**The Fate of Community Hospitals in Devon**

*6th October 2016*

BBC Radio Devon featured the fate of community hospitals in Devon this morning. An early morning interview with Simon Bates was an interesting start to my day! This was a chance to describe the CHA perspective, and to support communities in Devon who are campaigning to have a voice in determing the fate of "their" local community hospital. What prompted the interview was the release of the report from the IRP (Independent Reconfiguration Panel) on their assessment of the closure of the beds at Torrington Hospital. The IRP Report identified shortcomings, and has instructed the local NHS and Council in Devon to take action to improve working with local communities. Their three main requirements are important not only for Torrington, but for Devon overall.

***1.“Ensure that local people can influence the outcome.”***The community group STITCH (Save our Irreplaceable Torrington Community Hospital) have made the case that they do not believe that they have had any influence over decisions on their local health care. Other communities are expressing a similar view. Proposals have just been announced for further closures of beds in Devon, which would result in 9 of their 12 community hospitals in Eastern Devon losing beds. Local communities are forming campaign groups, and are frustrated that they are only being consulted on which 3 hospitals should keep beds, and not on the principal or extent of the proposed change.

***2.“It is necessary to be up-front about the realities and trade-offs of service change.”***
It is not clear whether there is a full appreciation of the implications of closing beds in a community hospital within the local NHS. It is helpful to learn from other countries. For instance researchers in Canada describe the closure of rural hospital beds as a “critical incident” with repercussions beyond health and social care. A hospital without beds may be viewed more as a clinic, as it shuts its doors at 5pm each evening and at weekends. Many see the creation of “community hubs” (community hospitals without beds) as clinics, and are concerned that this reduced service is a prelude to full closure. There is clearly more work to be done.

***3.“A key lesson from Torrington is to be clear and specific about which patients will likely continue to need inpatient care and how their needs will be met in the future.”***
The fact is that those who will be disadvantaged will be the very elderly with complex care needs and multiple conditions, and I made this point in my Report on closures at Torrington Hospital. Patients who cannot be nursed at home face being admitted to either a large acute hospital, or to a distant community hospital away from friends and family. Reasonable and accessible alternative provision should be offered, to reassure vulnerable patients and their families.

The CHA continues to support local people in having a voice regarding their local health and care services. We believe that there is a better chance of creating an appropriate and viable solution if the skills, talents and knowledge of local people are brought in to co-produce healthcare plans. STITCH is calling for their MP to ask questions of the Secretary of State on Torrington Hospital and community hospitals generally, and to prompt a formal statement in Parliament. This may be helpful for communities throughout Devon, and across England as a whole.