

West Cornwall HealthWatch

Request to KCCG Governing Body to refer back the report GB2021055 *Three Community Hospital Engagement Projects*

At its meeting on 6 October 2020, the KCCG Governing Body will have before it a proposal in paper GB2021055 *Three Community Hospital Engagement Projects* 'to note and feedback on the progress made to date and next steps' in relation to Edward Hain Hospital (EHH). Those next steps are to include 'identification and evaluation of potential sites within a 20 mile radius for the potential re-location of the existing community clinics'. It is not explicitly stated, but this means that no replacement for the EHH inpatient beds is being contemplated.

This submission constitutes a request to the Governing Body to withhold its assent to the proposed 'next steps' on the following nine grounds, and to refer back the report:

(1) The process for evaluating the proposal to retain EHH has been faulty.

It employed a scoring system running from 0 to 4 as follows: 0 = No evidence; 1 = Limited evidence; 2 = Adequate evidence; 3 = Good evidence; 4 = Exceptional evidence. While these can be used as criteria for gauging the confidence that we might have in the outcome of a decision-making process, they are simply not usable for evaluating the extent to which a proposal meets the needs of a local population.

In the EHH case, as the slides for the final workshop show,^[1] of 21 so-called criteria, eight scored 0 and thirteen scored 1. In other words, for eight of the criteria we are told there was 'No evidence' and for thirteen there was only 'Limited evidence'. This is just surreal!

(2) Some of the so-called criteria used are conjectural and based on supposition, as witness use of the words 'could' (e.g. 'It is unlikely that GP and other services could be provided 24 hours') and 'may' (e.g. 'It may be a "false choice" as local people may still need to have inpatient care elsewhere'). They are not appropriate for evaluating a proposal for meeting people's needs.

(3) The evaluation pays no heed to the problems of special groups, such as older people living with frailty and people with mental health needs. 'Frailty' does not get a mention, other than in the statement that EHH is not suitable for 'those with frailty'. Mental health too gets only a single passing mention.

(4) The evaluation criteria do not include parity across Cornwall. The Camborne-Redruth area has its own community hospital, and the Cornwall Partnership Foundation Trust's (CPFT) website explicitly says: 'Camborne Redruth Community Hospital provides physical and mental health care ... services for people in the local area.'^[2] By no stretch of the imagination can Penwith be considered to be in 'the local area' of Camborne-Redruth, which is some 25 miles from the town of St Just in Penwith (with no direct bus service connecting them). Penwith is its own local area and deserves the same community hospital service as other parts of Cornwall.

(5) A major study carried out as part of the Health Services and Delivery Research (HS&DR) programme, under the National Institute for Health Research (NIHR), and published in January

2019[3] found that 'key to patients' and carers' experiences of community hospitals was their closeness to "home" through their physical location, environment and atmosphere and the relationships that they support; their provision of personalised, holistic care; and their role in supporting patients through difficult psychological transitions. The EHH evaluation takes no account of these roles that community hospitals equipped with inpatient beds play in their local community.

(6) There is a need in the hospital system for places of safety. Acute hospitals are not places of safety, as the Embrace Care project emphasized,[4] and the current Covid-19 'rulebook', which is dominated by the attitudes and preconceptions of clinicians,[5] will make this even more the case. This need has not been recognized in the EHH evaluation, but it adds to the case that a replacement for EHH should include inpatient beds.

(7) The NIHR study emphasises the benefit of recognising community hospitals as 'important community assets, representing direct and indirect value: instrumental (e.g. health care), economic (e.g. employment), human (e.g. skills development), social (e.g. networks), cultural (e.g. identity and belonging) and symbolic (e.g. vitality and security)'. It is logical that these benefits to the community should be taken into account when taking decisions about the distribution of community hospitals in Cornwall. Again, the EHH evaluation process failed to do that.

(8) While the recent creation of Community Assessment and Treatment Centres for older people living with frailty is a very welcome innovation, when it was presented at the July meeting of the Cornwall Partnership Foundation Trust Board it was received purely as a narrow 'business case', one 'which will soon be evidenced to show the opportunity to reduce the community bed stock', as the presenter put it.[6]

The people of Penwith look to NHS Kernow to understand the importance to them of the human, social and cultural benefits in particular that go with having 'their own' community hospital once again, equipped with inpatient beds, and not to be taken in by the lure of a so-called business case based on yet more bed closures.

(9) Finally, the Governing Body should withhold its assent to the proposal before it on the grounds that the manner in which it is presented places extraordinary obstacles in the way of a member of the public who wishes to read the report tabled for the meeting, ask questions about it and share it with others. **It clearly does not comply with the duty on KCCG to be open and transparent with the public.** For details see Appendix A below. Tracking down the report requires a 7-step process and when we get to the end of it we do not even find a unique URL for the report.

(Dr) Peter Levin, on behalf of West Cornwall HealthWatch

5 October 2020

Appendix A: The seven steps it takes to access a report to KCCG's Governing Body

1. Type in 'NHS Kernow': this leads to a page with the URL <https://www.kernowccg.nhs.uk/>

2. Click on 'Governing Body meeting: View meeting papers and upcoming meeting dates':

This leads to a page headed 'Governing Body meetings'

<https://www.kernowccg.nhs.uk/get-info/governing-body-meetings/>

This has a list of meeting dates but no direct links to meetings. Instead we are informed that agendas and papers can be accessed via a link to 'Document Library'.

3. Click on 'Document Library'. This leads to a page headed 'Document browser'.

<https://www.kernowccg.nhs.uk/about-us/policies-and-procedures/document-browser/>

4. This page has 34 sections, not in alphabetical order, but one of them is 'Governing Body Meetings [403]'. Clicking on the wording leads to

<https://www.kernowccg.nhs.uk/about-us/policies-and-procedures/document-browser/>

(Note that this is exactly the same URL as the preceding one.)

5. This page is headed 'Document Browser' and has four numbered sections, presumably relating to financial years, though it does not say so. One of them is '2021'. Clicking on this leads to

<https://www.kernowccg.nhs.uk/about-us/policies-and-procedures/document-browser/>

(Note that this is once again the same URL.)

6. This page is again headed 'Document Browser'. It has five numbered sections, presumably relating to the month in which meeting is held, though again it does not say so. One of them is '202010'. Clicking on this leads to

<https://www.kernowccg.nhs.uk/about-us/policies-and-procedures/document-browser/>

(Note that this is yet again the same URL – unchanged.)

7. On this page, which is again headed 'Document Browser', we find links to 14 reports. One of them is 'GB2021055 Three Community Hospital Engagement Projects'. Clicking on this leads to <https://www.kernowccg.nhs.uk/about-us/policies-and-procedures/document-browser/> (Yes, we are now on the *fifth* page with that URL.) Here, at last, we see the actual report. Confusingly, the title of the report does not mention Edward Hain Hospital by name, and although we are now on a new page, the URL has not changed. To emphasize: **The report does not have its own distinctive URL**. This makes it impossible to forward a link to the report to anyone else or even to find the report again with a single click.