Report

Commissioned by Shaftesbury and District Task Force
on behalf of the
Westminster Memorial Hospital Working Group

Response to Dorset CCG Consultation
"Improving Dorset's Healthcare"
In Respect of Community Hospitals and Community Services with particular attention to Westminster Memorial Hospital, Shaftesbury

"People have a right and duty to participate individually and collectively in the planning and implementation of their health care."
Alma Ata WHO 1978

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1. Introduction

The community campaign group for Shaftesbury and surrounding areas has commissioned Dr Helen Tucker to prepare a report, representing their views on the proposals in Dorset Clinical Commissioning Group's (CCG) consultation document.

In order to fulfil this commission, I visited Shaftesbury and met with members of the group, visited the pop-up shop that is the base for the campaign, visited the hospital, and had telephone interviews with members of the group. For clarification, I also had a telephone call with Dorset CCG Engagement team, and with Dorset Healthcare Foundation Trust. I have reported directly to Melanie Froggatt and Lester Dibben. I would like to thank everyone who kindly shared their information, thoughts and opinions.

The 4 key documents in the public domain that I have analysed are: the Dorset CCG Consultation Paper *"Improving Dorset's Healthcare,"* the Questionnaire, the video *"Integrated Community Services Proposals*" on the CCG website and the Clinical Services Review Pre-Consultation Business Case (PCBC).

The local community in Shaftesbury and surrounded areas have taken on a responsibility to ensure that as many people as possible have an opportunity to respond to the CCG proposals. They have come together in an outstanding example of co-operation and action, and are highly organised. The campaign group has taken steps to make sure that they are as informed as possible, and understand the context for the changes proposed, and the potential impact on people living locally.

The group has asked me to provide a commentary to the proposals, and are submitting this as part of their official response to the consultation. I would like to thank them for trusting me with this task. I have experienced first hand how strongly local people feel about their local hospital, and how highly they value all of the services provided. This is to the credit of the local NHS.

2. Summary

Dorset CCG has invited the public to respond to their proposals for change in a consultation. This report considers the proposals in terms of their content, and also the process of consultation. The focus of this analysis is the community hospitals and services.

Dorset CCG currently has 13 community hospitals with 346 community beds. With the proposals, it is intended that 6 community hospitals will retain their inpatient beds within the hospital, 4 community hospitals will become hubs without beds and 3 community hospitals will close or change. New community hubs will be located in 2 acute General Hospitals, one of which will have community beds. The CCG proposes to increase the number of community beds overall from 346 to 415 (an additional 69 beds).

Within this proposal, Westminster Memorial Hospital, Shaftesbury would become a community hospital/hub without beds, and may relocate to a different building.

Proposal for North Dorset - Westminster Memorial Hospital, Shaftesbury

A local dynamic community hub without beds providing services such as outpatient, ambulatory care, diagnostics and co-location of community teams in Shaftesbury and Gillingham, with access to care home beds to provide step up care and palliative care beds with enhanced in-reach support in this area.

Discussions have begun with Wiltshire regards potential for collaboration in commissioning future provision for the population around the Wiltshire/Dorset borders which will strengthen the need for a higher specification non-bedded community hub in Shaftesbury.

The future site for the local hub in Shaftesbury will be considered, in recognition that Shaftesbury hospital has significant limitations and would not be suitable as a future community hub.

Extract from Dorset CCG consultation

The consultation paper raises many questions. I have chosen to draw attention to10 key questions from the consultation document, 6 of which concern the content of the proposal, and 4 concern the process of consultation.

Commentary on Proposals - Questions for Clarification

Q1. Where will the community beds of the future be located?
Q2. How is the Case for Change being made?
Q3.What are the Differences in the Proposed Locations for Community Beds in the future?
Q4. Has the CCG Considered the Research on Rural Hospitals and Closures?
Q5. How are the Financial Savings going to be made?
Q6. What is the Future for Westminster Memorial Hospital, Shaftesbury?

