**Blogs CHA 2017**

**Communities Coming Together**

5th November 2017

There are many communities across England who are actively involved in trying to influence the future of their community hospital and its services. Recently, community groups from Devon, Dorset and elsewhere came together to discuss what is happening to their local NHS and their community hospitals, and to share ideas about how to represent their communities and give a clear message about how much their local hospitals are valued.  We know that involving local people in the planning and delivery of local healthcare is a key element of the World Health Organisation Alma Ata agreement. So communities asking to be involved is in keeping with the international recognition that this way of working is much more likely to result in appropriate and sustainable local solutions.

The community campaigning to stop the beds being permanently closed in Rothbury hospital have had a breakthrough, and have managed to make a case to Northumberland County Council health scrutiny committee to refer the CCG decision on closure to the Secretary of State. The group have made a powerful video, which makes a strong case, supported by evidence and heartfelt patient stories. It is well worth a watch, and has already been viewed over 1000 times.   - please follow the link to Youtube for the [video](https://www.youtube.com/watch?v=YPAXRB5L7Ms&t=10s%20).   This video is very relevant for so many community hospitals and communities.   The group are happy to share their [report](http://communityhospitals.org.uk/pdf/SaveRothburyhospital%20report%20to%20scrutiny17.pdf) and also their speech to the [Scrutiny committee](http://communityhospitals.org.uk/pdf/Final%20edit%20speech%20to%20scrutiny.pdf).   The community also has an active [facebook page](https://www.facebook.com/SaveRothburyCottageHospital/)    We are waiting to hear what the next steps may be. The group is hoping that this is referred to the [Independent Reconfiguration Panel](https://www.gov.uk/government/organisations/independent-reconfiguration-panel) for an assessment and review.

There are many community hospitals with services such as inpatient beds and/or minor injuries unit under review. A number of already scheduled to be reduced or closed. We know that community hospitals provide a key role in helping patients stay out of acute hospitals, and also enable patients to e discharged from acute hospitals for further care and rehabilitation.  This intermediate care role is vital, particularly in remote and rural areas.  As we watch the whole health and social care system struggle to cope with demand, lets hope that decisions-makers listen to those using the service and think carefully before removing valued and trusted locally accessible services out of the system.

**What is the Impact of Closing Community Hospital Beds?**

26th October 2017

The closure of community hospital beds is leading to some extraordinary arrangements for offering patients alternative intermediate inpatient care.

One of the most outlandish proposals for alternative step down care has been what is being called the "NHS AirB&B" model.  In Southend Hospital in Essex, the public were given information about the CareRoom model, asking them to consider taking a patient from the acute hospital into their homes if they could offer a spare room with access to a private bathroom.  The headline on the website promotes this as a money-making scheme, encouraging people with an income.  It looks remarkably simple: just apply, have a quick security check, and then take your first patient and receive payment.  Thankfully, support for this extraordinary model has now been withdrawn in Essex. The outcry about the lack of safeguards and governance has been loud and clear.  But sadly this shows how desperate the situation is becoming.

In contrast, NHS community hospitals are highly regulated, with clinical governance and safeguard systems in place. Community hospitals have been offering step down care for patients coming out of acute hospitals for generations.

But now, over 70 community hospitals have lost their beds. This equates to 1 in 5 community hospitals. When you count those scheduled to lose their beds, and those whose beds are closed on a temporary basis this number increases to 100 community hospitals.

This means that we are looking at losing over 2,000 beds, predominantly from rural areas, with a potential loss of 672k bed days based on their average occupancy of 92%.

The rationale for bed closures has been to re-direct funding into increasing support to people in their own home. The enhancement of community teams for home care and rehabilitation is to be welcome, but not at the expense of these valued local inpatient services.  There is particular concern about the cohort of patients whose complex care needs means that they are not able to go straight from an acute ward to their own home.

Commissioners' plans to purchase care home beds for intermediate care are being thwarted in some of the rural areas, due to limited capacity and closures, leaving no alternative locally for inpatient care.

The impact of the loss of community hospital bed capacity will need to be measured in terms of patient experience, cost and outcomes, as well as the impact on patient flow through acute hospitals and the impact on the whole health and care system.

We have to hope that careful consideration is given by commissioners before taking decisions to close any more local community hospital beds.  We need to consider the evaluations of the service model in those rural areas where they have lost their community hospital beds, and share these widely.  We also need time to apply the learning from the evidence from research studies into community hospitals, both in the UK and internationally.

**Local Action**

March 2017

There are many examples of local action being taken across England, as more and more people become actively engaged in having their say about plans to change health and social care services.  There are active campaigns against cuts to services in many areas, and in particular against closures of community hospitals in rural areas.    One example is Shaftesbury in Dorset.

