

**Requested Update to Dr Sarah Wollaston
Chair of the Health Select Committee**

To: Victoria Carpenter, Committee Assistant to Dr Sarah Wollaston, Chair of the Health Select Committee January 18th 2016

Dear Victoria

Thank you so much for getting back to me about the request that the Community Hospitals Association has submitted for the issue of Community Hospitals to be considered as a topic for investigation with the select committee.

We have reason to believe that recent events may help to strengthen our request, so if you do not mind I am taking the liberty of providing a few highlights.

- Simon Stevens made a personal intervention, with Richard Bacon MP, to intercede on a CCG decision to decommission community hospital beds in Suffolk at the end of December 2015. He has required the contract to continue.
- We have evidence of community hospitals having as many as 8 organisations commissioning their services, which is raising urgent considerations about contract complexity and proportionality for these small rural hospitals.
- The multiplicity of arrangements for community hospitals is increasing without recognition or planning, and raises significant issues for the strategy for community hospitals nationally. For instance, Virgin Care has added to their portfolio of community hospitals this month, winning the contract for a further 4 in Kent. The existing NHS provider will continue to run other services within these 4 hospitals (MIU, clinics, physio etc) so the organisations will work along side each other. There are many examples of private companies in community hospitals.
- We have evidence of community hospitals having as many as 10 different providers operating in the hospital across the NHS, social care, private sector and voluntary agencies. This presents an unrecognised challenge of coordination and integration, which is currently not met within existing management infrastructures. This range of providers, whilst considered of benefit to local people and enabling a variety of services to be offered, again creates a complexity of management.
- We have scope to learn the hard-won lessons of a number of community hospitals within vanguards. These include Cumbria, where there is excellent joint working with the community, and Northumbria, where there is good progress being made with vertical integration. We are also witnessing improvements in how community hospitals are contributing to the management of demand in A&E departments, with an increase in attendances at Minor Injuries Units such as in Somerset.
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- There continues to be concern about decommissioning community hospital services in Devon, with the community pursuing judicial reviews, and the Health Scrutiny Committee of Devon County Council considering referral to the Secretary of State.

The CHA believes that the current health system creates unintended negative consequences for small hospitals, and this merits closer examination.

I do hope that this is helpful. Please do not hesitate to contact the CHA if you require any further information.

Very best wishes

Helen

Dr Helen Tucker Vice President CHA