Commentary on Process - Questions for Clarification

Q1. Has the Engagement and Consultation reached all concerned with Westminster Memorial Hospital?
Q2. Has there been sufficient consultation time for all concerned with Westminster Memorial Hospital?
Q3. Is the Proposal Clear and Unambiguous
Q4. Is the Questionnaire Appropriate?

In summary I have read the Dorset CCG material in the public domain and I share many local people's reaction that there are questions still to be answered. The above 10 questions represent just some of these.

In conclusion therefore:

- **There is not enough information to make an informed decision on this important and far-reaching proposal for the future of local health and care. There are still many questions yet to be answered.**

- **There is scope to improve on the clarity of the proposal, and rectify inconsistencies.**

- **There is a case to be made to extend the consultation period, to remedy the lack of consultation with those living in a Wiltshire postcode. This may also enable a period of clarification.**

3. Commentary on the Proposals - Questions for Clarification

The documents from Dorset CCG have been analysed, and the following 6 questions raised.

Q1. Where will the community beds of the future be located?

Dorset CCG is to be congratulated for their proposals to extend the number of community intermediate care beds in Dorset. This is a strong recognition of the value of community inpatient care, and the role that these beds play in offering an alternative to an admission to an acute hospital bed, and also in offering an inpatient stay to those transferring from an acute hospital but not yet ready to go home.

Westminster Memorial Hospital (WMH) already provides 15 community beds, which cater mainly for older people with complex care needs and multiple conditions. Services include rehabilitation, palliative and end of life care.

The proposal sets out that 69 beds will be provided, in addition to the 347 (or 346) community beds currently provided.

"The results indicated that over the next five years we will need 69 beds in addition to the 347 that we already have in the community." Dorset CCG consultation document page 26. This gives a total of 416 community beds in the future.

The document goes on to say *"we could **also** use short term beds in care homes",* which implies that the 416 beds are excluding care home beds. It is not clear where the 416 (or 415) beds will be located, given that beds will close in many community hospital locations.

Proposed Community Beds	**Beds**
Community Beds in 7 community hospital hubs	145
Beds in community hospitals that will close as changed to become hospital/hubs without beds	201
Additional beds – location not specified	69
Total	415

Table 1: Interpretation of Dorset CCG Proposals for Community Beds Source: Dorset CCG Consultation Document

Proposal Community Hospital Beds	**With Beds**
Wimborne Hospital	16
Bridport Hospital	44
Blandford Hospital	24
Sherborne Hospital	34
Swanage Hospital	15
Weymouth Hospital	12
Additional location: Poole/Bournemouth Acute Hospital	TBC
Total Identified Community Beds	**145**

Table 2: Proposal to retain community beds. Source: Dorset CCG Consultation Document

Proposal for Locations for Hubs without beds or facilities to close	Without Beds
Shaftesbury	16
Christchurch	16
Portland	16
Wareham	16
Additional Location: Dorset County Hospital	
St Leonards Hospital (to close)	22
Westhaven Hospital (further consultation)	34
Alderney Hospital (further consultation)	81
Total proposed bed closures	**201**

Table 3: Proposal to close community beds. Source: Dorset CCG Consultation Document

The CCG proposals affect 15 locations: the 13 community hospital sites, and the proposal to site new community facilities in 2 acute hospitals. The proposals target an additional 10,000 avoidable admissions to acute hospitals per year in the future. It would be helpful to know how many avoidable acute admissions were estimated last year, and how this number will be increased with the changes.

Local people have been asking why would the CCG propose closing established, functioning and busy community hospital beds in community hospitals, when the strategy for the CCG is for an increase in community beds overall.

The source of the data for this would be expected to be The Pre-Consultation Business Case (Business Case). This document directs the reader to appendices which contain supporting information. These appendices do not appear to be in the public domain, and yet the Business Case relies on these throughout. It may be argued that in order to fully understand the Business Case, it is important to have ready access to the supporting data. Therefore the information readily available to the public is incomplete.

Q2. How is the Case for Change being made?

In order to make the case for change, it is essential to set out the current service (activity, impact, outcomes etc.) so that any proposed change can be properly assessed against that base line. It is then possible to illustrate the benefit of making changes, and gain support accordingly.

