

## **WORKSHOP: COMMUNITY HOSPITALS UNDER THREAT**

**Attlee Conference Centre, Westminster  
Monday January 16<sup>TH</sup> 2006**

### **Workshop**

70 people concerned for the future of community hospitals attended an all day workshop organised by the CHA (Community Hospitals Association) with CHANT "Community Hospitals Acting Nationally Together."

#### **Objectives:**

- To share experiences and learning.
- Identify possible solutions to maintaining and developing appropriate local community hospital services.
- Develop a network of support and resources for communities and health care organisations.
- Develop a Community Hospital Resource Pack.

At the conference there were thirty hospitals represented by members of Leagues of Friends, Action Groups, local councillors, General Practitioners and others. Also present were representatives from national bodies such as the Royal College of Nursing and the Healthcare Accreditation Programme, and delegates from the Public and Patient Forum and Overview and Scrutiny Committee.

- The conference commenced with some opening words from Chairperson Elizabeth Manero, Director of London Health Link.

*"Community hospitals are about keeping people well, not just treating when ill".*

- Small discussions followed within the audience, encouraging people to talk to each other about the community hospital(s) they are involved with, and issues raised.

After this members of the audience were invited to inform the panel of what they hope to discover or achieve from today. A selection of contributions are shown below.

- How can we change things nationally?
- What steps can be taken towards public accountability?

- How can the crisis be highlighted by the national press, not just local?
- It needs to be acknowledged as a national problem, not just a local one.
- If community hospitals close there will be nowhere left to provide palliative care.
- We need to see how the 'hospital at home' approach fits against retaining Community Hospitals.
- There needs to be more parliamentary support, across the different parties.
- The public require and deserve honesty about the situation, as they have lost faith in the Health Service.
- Rural areas should be listened to more.
- If it were eighty acute hospitals under threat people would not accept it; community hospitals are not taken seriously enough.
- A Health Service cannot be run without strategy: short, medium and long term.
- We need to try and make sure no important decisions are made before the White Paper comes out.
- There is concern that there is a shift in financial support from the NHS to the private sector.
- How serious are CHANT - what is the policy?
- There is a significant cost of unfunded government initiatives.
- Support for the campaign needs to be cross party; everybody needs to collaborate.

Elizabeth Manero rounded up these comments and questions by concluding that evidently the main areas the audience were concerned with were: Clarity; Strategy; Finance; Rurality and Common interest.

#### **Talk on Edgware Hospitals by Elizabeth Manero:**

- The Edgware Hospital provides a range of services including an urgent treatment centre, birth centre, outpatients department, intermediate care inpatient services and mental health services.
- Elizabeth described the campaign for Edgware Hospital that she was closely involved with, and the resulting public participation in the planning and monitoring process. She advised that "just saying 'no' doesn't work".
- It is important to challenge the rationale, create a bargaining position and capture the logic.

#### **Graham Stuart MP, Chair of CHANT:**

- Labour talked about 'keeping the NHS local' and making decisions 'with' rather than 'for' the public, but have failed to keep to their promise. They claim to be in favour of Community Hospitals, but their action suggests otherwise.
- It is vital to gain support from the national press.

- CHANT is cross party and has support from Labour, Conservative and Liberal Democrat members.
- Rather than simply retaining the services we have at present, we should aim for improved service.

**Boris Johnson MP, Vice Chair of CHANT:**

- The movement is not progressing as well as it had been hoped.
- There is not much evidence of a national conscience. Boris made the point that if we were being successful in alerting to the position of community hospitals it would be more widely known, and would have fuller coverage in the media.
- CHANT is not as well known as it should be and it is difficult for the public to access information on it, such as finding the website on the internet.

**Dr Phil Moore, Chair of Community Hospitals Association**

- Has personally been involved with PCTs for some time.
- CHA goes back to 1969 when it was formed as the Association of General Practitioner Hospitals.
- All members donate their time without receiving payment.
- The team is multi-professional and includes General Practitioners, nurses and managers.
- Community Hospitals are unique as they are adapted to local circumstances.
- CHA "supporting and developing a network of Community Hospitals and related local services that are accessible to everyone".
- CHA welcomes the opportunity to work alongside CHANT to share information, and to raise the profile of the current threats to Community Hospitals.
- The eighty threatened hospitals are just the tip of the iceberg; unless the situation changes soon there will be more under threat.
- In Labour's 2005 manifesto they claimed they had 'a commitment to investment and quality' in the Health Service.

