NHS
Kernow
Clinical Commissioning Group

Minutes of the Edward Hain Community Hospital and Penwith services meeting

Thursday 22 October 2020
5.30pm to 7pm
Virtual meeting via Microsoft Teams Live

Attendees

Project team members supporting and participating in the event:

- Jonathan Price, chair and joint director adult care and health, Cornwall Council and NHS Kernow
- Kate Mitchell, programme lead, NHS Kernow
- Dr Neil Walden, GP, and clinical lead
- Dr Katrin Tunstall, GP, Rosmellyn Surgery, and joint clinical director for Penwith Primary Care Network
- Lynda McHale, hospital matron, Edward Hain Community Hospital, Cornwall Partnership NHS Foundation Trust
- Dr Dan Rainbow, GP, Stennack Surgery, and joint clinical director for Penwith Primary Care Network
- Anita Cornelius, integrated care area director, Cornwall Partnership NHS Foundation Trust
- James Page, south west regional partnership director, NHS Property Services
- Rachel Murray, west locality development manager, NHS Kernow
- Ben Mitchell, people's commissioning and events coordinator, NHS Kernow
- Sarah Fisher, head of communications, Cornwall Partnership NHS Foundation Trust
- Hollie Bone, engagement manager, NHS Kernow
- Michelle Smith, team support assistant, NHS Kernow

Introductions and welcome

Jon Price introduced himself. He also introduced the project team members who were on hand to answer questions.

Jon noted we would prefer to meet face to face. However, a virtual meeting was necessary because of COVID-19. He set out how people ask questions or make comments by using the chat box.

He set out the background to the temporary closure of Edward Hain Community Hospital.

The aims of the meeting were as follows:

- to tell you how the view that Edward Hain Community Hospital is not viable for the provision of healthcare had been reached
- to tell you about changes that have happened recently in Penwith
- tell you about next steps and how else you can be involved
- to seek feedback on the following questions:

    1. If Edward Hain Community Hospital was not available, how would this affect you, your friends, family, and community, and what might help with any concerns you have?
    2. If we moved the podiatry and mental health clinics from Edward Hain Community Hospital to another location in St Ives, how would this affect you, and what might help with any concerns you have?
    3. Do you have any ideas about how we can continue to improve health and care services or access to these in Penwith and St Ives?

Jon set out how the community had developed the options. They created a long list of 7 options. From this list the community group short listed 1 choice. This was to re-open 12 inpatient beds and continue providing community clinics in a fire safety and refurbished environment. This choice was evaluated by the evaluation panel. This concluded Edward Hain Community Hospital is not viable for the provision of healthcare.

Jon reminded people a decision has not been made. It is now vital to hear people's views on what this means for them.

Dr Walden explained the work to look at the future of Edward Hain Community Hospital started in early 2019. He noted the community stakeholder group's input had been invaluable.

Work is ongoing to determine the community's public health needs. The evaluation of the short-listed option took this into account. Key messages and information from the local model of care workshops have been passed to the Penwith Primary Care Network. It will be used by them to inform the developing model of care.

Dr Walden gave examples which showed how health and care teams are able to support more people in the community where they live. Recent service changes include:

- West Cornwall Hospital (WCH) becoming a centre of healthcare excellence for the West, with more ward-based rehabilitation
- more west Cornwall residents being discharged from main hospital in Truro to WCH
- more discharges from WCH to people's homes instead of to another hospital
- 2 more beds at St Julia's Hospice in Hayle

- a neighbourhood hub in Hayle is helping more people at the end of life to manage their symptoms at home
- more community support workers in home based reablement teams so more people are seen at home
- each GP practice has a social prescribing link worker to help people remain well and connected to local support
- more consultant geriatrician support in primary care means we see people more quickly

Dr Walden told people how services had to work differently because of COVID-19. He said cooperation across the system has enabled quick decision making. He felt there were unprecedented levels of flexibility and initiative. New initiatives include:

- community assessment and treatment units
- community coordination centres
- remote access to care
- bed bureaus
- discharge to assess beds
- single electronic referral form

All these actions help to avoid unnecessary hospital attendances and admissions.