Local people have concerns that the current service is not fully appreciated and understood, and there is not a clear enough assessment of the strategic contribution that community hospitals with beds make within the overall health system. For instance, there is no evidence of the proposals being informed by clinical audit of community inpatients, which would give a full appreciation of the acuity and complexity of patients.
There is concern from the public that the new model of increased home-care support may not be appropriate or safe for patients currently supported in community hospitals.

Learning from the Independent Reconfiguration Panel
The Independent Reconfiguration Panel (IRP), in their published advice to Devon CCG said that it is prudent to be clear about the negative impact of the change to a cohort of patients, and to indicate what steps the CCG is taking to mitigate against these changes. *"It is necessary to be up-front about the realities and trade-offs of service change. A key lesson is to be clear and specific about which patients will likely continue to need inpatient care and how their needs will be met in the future. Particularly in a rural setting, travel and access will always be a significant concern even if only for a relatively small number of people. Recognising such concerns, and where possible mitigating for them, will help to calm local anxieties and build confidence."*
Lord Ribeiro CBE Chairman, Independent Reconfiguration Panel

The Independent Reconfiguration Panel, a national body which carries out reviews of consultations that are referred for the Secretary of State for Health, advises that attention is given to the impact of the changes and how they may be mitigated. One of the main concerns is that access to services by patients and families will be reduced, and if there is a need for patients and their visitors to travel for a community bed (such as to Sherborne or Blandford) public transport will not be adequate. There is insufficient attention given to the practicalities of the impact of the changes, particularly for the cohort of patients using the inpatient facility.

There are claims made in some of the material available for the public that is not consistent throughout in making the case for change. For instance, there is a strong message in the video is that community hospitals are under-utilised by 40% - 50%. This point is not made in the consultation paper or in the Business Case so it is not possible to cross reference this. It would be helpful to have a breakdown of this, and understand the source. It is difficult to apply this finding to Westminster Memorial Hospital for instance as there is a high level of utilisation. Arguably, closing beds and closing the hospital at night will increase any under-utilisation rather than improve the use of the buildings.

This example of inconsistency has been identified by those in the Shaftesbury campaign group, and reinforced the view that the public have not been given access to all of the information that they need to make an informed view. There are still questions that local people are asking.

Another inconsistency concerns the consultation paper itself, and the proposals for Swanage Hospital. In the questionnaire it is clear that the proposal is for Swanage hospital to keep its community beds, and local people can indicate their support accordingly. In the consultation paper however on one of the maps on page 23 (not in the text) it says "*Either hospital or care home beds due to the small scale of beds to the population.*" There is a significant difference in these options, and if there individual's tick that they agree with the proposals for Purbeck, does this mean that they could be voting for the possibility of the removal of beds at Swanage, and the replacement of these beds at a care home? This is unclear and misleading. This is another indication of a lack of information and some inconsistency in information reducing confidence in the consultation process overall.

In describing the vision for community hospitals and services, it may be helpful to consider innovative practice, rapid pilots and vanguards. Nationally, community hospitals are part of the new model of "Primary Care Home" such as South Bristol Community Hospital, part of a Primary Acute and Community Models (PACS) such as Millom Community Hospital, and Multi-Specialty Community Providers (MCPs) such as Petersfield Hospital in "Better Local Care", Hampshire. Fully functioning community hospitals can play a key role on delivering the NHS strategy, and being an integral part of the local health system.

With regard to innovation and best practice locally, community hospitals in Dorset have had national recognition such as being accredited for the Gold Standard Framework for high quality palliative and end of life care. Bridport, Wimborne and Blandford Community Hospitals have all won national Community Hospitals Association Innovation and Best Practice Awards.

There is an appreciation from the public of the need to recognise and build on good practice. There is some anxiety about the feasibility of the new models, and suggestions of a gradual change, with pilots being tested and full evaluations of new services being carried out before existing services are dismantled.

It would be helpful therefore to recognise the current service and its value, demonstrate an appreciation of the role that community hospitals play in each locality, consider their potential with local people, and build on successes. From this point, it would then be possible to make a case for further change. It must be stressed that there is not an opposition to change and improvement, but it is not clear that the case has been made, and no assurance that the future provision will be for the benefit of patients, particularly in rural areas.

