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Dear Dr Wollaston

### **Community Hospitals in England – Consideration by Health Select Committee**

Thank you very much for inviting the Community Hospitals Association to provide further information on community hospitals in preparation for the Health Select Committee meeting.

#### **National Context on Closures**

You asked for an update on closures of community hospitals and community beds in England. 13 community hospitals have closed in recent years. There are now 362 community hospitals in England, and at the last count 53 of these had lost their inpatient facility completely. Many more hospitals have had their community bed numbers reduced. The CHA is also witnessing some temporary closures for reasons of buildings, staffing and operational issues, and communities are concerned that these closures will become permanent. There are a number of reports and consultations proposing further closures of hospitals or beds such as in Devon, Cumbria and Surrey. We have listed hospitals in more detail for reference (A), many of which have contacted the CHA for information and support.

#### **International comparisons**

You asked for information about Norway and Italy, and their strategic position on community hospitals and intermediate care.

In Norway the government has legislated for local authorities to provide services that are alternative to acute hospitals, so that patients have an alternative to acute hospitalisation. They have developed municipal acute care beds, (KAD) as one of the models. In a CHA review of international literature on community hospitals, studies from Norway were particularly prominent, with robust studies concluding benefits in terms of quality and cost.

In Italy, there is legislation that requires 3.7 beds per 1000 inhabitants, of which 0.7 must be dedicated to rehabilitation and long-term care (intermediate care) and specifies that community hospitals (Ospedale di Comunità) have between 15-20 beds, with medical care provided by GPs.

I attach more detail on Norway and Italy for reference (B). I trust that this is the information you require. Please contact me if you need any further information.

Yours sincerely

Helen

Helen Tucker Vice President Community Hospitals Association

## Supplementary Information for Dr Wollaston – A&B

### A. Community Hospital Context - National assessment about Closures

There are 362 community hospitals in England, 53 of which have lost their community beds over the past few years, and many more have had a reduction in beds. 13 community hospitals have closed and there are proposals and consultation processes proposing further cuts and closures. In all cases, opposition is being put forward by GPs, local people, Councillors, MPs etc. and action taken including petitions, public meetings, marches, response to consultations, judicial reviews, offer of financial assistance from the public. The CHA is actively involved in many of the community hospitals listed below, and has been providing information and support.

The CHA tracks changes in community hospitals, and record any closures of inpatient provision and also closures of community hospitals. Both events can be considered as a loss of a hospital provision for a community and as a “critical incident” for patients and local people considered by researchers as a devastating event that had repercussions beyond health (Petrucka, P., Wagner, S. (2003) *“Community Perception of Rural Hospital Conversion/Closure; Reconceptualising as a Critical Incident”* Aus J Rural Health (2003) 11;249-253).

### A Selection of Community Hospitals Under Consultation with Proposals to Reduce or Close Beds or to Close the Hospital

#### Devon:

The first 6 community hospitals listed have already lost their beds. A Success Regime report is proposing that all or most of the community beds are closed.

- Axminster Hospital
- Torrington Hospital
- Budleigh Salterton Hospital
- Moretonhampstead Hospital
- Crediton Hospital
- Ifracombe Tyrrell Hospital
- Ottery St Mary Hospital
- Holsworthy Hospital
- Bideford Hospital
- Honiton Hospital
- South Molton Hospital
- Exmouth Hospital
- Tiverton and District Hospital
- Sidmouth Hospital
- Okehampton Hospital
- Exeter Hospital
- Seaton Hospital
- Tavistock Hospital

#### South Devon and Torbay:

The first two hospitals listed have already lost their beds, and there is a consultation for the closure of the other 4 hospitals on the list.

- Bideford Hospital (lost beds)
- Ilfracombe Hospital (lost beds)
- Bovey Tracey Hospital (proposal to close)
- Ashburton Buckfastleigh Hospital (proposal to close)
- Paignton Hospital (proposal to close)
- Dartmouth Hospital (proposal to close)

**Cumbria:**

2 Options issued by Success Regime – one to close all community beds, and another to close most of them. Some beds have already closed.

