Dr Phil Moore's reflections on the Community Hospital Association

I first attended a CHA conference in the mid-1990s in Windermere. This brought together the Scottish association with the English, Welsh & Irish one and provoked my interest in the work of the association. I had worked in a community hospital for several years by then and could see potential threats. In 1996, I produced some plans for the redevelopment of our local community hospital to include a wide variety of services including primary care and was asked to present about this at a conference in Newcastle. From there, I was asked onto the committee and took on the chair's role in the early 2000s.

There followed a roller-coaster ride, with many lows from threats to the existence of community hospitals and a few highs where government produced policies or statements in support. What has been absolutely consistent has been the enormous support and commitment of local people to their community hospitals. Often, the hospitals were funded by local people as war memorials and the local memory of the drives to build and keep them is always very fresh.

Sometimes that enthusiasm has been a little difficult, with more commitment to ancient and outdated buildings than to the updating of services for 21st century care. That is no different to the local attitude to acute and other hospitals and is a common experience for those wanting to ensure a future for healthcare that is equal to the challenges of modern medicine and disease patterns. Nonetheless, the support of local people has been critical to the success of so many community hospitals surviving and even thriving into the 2020s.

So, where now? I remain convinced of the value of the step-up, step-down usage of community beds for those who cannot be re-abled in their own homes. As the population becomes older, this need remains to assist with those who are already frail in recovering from intercurrent illness, injury or surgery, ensuring

they are safe to return home, albeit with a package of care. And let's face it, we all want to be in our own homes if humanly possible.

Progress will happen. More techniques will enable people to be better managed in their own homes, areas are using 'virtual wards' and other techniques, and we should not stand against progress. However, acute hospitals are not a good place to be unless it is essential for as limited a time as possible and the ability to step people down to a community bed for reablement is important. Equally, where we can avoid an acute admission by stepping up care to a community bed for a short period of assessment and rehabilitation, this will remain vital.

The feedback from people who have used community hospitals is consistently very positive. People like the closeness to home, the local staff, the different pace and much more. Leagues of Friends provide additional benefits and, in many places, remain hugely active.

The competition for resources between the various sectors of the health community will inevitably continue. I do wonder how the new Integrated Care Systems (ICSs) will manage their funding and developments in a new 'system by default' culture in the NHS. It will be so easy for the voice of the large acute trusts to drown out the voices of community, mental health and primary care. We will need a concerted effort to ensure this does not happen by consistently lobbying the ICSs to ensure equity of voice.

Pouring ever more funding into acute care at the expense of community-based care with prevention and early intervention is the wrong way to proceed on the basis of large quantities of evidence. And this applies to both physical and mental health. Further, we must not forget that social care and the wider determinants of health and wellbeing must be addressed too, and in many areas community hospitals have taken up this challenge and been innovative in re-integrated health and social care.

I firmly believe that there will continue to be a clear need for community hospitals. Sadly, we cannot simply rely on that happening while we look on. We need to ensure the voice of community, mental health and primary care is kept loud, reasonable and innovative so that the tendency to default to acute care is not simply accepted by politicians, commissioners and the population generally. I do not want that to happen as I get older and I am sure the majority of us feel the same.

October 2020