Q3. What are the Differences in the Proposed Locations for Community Beds in the future?

The CCG proposes to locate community beds in either a community hospital, care home, or an acute hospital. The CCG also proposes that some community hospitals convert to being community hubs without beds. Each model is distinct and it will be helpful for the CCG to explain this more fully.

The CCG has recorded in its presentation material for North Dorset that the proposed arrangements for community beds to be moved to care homes *"may just look a little different."* This is describing the change from NHS community beds that are integral within an NHS community hospital, to inpatient care in an independent care home. It may be argued that this statement minimises the impact of the different arrangements, and does not fully recognise or explain the very different models of care being proposed. I have attempted to give an interpretation of the models, which I hope will reflect the models adequately, but further detail from the CCG would be welcome.

- **Community hospital with beds**

Classic community hospitals are small, local accessible hospitals serving a defined population, often in a rural setting. They are often viewed as an extension of primary care and are part of the NHS. They provide integrated inpatient and outpatient services and provide a base for a range of services, facilities and practitioners. Inpatients may be admitted by their GPs from home, or transferred after a stay under a Consultant at a General Hospital. Reasons for admission include rehabilitation, palliative and end of life care. Research has shown that community hospitals have a clear role in integrating care (Winpenny et al 2016; Tucker 2013) and that inpatient beds in a community hospital provide a cost effective and quality alternative to acute hospitals (Green 2005, Lappegard 2014, Swanson 2016).

- **General Hospital with a community ward**

NHS District General Hospitals are large acute hospitals providing specialist emergency and elective services. It is understood that community beds may be provided in one of the General Hospitals, and this is likely to be a ward primarily for patients requiring post-acute care such as rehabilitation.

- **Care Home with beds**

A care home offers a place to live for those needed accommodation with care. Care homes are not part of the NHS, but run in the independent sector. A care home could offer short-term stay rooms for people needing care and support such as rehabilitation. It is understood that the regulatory authority, CQC, would want any care home provider to demonstrate that the presence of people staying for a short period of time was not to the detriment of people living in the home. The regulators may require that any intermediate care unit was distinct, and acknowledged as a different model of care and staffed accordingly. It is understood that the model proposed would be that NHS staff such as nurses or therapists, would visit the home and provide an enhanced nursing and therapy service to those in the NHS-funded community beds in the independent care home.

- **Community Hubs without Beds**

Community hospitals were established with inpatient beds, and arguably this is what makes them a "hospital." There is an increasing interest in converting some community hospitals to become community hubs without beds. It is understood that the hubs will increase their level of outpatient clinics, range of tests and treatments, and also accommodate associated services such as social care and services provided by voluntary agencies. Other ideas put forward by Dorset CCG include a café. An increase in the range and level of health and social care services are welcome, although there is a question of why this is at the expense of the beds. It is understood that at the Westminster Hospital there is already a wide range of services and facilities, including a well-developed community teams. Essentially, the community hospital would no longer be open 24/7, but would shut at night and possibly at weekends. The public are concerned that other services provided at the community hospital might be removed or be restricted because of the lack of staff at night, such as minor injuries in the evenings or out of hours services.

Q4. Has the CCG Considered the Research on Community Hospitals and Closures?

Researchers have studied the impact of the closure of rural community beds in Canada, and concluded that for local communities this equates to a "critical incident." The researchers have evidence that the impact of the closure of community beds can be viewed as the same as closing the hospital, and that local people view this as the same. They have lost their "hospital.'

> *"Individual and community perceptions of the impact of the conversion/closure of a rural hospital are often unheard and more often unheeded. Some researchers suggest hospital conversion/closure is a devastating event in the life of rural communities, yielding long-lasting medical, economic and psychological consequences."* Petruka et al 2003

Clearly the strength of the reaction from the public throughout Dorset would illustrate that local people take this change very seriously. It is a credit to the local NHS that local people value their local hospitals so highly, and view them as an essential part of their community.

