APPENDIX 2

The Imminent Closure of Ashby Cottage Hospital, is it flawed?

Introduction

In May 2014 the new chief executive of NHS England , Simon Stevens, launched into his new role by stating that "the NHS must stop closing cottage-style hospitals and return to treating more patients in their local community"[1]. Following this statement the Community Hospital Association received a number of positive unexpected calls from commissioners and hoped that the lot of the community hospital was changing[2] ; sadly not in the case of Ashby District Hospital. In the same month on the 27-5-14, Leicestershire Partnership Trust (LPT) and West Leicestershire Clinical Commissioning Group (WLCCG) announced the closure of the Ashby District Hospital (ADH).

Ashby District Hospital was built by charitable local funding and opened in 1897 following which the ownership was transferred to the NHS in 1948. At this time it was hoped it would remain a healthcare facility ad infinitum. Originally it was extensively and effectively used by the local GPs until a few years ago when NHS management unilaterally took control from the local GPs thus making it near impossible for them to use it.

The hospital provided 16 inpatients beds mainly for rehabilitation after acute hospital stays, post day case procedures, respite care and end of life care. In addition to this there were outpatient services for visiting consultants (general surgery ,ophthalmology , ENT and dermatology), physiotherapy, dietician, sexual health services for young people , administrative base for the district , school and community nurses and specialist nurse led services (stoma, respiratory and heart failure ,continence) .

Closure and Public Consultation

This closure announcement followed just two months of what the LPT and WLCCG described as local consultation or in reality, a paper survey which involved 388 respondents. The LPT outcome was that 52% of respondents (which means a difference of opinion in a mere 15 people) were in favour of the closure of the ADH. However many of the respondents were from outside of the area and given that Ashby de la Zouch has a population of nearly 13,000 inhabitants, it remains our opinion that this result was not representative of the local population.

As a result of this the Ashby Civic Society (ACS) supported by the Town Council (which has expressed opposition to this closure on many occasions) has campaigned to bring the plight of the ADH to the general public. In September 2014, members of the ACS conducted a 2 week survey on the main street of Ashby de la Zouch. In our survey, the result demonstrated that 99% of the 3,080 respondents opted for the retention of the ADH and only 27 respondents opted for closure which was quite contrary to the results published by the Trust.

[1] Is Simon Stevens right to back community hospitals? Health Care Professionals Network, The Guardian.
[2] ibíd.

Subsequently the ACS approached the LPT and the WLCCG in order to present the considerable concerns of the Ashby residents. The survey was presented in September 2014 but it would appear that this vital evidence base was not taken into consideration with respect to their deliberations. In our view, despite numerous presentations and communications to both of these organisations, there has been no public consultation consisting of a proper process of dialogue which is necessary for an informed decision.

In the absence of further public engagement, the ACS organised a public meeting on the 26th February 2015 in order to discuss the future of ADH and the survey results further. The meeting was well attended with over 200 local people and the majority wishing to retain the hospital. This allowed the views of local politicians, GPs and other relevant stakeholders to engage with Ashby residents. However both the LPT and the WLCCG refused to attend the public meeting thus denying the inhabitants of Ashby de la Zouch the opportunity of expressing their views and participating in a two way dialogue.

Unfortunately despite the local opposition to the closure of our NHS hospital, the LPT closed the inpatients beds in the September 2014. This left a gap in the palliative care, end of care and rehabilitation beds in the Ashby region and throughout the following winter none of the acute hospitals in Leicester, Burton or Derby hit the government's winter bed targets which depend on having community available into which patients can be discharged.

As a consequence, some post acute patients (many of them elderly) are having to travel to hospitals in Derby, Hinckley, Lichfield, Market Harborough etc. which are neither easily accessible by public transport routes or within an easy driving distance. We have been told that the outpatient services which were all sited on the one site are now to be dissipated throughout the region. We have been denied access to the full business plans for the closure and can therefore not make sense of the decisions to close nor of the economics of the plan.