Questions

Question 1

Notwithstanding the decision to close Edward Hain Community Hospital, and bearing in mind the closure of Poltair 5 years ago, what assessment has the local NHS made of the need for inpatient step-down and community hospital beds, support facilities, diagnostics, rehab support in the St Ives and Penwith area - and bearing in mind demographic changes and continued rapid population growth?

Response

Dr Walden said work is underway to consider how rehabilitation in the form of step up and step down beds is provided at WCH. This includes increased community rehabilitation. He said until we understand the true need for beds, instead of current use, we will not know what beds we need.

Anita Cornelius noted that a special project is being led by Embrace Care to look at how we supply care closer to home. This care would be provided by community carers with support from primary care. This is being tested in north Kerrier. We plan to use it in other areas too.

Community assessment treatment units are based at WCH and Camborne Redruth Community Hospital (CRCH). These units assess and treat people. This approach

may stop a frail or elderly person from going into hospital. It means we can support more people in the community instead of in hospital. If you are frail and elderly, being in hospital may not be the best option.

Question 2

So, the statement that WCH will provide the step-down service previously provided at Edward Hain community hospital, does not address the loss of capacity in west Cornwall, for example the loss of 12 beds. I understand there are currently 50 beds from care homes on hold across Cornwall to meet demand.

Response

Kate explained it is helpful to think about what a service does instead of how many beds is has. For example, if we treat people at home, in their own bed, we will need less hospital beds.

WCH is a sub-acute hospital. It doesn't have all the facilities that a main acute hospital has but it has more than are available at a community hospital like Edward Hain Community Hospital. The facilities at WCH are available 24/7. WCH provides comprehensive diagnostics, rehabilitation (services that help to improve people's independence), ward based therapy, medical assessment and x-ray.

People's needs have changed. More people have complex or multiple conditions. This means they need a higher level of care in hospital. WCH is equipped to provide this level of care for people in west Cornwall. WCH aims to admit people from the main hospital in Truro so they are closer to home. It is important we use the resources we have so people have the right care in the right place.

Jon reported that the 50 care home beds, are for permanent use. This means they are not suitable for step-down care. Dr Rainbow added that Edward Hain Community Hospital had never had medical assessment and diagnostic facilities such as x-ray. Because of this, people were often seen at WCH, before being transferred to Edward Hain Community Hospital. He said, we can now manage many of these people at home. Research has shown people who spend a long time in hospital experience reduced muscle power. People are also at more risk from hospital acquired infections. Therefore, we need to avoid unnecessary admissions.

Question 3

So, am I correct in concluding there are no plans to replace the beds (and support facilities) lost at Edward Hain Community Hospital and Poltair Hospital?

Response

Kate explained we now have more community services. This includes 2 extra end of life beds at St Julia's Hospice. She reminded people that we need to focus on where and how we can best support people. Because of the changes in community services we can support more people at home. We are also doing more to help people improve their independence after illness and injury by providing short or long stays in care homes. There are also plans for extra care housing. Extra care housing gives people their own front door and accommodation. It also provides communal spaces and access to care and support. This support changes as their needs change. Most people prefer to be in their own bed whenever possible.

We have worked with the community to review the function of the beds at Edward Hain Community Hospital. With the community we also reviewed the services in place now to see if these meet people's needs. Since the closure of the beds in Edward Hain Community Hospital, services in the community and at neighbouring community hospitals have improved. These all provide alternatives to admission and aim to support people in their own home.

Dr Tunstall reiterated that the priority is to find the right place for the person based on their clinical need. This could mean that a community-based alternative to a hospital bed is more suitable. The work during COVID-19 has shown how effective the community can be at the delivery of care at home.

Dr Walden noted that Healthwatch Cornwall carried out a survey a year or so ago. This found Cornwall's healthcare system did not take people's wishes into account. It emphasised the importance of people being able to die at home if that was their choice.