It is understood that there is a lack of support and/or understanding for the CCG proposals. In common with some other health areas, there is a polarisation of views.

In very broad terms, it looks as though the CCG strongly support more home care and self care and want to re-locate community beds into the private sector or general hospitals. Although the model proposes extending community-based services, it also intends to make significant savings.

In contrast, it looks as though there is a lack of public trust in the proposals, and although there is support for care at home, there is concern that valued community hospitals and services will be dismantled to pay for this. There are worries that people receiving home care are "invisible," and that the recognised difficulty in recruiting and retaining staff to work in peoples homes will mean that this model is not feasible to extend further.

Whilst this is a simplification of the respective positions, it is clear that there is a lack of common ground, and scope to improve the understanding of the proposals and their impact, and how this will be managed in a way that is to the benefit of patients and wider community.

It would be helpful to demonstrate that research evidence has informed the proposals, not only for the new model of care and an increase in care at home, but also for community hospitals and services. References and current research may be found on the CHARM website – Community Hospitals Association Research and Media http://www.communityhospitalsresearch.org.uk

Q5. How are the Savings going to be made?

Dorset CCG are clear that changes are required in order to optimise NHS resources in order to meet increasing need. It is understood that the CCG believes that the current service arrangement, if unchanged, would lead to a significant financial deficit.

It would be helpful to have clarification on the finances, both revenue and capital.

- **Revenue**

Dorset CCG records that it save £16m from changes in community services (STP). The CCG predicts an £8m saving from changes in outpatient clinics, although it is not clear how these savings will be generated from the planned additional 100,000 clinic attendances. There will also be an additional 69 community beds in the system. It is not clear how the costs of an NHS community hospital bed compares with an independent care home bed with NHS staff support for instance. It is unclear how the savings would be made.

- **Capital**

Dorset CCG states that land and buildings that are no longer required for NHS purposes (such as St Leonards community hospital and eventually Westminster Memorial Hospital) will be sold. There is a commitment that the capital raised from the sale would be reinvested locally. Can this commitment be made? Is it the case that capital receipts were required to go back into the national NHS budget, and not necessarily redeployed locally? There is a suggestion that the new service model will require capital investment.

Q6. What is the Future for Westminster Memorial Hospital, Shaftesbury?

Local people want to know what the options are for the future of the hospital and services. The hospital offers a valued service to people living locally, and this includes residents in Dorset, Wiltshire and Somerset. It is suggested that there could be an increase in services such as offering blood transfusions, chemotherapy and IV antibiotics on a day care basis (ambulatory care) which has been shown to be highly valued in community hospitals nationally. Other examples of developments may include an increase in telehealth, meaning that more services can be provided remotely with connections to specialist advice and support. Proposals from the CCG also include a café, although it is understood that the public reaction has been to support more NHS services in the hospital rather than leisure or refreshment facilities.

It is hoped that options on the location of the community beds take into account how integral they are to other services within the hospital, and how the co-location of associated services works well.

Following the consultation, it is hoped that options for the future of the beds and hospital will be continued to be discussed in an open and informed way, and that all parties are open to options and possibilities.

4. Commentary on the Process- Questions for Clarification

The documents from Dorset CCG have been analysed, and the following 4 questions raised on the process.

Q1. Has the Engagement and Consultation reached all concerned with Westminster Memorial Hospital?

There is a concern that all those concerned with the Westminster Memorial Hospital have not been fully consulted. This includes patients, families and carers living within the geographical catchment area of the hospital, including parts of Wiltshire and Somerset.

A letter published by the MP Simon Hoare Blackmore Vale Magazine on 17th February sets out this case fully, and makes many excellent points about the shortfalls in the process.

The response from the CCG makes the case that there were only 198 inpatients with Wiltshire postcodes last year, and therefore the engagement and consultation was "proportional." It would be interesting to know how many patients were admitted with Dorset postcodes for last year and whether the same approach would have been taken. However, it is not just the last years inpatients that should have a say on the future of the service. It is past, current and potential patients, those attending for clinics, inpatient stays, tests or other services. Similarly, their family and friends have a right to a view about the service as well as the wider community. Therefore the case being made for "proportionality" needs to be challenged. It can therefore be argued that not all stakeholders have been actively consulted.

