

Taking sound decisions requires evidence, not endorsements, as shown by the debate over closing Edward Hain Community Hospital

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A contribution by Dr Iain Chorlton, Chairman of NHS Kernow (the clinical commissioning group for Cornwall), to the debate over closing Edward Hain Community Hospital in St Ives makes very sad reading, because it shows how an opportunity to bring doctors and the community together was lost.

The community stakeholder group that had been convened by NHS Kernow put forward just one option for the future of Edward Hain Community Hospital to be taken to a full evaluation, the option that twelve 'inpatient reablement' beds be reinstated. In doing so, they were clearly telling NHS Kernow that they felt something important had been lost when the 12 beds had originally been closed, back in 2016.

That may have been just a feeling. What NHS Kernow should have done was to explore what lay behind it. They should have done their homework, produced figures that showed where patients discharged from Treliske but not yet fit to go home were now being sent. This is straightforward policy research: when you change a health care service you monitor it to find out what the consequences are. Unfortunately NHS Kernow failed to do that.

We know now what those figures would have shown, thanks to a request for information submitted by West Cornwall HealthWatch.

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, 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 far from home: 17 in Falmouth (on average 24 miles from home); 20 in Newquay (34 miles); 12 in St Austell (40 miles); 11 in Bodmin (47 miles); and 15 in Liskeard (63 miles). These are all places that had previously taken very few Penwith residents: only 8 between them in 2015-16.

The consequences of sending elderly Penwith residents away like this are obvious. Neighbours can't drop in, relatives can't come and stay. Patients lose hope and they lose muscle strength too, so there is less and less that they can do to look after themselves.

The community stakeholders weren't given these figures, but their intuition, if that's what it was, was absolutely spot on. If NHS Kernow had acknowledged their feelings and worked with them to find a way forward, a constructive solution might have emerged.

Unfortunately that didn't happen. As Dr Chorlton has made clear in a letter to *The St Ives Times & Echo* (published December 18th, 2020), NHS Kernow doesn't think like that. Essentially, he justified the closure of the hospital by listing *endorsements*: 'feedback from local GPs, Cornwall Healthwatch (*sic*), the Consultation Institute, NHS Kernow's lawyers ... all endorse the integrity and transparency of the engagement process.' And 'senior clinicians at the governing body strongly support the decision as being in the very best interests of local people'.

I make no criticism of the intentions of KCCG staff, but those in senior management whose understanding of policy making is so slender that when asked to justify their decisions they point to endorsements rather than evidence, really do need to consider their position.

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For the background to this issue, see my paper *Closing a community hospital: how consultation went wrong*, at <https://spr4cornwall.net>