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Campaign**

Thank you for allowing me to speak this morning.

From what I understand of this meeting your Committee will be scrutinising two things.

**Firstly**, whether the proposal to close our beds has been properly processed by the CCG, and

**Secondly**, whether it is in best health interests of the public.

**I'd like to begin by talking about the CCG's  
Consultation with the Scrutiny Committee**

The CCG did not consult your Committee before 2<sup>nd</sup> September 2016 when it suspended the use of the beds. This suspension was a 'substantial variation' of the health services in the area.

In **December** the CCG decided to consult the public on the permanent closure; this is another 'substantial variation', **but again the CCG did not consult this Committee.**

Public consultation began in January for three months, **the CCG did not formally consult this Committee before or throughout that period.**

The law seems clear. Surely at all of these stages the Scrutiny Committee should have been consulted? It seems to us that you have been ignored.

On June 27<sup>th</sup> the CCG asked this Committee merely **to note**

that public consultation had taken place. No scrutiny.

I believe that today is the first opportunity in over 14 months for you to fully examine the proposal to take away our beds.

### **So, what exactly was the basis upon which the CCG went to public consultation?**

The CCG said:

- It would save £500,000 a year in nursing staff salaries,
- Only fifty percent of the 12 beds were in use, and
- There is a national drive to treat more patients at home.

I'd like to talk about these claims.

- **The alleged saving of £500,000.**

Only days before the consultation document was issued the CCG's Board received a financial report which showed that the maximum saving would be £310,000.

**In fact, the Campaign Team has established that the saving would actually be little or nothing.**

In June the £500,000 was described as *the overall cost of running the hospital*. **This too was untrue.** The January report showed that to be £680,000, **not counting** the annual PFI payment.

Now it is claimed that, if the beds are closed, the CCG will be able to transfer £500,000 out of its annual deficit.

This transfer was actually done **before** the final decision was taken by the Board to close the beds.

- **CCG's statistics about bed use.**

The BMA states that community hospitals run most efficiently with an average bed use of 85%.

Therefore, on average, 10 of the 12 beds at Rothbury should be in use.

2014/15	66%	8 beds in use
2015/16	53%	7 beds in use
2016/17	CCG figures based on 5 months before autumn and winter. Plus FOI reveals the beds were being run down.	

The future of our beds is, then, to be decided on an underuse of only about two or three beds.

**Is such an underuse for only two years in the 113-year history of the hospital a sufficient reason to close all of the beds - forever?**

The Campaign Team **know** that some patients were refused admittance to Rothbury either because

of unawareness of its existence by staff elsewhere, and/or

because of restrictive admission criteria.

Once the GPs are there they will be better able to supervise the admissions and running of the ward.

- **National drive to treat patients at home.**

Of course, we agree that many people would rather be at home than in a hospital bed. We are sure that in many cases this **is** the most appropriate and healthier place. People, with a strong and healthy partner and have children to help care for them would agree. Most people, with good nursing care assistance and quality carers also. And clearly it can be a better alternative to a rehabilitation bed.

For some. Sometimes. But not always.

What about the many, often frail and elderly, people who live alone?

Who live in a very isolated area?

Or those who have elderly partners who may not be in the best of health themselves?

What about those nearing the end of their life, such as a dearly loved and highly respected Rothbury resident who is – right now - stuck miles away in another hospital for his end-of-life care? His partner suffering ill health, memory issues, cannot drive, cannot visit him. She is despairing.

So what about our vulnerable people?

And – it has to be asked - why has the national drive to treat patients at home not affected the other community hospitals in Northumberland? They are all overstretched!

### **The consultation itself.**

Our Campaign has established that the process was defective in a number of ways.

There are NHS rules on ward closures, one of them is that the public has a say. The new 5<sup>th</sup> rule states that, before underused wards can be closed, a CCG **must prepare a credible plan to improve performance without affecting**

**patient care.** Northumberland CCG has not prepared any plan at all or produced any estimates of cost.

An Equality Impact Assessment should have been prepared **before the start of consultation.** The CCG produced theirs on 11th September this year. **Equality issues were never considered at any stage of the development of the proposal.**

A **Travel Analysis** was promised during the consultation period, but was not produced until July.

Because these essential aspects of consultation have been left to the last minute, **and produced after the consultation period,** the public have had no opportunity to comment on them.

Important Board meetings have been held but minutes not made public. It has been a real struggle to get information and we have had to resort to making numerous Freedom of Information requests.

The Decision-Making report may look impressive but it is full of inaccuracies. For example, it has raised the diversion of respite care and stated that Rothbury House is available.

We know, however, that **no enquiries were even made with the management there.** Had they been, it would have learnt that the facilities there are primarily for RAF and other service personnel and also that they do not include nursing care. Similarly the comment about the Getabout service – this is primarily for people who need to get to a health related appointment. Not for hospital visitors.

**Does the Committee feel that the proposal to close the beds would be in the best interests of the health service in**

## **Northumberland?**

The Campaign Team believe that nobody gains from the proposal to close the beds. But the patients lose, the community of Coquetdale loses, the loved ones living away, believing their parents and grandparents live in a caring community lose - not only for now, ***but for ever***.

But the CCG is not concerned about the future. It has ignored the fact that future development in Alnwick, Morpeth, Amble and Rothbury will increase health demands. It has also ignored the projected increase in the aging population

**Let us consider what we have, and what we could be about to lose.**

The hospital provides excellent patient accommodation and care.

Each patient has a single room with en suite facilities. This provides privacy where a patient can rest, recover, and sleep undisturbed. All really very important to the wellbeing of the patient. And – so importantly – for end of life care.

Risk of infection is low, unlike open wards.

It is better for patients to be in familiar surroundings and near to their families and friends. Loved ones can easily and frequently call. If people are church goers, their own priests, chaplains and vicars can visit, at whatever time they are needed.

Hospital **is** often the best place for rehabilitation. Our ward is particularly suited to end-of-life care.

Look – we have a fabulous opportunity now to make a fully integrated facility in our wonderful hospital building -

with a GP surgery,  
12 'Homeward Bound' beds  
and palliative care.  
Rooms for community nurses,  
a paramedic,  
and social services and the continuation of existing clinics.

We hope upon hope that this will be the outcome today.  
We want the members of the CCG to change their minds and  
agree to **make our hospital the best community hospital in  
not just the North East – but in the whole of England. Why  
it could be a beacon for an understanding and caring NHS!**

However, if we are to be disappointed by the CCG again, then  
we ask that the Scrutiny Committee will agree that the CCG's  
proposal is NOT in the best interests of the of the health service  
in Northumberland. And that the Scrutiny Committee HAS NOT  
been adequately consulted.

We also ask you to refer the matter to the Secretary of State  
and the Independent Reconfiguration Panel.

We ask that you consider actioning Judicial Review  
proceedings against the CCG.

Thank you, Cllr Watson, and all of the members of the Scrutiny  
Committee.

Thank you for allowing the Save Rothbury Community Hospital  
Campaign Team the time to make our arguments known to you.