

FACT SHEET

REVIEW OF INTERMEDIATE CARE PROVISION IN TAMESIDE AND GLOSSOP

(OPTIONS FOR THE DELIVERY OF BED BASED INTERMEDIATE CARE)

- 1** Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. The services offer a link between hospitals and where people normally live, and between different areas of health and social care – community services, hospitals, GPs and social care.
- 2** Intermediate Care helps people avoid going into hospital unnecessarily, helps people be as independent as possible after a stay in hospital, and prevents people from having to move into a residential home until they really need to.
- 3** Intermediate Care services are provided by a variety of different professionals, from nurses and therapists to social workers. The person or team providing care will depend on the individual's needs at that time.
- 4** We deliver Intermediate Care in two main ways. Home First – a range of services which support people in their own home or at a location in their local community. Intermediate Care beds – beds for people coming out of hospital requiring a package of care which cannot be provided at home, or for people who need a short stay away from home for extra support to prevent them needing admission to hospital.
- 5** In Tameside and Glossop we have invested heavily in recent years in Home First services. We now need to look at the Intermediate Care beds to ensure they are fit for purpose, provide quality care and are affordable. Our plans for Intermediate Care beds are the focus of this consultation.



6 When developing our plans we have listened to the public and patients. Over the last two years we've sought your views on how Intermediate Care should be provided.

- **You said** – care should be provided at home first and then via Intermediate Care beds if needed
- **You said** – intermediate care beds should be used to avoid admittance to hospital where appropriate, as well as being used following discharge from hospital.

7 We currently provide 68 Intermediate Care beds across two sites – the Stamford Unit in Ashton next to Tameside Hospital and Shire Hill in Glossop. Both are managed by Tameside Hospital, now called Tameside and Glossop Integrated Care NHS Foundation Trust (ICFT).

8 Our preferred option is to provide all Intermediate Care beds in one central location at the Stamford Unit in Ashton run by the ICFT, which is rated as Good by the Care Quality Commission (CQC).

9 Our preferred option is to provide 64 beds with the flexibility to use further beds in the Stamford Unit if required, depending on the daily requirement for beds.

10 We're continuing to grow and develop our Home First services which will reduce the need for Intermediate Care beds and avoid unnecessary admissions to hospital, supporting more people to stay at or return to their home.

11 847 people have stayed in Intermediate Care beds at Shire Hill in Glossop over the last two years. 40% of them lived within 5 miles of it. 84% of them lived within 5 miles of the Stamford Unit in Ashton.

12 80% of residents in Tameside and Glossop can reach the Stamford Unit in 45 minutes by public transport compared to only 24% travelling to Shire Hill (weekdays, off-peak)

13 The Stamford Unit offers single room en-suite accommodation, communal space for social interaction, is close to wider services at Tameside Hospital and is modern and up-to-date.

14 One floor of the Stamford Unit has been designed to be dementia friendly with access to outside space and wandering routes, which will enable us to provide Intermediate Care beds for patients with dementia.

15 Have your say on the options for delivering bed based Intermediate Care by completing the online survey at www.tamesideandglossopccg.org/get-involved/intermediatecare. You can pick up a paper copy from your local GP or email TGCCG.communications@nhs.net.

16 27% of patients from Shire Hill were readmitted back to the hospital as their condition required greater clinical support which cannot be provided at Shire Hill, but is more accessible from the Stamford site. One central location will reduce transfers which fragments the care pathway and creates a poor experience for the patient themselves and their families.