Audience comment: The biggest problem is getting past Patricia Hewitt MP as she always refers the problems back to the PCTs.

**Helen Tucker, Committee member of CHA and CHANT:**

- Helen described the current situation where one in four Community Hospitals are under threat of closure or loss of services.
- The implications of closures are that they will affect at least eighty rural communities, which is over one million people. There is potentially a loss

of over 2000 hospital beds, in addition to jobs for nurses, therapists and support staff.

- This national crisis has emerged in the last six months, as no threats were reported at the annual CHA conference in May 2005.
- There are many important reasons Community Hospitals are so valued, for example; easier access, familiarity, continuity, quality, and the wide variety of care provided such as palliative care and rehabilitation.
- PCT's reasons why Community Hospitals and their services should be closed include saving money, to focus on home care and to provide flexibility.
- It is advisable for any consultation to be deferred until after the release of the White Paper, and for no services to be dismantled until there are alternative models of care in place.
- Possible solutions to the issue of closure are for local people to take over and form a community charity, or for alternative providers to develop and manage the hospitals.
- Labour manifesto 2005: "We will over the next five years develop a new generation of modern NHS community hospitals".

**Peter Rainsford, Chair of the Campaign Group to Save Wells Hospital:**

- Their original objective was to get the 'temporary closed' beds reopened.
- The PCT could not achieve that goal 'because of a lack of money and staff', and local people realised that in order to be viable the hospital needed to offer more services than it had in the past
- Their new objective was even more ambitious: to create a sustainable future for the hospital.
- In order to achieve this they had to work *with* - not against - the PCT to create a partnership, which is vital.
- A significant step was the PCT agreeing to hand over the planning of the future of the hospital to local people - key working groups were chaired and directed by local representatives
- The Health Service attempts to work with Policy, Strategy and Procedure, however the majority of the time at least one of these central themes is failing.
- In reviewing the steps in the campaign it would appear to be efficient and well planned, but in practice was a flexible response to an ever changing situation
- The latest situation is that the PCT has gone out to consultation on the future of the hospital, with the preferred option being the transfer of the hospital to a locally-owned Charitable Trust, of which Peter is one of the Trustees.

**Denise Holden, Manager of Hampshire's Overview and Scrutiny Committee:**

- New Forest PCT went out to consult last summer on the closure of up to 106 community beds across five community hospitals in the New Forest.
- There was huge protest from the locals at the suggestion of Community Hospital closure, which the PCTs were not at all prepared for.
- The PCTs were telling - not asking - locals what was best for them.
- The OSC requested that the Older Persons Programme and Better Government for Older People became involved. They arranged focus groups with communities across the New Forest, and provided an evidence base for people's views alongside the consultation process
- The information collected was overwhelmingly against the PCT strategy of closing local community hospitals, and the PCT withdrew its proposals and agreed to work with local people on developing alternative plans.
- Campaign groups need to be aware of the OSC role and its potential. Also the role of the Independent Reconfiguration Panel.
- Although what worked for the New Forest may not be successful elsewhere, in some areas the PCTs are actually looking at other options and listening to General Practitioners and locals.

Circumstances under which a referral to the Overview and Scrutiny Committee can be made:

- Inadequate timing/content of consultation.
- Inadequate reasons for *not* consulting.
- Proposal is not in the interests of the Health Service in the area.
- Any referral should set out grounds and show that the scope for local action has been exhausted.

### **Richard Stein, Solicitor and Partner at Leigh Day & Co:**

- Been involved in preventing closure of Social Services facilities and Community Hospitals, which are both important to communities.
- Section 11 of the Health and Social Care Act (2001) states that there is a duty to consult service users and the local public (potential service users) before a decision is made, but unfortunately it does not always work that way.
- However, it is legally acceptable to close Community Hospitals without consultation if it is 'in the interest' of the NHS providing due process has been followed.
- It is nonsensical to describe a closure of beds or services as 'temporary' if no plans have been made to reopen them.
- Late 1990s - RS stopped closure of Devon Community Hospitals. It was said that there was 'no time to consult, no money to keep open'. However, the matter was taken to court and the hospitals were saved on the judge's decision.

