

SOCIAL POLICY RESEARCH FOR CORNWALL

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Edward Hain community hospital review: request to Kernow CCG for information

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What are community hospitals for? No-one seems to have an answer to this question at the present time. As the [South West Clinical Senate Council meeting in September 2019](#) noted,

there is a lack of evidence around community hospitals specifically in terms of their role, function and value, leading to the National Institute for Health Research concluding 'neither investment in nor closure of community hospitals has been informed by authoritative guidance'.

On reading the latest 'stakeholder update' on the future of Edward Hain community hospital, I feel that before I can form a sensible view on the matter I need 'authoritative guidance'. As a social policy researcher, 'authoritative guidance' for me means guidance based not on instructions or opinions handed down from 'higher authority' – NHS England, a Government minister or a member of a Clinical Senate, or even the output from a co-production process – but on *evidence*. That means basic facts and figures and logical inferences from these about the role that community hospitals in Cornwall are currently playing in the Duchy's health care system, and might play in the future, not least as changes driven by the Covid-19 pandemic bite.

The table below sets out the questions that are uppermost in my mind, alongside my reasons for asking them. As I say, I feel it is not possible to agree a reasoned course of action if they go unanswered. If Kernow CCG has not already asked these questions and answered them, and provided the answers to the public, then it should halt the review process until that is done. KCCG will be laying itself open to judicial review if it fails to do this.

Question	Reason for asking question
1. During the past year, how many patients whose home is in a Penwith postcode area have been discharged from the Royal Cornwall Hospital at Treliske to a bed in each of the community hospitals that are still receiving inpatients?	To discover how many people/households have been affected by the closure of the inpatient beds at Edward Hain hospital, and how they have been affected. (Where are local people being sent? Camborne/Redruth? Further afield?)
2. During the past year, what has been the extra distance that relatives, friends and neighbours have had to travel to visit an inpatient in an upcountry hospital, compared with travelling to Edward Hain?	To gain a measure of the disadvantage that Penwith residents and their visitors have suffered through the closure of inpatient beds at Poltair and Edward Hain hospitals.
3. During the past year, what has been the range and average of length of stay in a community hospital of Penwith residents compared with other residents of Cornwall?	If it transpires that Penwith residents are staying longer, as could happen because they are visited by friends and neighbours less frequently, this is a further measure of disadvantage that they suffer through the closure of local inpatient beds.
4. During the past year, (a) has West Cornwall Hospital (WCH) in effect been used as a 'step-down' hospital for patients discharged from Treliske? (b) If so, is this a formal or informal arrangement? (c) And does WCH have the reablement/rehabilitation facilities and staff that a fully equipped community hospital should have?	If (a) is the case (and we have anecdotal evidence that it has been), then WCH is not being fully used for its intended purpose as a 'satellite' of Treliske. If the answer to (b) and/or (c) is 'no', then Penwith residents are again being poorly served.
5. The committee of West Cornwall HealthWatch understands that West Cornwall Hospital staff have observed that patients living nearer the hospital tend to leave sooner than those living further away. Are there figures that the public can see that would confirm this?	If there is documented evidence to this effect, we have further grounds for arguing that Penwith should have a community hospital serving local people.
6. How many inpatients from Penwith and from elsewhere have reached each community hospital by referral from a GP (the step-up route)?	We need to know whether Penwith GPs are refraining from referring their patients to a community hospital because they are aware of the problems that their patients face in travelling to those remaining open.
7. What are the monthly figures for bed occupancy for each of Cornwall's community hospitals over the past year? What is being done to bring the figures down to the Government-recommended level?	In the past, especially during the winter, bed occupancy in community hospitals has consistently been over 90%, above the Government-recommended figure (85%, designed to allow for emergencies). This has obstructed discharges from Treliske. Shortage of vacancies makes it difficult for patients to transfer to a community hospital near their home, and prevents the acute hospital from responding rapidly to an emergency.

<p>8. What steps is Kernow CCG taking to go beyond regarding 'medically fit for discharge' as the sole criterion for a patient to be discharged from a community hospital?</p>	<p>The Embrace Care project told us that '67% of our community beds are filled with patients who would be better suited elsewhere' (<i>sic</i>). This figure was reached by using the 'medically fit for discharge' criterion on its own. A reading of recently published research for the National Institute for Health Research (p.27) would have shown that in other places a further criterion is in use: 'Patients needed to be assessed as being medically fit and therapy fit, requiring a multidisciplinary approach. Authority was attributed either to the lead medic or to the lead nurse who co-ordinated the multi-disciplinary assessments.' This is clearly a more sensitive and complete way of gauging a patient's readiness for discharge.</p>
<p>9. What is being done in Cornwall to cope with the pressure that will be created by the instruction to acute hospitals to discharge patients at the shortest possible notice?</p>	<p>The new Covid-19 rulebook for hospitals, published on August 21st, instructs acute hospitals to discharge patients at the shortest possible notice (potentially as little as 1 hour). This will inevitably hugely increase pressure on community hospitals.</p>
<p>10. What representations are being made to the Government to allow for Cornwall's higher-than-average proportion of elderly people, which will lead to a higher-than-average demand for rehabilitation or short-term care in a bed-based setting?</p>	<p>The new Covid-19 rulebook for hospitals also sets an expectation that only 4% of patients discharged from acute hospitals will go to rehabilitation or short-term care in a bed-based setting. (This expectation started off as an assumption: it would be surprising if it did not turn into a target.) The 4% figure is based on national population figures. But Cornwall's proportion of people 65 or over is 1½ times the national figure.</p> <p>For an analysis of the impact of the new rulebook on patients, see How to look after yourself in hospital: a guide for older patients.</p>