The community served by Westminster Memorial Hospital, Shaftesbury in Dorset have been making sure that everyone who has a right to have a say in the future of the hospital can do so. The campaign group has run public meetings, run a shop in the middle of the town full of information and staffed by volunteers and have a website.  This is a highly organised campaign.

Local people strongly oppose proposals for closing beds in their local hospital. They are proud of their local hospital, and value its full range of services. It is a credit to the staff and the local NHS that local people feel so passionately about their local service.

The group has submitted their response to the consultation.   They handed in over 5,000 completed questionnaires from Shaftesbury alone - and this did not include those completed online or posted separately.  The group also submitted a report which I wrote on their behalf, raising questions about the proposals and their potential impact.

The report begins with a quote from the World Health Organisation Alma Ata   "People have a right and duty to participate individually and collectively in the planning and implementation of their health care."

The local community are certainly taking their"right and their duty" very seriously indeed, and we have to hope that the decision-makers are listening to their collective concern.

The Shaftesbury and District Task Force Response has given permission to share their response to the Dorset CCG consultation.

To read the report please follow this [link.](http://communityhospitals.org.uk/cms-assets/documents/265663-694090.reportsmhhta.pdf)

**We Need Our Community Hospitals**

January 2017

There are plans to close community hospitals and community beds throughout England.  This will have a significant impact on the overall bed capacity, which is already at breaking point.

There is a major bed crisis this winter, and significant pressure on acute hospitals that are regularly on black alert and red alert.   Community hospitals have always played a role in keeping patients out of acute hospitals through offering intermediate and rehabilitation as well as palliative and end of life care.

The plans published for the 44 footprints of the NHS in England will see community hospital beds reduce significantly. The plans propose closures of valued community hospitals, changing some into community hubs without beds, and others to have a reduction in their bed numbers.

So a community may be facing changes in their local health care, with a loss of access to their valued and trusted local community hospital.

The CHA has made a submission to the Health Select Committee, and asked for an Inquiry into community hospitals and their strategic role in the NHS is providing "care closer to home."   The CHA has asked for a pause in the plans, whilst evidence from current community hospital research is published this year.

This overview of plans across the country show this pattern of reducing the number of community hospitals, and reducing community bed capacity.

\*  Hospitals already closed include Southwold in Suffolk, and Poltair in Cornwall.

\*  Hospitals scheduled for closure include Bovey Travey and Ashburton Buckfastleigh in South Devon.

\*  Worcestershire plan to reduce community beds from 324 to 182 by 2020/21 which will affect community hospitals such as Malvern, Pershore, Evesham, Tenby and Bromsgrove.  The plans are for a reduction of community beds across Hereford by 62% and Worcestershire by 44%.

\*  Oxfordshire describes its 9 community hospitals at risk

\*  Somerset states in its plan that they have 233 beds on 13 community hospital sites, and that they are planning a "significant reduction" in community beds.

\*  In Leicestershire, there are plans to reduce community hospital beds from 233 to 195 by 2020/21 in their 8 community hospitals.

\*  Staffordshire and Stoke on Trent have already closed 105 beds at hospitals such as Cheadle, Longton and Bradwell and are planning a further 99 bed closures.

\*  Eastern Devon had 244 beds in 2012, and now have 143. They are proposing to reduce these further to 72 beds.

\*  Derbyshire plans to lose 85 community beds from the system reducing from 210 to 125 beds.  There are proposals that hospitals such as Bolsover and Bakewell Newholme close.  "Some of the community hospitals will not be required. Others will play a key role within community hubs."

\*  In Cumbria, there will be a reduction in the number of community hospitals from 9 to 6, with threats of closures to community hospitals in Alston, Maryport and Wigton.

\*  Community hospital wards are already closed such hospitals as Shotley Bridge, Durham and Rothbury in Northumbria, and are subject to review.

The CHA will continue to monitor these plans and proposals, and we are working with local community groups and helping with responses to consultations.

**Your Views Matter**

15th January 2017

Help shape the CHA of the future by completing our [online survey](https://www.surveymonkey.co.uk/r/CHA-review)  Thank you!

In order to be fit for the future the CHA committee is undertaking a review of the CHA.

The CHA is seeking views from stakeholders, members and potential members about what sort of service would be valued in the future.

The CHA is reviewing its role and function, and wanting to hear from you about your ideas of what is important and useful to you.

The survey takes just a few minutes to complete.  The CHA will be discussing the learning from the survey in committee and at our Annual Conference.

Thank you.

**Getting the Facts Right**

7th January 2017

What happens when the data published by a CCG in their proposals in a consultation are found to be wrong?

It has been up to local people to find the inaccuracies.

In Devon,"access" was stressed as a key deciding factor when choosing which hospitals would keep beds, but 6 of the postcodes used were wrong in the tables published.  A corrected document was added to the website but no further action to date.