- Also, consultation should be carried out on the process of the formulation of the proposal, not just the final proposal.
- Another group of people who are greatly affected by the threat of closures are clearly the hospital staff, but they are not always made aware of the problems at their workplace and end up finding out as a result of the press coverage.
- There are steps that can be taken, such as the issue of a letter warning the PCT of a legal challenge. This can help to alert the PCT to the implications of their plans and put relationships on a stronger footing.

### **Audience Questions and Panel Discussion:**

- An audience member enquired as to whether there are any human rights implications in how members of staff have been treated, causing some to take time off work with stress et cetera?
- Colin Beacock from the RCN responded to this question from the audience; that there is joint concern between staff and patients, and that a responsible employer should look after all employees and be concerned about their welfare.
- A representative from Tetbury spoke of their community-owned hospital, and advised that any other area planning to go down that road should ensure that community members expressing an interest genuinely want what is best for the hospital and have no invested interest.
- It was commented on by Helen Tucker of the panel that it is difficult to persuade PCTs to agree to long-term contracts when, at present, they are not even sure of their own future.
- A representative from Henley told of how private medical groups are offering doctors fifty per cent of the positions on boards, which gives the impression that Community Hospitals are theirs to give away. He was concerned about the motives of private profit making companies and how they were trying to buy off GPs. A response to that was that some private companies had much to offer (such as LIFT companies for GP surgeries) and the fact that they were prepared to consider investing in local community hospitals suggested that there was a strong business case to be made.
- A member of the audience spoke of five Community Hospitals in his area, all under the same PCT, that are under threat. However, there is the possibility of a new acute hospital being opened in the area, which may be managed by a private company. He raised the question of the future role of the League of Friends, as they had donated much equipment and wanted to continue to support the hospital. But that their role was compromised if they were in fact fundraising for a profit making company, as if it was Tesco's.

### **Andrew Lansley MP, Shadow Secretary of State for Health:**

- PCTs are getting more money than ever before but are somehow getting more and more into debt.
- 'Money follows the patient'.
- Community Hospitals are cost effective.
- If General Practitioners make savings they will not necessarily get to keep these savings.
- We must look at the national picture, not just the local one.
- A Primary Care White Paper is due in early February, delayed from the end of last year, and it would make a lot more sense to wait until after its release before any important decisions are made regarding Community Hospitals.

### Discussion Groups

After this followed a session where the audience were split into six groups to share experiences and discuss the following points, before reporting back to the whole group about any issues raised and ideas they had come up with:

- What has worked?
- What do we need to do next?

Supplementary questions to guide the discussions included:

- Have local people been genuinely engaged in the process of planning service changes?
- Has the consultation process met national guidelines and standards?
- What can be done about temporary or emergency closures?
- What is the basis for the proposed model of care?
- Will reductions on Community Hospital services achieve financial savings?
- How will the proposed reduction in local Community Hospital services meet the government agenda to move services out of acute services?

### What has worked?

- Working together.
- Involvement of Members of Parliament, General Practitioners, the media and all the local Community Hospitals.
- Being prepared to challenge PCT dogma.

- Use of Overview and Scrutiny Committee.
- Education of what Community Hospitals can do.

### **What do we need to do next?**

- Get a high-profile television program to look at the issue of Community Hospitals – possible involvement of Jeremy Paxman.
- There is a need for a Press Office.
- Publicise the cost of community hospital, acute care and home care.
- Challenge funding allocations to reflect demography/higher costs of rurality.
- Act soon!

### **Publicity:**

- Banners on local landmarks.
- Get local Members of Parliament involved.
- Ludlow racecourse sponsored race with television coverage.
- Car stickers – funded by local papers.
- Balloon launch with press coverage.
- Get local schools involved – primary schools could make their own leaflets to be placed on notice boards, in shop windows et cetera. Also pupils could write their own letters to Patricia Hewitt MP about why Community Hospitals are so important.
- Sponsored walk or relay race between different Community Hospitals.
- Petitions in shops et cetera.
- Public meetings, attended by PCTs.
- Involve local celebrities/prominent people.
- Press campaigns.
- Local church and parish magazines could feature information/stories about local Community Hospitals.
- Patient experiences to feature in newspapers.
- Engage national journalists.
- Engage Overview and Scrutiny Committee.

