



Ashby de la Zouch Civic Society

Shaping our future and preserving our heritage

To: Chair of the Health Overview and Scrutiny Committee
Leicestershire County Council

From: Ashby Civic Society
Ashby de la Zouch

23-9-19

Dear Dr Feltham,

We are writing to you about the consequences of the closure of Ashby and District Hospital in 2014. As you will be aware this hospital was closed despite much local protest, a survey of public opinion in Ashby conducted by Ashby Civic Society revealing that only 27 people of the 3,000 or so forms completed were in favour of the hospital's closure. And so, on the 9th September 2015, Ashby Civic Society decided to deliver a comprehensive presentation which outlined our concerns over this decision to the Health Overview and Scrutiny Committee (HOSC) see Appendix 1.

We would now like to draw your attention to a comprehensive report produced by Mr Frank Bedford MBE see Appendix 2. We would request that you read this report in full however we have summarised the key points in this letter.

Ashby Civic Society have monitored the impact of the closure of Ashby & District Community Hospital in 2014 following the 'Fit for the Future' Ashby Community Health Services Review / Improving Community Health Services for patients in Ashby in 2013.

As predicted at the time the principal issues of concern that remain are;

- The level of healthcare that patients receive at home and in the local community
- The provision of Outpatient and Therapy Services
- That provision of care in a community hospital or care home is frequently involving significant distances away from Ashby.

In 2012, NHS West Leicestershire Clinical Commissioning Group (WLCCG) and Leicestershire Partnership NHS Trust (LPT) decided to review health services in the Ashby District. Subsequently, the decision was taken to close Ashby and District Hospital citing the following benefits that would be as a result of this decision;

- An increase in local community health services
- Closer working with GPs.
- Inpatient care would be provided in local nursing/care home beds and wards in Loughborough Community Hospital or Coalville Community Hospital.

It has become apparent that since the closure of Ashby Community Hospital that the promises made by WLCCG and LPT have not been met.

The Ashby Community Health Services Review

In July 2013 WLCGG produced a document entitled ‘The Clinical Case for Change’ which included the following statements,

‘The philosophy of the CCG towards community health services is based upon care close to home. By this we mean care provided in the home and provided in local settings...Ensure that wherever appropriate care is provided from community hospitals and other community settings in order to improve convenience and reduce travel times for patients.’

“...Ensure that any new models offer an improvement, are easier to access, at least as good as current Ashby services...”

Early 2019, the Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland (LLR) under the ‘Better Care Together’ banner arranged six regional “Community Services Engagements Events” including one in Coalville on the 27th February 2019. Attendees were shown a presentation which included the survey results of recently introduced community health services in Leicester, Leicestershire and Rutland (LLR). These survey results have proven that the change of working is not proving to be effective primarily due to the fact that replacement services are not being resourced sufficiently. It is clear that the principle of ‘discharge first and assess at home later’ has not worked as promised.

Many attendees at the presentation shared their concerns about funding restrictions for health and social care amidst an increasing ageing population. It seemed clear that there must be no further closures of Community Hospitals or reductions in beds throughout LLR. In our view, priority should be given to improving services in Ashby and District (which has not recovered from the loss of the Ashby and District Community Hospital) given the negative impact the decision has had on patients’ quality of life and medical care at home.

What happened to the “One stop state of the art facility”?

As per paragraphs 4.1 and 4.2 of Mr Bedford’s report, these undertakings were given in the public consultation document for the Ashby Community Health Services Review.

‘Move services out of Ashby and District Hospital to other local places, increase the range of community health services and provide more care in people’s homes.’

‘We would provide better equipped clinics in a more modern, local setting, able to deal with more patients... We would move outpatients, the teenage health clinic and therapy clinics out of Ashby District Hospital to a more modern building in Ashby... This building would have the scope to deal with increasing numbers of patients, with scope for diagnostic testing, but not X-rays.’

Dr Nick Wilmott from the WLCCG told the BBC on the 27th May 2014 that we would have a “One stop state of the art facility”.¹ **This has failed to materialise.** Many of these community health services have not been maintained. WLCCG argue that services in Coalville and Loughborough are ‘still local to Ashby’ despite no direct public transport links. In any case this is not what was promised originally and, in our view, WLCCG and LPT are in denial. The promised better-quality community health services promised have simply not been implemented.

