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My first contact with CHA (then known as the Association of GP Community Hospitals) must have been around 1975 at their AGM held on a Sunday morning at the Royal College of GPs. Founded in 1969 by a group of disgruntled GPs protesting over their pathetic level of payment for working in their local “cottage hospitals”. Also there had been a dramatic reduction in these institutions following the 1962 Hospital Plan proposed by Enoch Powell, the then Health Minister. Sharing their individual experiences revealed a common threat of closure or downsizing.

By 1975 focus had switched to the role, function, and standards these hospitals provided. Amongst the organisations leaders were charismatic and enthusiastic GPs such as Meyrick Emrys-Roberts and Sandy Cavenagh. I was impressed by their commitment and saw great value in networking with them to improve and develop services at Victoria Hospital Wimborne (VHW) - another neglected small hospital.

Through the association secretary Andrew Chapman I learned of the successful upgrading of Tewkesbury Operating Theatre . I discovered that a fellow Barts’ colleague, Andrew Crowther, was a GP Anaesthetist there. He not only provided enormous help towards my efforts to upgrade the theatre at Wimborne, but was persuaded to become involved with CHA too.

The committee would meet 2 to 3 times a year usually on Sundays, the only possible time for busy GPs with an annual conference and AGM which provided a growing invaluable network of contacts sharing good practice and innovations.

The major drawback was the paucity of data relating to activity and services provided by GP hospitals. However, in 1978 Sandy Cavenagh published his seminal paper on the “Contribution of GP Hospitals in England and Wales.” For the first time the volume and scope of GP hospitals workload was demonstrated. This project organised and funded by the association and led to the publication of a Handbook and Directory of GP Hospitals which proved an invaluable tool.

This paper was followed by several from individual units and supportive contributions from both the Royal College of Surgeons and the Association of Anaesthetists of GB on surgery and anaesthesia in isolated units.

In the 1980s and early 90s a growing number of publications from around the UK attempted to evaluate the work provided and defend the increasing pressure to close small units. CHA data provided vital information and considerable time and effort was provided supporting those threatened.

Through Dr Charles Shaw of Gloucester the association promoted the South West Region Hospital Accreditation scheme which provided objective assessment of standards of care in GP hospitals. This ground-breaking move was eventually subsumed by the King's Fund Accreditation scheme who also published Helen Tucker's invaluable paper on "The Role and Function of Community Hospitals."

By 1990s the organisation was more professional and structured with excellent secretarial support from Barbara Moore. Membership had by now been extended to professions allied to medicine, nurses, hospital management, community services, and Leagues of Friends with great benefit to the association. GP academics were becoming increasingly aware of the role of small local hospitals and promoted the provision of health care within the community they served.

Over this 20-year period the CHA provided critical support and guidance towards the expansion and development of Wimborne Hospital, and indeed its continued existence. Small hospitals are always more vulnerable but were shown to be cost effective and flexible often evolving to meet local needs and attracting huge community support and loyal staff.

There is no doubt that during its 50 years since its foundation that the CHA has filled a vital role in the survival and development of Community Hospitals. It has contributed to the groundswell of support for health care provided closer to home whenever it is safe and economic to do so. It has added to the scientific basis, bibliography, good practice, accreditation, and governance of these small hospitals when they were being abandoned by central government.

They should be proud of their achievements and also of those individuals involved for over 5 decades of selfless and determined commitment without which the association would not have flourished and community hospitals deprived.

I send all currently involved my best wishes for the future of the organisation. Our Victoria Hospital Wimborne continues to thrive and is forever grateful to CHA for the part it played in its continued success.

On a personal note: since 1970 Wimborne hospital has been transformed from a rundown half utilised hospital into an expanding vital unit with a rehabilitation and terminal care facility, busy day surgery ward and modern operating theatre, diagnostic X-ray and ultra-sound, endoscopy service, physiotherapy, occupational therapy departments, and outpatients clinics with 75 varied clinics per month.

Without doubt 50 years well spent.

David Pope Sept 2020