

Closing Edward Hain Hospital: What we have learned

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In February 2016 inpatient beds at Edward Hain Community Hospital in St Ives, Cornwall, were suddenly closed – ‘temporarily’, we were told, as the 100-year-old building could not be evacuated safely if a fire broke out. Those beds remain closed today, still ‘temporarily’, although the building is still in use for some clinics. NHS Kernow and the trust responsible for the hospital want to close it completely, handing it over to NHS Property Services, the building’s owner, to sell. Many local people, led by the Friends of Edward Hain Hospital, want to keep it. Right now, a ‘consultation’, due to close on November 4th, is taking place.

In September 2020, West Cornwall HealthWatch, a voluntary watchdog and campaigning organization founded in 1997 (the original Healthwatch!) to support and improve NHS services, emailed NHS Kernow, the Clinical Commissioning Group for Cornwall, with a list of questions^[1] designed to elicit information about the hospital’s role in meeting the needs of local people in Penwith, the area which surrounds St Ives and extends to Land’s End.

Some of the answers we got really shocked us.^[2] This paper shows why.

– WHAT WE HAVE LEARNED –

- Since Edward Hain lost its 12 inpatient beds in 2016, *demand for such beds has risen*: the number of Penwith residents aged 65 or over who were discharged from Cornwall’s main acute hospital at Treliske and needed to go to a ‘step-down’ bed, because they weren’t yet fit to go home, has *increased*, from 195 in 2015-16 (the last year that Edward Hain’s beds were in use) to 232 in 2019-20, a rise of almost 20%.
- In 2019-20 no fewer than 75 Penwith residents aged 65+ discharged from Treliske found themselves in community hospitals distant from home: in Falmouth (17 Penwith residents, an average distance of 24 miles from home); Newquay (20 Penwith residents, 34 miles); St Austell (12 Penwith residents, 40 miles); Bodmin (11 Penwith residents, 47 miles); and Liskeard (15 Penwith residents, 63 miles). These are all places that had previously taken very few Penwith residents: only 8 between them in 2015-16, the last year that Edward Hain was offering inpatient beds. **Evidently closing Edward Hain has resulted in widespread dispersal of Penwith residents aged 65 or over to community hospitals far from home.**
- The loss of Edward Hain’s beds has been partially – but only partially – offset by discharging Penwith residents from Treliske to West Cornwall Hospital, a few miles away in Penzance. Between 2015-16 and 2019-20 the number of Penwith residents aged 65+ taking this route doubled, from 23 to 46. It is clear that to a significant extent West Cornwall has replaced

Edward Hain as a community hospital serving Penwith. Who knew? Even the Care Quality Commission seems unaware of this: following an inspection in 2018 it described West Cornwall as providing no more than 'medical inpatient, day surgery, urgent care and outpatient services'.^[3] Its role as a *de facto* community hospital was completely overlooked.

- The figures provided for us also allow us to check a calculation presented in the recently published *Edward Hain Community Hospital engagement report*. This says:

We have looked at data to understand if Penwith residents need to travel further to access a hospital bed. Recent data shows that in the recent 12 months compared with the 12 months when the Edward Hain Community Hospital beds were open, Penwith residents were admitted to hospitals on average 5.36 miles further away than residents outside Penwith who were discharged from [Treliske].^[4]

This figure is meaningless, because the calculation behind it is invalid. The widely scattered distance figures can't be averaged, because they are all one-offs – outliers – not points on a curve. You can't average the 63 miles one Penwith resident has travelled to reach Liskeard with the 3.3 miles another has travelled to West Cornwall Hospital in Penzance. The average – 33.15 miles – means nothing.

What we can say for sure about 2019-20 is that 75 Penwith residents aged 65+ were transferred to a hospital 24, 34, 40, 47 or 63 miles from their home. They were parted from their local community at an extremely vulnerable point in their lives.