¹ <https://www.bbc.co.uk/news/uk-england-leicestershire-27537731>

Community Hospitals Admissions

In the words of our local GP, ‘I sympathise with issues raised with regard to the closure of Ashby and District Hospital and we also feel that promises made at that time have not been followed through’. The Castle Medical Group practice confirms that Ashby patients needing community hospital or nursing home care are frequently being placed significant distances away from their homes.

We attempted to gain data to confirm the situation with respect to the provision in the Ashby area but for some reason WLCCG refused to provide any objective information, as a result the data below had to be obtained via Freedom of Information Act (FOI) requests.

Table 1: Numbers of Patients admitted to Community Hospitals between November 2014 and October 2018

Leicestershire Partnership Trust	Numbers of Patients
Coalville Community Hospital	43 (46%)
Hinckley & Bosworth Community Hospital	21 (22%)
Loughborough Hospital	15 [16%]
Melton Mowbray Hospital	4 [4%]
Rutland Memorial Hospital	4 [4%]
Leicester General Hospital, Evington	3(3%)
St Luke's Hospital Market Harborough	3(3%)
Fielding Palmer Hospital Lutterworth	1(1 %)
University Hospitals Derby and Burton	
Sir Robert Peel Tamworth	67 (48%)
London Road Community Hospital Derby	39 (28%)
Samuel Johnson Community Hospital Lichfield	33 (24%)
Total Number of Patients	233

Only 58 of the 233 Ashby patients (25%) were accommodated in either Coalville or Loughborough hospitals.

Response from University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust

UHDB have acknowledged that patients from the Ashby area who need medical care in a community hospital are frequently being placed in hospitals significant distances away. These are difficult to reach by public transport and, even where possible, involve great amount of time and inconvenience.

“Our perception is, that sometimes there may be capacity available, but inpatient discharges from University Hospitals of Leicester are being prioritised to compare to those from out of area.”

Response from West Leicestershire CCG

After persistent questioning, WLCCG have responded to our questions concerning the use of nursing and/or care homes since the closure of Ashby and District Community Hospital;

‘Within Leicester, Leicestershire and Rutland (LLR), we have discharge pathways that are designed to meet different levels of patient need. The principle of Home First is embedded into the discharge pathways... the below provides an overview of the short-term bed-based provision that is commissioned by LLR CCGs to support discharge from hospital and enable appropriate assessment of long-term need...’

Table 2: Nursing /Care Home beds availability

Nursing/Care Home	Beds
Everdale Grange Leicester	14 short term beds
Harley Grange Leicester	Assess Beds
Grey Ferrers Leicester	Assess Beds
Langdale Care Homes Leicester	Assess Beds
Langdale House Ltd Stoney Stanton	Assess Beds
Langdale View LTD Leicester	Assess Beds
Scraptoft Court Leicester	Assess Beds
Nightingale's Nursing Home Wigston	Assess Beds
Prime Life Ltd, Caernarvon House, Leicester	Assess Beds
Rushcliffe Care Loughborough	Assess Beds
The Willows Nursing & Residential Home Market Harborough	Assess Beds

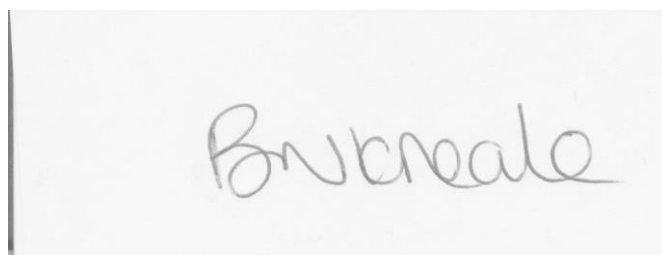
NONE of these establishments are local to Ashby (LE65)

In Conclusion

Since the closure of the Ashby and District Hospital in 2014 there has been a significant deterioration in the community health services provided for Ashby residents. The impact has been seen in “at home” care services, community hospital inpatient provision and other outpatient or community services previously provided. There has been no “*one stop state of the art facility*” as promised but a fragmented service which bears little resemblance to local provision. As previously mentioned, **ALL** of these issues were raised by Ashby Civic Society to the Health Overview and Scrutiny Committee (HOSC) at Leicestershire County Council on the 9th September 2015. We expressed our lack of confidence in the WLCCG and LPT but our concerns fell on deaf ears.

Therefore, Ashby Civic Society would like to refer this matter back to the HOSC so that they may re-scrutinise the situation with respect to the provision of Community Health Care services in Ashby.

Yours Sincerely,



Dr Barbara N. Kneale MBChB, MRCP, MFOM, BA Hons

On behalf of the Ashby Civic Society