



Public Meeting - Future of Credition Hospital Wednesday 16th September 2015

The Mayor, Cllr Frank Letch welcomed everyone to the meeting and introduced Dr Helen Tucker, Vice Chairman of the Community Hospitals Association.

Dr Tucker explained that she is a researcher, has managed community hospitals and gives advice regarding community hospitals round the country. Dr Tucker gave a presentation to the meeting which covered the following points:

1. Principles to Underpin the Discussion
2. Some Information on the Community Hospitals Association
3. Exploring the Tradition of Community Hospitals and Community Involvement
4. Examples of Communities and their Community Hospitals
5. Evidence from Research on the Value of Community Hospitals
6. Suggestions for Discussion

A copy of the presentation is attached to these notes.

Following the presentation Cllr Letch introduced Mrs Anne Stobart, Credition resident and Public Governor at the Royal Devon & Exeter Hospital. Mrs Stobart explained that the community needed to get the best possible service from its community hospital. Although she is not directly involved in the management, the Royal Devon & Exeter Hospital do want feedback and are willing to listen. The best way to do this is to join the Royal Devon & Exeter Foundation Trust. It is free to join and it gives you direct access to the trust and the opportunity to give feedback. Mrs Stobart confirmed she would pass any views expressed at the meeting to the foundation trust

Cllr Letch then introduced Kerri Ross, Community Relations Manager for the New Devon Clinical Commission Group. Ms Ross explained that she was involved with the Credition Hospital Stakeholder Group and that she was here to collect people's views and take them back to the Clinical Commission Group.

Cllr Letch then welcomed questions and comments from the public.

Mrs Dorothy Knowles

Her husband spent three weeks in the RD&E waiting for a bed at Credition hospital; he died before he got a bed. The hospital is here for local people and as a stop gap before people go home. The RD&E had suggested her husband could go to Tiverton or Okehampton hospitals, however she wouldn't have been able to visit him as she doesn't drive and there is no direct public transport. She stated we need our hospital beds.

Mr John Shaw

Asked Dr Tucker how we can protect assets provided by the community from being stripped by the NHS.

Dr Tucker said this is a good question that comes up all the time. All pre 1948 community hospitals transferred to the NHS when it was created and the community has no rights. Some people try to

draw up an agreement if equipment is donated, such as to have it back or have a say in what happens to it. The Devon County Council Wellbeing & Scrutiny Committee met on Monday 14th September 2015 and decided to set up a task group to re-examine the proposals for Axminster, Ottery St Mary and Crediton hospitals. This is very good news and she is happy to contribute.

Cllr Letch urged everyone present to send letters to the Town Council supporting the need for beds at the hospital as the task group needs to be given strong opposition to the bed closures.

Mary Collins, Chair of the Hospital League of Friends

Advised the meeting that there is nothing to prevent hub services continuing to develop at the hospital as well as retaining beds. 18 of the 22 new services recently reported in the press have been running at Crediton hospital for years. The League of Friends has contributed a lot of money to the hospital for the purchase of equipment including beds, which have now been taken to Ottery St Mary community hospital.

Joan Smith

Stated Wonford Hospital discusses with its patients about sending them home straight away.

Paula Kovak

Commented that there is a conflict with local GP's, as well as being a GP they are very involved in the community hospital and the local clinical commissioning group. She also asked for further information about the sheltered housing that had been developed in Rye.

Dr Tucker advised GPs are in an extraordinary position being responsible for care, commissioning of services and on the clinical commissioning group, there are lots of conflicts of interest. They are expected to use their clinical judgement. Some GPs have said they would like to support their hospital but as they work there it may be seen as supporting their own job. Others are loud and proud about what's best for their community. Over time some GPs have gone quiet. GPs are in a very good position to contribute to the debate.

With regard to Rye a feasibility study was carried out and the study said it needed to be five times the size. The community had a whip round to raise funds with money being invested by Social Services, the Rural Council, Town Council, Health Authority, League of Friends and a local celebrity, Paul McCartney and everyone felt responsible for its success. The development is seamless, it now runs home care, day care, clinics etc. and caters for a whole range of needs. Nobody should need to go outside of Rye if they need care.

Cllr Nick Way commented on the Devon County Council Scrutiny Committee, which he had attended. The Committee did not give the Clinical Commissioning Group a smooth ride in fact they were quite critical of the Clinical Commissioning Group. Approximately four/five Councillors will examine the whole decision making process. In his opinion the Clinical Commissioning Group has not proven the case that care in the community is ready for Crediton. The case has still got to be proven that care in the community will be adequate to replace the loss of the beds. He confirmed he was happy for people to contact him.

Dr Christopher Maycock

Hasn't been approached by local GPs, he surmises they are under pressure. One practice has had great difficulty recruiting a partner. People are being told so little, it is quite extraordinary the lack of information provided. He was told 16 inpatient beds at Crediton costs £900,000 a year but he does not know what this figure is based on. Moretonhampstead hospital is small and has lost its beds and is being held up as an example. Crediton has been misnamed as the 'Crediton cluster' to include the

two Crediton GP practices and Bow practice. Crediton rural area is a lot bigger. This clustering makes Crediton look a smaller proposition than it actually is. Two thirds of Crediton rural area has been allocated to Okehampton etc. Carers are not paid for travel time which means they are not very keen to travel long distances to see patients. If paid this would put up cost of care at home considerably. How much would it cost to visit these people and how much would it cost to have them in a hospital bed?