- Alston, Ruth Lancaster James Hospital
- Brampton War Memorial Hospital
- Cockermouth Community Hospital
- Keswick, Mary Hewetson Cottage Hospital
- Maryport, Victoria Cottage Hospital
- Millom Community Hospital
- Penrith Community Hospital
- Wigton Community Hospital
- Workington Community Hospital

**Surrey:**

Proposals include reduction of community beds and closure of Molesey Hospital

- Leatherhead Hospital
- Dorking Hospital
- Molesey Hospital
- Cobham Hospital
- New Epsom and Ewell community hospital

**South Tees:**

Community beds have been closed.

- Carter Bequest Hospital
- Guiseborough Primary Care Hospital

**Shropshire:**

There is a proposal to reduce or close beds in two hospitals.

- Ludlow Hospital
- Bishop's Castle Hospital

**Yorkshire:**

Proposed closure of its 14 beds

- Lambert Hospital

**Oxford:**

- Wantage Hospital (closed beds)

**Hants:**

Beds have closed and public meeting now being held.

- Midhurst Hospital

**A Selection of Hospitals that have recently closed**

13 community hospitals have closed in recent years.

- Ashby Hospital Leicestershire (has status now of community asset)
- Southwold & District Hospital, Suffolk (bidding for recognition as a community asset)
- Patrick Stead Hospital Halesworth Suffolk
- Poltair Hospital Cornwall
- Littlehampton East Sussex

## **B. International Examples – Norway and Italy**

### **Norway**

In Norway the Coordination Reform challenges health care providers to develop alternative treatments before and instead of hospitals – Intermediate Care. One of the intermediate care models is the provision of “municipal acute care beds” (KAD)

*“In Norway, the government has recently legislated for municipal authorities to develop local health services for a selected group of patients, with a quality equal to or better than that provided by hospitals for emergency admissions.”*

*“The National Coordination Reform instructs the municipalities to develop alternative health care services before, instead of, and after hospital care (Norwegian Ministry of Health and Care Services, 2009), both to reduce the number of admissions to hospitals and to limit the duration of hospital stays. By 2016, all Norwegian municipalities are expected to provide appropriate patient groups with alternatives to acute hospitalization.”*

*“General practitioners in Hallingdal, a rural district in southern Norway, have for several years referred acutely somatically ill patients to a community hospital.”*

*“Community hospitals can be viable supplements to general hospitals.”* The community hospital is described as *“at the interface between primary and specialist health care service.”*

Lappegard O, Hjortdahl P. (2014a) “Perceived quality of an alternative to acute hospitalization: An analytical study at a community hospital in Hallingdal, Norway” *Soc Sci Med* 119C:27–35. <http://www.sciencedirect.com/science/article/pii/S0277953614005310>

### **Italy**

*“Law 135/2012 (which converted the Spending Review Decree into law) set a new target for an overall national average of 3.7 beds per 1000 inhabitants, of which 0.7 must be dedicated to rehabilitation and long-term care and 3.0 for 102 Health systems in transition Italy acute patients. As of 1 January 2012, there were 231 707 hospital beds, including day-care and non-acute beds (3.82 per 1000 inhabitants), of which 195 922 were in acute care (3.23 per 1000 inhabitants) and 35 785 were dedicated to post-acute care (0.59).”*

*“Intermediate care and rehabilitation refer mainly to services used by frail or chronically ill people in a home care setting who have a high risk of avoidable hospital admission and to services for post-acute patients for rehabilitative interventions and health-care support not requiring an acute hospital setting. These types of care involve a range of services designed to link primary care, acute care and social care in an integrated patient pathway. ASLs are responsible for coordinating and delivering rehabilitation and intermediate care, dealing with high-complexity medical and non-medical components and coordinating a set of multidisciplinary activities aimed at switching the care setting from hospital to home care, reducing the length of hospital stay, as well as preventing hospitalisations and inappropriate readmissions.”*

*“The national regulation size for a Community Hospital (Ospedale di Comunità) is 15-20 beds, with medical care provided by GPs. “*

Ferre et al. (2014) “Health Services in Transition Health System Review – Italy” *European Observatory on Health Systems and Policies* Vol 16 No 4