therefore presenting a risk.	Option would present an isolated unit, not supported by clinicians, and following exploration by GPs and BSS, confirmed as not viable.
9	Commissioning beds from the independent sector in East Berks. This option was considered as part of the 2011 additional engagement as a means of possible mitigation of concerns associated with option 1, and not as a stand alone option.	BHFT Clinicians do not support the clinical need for this sort of provision: patients requiring admission are a very small proportion of total treated in community, and should ideally be treated in a purpose built unit before being discharged home, but BHFT would be willing to work alongside another provider to optimise the care pathway for patients if required.	Option has found limited support.	Option not consulted on - is not a "stand alone" option, but is a potential means of mitigating access concerns associated with option 1.	This option is seen by some stakeholders as having the potential to minimise admission and/or length of stay for patients and therefore mitigate impact of access issues. However, the cost of this model would mean reduction in resource available for other community based services.	Capacity for spot commissioning is currently available in the independent sector. However, this is not purpose built and therefore likely to require high levels of staffing support.	Cost of spot purchase of 2 Nursing Home beds would total approx £125k pa due to high staffing levels needed. Similar cost for Independent Hospital Provision totalling approx £0.5m pa. Would require reduction of resources available for community services.	Minimising admissions and reductions in length of stay for East Berkshire patients could potentially be achieved through the provision of this service, therefore reducing accessibility concerns associated with option 1. However, clinicians advise that the majority of patients will be discharged home with community service support at the earliest opportunity, rather than to a "step down" facility.	Capacity in Nursing Homes and Independent Hospitals is available at the level of 1 - 2 beds in each. Service would be commissioned in accordance with individual need. Appropriately trained staff would be required in sector to support level of individual patient need. Consultants would need to oversee treatment and care provided. Financial impact on community services as described above if use of spot purchased beds remains consistent.	Option has the potential to mitigate concerns about access for Slough patients and patients from some parts of Windsor and Maidenhead in combination with option 1. Careful control of care pathway and expenditure would be required to minimise adverse impact on community service provision.
10	Commissioning beds from neighbouring NHS providers. This option was considered as part of the 2011 additional engagement.	Services would be provided in environments already in use for mental health inpatient services, therefore assumed clinically appropriate. Care pathway would not be provided by a single health organisation.	Option not formally considered.	Option not consulted on.	Engagement work not progressed as long term contract requirement and capital investment identified.	Limited capacity in neighbouring Trusts - could be spot purchased at the level of 1-2 beds. New build and 20 year contract required to provide additional capacity.	Spot purchase of 1- 2 beds at a time would require additional commissioner investment. Purchasing total capacity required would require capital investment for new build and long term contract. This would not realise £1.9m savings currently identified.	Access for some inpatients and their families from Slough and some parts of Windsor and Maidenhead would be improved. Neighbouring providers have confirmed the need to provide a consistent care pathway in partnership with local authorities, and therefore would not recommend this option. Accessibility to community services would be reduced as a result of financial impact.	Neighbouring providers would not form part of existing care pathways and therefore new arrangements would need to be made. This is theoretically possible, though not recommended by neighbouring providers.	Neighbouring providers have not expressed interest in providing a service to patients outside their current catchment other than at the level of 1 - 2 beds at any one time, which would require additional financial commitment. Commissioning higher no's of beds would require capital investment and a long term contract. This would require savings to be made in community services. Overall this option is therefore assessed as not viable.