

RCN Policy Unit

Policy Briefing 05/2007

Community Hospitals Toolkit

March 2007

Introduction

RCN members, activists and staff have become increasingly involved in responding to plans and consultations on the closure of Community Hospitals. At RCN Congress 2006, Item 1 “YOUR Health; YOUR Care; YOUR Say” enabled delegates to debate the growing threat to Community Hospitals across the United Kingdom. The resolution stated;

That this meeting of RCN Congress urges Council to recognise the important contribution that cottage hospitals make to patient care in many isolated rural areas and to campaign against their closure.

The debate that followed highlighted the fact that the previous term “cottage” hospitals did not adequately describe the wide range of services being offered in their more modern equivalents “community hospitals”, and that these services were valued and under threat in urban, as well as rural areas, across the UK. This use of terminology serves to illustrate one of the initial challenges when considering the future of community hospitals in that there appear to be a number of interpretations and definitions of what they are and the services that they offer. The RCN website, in its review of Congress 2006 describes the debate as follows;

John Hill introduced the resolution from the Yorkshire and Humber Regional Board, which sought to recognise the important contribution that cottage and community hospitals make to patient care and to campaign against their closure.

He emphasised the need to examine the effects of the closures, which he felt are often decided by financial directors with no concern for the local community. Closures mean that patients may have to travel long distances often in areas where there is little or poor public transport links. Rural ambulance services, which are already over-stretched, face longer journeys and longer off-call time. John argued that local needs-related provision is essential, and that with the introduction of increased patient choice and patient-led commissioning there is the potential for patients to ensure funding is directed towards community hospitals. Susan Wisdom of East Suffolk branch seconded the motion, adding that community hospitals provide a service that can't be provided in patients' homes. People should be given the chance to be treated and to recover in a place they recognise and feel comfortable and that is close to their home. She also recognised that community hospitals need improvement in order to be able to continue offering high quality local care.

A number of speakers came forward to debate the issue, many talking personally about the impact of potential closures in their regions. All were in favour of campaigning against closures. Speakers stressed the need to

recognise the importance and value patients place on having local, accessible care. Community hospitals also offer respite care, which is vital for giving recovery time to the thousands of carers in the UK. Learning representative Elizabeth Rees highlighted the importance of having Welsh speaking and bi-lingual staff in rural Wales, which contributes to the homely atmosphere that patients there value so highly. Jeremy Benton of South Oxfordshire Branch highlighted the value placed on community hospitals in both rural and urban settings.

John Hill closed the debate by urging Congress not to let community hospitals – the ‘jewel in the crown’ of community health – get lost in the tide of financial expediency. The resolution was overwhelmingly carried in favour.

The resolution was carried with 98.5% of delegates voting in favour.

Taking the work forward

In early 2006, the Department of Health published a White Paper on the future direction of health and social care services, *Our Health, Our Care, Our Say*¹, in which they reaffirmed their commitment to Community Hospitals and said that funding would be made available for 50 new developments of this kind. In spite of this, by March 2007, more than 80 Community Hospitals in England alone face the threat of closure. The RCN's response to *Our Health, Our Care, Our Say* contains critique of the proposed redevelopment of Community Hospitals. That RCN response is available at;

http://www2.rcn.org.uk/_data/assets/pdf_file/20494/white_paper.pdf

In Wales the effects of “*Designed for Life*”² the strategy for future health service development and local service reviews has led to proposals for closure of a number of Community Hospitals as Health boards review the structure of their services. The many protests against closure plans that have arisen in rural communities such as Builth Wells, Bronllys and Llanidloes serve to reinforce the value which people place in accessible local NHS services. The campaigns to retain these services are reported in detail on the BBC Wales website.

In Scotland, the Scottish Conservatives published a list in October 2006 showing 31 hospitals and services which they said were proposed for closure³, many of them Community Hospitals. Once more, the BBC Scotland website has given considerable coverage to campaigns to retain

¹ Department of Health, *Our Health, Our Care, Our Say*, London (2006)

² Welsh Assembly Government, *Designed for Life - a 10 year strategy for health and social care in Wales*, Cardiff (2005)

³ www.Scottishconservatives/NHyeS/cutbacks.htm

Hospitals and services in Jedburgh, Coldstream and the Western Isles amongst others.

Growing NHS deficits in England and the need to make short-term savings as part of financial recovery plans has meant that an increasing number of Community Hospitals have been threatened with closure. In England, the Community Hospitals Association has identified 110 Community hospitals at risk of closure⁴.

The nature of service reconfigurations and rationalisation programmes means that decisions regarding the closure of Community Hospitals are taken at local levels, usually as a result of service reviews. This in turn means that RCN members are required to respond to policies, proposals and consultations that engage local communities, rather than national or regional campaigns, very often in their capacity as service users and citizens as well as employees of the hospitals involved.

This briefing acts as a resource to assist RCN members who face the prospect of closure of a Community Hospital in their local service.

Issues to Consider

What is a “Community Hospital?”