Dr Rainbow said Stennack GP surgery looked at people who died across a 12 month period. They wanted to see how many people chose to die at home and were supported to do so. those individuals, 94% wished to receive care to allow them to die in their usual place of residence (their own home or care home). This meant they did not need to go into hospital. This shows we can deliver good end of life care in the community. If this is what people want, it is really important.

Question 4

How does a patient requiring an inpatient bed exercise their choice in where they are treated?

Response

Anita Cornelius said the most important thing is what matters to the patient. Health and care staff ask people what would be the best outcome for them. This is called personalised care planning. Health, care and voluntary services put arrangements in

place to achieve this. The default should always be the person's own bed whether this in their own home or a care home. It is always important to remember someone's specific clinical or health needs may determine where they are cared for.

Kate explained how the Edward Hain community stakeholder group developed the options and agreed the evaluation process. This included discussing and agreeing membership of the evaluation panel. They also helped decide how to score and evaluate options.

The community stakeholder group included Penwith residents, as well as people from West Cornwall HealthWatch, Edward Hain Community Hospital League of Friends, Healthwatch Cornwall, health and social care staff, voluntary organisations and town and county Councillors. Together they supplied essential knowledge and input. They worked on the basis that needs of the community should come first and buildings second.

The long list of options identified and considered for Edward Hain Community Hospital were as follows:

- alternative care - extra care housing
- care home
- staff base/administration building
- children's services and family hub
- expansion of the site to supply more beds
- provision of day services and activities
- re-open 12 inpatient beds and continue providing community clinics in a fire safety and refurbished environment

Kate explained since the process started, the South West Clinical Senate had published recommendations on the role and function of community hospitals. The senate is an important and independent group of clinicians who advise on best practice and safe, quality care. It is recognised community hospitals can enable the delivery of responsive integrated intermediate care services. The senate's recommendations include an important statement about bed numbers. They say beds must be safely, reliably and efficiently staffed. They recommend the minimum number of beds in a single location is 16. Edward Hain community hospital community hospital provided 12 beds pre-COVID.

Bearing this in mind, plus the age and structure of Edward Hain Community Hospital, the community stakeholder group still requested the following option to be short-listed and fully evaluated:

- to re-open 12 inpatient beds and continue providing community clinics in a fire safety and refurbished environment

The option was evaluated by an evaluation panel. The process, scoring and evaluation panel membership was agreed with the community stakeholder group. There were 13 evaluators on the evaluation panel. This included representatives from West Cornwall HealthWatch, a local councillor, as well as subject area experts. These were experts in community and hospital care, clinical quality, patient experience and equality and diversity, estates and finance.

The evaluators had the opportunity to visit Edward Hain Community Hospital and had extensive background reading about relevant research, population health needs and service data. Following the evaluation, the minimum scores for safety, financial affordability and financial sustainability were not met. The rest of the scores were low. Kate explained there were 21 evaluation criteria (tests) in total. These included quality, access, deliverability, environment, workforce, impact, and finance. The impact test considered the potential wider community impact. This also considered the cultural and heritage aspects of the hospital for the St Ives community. The evaluation concluded Edward Hain Community Hospital is not viable for the provision of healthcare.

NHS Kernow Clinical Commissioning Group has not made a final decision. Engagement with the public will continue for 4 weeks. This meeting is part of this engagement. It will help tell us how people feel this could affect them, their family and community.

Question 5

I've not seen any information online which explains why the other options were not pursued and thus why short-listed option is the only option. Have I missed this explanation and documents?

Response

Kate reported that all the meeting minutes and papers explaining the community stakeholders' decision-making is available from the NHS Kernow website. This link to his page was posted in the chat bar for reference.

The January 2020 meeting considered (and discounted) the options.

Question 6

How did you come to the decision that less than 16 beds in a hospital unit made it not viable? Why continue to assess and evaluate in this case?

Response

Kate explained the South West Clinical Senate's research was not available at the start of this process.