Q2. Has there been sufficient consultation time for all concerned with Westminster Memorial Hospital?

The Dorset CCG website has an addition posted on the 16th February, identifying the right of those living outside Dorset to have their say, It is understood that the consultation was not formally notified to the public in Wiltshire in December or January when the consultation started. Therefore, it is being argued that the affected public, who are living locally but have postcodes of Wiltshire, have not had the same access or time to be consulted.

For instance, on the website, there are no consultation events scheduled for people living in Wiltshire. It is understood that, within this 3-month consultation, 2 events were recently scheduled within one week of the closing date of the consultation period.

It may be argued that there is a case for extending the consultation period to enable all those affected to have full consideration of the proposals. It is understood that a letter to this effect is being submitted from respective Councils

to the CCG. It would be helpful to have a comment on the process from the Local Authority Wellbeing and Scrutiny Committees, who have a duty to have oversight of the consultation process.

Q3. Is the Proposal Clear and Unambiguous

In considering the papers, the case has been made already in this report that the proposals lack clarity and consistency.

This view is supported by contributors to the Healthwatch Dorset website. It is understood a number of attenders of the public meetings have not had their questions answered to their satisfaction.

Views on Dorset CCG Consultation
"The document's too long and people will only be able to scan through it and miss some parts altogether."
"The way the proposals are presented makes it difficult for the public to grasp what their real impact would be."
"Some parts of the document are biased towards promoting one particular option over another."
"There's too much use of NHS jargon with limited real information the public can understand."
Source: Healthwatch Dorset

The Friends of Westminster Memorial Hospital have also made the case that the proposals are based on "*non-specific and rather inadequate information."*

There is a case to be made for an extension to the consultation process, and for further clarity to be given on the nature and impact of the planned changes. There is precedence for this, when Derbyshire CCG granted an additional one-month extension for clarification, when they confirmed that financial information needed to be corrected. They produced a video explaining the corrections, and issued a further questionnaire for completion.
https://www.youtube.com/watch?v=U8O-wvAJoNE

Q4. Is the Questionnaire Appropriate?

There are some difficulties in completing the questionnaire. For instance, does the recording of support for question 1 mean that this gives a mandate to the CCG for their proposals overall? There is not "free text comment box" for this question. This is the only question where there is no opportunity to clarification or further information.

There are no options for each locality, just one favoured option. Therefore there is no choice within this questionnaire. There is no option for status quo. The IRP advises that if the status quo is not an offered choice, there must be a clear rationale for this.

A further example is the Purbeck model, where support for the model may be support for care home beds rather than community hospital beds for Swanage

which is a significant difference for local people that may not be clear from the questionnaire.

I have witnessed a lack of confidence and trust in the process and in the way that the questionnaire is constructed. It is helpful that the questionnaire is being analysed independently and that further telephone interviews are being made to enhance the response.

5. Conclusions

Dorset CCG is proposing a reconfiguration of health and care services, in order to develop their new model of care. The direction reflects the NHS Five Year Forward View, and is in keeping with the national context and policy.

There are concerns that the vision for the new way of delivering services is not yet shared by the wider community in Dorset.

One of the hurdles to genuine engagement may be the perceived lack of appreciation and knowledge that the decision-makers have of the local community services their value and impact. There is scope to have further planning on a local with those affected by the change, recognising the "place-based" initiative, the need to plan on a locality basis, and the known benefits of working with those using the service in a models known as co-design, co-production and co-delivery. There are tremendous energies, skills and talents of local people within a locality such as centred in Shaftesbury, which could be transformed through joint working into a positive energy for the future.

However, a case is made for the consultation having shortfalls in terms of the content of the proposals and the process of consulting.