One of the most crucial matters to consider before seeking to prevent the closure or loss of services at a Community Hospital, is to identify just what is meant by the term itself. Although in the White Paper *Our Health, Our Care, Our Say* the Department of Health stated their support for the development of community hospitals, they had a specific model of service in mind which may not concur with the model envisaged by the public or staff employed in health and social care services. The Community Hospitals Association has wrestled with this issue, seeking to clarify what constitutes and “community Hospital” and have said that,⁵

The model of community hospital shown in “Our Health, Our Care, Our Say” July 2006 suggests that there are four types of community hospitals according to the Department of Health. One of these is a multi-purpose clinic. Our work with community groups and staff would suggest that their understanding of a community hospital is that one incorporates inpatient beds. There may need to be some clarification and a public education exercise, as the Department of Health support for a “community hospital”

⁴ www.commhosp.org

⁵ www.comhosp.com

that is in effect a clinic, will not be in line with community campaigners. Therefore, there is confusion about what is intended. This is particularly important where local groups are setting up social enterprises to manage their community hospital (with beds) and would not embark on this venture if the service was essentially a clinic. The public are understandably using the traditional definition of a local hospital, with core services such as beds, clinics, rehabilitation services and often a minor injuries service.

Another type of community hospital quoted in the guidance is a reconfigured DGH, which again will need some public education and clarification.

The other models are for integrated health and social care, or an intermediate care service. In reality, many community hospitals provide a range of integrated services, which include integrated care, but also extend to many other generalist services.

Therefore there is some confusion about what the Department of Health is including in the definition as a community hospital. So when the Government ministers are expressing support for “community hospitals” they are referring to a model which includes reconfigured DGHs and multi-use clinics without beds, whereas the public perception of a community hospital is a small local inpatient facility.

RCN members will need to consider these issues when a proposal to reduce or close a community based hospital service is being proposed and they may seek assistance from their RCN Regional or Board Office when faced with this dilemma.

New Service Models

Where communities feel that the closure of community hospital will result in a loss of much-valued services and beds, they have in some instances sought to establish a local management board and take over the running of the hospital for themselves. One possible organisational format for doing so is to establish a “Social Enterprise” for the purpose of managing and providing a service which brings benefit to the community that it serves. The RCN has published guidance on “Social Enterprise” and continues to monitor its development in the re-provision of NHS services. The RCN have also published a briefing on the potential for nurse-led initiatives in the re-provision of those services. This guidance can be found at;

Nurse-led Social Enterprise RCN Policy Unit briefing -
http://www2.rcn.org.uk/_data/assets/pdf_file/20403/nurse_led_social_enterprise.pdf

Social Enterprise Update RCN Policy Unit Briefing -
http://www2.rcn.org.uk/_data/assets/pdf_file/28114/03-07_social_enterprise_update.pdf

In March 2006 the RCN surveyed its members on their views regarding social enterprise and the results show that nurses were not averse to the idea of social enterprise but did have concerns about the possible detrimental effects of transfer on their terms and conditions of employment. The details of that survey are available at the following address;

http://www.rcn.org.uk/downloads/policy/se_survey_executive_summary.pdf

http://www.rcn.org.uk/downloads/policy/se_survey_report.pdf

Social Enterprise and other models of management can enable communities to take over the management of local community hospitals services and one such example is at Wells next the Sea in Norfolk where local activists have formed a charity to run their hospital service. The following is taken from their website⁶.

“About our hospital”

Following intense local campaigning, lobbying and support from local volunteers, Wells Cottage Hospital, in Wells-next-the-Sea on the North Norfolk coast, re-opened as a partnership between a Community Venture and the NHS in September 2006 under the new name - Wells Community Hospital.

How the hospital is structured

Wells Community Hospital belongs to and is managed by a new charitable trust called Wells Hospital and Hospice Trust. Day to day running of the hospital will be managed by a new NHS-approved (SPMS) company.

Ownership of the hospital buildings and site is in the process of being transferred to the charitable trust. During the transfer period, the premises are leased to the trust.

NHS run Physiotherapy has continued throughout the bed closure and transfer of ownership. It is a marvellous facility and will form the backbone of the new rehabilitation service.

Services at the hospital are offered to all comers but most appointments and procedures are booked by local GPs and consultants within the NHS. Wells Community Hospital is an independent hospital which provides mainly NHS care, at no direct cost to patients.”

⁶ www.wellshospital.org.uk

Further information is available at the Wells Hospital website at;

www.wellshospital.org.uk

Consultation

In each of the UK countries any PCT, Health Board or NHS organisation that is considering or proposing to close a Community Hospital has a duty to consult with the local community, staff, local authorities and other stakeholders. The nature of the consultation must meet minimum standards for public consultations. The RCN has published guidance for members on the requirement for consultation and this is available at;

Statutory Consultation -

http://www2.rcn.org.uk/_data/assets/pdf_file/20225/statutory_consultation_revised_september_2006.pdf

Oversight and Scrutiny

In England, in addition to the statutory requirements for public consultation, planners and NHS managers must present their plans for closure of a Community Hospital to the Local Authority "Health Oversight and Scrutiny Committee". The RCN have published guidance on the means by which our members can engage with the work of the Oversight and Scrutiny Committees and this is available on the Policy Pages section of the RCN website at;

Health Scrutiny -

http://www2.rcn.org.uk/_data/assets/pdf_file/20407/health_scrutiny.pdf

The RCN is now working on more detailed guidance for members and activists on best practice in the use of Oversight and Scrutiny Committees and this will be available on the Policy Pages of the RCN website in the Summer of 2007.