The Senate concluded 16 is the minimum number of beds for a standalone unit. This number enables safe, reliable, and efficient staffing. Edward Hain Community Hospital would require 29 fulltime new staff if it were to re-open the 12 beds. This would be a challenge in the current workforce climate where finding staff for existing hospitals can be problematic. It would also mean the bed number is below the minimum number of 16 as recommended by the senate.

The evaluation panel considered it wasn't just the bed number and staffing that makes the hospital unviable. Edward Hain Community Hospital's rooms are smaller than the Department of Health guidelines. Corridors are narrow and sloping in places. This presents risks for people who have dementia and/or frail and unsteady on their feet.

The option was taken through the formal evaluation process at the request of the stakeholder group. This process and decisions sets out how and why this decision was made. The evaluation process looked at 21 different criteria. Scores against these criteria determined Edward Hain Community Hospital is no longer viable for healthcare provision.

Dr Walden said in terms of safety and efficiency, small stand-alone units are unlikely to have a future in modern healthcare. However, stakeholders and public were owed the thorough exploration of this option.

Question 7

So, standards have changed?

Response

Kate confirmed standards have changed with regard to room size. An extra 2.5 metres is now needed around beds to allow room for mobility aids and equipment.

There is also a need for en-suite facilities in wards for people's dignity and respect.

Edward Hain community hospital's 4 bedded rooms are 56% smaller than the recommended size. The single rooms are 63% smaller than recommended.

Anita Cornelius added we are working towards a model where we can keep people safe in their own beds.

Question 8

It is obvious you are going to close the hospital - what are planning to do with the building?

Response

Jon reiterated a decision has not been made.

James Page explained the building is owned by NHS Property Services. This is a government-owned company. It exists to help the NHS get the most from its estate and ensure it is consistently fit for purpose to deliver excellent patient care.

James explained if NHS Kernow Governing Body decides there is no clinical requirement for Edward Hain Community Hospital it will be handed back to NHS Property Services.

NHS Property Services has to follow a set process. This may be to put the property up for sale. It would be offered to public sector organisations before being placed on the open market. James is keen to work with the local community to consider how we reinvest any funds locally if the hospital is not required and the building sold.

Question 9

If something is unviable, what could actually make it viable? There's no attempt to make it viable.

Response

Kate explained the SW Clinical Senate states that to be viable, a unit has to be large enough to accommodate 16 beds and be fully staffed. It should be modern and fit for purpose. A larger building which can be used more flexibly and has lots of different services is more viable. The community stakeholder group looked at the possibility of extending the hospital or a new build on the site. Unfortunately this is not possible.

In the event of a fire, the building is not safe for bed evacuation. It does not meet the standards in the Disability Discrimination Act called the Equality Act. There are only 3 disabled parking spaces at the front. There are 27 steep steps at the back and a steep slope to get to the building. It is therefore not a suitable environment for modern health care.

Because it is in a residential area, the building cannot be expanded. The reason it cannot be made into a viable building are largely due to its age and structure.

The building was not built as a hospital. It was noted healthcare services need appropriate buildings to deliver safe, quality care.

Question 10

Bed occupancy within RCHT was very high, perhaps too high, and therefore potentially unsafe pre-COVID. There appears to have been some improvement in

community working since COVID which appears to be the solution to the care needs of this group of patients. Is this level of care adequate for a post COVID world, is it sustainable particularly for community nursing, care staff and especially the GP workforce? There is a workforce deficit currently across all disciplines and an impending crisis for primary care.

Response

Dr Tunstall said the Penwith locality has discussed how to improve care in the community. Local workshops with the Penwith Integrated Care Forum have made it clear this is what residents want. The changes made during COVID-19 have shown what can be done in the community. It has also freed up more staff to support general practice.

There is financial backing and enthusiasm to increase care closer to home. Anita Cornelius said workforce challenges affect all of us. Work is underway to consider how staff who work in the acute hospitals may be able to work in the community. West Cornwall has a team of reablement workers. These workers help people to do tasks for themselves. They have improved people's outcomes. Recruitment is underway to increase the range of skills staff have.