This report concludes that:

- **There is not enough information to make an informed decision on this important and far-reaching proposal for the future of local health and care. There are still many questions yet to be answered.**

- **There is scope to improve on the clarity of the proposal, and rectify inconsistencies.**

- **There is a case to be made to extend the consultation period, to remedy the lack of consultation with those living in a Wiltshire postcode. This may also enable a period of clarification.**

References

Dorset CCG Consultation Paper *"Improving Dorset's Healthcare" 2016*
Dorset CCG Questionnaire 2016
Dorset CCG video "Integrated Community Services Proposals" (website)
Dorset CCG Clinical Services Review Pre-Consultation Business Case (PCBC) 2016

Tim Goodson letter 17th February 2017 re consultation with Wiltshire residents

Letter by Simon Hoare MP in Blackmore Vale Magazine on 17th February 2017

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CHARM website – Community Hospitals Association Research and Media website
http://www.communityhospitalsresearch.org.uk/index.html

Appendix A Author of the Report Dr Helen Tucker PhD IHM

Dr Tucker is an independent management consultant who works extensively with community groups, Leagues of Friends, as well as health care organisations on the role and potential of community hospitals and community services. Recent commissions include a review of the contribution of community hospitals in Scotland, a feasibility study considering expanding services at a community hospital, working with a CCG assessing their evaluation of change in a community hospital, and supporting local people have a voice in the consultation on their services.

She is on a research team at the University of Birmingham, exploring the contribution made by community hospital services and their community value. She is also on the Project Board of a research project on the efficiency and effectiveness of community hospital services at the University of Leeds. She is on the Steering Group for a national research programme for community hospitals. Dr Tucker has a PhD with the University of Warwick on the subject of community hospitals and integrated care.

Helen is on the editorial advisory board for the Journal of Integrated Care, and is a reviewer for the National Institute for Health Research. She publishes regularly on community hospitals and integrated care.

Helen is Vice President of the Community Hospitals Association which is a national membership organisation for England Wales and Northern Ireland. She has served on the committee for over 25 years and is the spokesperson for the Association. Helen is actively involved in the CHA Innovations and Best Practice Award, and is on the award panel. Helen maintains the CHARM website for the CHA, which includes news, research papers and resources for those involved with community hospitals.

Helen is a Trustee of All Hallows Healthcare Trust, which is a charitable organisation providing a community hospital, nursing home, day care and homecare.

Selection of Relevant Publications and Articles

Tucker, H (2014) *"Improving Local and Community Care for Older People"* Asian Hospital and Healthcare Management Tucker, H. (May 2014)

Tucker, H. (May 2014) *"We Know Community Hospitals Work. And at last, so does the NHS"* The Guardian http://www.theguardian.com/commentisfree/2014/may/30/community-hospitals-simon-stevens-nhs Tucker, H. (2013) *"Discovering Integrated Care in Community Hospitals"* Journal of Integrated Care 21:6 pp 336-346 Tucker, H. and Burgis, M. (2012)

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Appendix B   The Shaftesbury and District Task Force

Save our Beds – the campaign to stop the closure of beds at Westminster Memorial Hospital, Shaftesbury
http://saveourbeds.co.uk/uncategorized/sob-headquarter-launch/

Members of the community have formed the Shaftesbury and District Task Force on behalf of the Westminster Memorial Hospital Working Group, and organised a collaborative effort to challenge the proposals by Dorset CCG to remove inpatient beds from the hospital and to move the remaining services to another building.

The task force has an objective of retaining valued inpatient services, and supporting the community hospital.

The organisation of the campaign is impressive. It has included maximising the response from the local community by making sure that as many people as possible complete the questionnaire through their pop-up shop, stalls and street visits.   They have also had regular meetings to discuss the proposals and have attended public meetings.

The task force has attracted considerable support.   Letters of support have been received from MPs, Parish councils and many more. Councils have included: Mere Town Council, and the Parish Councils of Bourton, Fonthill, Zeats, West Knoyle, Stourton, Fontmell Magna and Hindon. Councils have shared their formal responses to the consultation, making the case for the community hospital beds to be retained.

Simon Hoare MP showed his support by raising a question in Parliament when he invited the Prime Minister "*to endorse the concept and continuance of community hospitals in our market towns across the country, including the Westminster Memorial Hospital in Shaftesbury.*"

Members of the group have invested considerable time and expertise into this campaign, and continue to demonstrate their support for valued local hospital services.