Of urgent concern is the needs gap which exists for end of life and palliative care in the Ashby region since the closure of the inpatient beds. In July 2015 the Care Quality Commission (CQC) quoted this as a particular concern and stated that *"the trust had no end of life strategy ... and staff were unable to show us evidence of clinical audits"*[3].

With respect to the outpatient services, we have been told that the hospital will remain open until alternative suitable accommodation is found. It has been proposed that our outpatient services are to be dissipated across the region into a variety of privately leased properties. Indeed, office facilities for the community nurses are about to be leased from Legion House at an estimated cost of £12,000 per annum while the ADH remains open.

[3] www.cqc.org.uk/sites/default/files/new_reports/AAAD5236.pdf

Unfit for Purpose?

On the 27th May 2014, Dr Nick Wilmott (Urgent Care Lead) from the WLCCG stated;

"The outpatients facilities at the moment are not fit for purpose ...Part of our plans now are to provide state of the art outpatient facilities , a greater range of specialities and more services closer to people's homes."[4]

In our opinion, outpatient services scattered around the NWL district is not what one would call "state of the art facilities". There appears to a considerable contrast in what is happening and what has been promised!

It would seem that the ADH had been deemed as unfit for purpose following a report commissioned by the LPT from Ernst and Young in August 2012[5]. However only a month later, in September 2012, the CQC[6] (the national inspectorate for the NHS) visited the site finding the hospital to be in good order and fit for purpose. Yet again it would appear that there is a significant contrast between the results of these two reports.

In March 2015, the CQC audited the Leicester Partnership Trust the outcome of which is most informative about the status of community health inpatient services. Despite the assurance from the Trust that there has not been any adverse effects following the closure of the Ashby beds , the community inpatient service was rated as requiring improvement;

"*Bed occupancy for the last two quarters of 2013/2014 was around 89% .Overall community hospital occupancy rates for March 2015 were 94%, which reflected bed pressures in the local region .It is generally accepted that when occupancy rates rise to above 83% , it can start to affect the quality of care provided to patients and the orderly running of the hospital. The trust confirmed the service line was contracted to 93%, the trust recognised this was not an appropriate target and was working with commissioners to negotiate a more appropriate target.*[7]

There were three out of the five questions that were rated as "requires improvement".

1. Are services safe?
2. Are services caring?
3. Are services well-led?

And so yet again there is a contrast between the re-assurances that we have received about adequate inpatient bed provision for the region from the LPT/WLCCG. Indeed there was a 96% occupancy rate at our nearest community hospital, Coalville, in December 2014. This correlates with the anecdotal stories we have received from the general public of a waiting list to be admitted to Coalville. It appears that not only are there insufficient beds in

[4] Ashby times May 27th2014
[5] Community Hospitals :The Way Forward Ernst and Young August 2012
[6] Care Quality Commission ;Review of Compliance ,Ashby District Hospital November 2012
[7] CQC ;LPT NHS Trust Community Health Inpatient Services Quality Report 10-7-15

the region but in addition the trust is using a target that is inappropriate and in our view risks patient safety. The commissioning group has been unable to provide the bed modelling data which would show the relationship between acute and community hospital bed requirements for the future. In our view this is objective evidence that reinforces our concerns that there has been a premature closure of services before fully introducing and adequately assessing alternative services.

It seems that the amount of alleged repairs and maintenance have formed a major part of the case for closure of the hospital and in part led to it being been deemed as unfit for purpose. Under the Freedom of Information Act, the Ashby Civic Society has repeatedly requested copies of this vital information. Eventually, the LPT provided various pieces of data which do not correspond to our specific requests and are uninformative. In our opinion clear and unambiguous information should have been visible in the full business plan. If this is a true reflection of the state of the hospital (which we contest strongly having photographic proof of the condition of the hospital) we would like to make two points .Firstly, why has the hospital been allowed to fall in such a state of disrepair over the last few years? A cynic might surmise that this has been a deliberate act in order to prejudice the decision of the closure of Ashby Hospital. If so is this not a blatant disregard for patient safety? Or secondly, this quote has been grossly overestimated to prejudice the decision on the closure of the Ashby Hospital.

