

**Community Hospitals Association
Annual General Meeting
Vice Presidents Report
Dr David Seamark
2024**

August 2024





Dr David Seamark

Vice-President CHA Report 2024.

It is my privilege to say a tremendous 'thank you' to Dr Helen Tucker who is standing down as President of the CHA this autumn. Helen has served the CHA tirelessly for 40 years as committee member, Chair and for the past eight years as President. Helen has unsurpassed knowledge of community hospitals and the staff who work in them. She has been active in defending community hospitals under threat, representing the CHA at high levels of the health service, research and building international links. If I have needed to find out a community hospital fact, it is Helen I approach first and she has always responded with patience and good grace! Thankfully, Helen is staying involved as Associate Committee Member and working on the archive and further research.

I have worked as a GP in practice and at our local community hospital in Honiton east Devon since 1990. I have had a parallel research career and my early work involved examining the role of community hospitals as rural hospices for palliative and end of life care. This brought me to the attention of the CHA and I was invited to share our work at the 1994 annual conference in Hythe, Kent. I was soon involved in the CHA joining the committee and enjoying the annual conferences. Further research examined the breadth of community hospital activity including surgical services and a comparison of quality of care provided by community hospitals with that of a hospice service-community hospitals compared favourably. A group from the CHA conducted a survey at the end of the 1990s to ascertain the number of community hospitals and services offered and this was published as Community Hospitals for the New Millennium in the British Journal of General Practice in 2001.

The Labour Governments from 1997 provided a surge of investment in the NHS which was felt through out the community hospital sector. Devon saw extensive investment in new and refurbished hospitals and the years up to 2010 were exciting with great examples of new services such as mobile endoscopy units, out of hours service based at community hospitals and fully staffed minor injuries units. Sadly, this investment and sense of optimism has faded and increasingly community hospitals are seen as 'soft targets' to be cut when budgets are tight in preference to centralised services in large hospitals. The CHA has had to react to these threats with provision of good advice and facts, which are so often absent from the narrative.

Although a terrible time, the Covid-19 pandemic proved the flexibility and resilience of community hospitals and their staff. The CHA conducted a study in conjunction with the Q Community and numerous cases of good practice, staff redeployment and retraining at pace and innovations were revealed and the findings since published.

Fortunately, the increasing recognition of the value of integrated health care plays to the strength of community hospitals. Each hospital is unique and of huge worth to the community it serves. What other health facility provides such integration of primary care, emergency care, mental health, social care, rehabilitation and in patient care on one site?

What other health facility attracts such local support through its League of Friends and support groups?

Other countries are becoming aware of the value of community hospitals with the Italian government embarking on an ambitious programme of community hospital building and taking advice from the CHA. We have strong links with colleagues in Sweden, Australia, Uganda and most recently Japan.

The CHA remains the national voice for community hospitals throughout the UK. Priorities must be speaking up in situations where a service is threatened without resort to local opinion, aiding debate with the facts, which the Department of Health so often seems to sorely lack, promoting the provision of local integrated care and further research into the roles of community hospitals. Of concern to me as a GP, is the disengagement of GPs from community hospital work. This has arisen because of bed closures, increasing workload and an undervaluing of locally delivered medical care by a doctor known to the population. Fortunately, much of this role has been taken up by highly qualified nurse practitioners but we still strive to continue that link with general practice, so instrumental in the formation of many community hospitals.

The NHS lacks a national strategy for the 500 or so community hospitals in the UK unlike other countries such as Italy. The CHA needs to promote the idea of a strategy to ensure equity of access to such health facilities and ensure that government sees the worth of locally delivered, integrated care. Dialogue has already commenced with the new UK Government, and we remain committed to promoting community hospitals at every opportunity.

Now we look forward to our first Annual Conference since 2017. This will be a great opportunity to network, share innovations and best practice and welcome colleagues from all around the UK and our special guests from Japan. See you there!

Dr Dave Seamark
Vice-President Community Hospitals Association