Appendix C Friends of the Westminster Memorial Hospital Shaftesbury

The Westminster Memorial Hospital opened in 1874, nearly 150 years ago, and was funded through voluntary donations. The League of Friends was formed after the creation of the NHS, with a declared role of supporting and representing the community it serves. This includes not just fund-raising but reflecting the opinion and needs of the community and keeping that community informed of developments.

The extract from the website demonstrates the position of the Friends with regard to the Dorset CCG consultation. The Friends oppose the planned closure of services in the hospital, and make the point of the lack of information on the proposals.

> Friends Response to the Dorset CCG consultation
>
> *"Members of the committee are continuing to try to obtain information from the commissioning group over and above the non-specific and rather inadequate information so far available. We are more than ever convinced that the proposals as seen offer a very significant reduction in the health care available in North Dorset and take no account of our geographical situation and our rapidly increasing population. We will obviously be fighting hard to prevent the closure of this vital part of our local health care and we need support from all users of the WMH."*
>
> Extract from Friends website http://friendswmhshaftesbury.org.uk/

The Friends support the hospital through promoting the service, supporting patients and families, encouraging volunteers and providing financial support.

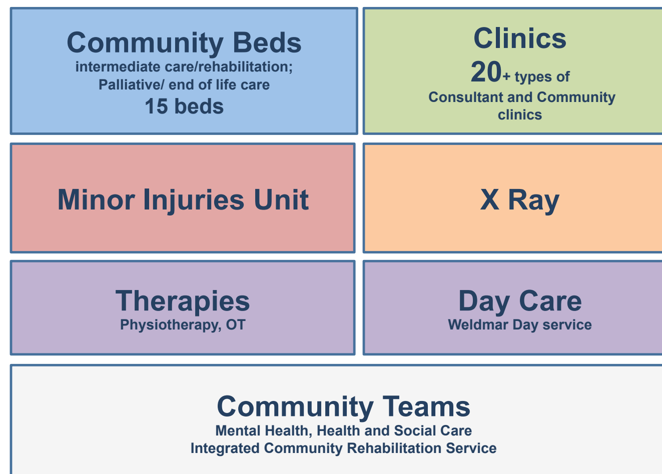
Recent financial contributions have included:

- ✓ Development of palliative care suite
- ✓ Refurbishment of parts of the hospital building
- ✓ Staff training
- ✓ Advertising costs for recruitment of staff
- ✓ Community vehicles – funded and maintained
- ✓ Art Care classes – art and music for health

The Friends hold a month open coffee morning when patients and families are welcome. An annual garden party is held in a local care home to raise money for the hospital, and raise the profile of the hospital.

The Friends continue to support the hospital, and their work demonstrate the value that the local community place in the hospital.

Appendix D Hospital Profile



Westminster Memorial Hospital provides a range of services and facilities including 15 beds with 3 suites for palliative and end of life care.

The range of clinics is extensive:
Dorset Healthcare clinics: Diabetic eye screening, paediatric diabetic clinic, MS nurse specialist and mental health clinics such as CAMHs and Steps to Wellbeing. Also AgeUK provides Footcare.

Salisbury Hospital clinics: Audiology; Aural; Breastcare; Dietician; ENT; General Medicine; General Surgery; Gynaecology; Haematology; Low Vision; Obstetrics; Ophthalmology; Oral Surgery; Orthopaedics; Orthotics; Parkinsons; Paediatrics; Phlebotomy; Plastic Surgery; Rheumatology; Speech and Language Therapy and Urology.

In addition to the diagnostic services such as X Ray, and the urgent care services such as the Minor Injuries Unit, there is also a Virtual Ward Initiative and a base for community teams. There is scope to offer further ambulatory care services such as blood transfusions.

With respect to the building, the hospital had £500k refurbishment in 2015, and has had work done on boilers, roofing etc. There is currently a programme of improvement being undertaken including flooring and decorating. Palliative care suites are being upgraded, with support from the Friends of the Hospital and one suite funded by a local family. There continues to be service development in the hospital and capital investment in the building.