Dr Helen Tucker
Vice President
Community Hospitals Association
Helen.tuckerdickson@gmail.com

Dr Sarah Wollaston MP
Chair
Health Select Committee
sarah.wollaston.mp@parliament.uk

19th October 2015

Dear Dr Wollaston

The Role and Potential of Community Hospitals in the NHS

Thank you very much for inviting the Community Hospitals Association (CHA) to submit a request to the Health Select Committee to consider the role of community hospitals.

The CHA would like to request that the committee explores the wide disparity of access to local services across the country. There is a mixed picture of investment and divestment regarding community hospitals. The CHA has evidence of the wide variation of how commissioners and providers interpret the role of community hospitals.

In some areas community hospitals are valued as assets and have a clear role and function. An example of this is in Cumbria where community hospitals are being developed as centres for integrated health and social care and contributing to the creation of capacity within each community to enhance out of hospital care. Other investment examples are new community hospitals such as Clitheroe Community Hospital in Lancashire and Bicester Community Hospital in Oxfordshire.

In other areas community hospitals are viewed more as liabilities and local services such as beds are being closed. An example of this is in Devon, where of a number community hospitals are now empty at night and at weekends. There are also closures of beds in community hospitals in counties such as Suffolk and Staffordshire.

There are examples of confusion such as in Staffordshire where the NHS North Staffordshire CCG have launched a consultation regarding the proposed closure of beds in two community hospitals, Cheadle and Bradwell, on the same day that the Royal Stoke University Hospital announced it was taking over these two hospitals as part of their strategy to manage delayed discharges.

Currently the CHA is receiving many calls asking for advice from patients and community groups on how to retain, maintain and develop services, how to influence decisions being taken and how to have a voice in their local healthcare.

There are over 340 community hospitals in England. Over the past 10 years, 10% of these have lost their inpatient beds, and there are more closures of beds planned. A number of minor injuries units have also closed. The CHA would like to reflect the concerns of patients who have expressed concern challenges of access to health care in many of the rural areas concerned.

As you know, communities have traditionally supported "their" local hospitals since the first was established 150 years ago. This support is often shown in the giving of donations and legacies, as well as volunteering. This active involvement is epitomised in Millom Community Hospital, which has won national awards for its model of collaboration with the community, and is a vanguard site.

Active community engagement has also been evident over the years in Devon, although currently local people are now finding themselves in a more negative relationship with the authorities. Local people are challenging the decisions for reductions in services both individually and collectively. They are protesting against their loss of local services, and taking action such as seeking judicial review, holding public meetings, involving MPs and successfully petitioning Devon Councils Health and Wellbeing Scrutiny committee.

Simon Stevens, CEO of the NHS has made a statement supporting improved local access to services and encouraging making full use of cottage and community hospitals. The CHA would like to build on that, and test this further.

We would like the Health Select Committee to examine the health and care systems where the community hospitals are an integral part, playing a full role in offering local services and integrating across primary, community, social and secondary care as well as the third sector. We would also like the committee to examine where small local rural hospitals are being dismantled, and how this impacts on the overall health and social care system as well as the individual patients and their families. The issue of variation in access to local community hospital services is in our view compounded by the lack of a nationally articulated and owned vision and strategy for community hospitals.

In conclusion, we would request that the Health Select Committee reviews the current and potential contribution of community hospitals to create community capacity, so that out of hospital care can be optimised as set out in the Five Year Forward View. Such a review may help provide a clearer national picture and offer guidance to commissioners and providers. Ideally this would lead to the identification of a need for the development of a national strategy for community hospitals and community services.

Thank you very much for your consideration. I attach supplementary information and questions, and would be pleased to provide further information as required.

Yours sincerely

Dr Helen Tucker
Vice President
On behalf of the Community Hospitals Association
The Community Hospitals Association was established 45 years ago to promote community hospitals, encourage research and evaluation, and support staff and communities.
http://www.communityhospitals.org.uk/welcome/

Supporting Information and Supplementary Questions

Community Hospital Model

Community hospitals are viewed as a bridge between primary care and secondary care, offering local acute diagnostic and treatment services away from a DGH (substitutional), extended community, social care and primary care (complementary) as well as health promotion and wellbeing services. They can be described as a "hub" for health and care providing intermediate care.

Community Hospitals are different to acute hospitals. This point has been made in the CHA open letter to Simon Stevens, CEO of NHS. However clinical staff and managers are working with some of the systems and processes designed for acute hospital care, much of which is inappropriate for the community hospital. The CHA believes that we require recognition of the model of a community hospital which is distinct in role and function to acute general hospitals. A review of how the design of the health systems supports or otherwise the optimal use of community hospitals could then be carried out.