### **Unity:**

- We need to find a way to get all ages involved, particularly younger people.
- PCTs should be focusing on their relationship with the acute sector.
- The public, patients and staff all want – and deserve – honesty from PCTs.
- Need to make “as much noise as possible”.
- Mobilise whole community.

### **Engagement:**

- Involve the Leagues of Friends for acute hospitals, as there will be a knock-on effect for them if Community Hospitals close.
- Involve Ambulance Trusts.
- Involve unions to encourage PCTs to provide better contracts for staff.

- Engage staff and challenge intimidation by PCTs; staff are threatened with disciplinary action if they attend protests, marches et cetera.
- The campaign needs credible leaders that are respected and trusted by the community, for example; Mayors, General Practitioners and Leagues of Friends.
- It is important to get the support from GPs, otherwise it could cause real problems.
- Demonstrations and marches with ex-patients speaking.

#### **Challenging:**

- People must be familiar with Section 11 of the Health and Social Care Act (2001) so that they know their rights regarding their hospital.
- Needs/financial assessments are often absent or inadequate.
- Mass letter writing campaign to Secretary of State/PCTs/non-executive directors.
- Develop sound arguments; simply saying 'no' is not sufficient.
- Ensure arguments for all interest group are aligned.
- Be proactive with the Overview and Scrutiny Committee; don't just leave everything up to the PCTs to decide.

#### **Finance:**

- Compare the cost-effectiveness of acute care/care homes/home care, to be funded by PRIME.
- Database of all arguments in opposition to closure, to marshal against PCT arguments.
- Clarification regarding land and property matters.
- Publicise the effect of a split tariff.
- Community Hospitals save money; increasing the number of district nurses will not.
- Community Hospitals only make up a small part of the NHS debt.
- Is there a robust business case?
- Get financial support from local companies.
- Changes in practice are not reflecting what is happening at commissioning level.
- Need to show the potential effect on Social Services – cost shifting.
- Challenge the idea that balancing finances is more important than patient care.
- Short-term versus long-term recovery.
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#### **Staff:**

- Job freeze – we are losing good-quality nurses.
- A lot of nurses are now on short-term contracts with no pensions or redundancy pay, et cetera.

### **Members of Parliament:**

- Keep asking questions; use MPs to keep raising the profile.
- Possibility of MPs raising individual petitions
- Arrange a lobby of Parliament

### **Information and Communication:**

- Make sure the language used by the PCTs is easy for the public to understand.
- Palliative care needs are an important part of Community Hospital provision.
- It is difficult to get a reply from Patricia Hewitt MP; when writing a letter it is advisable to state that you require a reply within a certain time.
- In Westbury, one of the five Community Hospitals is due for closure and a further one is 'temporarily closed'. However there was no consultation, and no proposals for transition.
- Play Public Patient Involvement Forum rules/judicial review/DSC.
- Local government on side.
- Where is the accountability and what is the responsibility of the Strategic Health Authority?

### **National Action:**

- Consider the most appropriate figurehead required for the campaign, to make issues known to the national public.
- Need to attract campaigners with experience and media contacts.

### **Next steps to be made:**

- Suggestion of a national lobby or march on Tuesday 28<sup>th</sup> March.
- Production of a Campaign guide.
- Seek ideas for a Press office.
- Arrange for the wording of a Parliamentary petition to be approved, and aim to involve thirty plus MPs on the same day. May attract attention particularly if break a record and qualify for the Guinness Book of Records.
- GP petition.
- Work with national organisations such as RCN, RCGP and BMA.
- Legal advice - property transfer.

### **Conclusion**

All delegates would be sent a resource pack. Those who volunteered to undertake tasks would report back before the next CHANT meeting on the 15<sup>th</sup> Feb 2006.

**Useful Contact Details:**

- The Independent Reconfiguration Panel.  
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