In Derbyshire the costs of threatened community hospitals were overstated.   A public apology was made, and time added to the consultation for clarification.

These fundamental errors reduce confidence of local people in their local NHS.  Local people have said that they are concerned that these proposals are being put together in haste, without attention to critical detail, and without due regard for the impact on patients, families and communities.

**Devon Consultation "Your Future Care"**

The NEW Devon consultation proposes that only 3 of their 12 community hospitals have inpatient beds, and that the number of beds reduces from 143 to 72. Read the CHA Report responding to the consultation [here.](http://communityhospitals.org.uk/cms-assets/documents/261502-794360.cha-response-new-devon-ccg-ch-050117.p) and the Executive Summary [here.](http://communityhospitals.org.uk/cms-assets/documents/261501-700919.cha-response-exec-sum-newdevonccg-0501)

6 of the community hospital postcodes used to calculate access were incorrect in the published papers. Examples of errors included Honiton hospital, where the postcode shown was 65 miles from the hospital.  Honiton hospital and Okehampton hospital have been excluded from any possibility of retaining inpatient beds in the consultation , and yet their postcodes were both wrong. Read more on their website [here.](http://www.newdevonccg.nhs.uk/publications-and-evidence-sources/102085)

2 of the 6 criteria used to consider which hospitals retained their beds were "Patient Access" and "Carer Access" so accuracy in this fundamental measure was critical. The future of local community hospitals and health services are at stake in this rural county.

"During the course of the consultation it has become apparent that incorrect postcodes were indicated on the original document. The document below is the corrected version. Please note that the correct version was used for detailed analysis."  NEW Devon CCG

There is no date on the original document or the one that replaced it, so it is not clear at what point in the consultation this correction was made. It is not clear whether any further action will be taken to demonstrate that a robust process was carried out, and to reassure the public that there is evidence that inaccurate information was not used.

**Derbyshire Consultation "Better Care Closer to Home"**

With respect to community hospitals, the proposals set out in the consultation were to permanently close 84 community hospital beds.  These would be at the Bolsover; Clay Cross; Cavendish (in Buxton); Newholme (in Bakewell) and Whitworth (in Darley Dale).

Consultation papers issued by Derbyshire were found to have material inaccuracies in 3 financial tables, with errors such as overstating the baseline costs of 4 of the threatened community hospitals.

A formal apology was published, and a "clarification" period of one month was added to the consultation period, read more [here.](http://www.joinedupcare.org.uk/come-and-meet-us/upcoming-events/list/2016/consultation-clarification/)

A [youtube video](https://www.youtube.com/watch?v=U8O-wvAJoNE) showing clearly the extent of the mistakes made was publicised.

Those being consulted had an opportunity to complete a [clarification form](http://www.joinedupcare.org.uk/media/44039/better-care-closer-to-home-clarification.pdf) to say whether the new accurate information had changed the previously submitted response. The CHA was contacted for advise on this, as many who opposed the closure of community hospitals said that it did not change their response, but that it strengthened their opposition to the proposals.

**Public Support for Community Hospitals**

"People have a right and duty to participate individually and collectively in the planning and implementation of their health care."

Alma Ata 1978 World Health Organisation

Local people are trying to find ways of voicing their opposition to planned cuts to community hospitals across England.  Campaign groups are making more use of social media to enable people to voice their support for their local hospitals. They are using actions such as petitions, marches, communications with MPs, and attendance at NHS meetings in order to voice their concerns.  They are also preparing to contribute through the statutory consultation process when this takes place.  Community groups and members of Leagues of Hospital Friends are becoming involved in campaigns to save their community hospitals from closure or loss of beds.  Local people value their local community hospitals, and are clear about the role that they play in providing local accessible care.

In an article in the Telegraph, Chris Hopson, Chief Executive of NHS Providers said:"Street protests could halt hospital closures."  He pointed out that MPs were joining in the opposition to plans in some areas, and that the architects of the plans had failed to engage local communities.  Hopson believes that"Fundamentally you can't make big changes to service provision without taking local people with you."

This will be encouraging to the many campaign groups that are now highly active. The collective energy, passion, determination and skill within local communities is very impressive.  Local people have much to contribute to the planning of their local health and social care.  The campaigns listed below, with links to their sites, include those in Devon, Torbay, Cumbria, Oxfordshire, Durham, Derbyshire, Leicestershire and Staffordshire. As more NHS Sustainability and Transformation Plans are released we may expect further campaign groups to assemble.

Campaign groups are using social media such as facebook, 38 degrees and other public action websites to share their views and encourage support and action.  These create powerful local news stories. I hope that by sharing links to local campaigns, we can create a supportive network and develop this into a national news story.