Partnership Working

Since the debate at Congress 2006 the RCN has been working in partnership at national level with a number of other interested parties who are opposed to the unnecessary closure of Community Hospitals. We have most especially worked with two groups;

The Community Hospitals Association (CHA); this organisation has been established since 1969 and seeks to promote the development of Community Hospitals and the services that they can offer. CHA greatly values the contribution that nurses and nursing practice can bring to

Community Hospitals and their Chief Executive is a retired nurse and RCN member Barbara Moore. CHA is a UK-wide operation and has a particular interest in acting as a gatekeeper for stakeholder organisations and interested parties. Their website has a number of useful resources and pointers for RCN activists and members and is available at;

www.commhosp.org

Community Hospitals Acting Nationally Together (CHANT); CHANT are a cross-party political organisation who are dedicated to preventing the unnecessary closure of Community Hospitals. Their Chairman is Graham Stuart MP, who is Conservative member for Beverley and Holderness where there are presently three community hospitals facing the threat of closure. RCN representatives have presented at a number of CHANT events and many activists and RCN members have been involved in local CHANT-led protests and campaigns to oppose and prevent the closure of Community Hospitals and services. The CHANT website is available at;

www.chantonline.pwp.blueyonder.co.uk

The site contains a number of detailed briefings which are a resource to RCN members or anyone involved in a campaign to retain community hospital services. They address issues which include;

- Act (2001)
- Models of Ownership
- Cabinet Office Guidelines on Consultation
- A Summary of NHS Consultation Requirements
- HOSC Consultation Considerations
- NHS- Strengthening accountability
- Community Hospitals under threat
- Consultation Documents- questions to ask?
- Legal Challenges to Hospital Closures
- Statutory Framework for Overview
- Petition Instructions
- Edgware Community Hospital- a case study

The RCN have contributed to the work of CHANT and hope in Spring 2007 to become signatories to a CHANT Manifesto on the retention and future development of Community Hospitals.

A Service with Principles

Decisions to close hospitals or reduce services without the fullest public consultation or where they are vehemently opposed by the local community are an illustration of why we need a set of principles which underpin the development and management of health services. In 2000, the government in England produced a strategy for the future of the NHS in the form of the *NHS Plan*⁷ in which it highlighted a set of principles upon which to base the reform of the NHS. In 2006 the RCN published its own set of principles as guide for managers, planners, practitioners and stakeholders who are involved in service reform and redevelopment. These principles act as framework against which stakeholders can assess the intended or potential impacts of changes in services. They will act as a resource to RCN members involved in retaining and developing of Community Hospitals, either as service planners and managers or as activists and community leaders. The RCN Principles are available at;

RCN Principles - http://www.rcn.org.uk/publications/pdf/rcn_principles.pdf

Frameworks for Analysis

Since 2000, the reform of NHS services in England has gathered pace and RCN members have been increasingly engaged in the process of consultation on service reconfigurations and the development of new service models. RCN members have been involved in variety of roles in their capacity as leaders, managers, activists, practitioners and citizens. To assist with the analysis of the potential effects of these changes, and in some cases to determine levels of support for specific proposals such as an application for NHS Foundation trust status, the RCN has devised "scorecards" that act as a reference and support to our members. Whilst these resources are not specific to retaining and developing community hospital services they offer a clear indication of the key factors arising in service reconfiguration and the impacts that this will have upon staff, services and local communities. As such they can influence and assist the analysis of proposals for service reductions and hospital closures and give an indication of how service development, rather than retraction can promote better quality healthcare for local communities. The scorecards are available at;

⁷ Department of Health, *The NHS Plan; a plan for investment, a plan for reform*, London (2000)

CPLNHS scorecard -

http://www.rcn.org.uk/publications/pdf/scorecard_commissioning_a_patient_led_nhs.pdf

FT scorecard -

<http://www.rcn.org.uk/downloads/foundationtrusts/foundations-reps.pdf>

Summary

Seeking to retain and develop community hospitals and their services is a complex process that requires co-operation and collective work by staff, activists, politicians and the communities that they serve. Closure plans will always provoke emotional responses from communities that value the services that they have understood and depended upon for many years, sometimes for generations. Opposing change on an emotional basis is impossible in a healthcare and political environment where efficiency and clinical outcomes are of paramount importance in a cash-limited, tax funded system of public services. However, this toolkit sets out to demonstrate that there are a number of issues and arguments that can be marshalled in support of retaining and developing community hospital services as cost-effective and clinically credible alternatives to, or extensions of, regional and district NHS services.

The contents can not be exhaustive and they will need to be periodically reviewed and extended. If you have any comments on or require further information on this toolkit or any of the materials within it please contact Colin Beacock in the RCN Policy Unit at colin.beacock@rcn.org.uk.