Dr Tucker said that medical arrangements for beds can be quite flexible and should not stop the beds re-opening. Care close to home is about creating increased capacity and some authorities say this means having care at home, as well as community hospital beds, and other areas say you cannot have both, this is a big issue. Dr Tucker urges people to have their voice heard, using any of the mechanisms available, as there are still ways to influence the decision. The Community Hospital Association believes the community hospital is central to creating capacity and end of life care. Globally it is looking to support people at home, as it is a choice, but not at the expense of hospital beds.

Hubert Fernbank

Expressed that no-one had mentioned the relatives visiting the hospital. His wife was treated at Crediton Hospital and was looked after very well and he couldn't ask for better. This sentiment was echoed by many across the room.

Cllr Liz Brookes-Hocking

Asked Dr Tucker to comment on the optimum number of beds in a community hospital and questioned where we go for advice on the economics of running beds. She also asked Dr Tucker how hospitals without beds are getting on.

Dr Tucker advised that the optimum number of beds quoted is sixteen. This came from the Staffordshire enquiry, but in practice this was never meant to be interpreted as strictly as that. You do have to pay a bit more for fewer beds because of the need for the correct level of qualified nurses but this may be felt appropriate if that's what your community needs. Cockermonth opened with 11 beds.

More than 200 community hospitals have taken part in a national benchmarking survey, number of beds, staff costs etc. The survey was confidential but we can compare hospitals, it gives us a picture and average, including an idea of costs and staff skill mix.

Dr Tucker explained she has a list of community hospitals without beds. In some places it has been done in a very collaborative non-campaigning way. They can provide more services for people of all ages and then more people benefit. Hubs are widening their scope; dementia care is an example of this, with the brief widening to carers. Some are putting in renal dialysis and technology is improving ways to provide day care. It is worthwhile to keep looking at how hospitals are maximising resources.

John Shaw

As a lay person, I find it difficult how the medical profession can distinguish between a carer and a qualified nurse.

Dr Tucker advised that if someone is in a community hospital, they have 24 hour care by a qualified nurse and generalist care can be ideal for older people with numerous issues. Carers can do a lot and nurses do go into people's homes. The care some people need is beyond what can be provided at home and it can be hard to see how this can be done. We have not seen much of the care in the community in practice, so it is hard to trust the new model as it is early days. The proposed change is felt keenly and risky.

Dr Christopher Maycock

There is a shortage of nurses but Axminster has managed to recruit by the community advertising the positions. North Devon Healthcare Trust had a notice on its website with little success. The community used social media and found people prepared to return to nursing and it has now managed to recruit the nurses it needed. We have to accept there is a problem in recruiting but communities can do a lot themselves.

Dorothy Knowles: If money was left for local hospitals, how can we ensure the money goes to Crediton and not Tiverton.

Dr Tucker advised that if you give to the hospital trust you hope it is used locally but it can be spent elsewhere. If you give to the League of Friends they can ensure it is spent locally.

Paula Kovak

Is a social enterprise model possible?

Dr Tucker said there are different ways of managing community hospitals and different trusts. The social enterprise model is a staff led charitable model and it is another way of managing a community hospital. There are also community charities and this may be another example to look at.

Ray King

Expressed concern about home care, as carers do the best job they can but are given a very brief period of time to do it in. There only seems time to make a cup of tea or take someone to the toilet, not both. This doesn't constitute care, just a check to see they are alive. Who funds this type of home care, is it the patient or the NHS?

Dr Tucker stated that nurses and carers are enthusiastic about supporting people at home. There are examples of low levels of care and there are specialist community care teams doing an excellent job. It is hard to generalise and she does not wish to discredit home care. It is important to look at the balance and choice. The funding is complex, as home care is social care and you as a patient will be charged, however if you have specific healthcare needs it could be free. So home care funding is a responsibility shared between the NHS and the individual however, if you are cared for in a community hospital there is no charge.

Member of the public

What is the status of this meeting? It seems to be the privatisation of the NHS as we start developing community hospitals.

Dr Tucker advised that the Town Council had arranged the public meeting as it wanted to encourage discussion within the community. There are different ways to contribute and this was a meeting where people could express their views. There are no plans to close the hospital it just may not have beds. Dr Tucker said she passionately believes in the community having a voice and it is important the views of the community are expressed to the authority making this difficult decision. There are many different ways to have a voice.

John Daw, Chairman, Mid Devon District Council

I think from this meeting we are an ageing population, both urban and rural and we absolutely need care at home and in our community hospitals with beds. People receive far better professional care in hospital. I consider Crediton to be my community - not Okehampton or Tiverton, we really need this hospital here in Crediton with beds. We need to make our message loud and clear.

Mrs Mary Collins

Anything given by the League of Friends can be used anywhere in the NHS as the ownership transfers to the Secretary of State. I understand that three county councillors are going to re-examine the situation. How do we make our views known and can we invite one here?

Dr Tucker if you have used funds to buy equipment, then the NHS can use it but if the League of Friends is holding funds, the NHS cannot take that money from them.

Cllr Nick Way advised that the Scrutiny Committee is a public meeting and there were a lot of people there a couple of days ago at the last meeting. Witnesses will be required to attend the Scrutiny Committee meeting. Anyone wanting to get involved was encouraged to contact him.

Cllr Letch thanked Dr Tucker for attending the meeting and for travelling such a long way. He urged people to look at the Town Council website for further information on how to engage in the process as well as to see a copy of the presentation and the notes of the meeting.

The meeting closed at 7.25pm.