**Blogs CHA 2019**

**Community Hospitals Tradition of Care in Unsettled Times**

This is a very good time to be within the CHA.   I am so encouraged by the enthusiasm and commitment of committee members. It is a great team to be part of, full of ideas and keen to share experiences.  I am delighted to report that we have new members volunteering to join us as co-opted members, which can only add to our strength and our offering. If any member has a query for us, we now have the expertise and experience of 4 GPs, 5 nurses and 6 managers to respond.  Our committee continues to grow, demonstrating how important the CHA is seen to be in promoting community hospitals, their staff and services.

I am particularly pleased that we now have National Leads for all 4 countries of the UK – England (Chris Humphris), Wales (Tom Brooks), Scotland (Alastair Noble) and Northern Ireland (Shauna Fannin). These are very skilled and talented individuals who offer a great deal across the UK.   I believe we all benefit from being UK-wide, and we are already learning much, such as from the Welsh rural emergency care initiatives, and the Scotland work on strategy and standards.

We are more than open to talking to anyone who wants to work with us either on a national or local basis. I am delighted to say that we are working with staff in local areas to create events for learning and sharing.   I am sure this will be very rewarding and the outcomes will be of interest locally and nationally.

As with other committee members, I monitor news on community hospitals daily, and although the situation is still fluctuating, there is a slowdown in the pace of change. There is evidence of in-depth consultations with communities taking place, and serious consideration given to options. In some areas there is investment in community hospitals and a recognition of their role of being a local rural hospital with beds. In other areas however, there are closures of beds and minor injuries units. The staffing of remote and rural hospitals continues to be a challenge.   There is support in some areas for the development of the “hub” model, whereby community hospitals are redeveloped without beds, but with a wider remit for health, social care and wellbeing. I will be interested to learn more about how this is implemented and the impact of this model.

This is a highly unsettled time politically, socially and environmentally. This is true for the UK and globally. We will want to continue to offer appropriate, high quality, affordable and safe care to our populations. We have the tradition of 150 years of health care in rural communities with community hospitals. Where possible, we will want to continue to offer our community hospital services that are so highly valued by communities.

Dr Helen Tucker, President of the CHA

**Important Issues Debated in Parliament This Week**

Perhaps not what you were expecting...but there was an adjournment debate on the value of community hospitals on the 12th March, where MPs from around the country stressed the value of local community hospitals in their constituencies.  CHA committee members have been briefing MPs, and the CHA will want to follow up on this important discussion where the value of community hospitals was stressed by MPs and was supported by the Health Minister.  We will continue to work with CCGs and help provide information, resources and evidence on the value of community hospitals as vital local and accessible health and social care facilities.  The CHA will continue to support communities and all concerned locally in having a voice in the future of their community hospital, particularly in areas where closure plans are being consulted on, but also in areas where positive developments and investments are being made.

Fiona Bruce MP (Congleton War Memorial Hospital) tabled the debate, asking if Health Ministers will kindly look into how some of the additional resources announced with the long-term plan can be earmarked for the community care provided by community hospitals  Gareth Snell MP (Bradwell, Haywood and Leek Community Hospitals),  said that community hospitals  provide excellent care, but that the CCG was consulting on closures. He asked if the Minister agreed that closing community hospitals is detrimental to the overall impact of our health economy.  Fiona Bruce made the point that community hospitals have a "family feel," which is supported by the latest research by Birmingham University - [read here](http://www.communityhospitals.org.uk/birmingham-progress-report.html)

Other MPs including James Heappey MP for Wells, and Karen Smyth for Bristol South who asked if the Minister agreed that the health service must bear in mind that such hospitals are developed and fundamentally loved by their communities, and that those communities should have the ultimate say in what goes into them.

Caroline Dinenage, Minister of State for Dept Health and Social Care, said that she would also like to reiterate the important role that community hospitals play in local areas. "Community hospitals provide vital in-patient care for people who need it most."  Caroline Dinenage confirmed that the NHS Long Term Plan was prioritising resources into primary and community care, although decision-making was now devolved to local CCGs.  She stressed the importance of local community engagement and said: "These open conversations between health systems and the people they serve will, ultimately, allow us to continue building a sustainable future for the NHS."

The transcript of the debate can be read [here](https://www.theyworkforyou.com/debates/?id=2019-03-12a.315.4&p=24857)

The CHA will continue to raise the profile of community hospitals, and promote ways in which communities can be genuinely involved in future of their valued local community hospitals.