Community Hospitals as Multi-Provider Hubs

Community hospitals are typically small local hospitals which either provide, host or contract for a wide range of services which are accessible to their local communities. Services typically include community inpatient beds mainly for rehabilitation and end of life care, clinics (both specialist and community), minor injuries unit, and diagnostics such as X-ray. They may also provide maternity care such as with a birthing unit, a day surgery unit, a day care centre, ambulatory care such as renal dialysis, mental health services etc.

None of the provider organisation managing a community hospital are able to offer all of these services themselves, and therefore there are partnership arrangements in place for other organisations (NHS, Social Care, third sector etc.) to provide some of these services. The result is that the community hospital is a hub for multiple providers, working together for the benefit of the patients and the community by offering locally accessible services and avoiding travels to a DGH. CHA case studies have shown that there may be 10 or more different organisations providing services within what is in effect a small local hospital.

Whilst the multi-provider nature of the CH is a strength, there is disproportionality in the contractual arrangements. There is also a risk of a lack of continuity of care and integration of services, when there are so many practitioners and organisations concerned. This is compounded by the current trend to reduce on-site management of community hospitals.

The CHA would like there to be attention to this in order to recognise and celebrate the nature of the "hub" as articulated in the 5YFV, and also to identify the critical nature of the need to coordinate and manage a wide range of complex services to avoid a fragmentation of the service. We welcome initiatives such as "capable provider" where contracts may be accorded to collaborations of local providers, which is in keeping with the partnership model of the community hospital.

Community Hospitals Creating Community Capacity

Community hospitals are characterised as having a role in helping to avoid patients being admitted to an acute hospital, and in enabling discharge from an acute bed to be expedited. Community hospitals are able to offer this through their community inpatient beds, rehabilitation services, assessment, diagnostic and treatment services, as well as through their urgent care services and many clinics. Community hospitals play a significant role in the support of patients with multi-morbidities and complex care needs who benefit from a generalist rather than a single specialist approach to care.

The lack of a national strategy informed by research evidence to support clinical commissioning decisions is leading to a diverse and often contradictory approach from commissioners. In some areas, community hospitals are viewed as playing a central role in "out of hospital care," and in other areas, commissioners are moving funds from CHs to increasing home-based care provision. Locally, there are highly charged debates and consultations and local people expressing anxiety about losing local services that they value. Community support is typically expressed through promoting the service, volunteering and fundraising, and so the strength of feeling for "our" community hospital runs high.

Community Hospital Integrated Teams

Community hospitals feature active multi-disciplinary and multi-agency teams, involving practitioners from social care, primary care, community services, acute hospitals, the third sector etc. The team-working is required for the nature of the patients such as those living with frailty and have complex care needs, as often the care and discharge planning requires a holistic approach across their entire health, housing, and social care needs.

The CHA has recognised excellence in team working through our annual "Innovations and Best Practice Award" and can provide case study examples of team-working in an integrated way for the benefit of patients and families.

However there are still system-based boundaries and limitations that restrict the way that teams operate. In particular, there are performance measures in place for individual professionals and departments, rather than teams. An example of this is the safe staffing measures that only look at nursing, and not the whole team including AHPs etc.

The success of multi-disciplinary and multi-agency working in community hospitals is not often recognised, as the systems for contracts, accountability and performance do not always accommodate this.

It would be appreciated if there was scope to consider and learn from the integrated team working in community hospitals, and to redesign systems to measure outcomes and increase the incentives and reduce the barriers to working in this way.

Community Hospitals and Organisational Management

Community hospitals are unique in that there are examples of community hospitals being owned and managed within every type of health and social care provider organisation in England.

The CHA is able to give examples of community hospitals in Acute NHS Trusts, Community NHS Trusts, Partnership Mental Health and Community Trusts. We can also give examples of community hospitals managed by Social Enterprises, third sector organisations and also Charities (some of which are formed by local people). There are also examples of community hospitals that are owned and managed by private companies.

The impact of this variation of ownership and management has not yet been formally studied, although the CHA has alerted to these distinctions in national conferences and articles. Given that there is a lack of formal recognition of the strategic function of community hospitals and their model of service and role, there is a risk that the diversity of ownership and management further dissipates their contribution. The approach to utilising the community hospital varies considerably across the organisations and also varies within local areas. The CHA would therefore support any work that draws attention to the range of services and providers in small hospitals, and the importance of recognising the active coordination required in order to integrate services for the benefit of the patient and the community.

Conclusion

There is a fundamental question as to whether the variation in community hospitals is to be celebrated or is it a concern. If it is in response to local community need and local decision-making, then there is a rationale to the design of the local healthcare systems within the local context. However, the CHA is witnessing a wide variation in terms of access and provision and a reduction of local services which would appear to be out of alignment with "care closer to home". The CHA would like to be able to advise communities, staff, providers and commissioners with respect to ways of meeting the needs of local people's health and social care needs, and the potential role that community hospitals can play within the NHS.