We are sceptical about the quality of the data presented to the WLCCG and of the quality of their decision making .We are not alone in this. According to the Board Assurance Framework document presented at the May 2015 WLCCG meeting , *"the information and data recorded and reported by the LPT is inaccurate and leads to patient's care being delayed or disrupted and/or commissioners making incorrect service improvements and investments"*[8] . This concern is repeated in the recent CQC audit report. In our view this is of direct relevance to the decision to close the ADH as surely this calls into question the validity of any decisions made by these two organisations .How can the population of Ashby have confidence in their actions?

Business Case

On numerous occasions, the ACS has made requests about the business case which justified the decision to close the hospital. To date we still have not been supplied with a comprehensive and adequate economic, clinical or psycho-social business case for closure. Yes, we have been sent vague and, at times, incomprehensible documents in response to our specific questions. The latest of which we only recently received on the 21-7-15, the Business Implementation Plan which is dated the 7-11-14 (which post -dates the decision to close by a considerable period of time). Why the delay in receiving this document? In our view the document is written with the presumption that ADH is closing and a proper evaluation of the ADH case is not included. Interestingly, it has been written by construction consultants (Holbrow–Brookes)! This plan does not include actual costing of private rental agreements

[8] Board Assurance Framework Paper L ,WLCCG Board Meeting 12-5-15

and the estimated saving appears to be based on the capital receipt of the sale of Ashby Hospital. This would mean the loss of a NHS building asset which is a long term investment in exchange for a short term budget balance. In our view, this shows a total disregard for the terms of establishment of the hospital through charitable subscription; the transfer of the building to the NHS in goodwill that it would continue in perpetuity as a healthcare facility; and disregards any future healthcare potential of the site. It would appear that the pursuit of financial gain over health benefits to the public have taken priority by seeking the best price for the building rather than an improvement in the quality of care given to patients. In any case where is the "state of the art facility "in this plan which was promised by the WLCCG? It would seem that the current plan bears no resemblance to the original plan and appears to change at each corner, could this be a symptom of the lack of a coherent plan in the first place?

Four Key Tests

It appears that there are four tests that need to be satisfied before the sale of an NHS hospital can go ahead[9] ;

1. Support from GP Commissioners. In our view this purports to have been satisfied but on what data and evidence has that support been based on given our previous comments?
2. Clarity of the clinical evidence base. In our view this test has not been satisfied as evidenced by the CQC report which shows that patient safety has been put at risk by the inadequate provision of community beds.
3. Strengthened Public and Patient engagement .In our view this has not been satisfied given the refusal over the past year to acknowledge the views of 3,000 Ashby residents and failure to attend a public meeting with them. Indeed the attitude of the WLCCG and LPT has been that the decision has been made and cannot be reversed.
4. Consistency with current and prospective choice. In our view this has not been adequately explained and indeed it is clear that future patient choice has been impaired by the removal of some services and by the intended sale of an important healthcare asset of land and buildings.

Therefore it is our view that enough doubt exists into whether this decision has been appropriately handled and presented by the LPT and WLCCG .In our view this case (and the decision) needs to be reviewed again through the Leicestershire County Council Health Overview Scrutiny Committee as advised by the Department of Health. Once this has been achieved it is our view that it should be re- referred back to Mr Hunt , who only recently in July 2015 stated that he wanted to reduce the bureaucracy , increase patient centred decision and achieve transparency throughout the NHS, to reconsider his approval for disposal .

[9] Ministerial Correspondence on behalf of Jeremy Hunt ,DOH 25-6-15