Community Hospitals Association

Executive Summary
Response to the NEW Devon Clinical Commissioning Group
Consultation Document

"Your Future Care"

> *"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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Executive Summary

This report sets out the Community Hospitals Association (CHA) review of the NEW Devon CCG consultation document *"Your Future Care*" which sets out its proposals to close many community hospital beds across rural Eastern Devon. This review identifies inaccuracies, and a lack of applied evidence from research particularly on community hospitals. The CHA questions the underlying assumptions made that shape these proposals.

The CHA proposes a pause in the process, to allow for corrections and clarifications, consider more evidence from research and evaluations, undertake a genuine consideration of invited alternative options, and carry out further planning with each of the affected communities.

The CHA believes that the proposals, if implemented, would have a detrimental effect on individual patients, communities and the whole health system, and will not achieve the planned outcomes, including making substantial financial savings. The proposed reduction of services from 143 to 72 community beds to be retained in only 3 of the 12 community hospitals is a significant loss of service and compromises local community capacity for valued intermediate care. This reduces the choice for care closer to home for patients. The level of provision is based on a formula of 1.9 beds per 10k population, which is significantly less than other comparable rural health areas, and there is a lack of supporting evidence to demonstrate that this reduced ratio is appropriate or sustainable. The 4 options are fixed on a configuration of 3 locations having 32; 24; and16 community beds respectively. The CHA would question how this configuration offers care closer to home according to Government policy and in particular the CHA would question the decision to have 32 beds in one location, and only have 3 community hospitals retaining beds in such a rural area.

The CHA has analysed the option appraisal, and we have commented on the range of options, the criteria, and the way that the options were scored against criteria. This review identified inaccuracies, and the use of incorrect postcodes for 6 of the community hospitals in the option appraisal. This was a mistake that was significant as 2 of the 6 criteria used were measuring location and distance to determine ease of access for patients and carers. This is a fundamental error that we understand has reduced local confidence and trust in the process overall. We understand that these errors have been corrected retrospectively, but there is still a need for the CCG to demonstrate which postcodes were used in the appraisal.

The CHA has identified issues with the scoring system, which, if pursued, would make a case for Honiton and Okehampton hospitals to be reconsidered for retaining beds.

The CHA has concerns about the principles underpinning these proposal, including the assumption that closures of community hospital beds will save

money for the health economy overall. The model is based on the Torrington Test for change, which has continued to be challenged at a local and national level. It is essential that evidence from closing community beds elsewhere in Devon, and across the UK and internationally is considered. It is important that the proposals to demonstrate an evidence-base for the changes, learning from research and evaluations nationally and internationally. The CHA has provided some references and links for this in this response.

The CHA has considered how NEW Devon CCG addresses the requirement to address how patients and families who will be disadvantaged by these proposals will be catered for, how their concerns and anxieties met, and how any potential difficulties mitigated. The CHA has concerns that there is insufficient attention to arrangements for those who may not be cared for in their own homes if their local community beds close. The CHA recommends that further work is conducted including auditing inpatients by acuity, treatment plans, and holistic care needs may help to identify the cohort of patients who will continue to require local 24 hour inpatient care, such as those who have rehabilitation as a step towards returning home, or as those having care at the end of their life.

Whilst the CHA supports the direction of the new model of care in terms of offering more care to more people in their own homes, we are concerned about the balance of provision between care at home and care in a local hospital. The CHA is concerned that the proposals do not appreciate the role of community hospital inpatient care for supporting complex patients and patients who require end of life care close to home has not been appreciated and there is insufficient information on the current model of care and its impact.

The CHA believes that the consultation process can be challenged. The consultation process is not in keeping with the direction given to Devon County Council by the Chair of the Independent Reconfiguration Panel (IRP) in response to their referral to the Secretary of State for Torrington Community Hospital. We have heard views locally that there was insufficient pre-consultation planning locally, and that the announcement of the consultation on bed closures was a shock to many concerned. The CHA is concerned that the process is not inclusive, as those living in communities such as Honiton or Okehampton have not been given any options around their local services, but rather a decision has already been made prior to consultation to close beds in their hospitals. A further concern, raised at public meetings, is how additional options, invited as a 5th option in the consultation, may be developed, tested and consulted upon. It is hoped that due consideration is given to alternative options, and that consultations are given to all communities. Once a favoured configuration is agreed, it is hoped that a phased implementation is planned to enable ongoing evaluation to be carried out, particularly of the impact on individual patients, families and carers, social care and the whole healthcare system.

In conclusion, the CHA believes that the proposals in respect of the underlying assumptions, the principles and the option appraisal can be challenged. The CHA is concerned that the proposals have not benefited from being informed by sufficient research evidence and evaluations. The CHA believes that the

consultation process does not meet the requirements of the NHS by failing to give a voice and a choice to each of the affected communities. There is no evidence of local planning in a model of co-production.

The CHA suggests that there is a case to be made for agreeing a **"pause"** in the process, whilst further work is carried out for clarification, correcting data and sharing learning from evaluations, research and best practice. In particular the CHA would suggest that there is:

- Local planning with each of the seven communities affected
- A revisiting of the assumptions, options, and option appraisal, with improved accuracy of data including access and finance
- A consideration of alternative options submitted by the public at the invitation of the NEW Devon CCG, which allows time to test, develop and consult on these options
- Further work to share outcomes of evaluations of the impact of community bed closures to date, and to draw from evidence from research on community hospitals and models of care internationally
- A process for designing a gradual and phased implementation plan aligned to the STP timetable with on-going evaluation and a Gateway process

The work identified within these recommendations including working with each community and across the whole health system would suggest a period of no less than six months. There is much at stake for rural communities, and the scale of the adverse response from local people across Devon would suggest a lack of confidence in the consultation, both in terms of content and process. Community hospitals are valued and trusted by local people, with a long tradition of care and with significant support from communities. The CHA would urge the consideration of a pause, to enable further work before final decisions are made.

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