- We asked NHS Kernow whether West Cornwall has in effect been used as a 'step-down' hospital for patients discharged from Treliske. In reply, we were told:

West Cornwall has long provided step-down care from RCH Treliske and this pre-dates the closure of Edward Hain. West Cornwall has an advanced level of service provision [compared with] community hospitals and can respond to a greater acuity of clinical need.

- **The cat is out of the bag. Penwith does have a hospital performing community hospital functions, but:**

1. It is West Cornwall Hospital, which happens to be situated in Penzance, not St Ives.

2. It has more advanced services than 'normal' community hospitals and is developing as a centre of excellence for healthcare in the West of Cornwall.

3. It happens to be run by the Royal Cornwall Hospitals Trust, not by the Cornwall Partnership Foundation Trust, which runs all the 'normal' community hospitals in Cornwall.

4. At present it doesn't have enough step-down beds to meet the needs of Penwith's 65+ population.

- Which leads to a question: **Why on earth is NHS Kernow discussing Edward Hain as if it were a free-standing entity all on its own?**

By the way, it seems to us highly likely that the people who set up Edward Hain Hospital in the first place would have wanted it to keep as up to date as possible, and would have been the first to recognise that a building that met needs very well 100 years ago might not do so today.

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- **NHS Kernow has a lot to answer for.**

1. For more than four years, it has antagonized local residents by insisting that inpatient beds at Edward Hain Hospital were closed 'temporarily' when it was obvious to everyone that there was no intention to reopen them.
2. It has persisted against all reason in treating the future of Edward Hain Hospital as a self-contained issue, isolated from what was happening elsewhere in Penwith.
3. It has utterly failed to recognise the significance of the name 'Edward Hain' to the local community. He was a son of St Ives who lost his life in the Great War. Strange though it may seem to the powers that be that run the NHS, commemorations like this are hugely important to local communities.

It all adds up to a public relations disaster.

- So what is the way forward? We have several suggestions.

NHS Kernow and other elements of the 'Integrated Care System' for Cornwall currently on the drawing board should:

1. Keep the public fully informed about the many developments taking place right now in all hospital and community medical services in Penwith and the West of Cornwall. We know from the response to our questions that it can do this if pushed. The answers reveal that our GPs and other health care professionals are working hard and innovatively to treat people at home rather than hospital, and to make hospital stays as brief as possible, but we also know that during the Covid-19 pandemic acute hospitals are being urged to discharge patients immediately their medical condition allows,[\[5\]](#)[\[6\]](#) which will often mean discharging them to community hospitals. So the demand for inpatient beds can fluctuate: the situation is very, very fluid.
2. Because the need for inpatient step-down beds across Cornwall can't be assessed reliably until some stability is reached – i.e. Covid-19 has been brought under control – desist from shutting off options for future development by closing and selling off Edward Hain and land on the West Cornwall site that is not currently in use.
3. When decisions are taken, take them on the basis of *evidence*: facts and figures and logical reasoning, not jottings on Post-It Notes and a wholly inappropriate scoring system, as is currently being done for Edward Hain.[\[7\]](#)
4. Refrain from antagonizing local people further by enjoining them to 'Have your say' and saying 'No decision without you' in the very same publication (the so-called 'engagement report') that says 'The work to consider the role of Edward Hain hospital has concluded [and it] has told us the hospital is no longer able to provide health and care' (sic).

5. If, after further deliberation, it transpires that the Edward Hain Hospital building is no longer to be used as a hospital, consider naming a new ward or wing of West Cornwall Hospital after Edward Hain. This no-cost action, if undertaken with goodwill, would indicate some understanding and appreciation of the feelings of the residents of St Ives.

6. In particular, NHS Kernow must decide whose side it is on. Does it genuinely want to play a part in securing the best healthcare services for Cornwall's population, and good value for money? Or is its role to act as the puppet of NHS England and NHS Property Services, closing hospital beds on any pretext and selling off land and buildings wherever it can, to earn brownie points from people in London without bothering to explain to them what hardship that causes for older people in the far South-West?