Question 11

How did this hospital, gifted to the community, fall into the hands of NHS property services?

Response

James Page said Edward Hain Community Hospital was previously owned by the primary care trust. In 2013, national changes to legislation meant NHS buildings (including hospitals) transferred to the ownership of NHS Property Services. Since then, is has been recognised that NHS buildings need to evolve to meet modern care standards. Buildings must deliver much more than in the past.

Question 12

Further to James' answer, what happened to the capital receipt generated at Poltair Hospital?

Response

James explained this was before his time. The policy at that time was for the funds to be credited to the national budget. James explained he has been working closely with local colleagues.

If NHS Kernow's Governing Body decides Edward Hain Community Hospital is not required for healthcare, he will continue to work with us. With colleagues, he will consider what other local estate would benefit from reinvestment if Edward Hain Community Hospital were sold. This may mean some/or all of the proceeds could be invested locally.

Question 13

If the beds at Edward Hain Community Hospital had been available, would the need for renting out hotels locally - which happened - to house patients have been necessary?

Response

Jon said the people who used these beds did not need to stay in them for long. People were rapidly discharged which showed it was a suitable environment for them. Anita said the people who stayed there gave positive feedback.

Occupational therapists worked with the reablement team to ensure people returned home more quickly than they would have done from a traditional hospital setting. This enabled us (in the main) to care for people from the west in the west.

Question 14

Given that we know patients needing palliative care at home can rapidly deteriorate and need clinical oversight (for example a syringe driver) is there sufficient capacity in the community hospital sector in the west to handle this in future?

Response

Dr Rainbow explained more resources needed to move into the community. This is already occurring. More people with complex needs are being supported in the community. The extra resource will support people in the right place. This means if they need an acute hospital they will receive care there. Even if people have complex needs, for example need a syringe driver, it is possible to care for them at home if that is their wish.

Question 15

I know this isn't exactly for this consultation, but I have to say it. The building was given to the local community originally; it must be given back if not for NHS use for free or a small sum. Already seems that can't happen as NHS wants to make money from selling it if no use for it. Would it have to be sold for its estate value or can it be gifted back to community?

Response

James explained the building is owned by NHS Property Services. There is a process to follow if a building is no longer needed to provide healthcare. The process gives an opportunity for the public sector eg a local authority to buy a building before it goes on the open market. NHS Property Services will work closely with NHS Kernow and the local community to plan the approach following the Governing Body decision.

Question 16

As the beds are not available, the effect on us as a community is potentially being in hospital a fifty mile round trip away from home, often being in an outlying bed (non-specialist) waiting for a package of care, hard to find in this area.

Response

Dr Rainbow said this depends entirely on the needs of the patient. Patients will receive care in the location which is best able to meet their needs.

It was noted that Penwith is well served by West Cornwall Hospital. At the moment, it can be difficult to access social care, but work to resolve this is ongoing.

Question 17

I imagine the surgery in St Ives is being considered as a possible site for the outpatient care. This would potentially be a sensible option. Is there sufficient capacity there to manage that demand? If not, would the CCG invest in that provision using the NHS Prop Co investment?

Response

Dr Rainbow reiterated, James Pages' earlier point. There is potential to recycle capital receipts from Edward Hain Community Hospital for this purpose. He explained he would not be involved due to a conflict of interest.

This will depend on the wishes of the community. James agreed it could be a sensible way forward. Dr Rainbow confirmed there is capacity at the surgery should NHS Kernow's Governing Body make the decision to close the hospital. This would mean the community clinics would need to be re-located.

Jon Price concluded the meeting. He thanked attendees for their insights and contribution. He explained he will brief the Health and Adult Social Care Overview and Scrutiny Committee and NHS Kernow Governing Body on the work to date and then feed their responses back.

The minutes of this meeting will be added to the NHS Kernow website.

Jon asked attendees to email kccg.engagement@nhs.net, should they wish to provide further feedback.