



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

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

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;

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

