COMMUNITY HEALTHCARE PROVISION FOR ASHBY RESIDENTS FOLLOWING THE CLOSURE OF ASHBY & DISTRICT COMMUNITY HOSPITAL

Report by Frank Bedford, MBE, on behalf of Ashby Civic Society

1 PURPOSE OF REPORT

1.1 This report sets out what steps have been taken on behalf of Ashby Civic Society to monitor the effects of the decision to close Ashby & District Community Hospital in 2014. This followed a public consultation commencing in 2013 as part of the 'Fit for the Future' Ashby Community Health Services Review – Improving Community Health Services for patients in Ashby.

1.2 This in the interests of Ashby residents to try to ensure that the NHS Community Health Services for patients in Ashby are as effective as possible in terms of patient care and experience and that of their carers and relatives.

1.3 The principal issues of concern that remain unresolved at the present time are:

- The effectiveness or otherwise of the healthcare that patients receive at home and in the local community and indeed in other local communities throughout Leicester, Leicestershire and Rutland (LLR). These being put in place to transform community healthcare at the time of the Ashby Community Health Services Review and since, as now set out under the NHS Better Care Together, which was formerly known as the Sustainability and Transformation Plan (STP).
- The re-provision and promised improvement of Outpatient and Therapy Services following the closure of Ashby & District Community Hospital.
- That patients from the Ashby area needing care in a community hospital or care home are frequently being placed in hospitals, nursing homes and care homes significant distances away, difficult to reach by public transport, and even where possible, involving a great amount of time and inconvenience. This being detrimental to the patient and visitors alike.
- That large sums of developer funding for healthcare provision were being held and not used and thereby potentially lost, especially as Ashby Community Hospital had been closed. This situation applying not only in relation to housing developments in Ashby and North West Leicestershire District, but throughout LLR.
- The future of the GP Surgery, North Street, Ashby.

2 BACKGROUND

2.1 The review had commenced in 2012 and was undertaken jointly by NHS West Leicestershire Clinical Commissioning Group (WLCCG) and Leicestershire Partnership NHS Trust (LPT), with WLCCG taking the lead.

2.2 Two options were put forward for consultation:

Option 1: Make best use of service provision in Ashby Community Hospital.
Option 2: Close Ashby Community Hospital. Make best use of Community Services in patients' homes and other Community settings.

In the event, the decision was taken to close Ashby Hospital (option 2).

2.3 Views gathered from patients and the public and others on their behalf prior to the formal consultation were said to have indicated that the issues that were most important were quality of care; public transport links, car parking for patients' carers and relatives and value for money, in that order.

2.4 The benefits given of changing included that there would be more services available for people to use in their existing area and that there would be closer working with GPs. The benefits of option 2 for inpatients included an undertaking that, where care at patient's homes was not appropriate, care would be provided in nursing home and care home beds when appropriate, as well as using wards in Loughborough Community Hospital or Coalville Community Hospital.

2.5 Since the closure of Ashby Community Hospital in October 2014, the Ashby Civic Society, as well as the Ashby Town Council and many individual patients, their carers and relatives, have been concerned that the undertakings that were made by WLCCG in conjunction with LPT during the review and consultation have not been met.

3 THE EFFECTIVENESS OR OTHERWISE OF THE HEALTHCARE THAT PATIENTS RECEIVE AT HOME AND IN THE LOCAL COMMUNITY

The Ashby Community Health Services Review

3.1 The introduction of the so-called 'new way of working' coincided with the 'Fit for the Future' Ashby Community Health Services Review that commenced in 2013.

3.2 WLCCG as part of that review had produced a document in July 2013 entitled 'The clinical case for change'. Quoting from the document, it stated:

- '*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.'* The document went on to set out an agreed set of objectives. Objective 3 was to '*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.'*
- '*The views of patients and the public are clear. …. The key priorities which emerged were:*
  - *High quality care, patient safety and patient experience are the most important considerations.*
  - *More care closer to home for the elderly, particularly to reduce travel to Leicester'*
- *'In early July 2013, clinicians representing primary, community and secondary care (both providers and commissioners) met to consider the clinical case for change to community health services in Ashby'. 'Specific areas raised included:*
  - *Ensure that any new models offer an improvement, are easier to access, at least as good as current Ashby services'.*

3.3 Following the public consultation, the Boards of WLCCG and LPT took the decision on 27 May 2014 to move services out of Ashby Hospital to other local places, to increase the range of community health services and provide more care in people's homes. The closure of the hospital took place at the end of October 2014. This despite a survey of public opinion in Ashby conducted by Ashby Civic Society with only 27 of the 3,000 or so forms completed in favour of the hospital's closure.

Monitoring and Review of Community Healthcare Services Effectiveness Under the New Arrangements

3.4 Since the review and closure of the hospital, the Ashby Civic Society has endeavoured to monitor and take note of any information received from members of the public on their experiences of the healthcare that patients have received at home and in the local community, as opposed to the previous arrangements, including inpatient care in the hospital. This had included dialogue with WLCCG on any problems that have arisen. However, this has not proven to have been very effective or conclusive.

3.5 In October 2018, WLCCG announced that people in Leicester, Leicestershire and Rutland were being asked to share their views on the healthcare that patients receive at home and in local communities as the local NHS looks to improve community health services. Patients who were receiving community-based healthcare and/or their family carers were encouraged to share views by completing a survey by 21 October 2018.

3.6 The Clinical Commissioning Groups (CCGs) in Leicester, Leicestershire and Rutland under 'Better care together' Leicester, Leicestershire & Rutland health and social care, arranged a series of 6 Community Services Engagements Events held around Leicester, Leicestershire and Rutland (LLR) during February and March. On 27th February 2019, I attended the event at Coalville.

3.7 The presentation included the results of the recent review and survey of community health services that have been introduced across LLR over recent years. The review had included meetings to capture the experiences of:

- Patients receiving community services (in their own home, in community and acute hospitals, in clinics and other settings) (n.63)
- Family carers (n.28)
- NHS staff who deliver community services (district nurses, community matrons, Intensive Community Support, community hospital staff, therapists, neuro and stroke service staff and primary care coordinators, etc), acute care staff and social care staff (n.83)
- Domiciliary care workers and care home staff (n.11).

3.8 The presentation included the responses given to a series of questions from these groups relating to their 'experiences of care and what matters most to them' for a number of 'emotional touchpoints of care'. These were shown in graphical form for the presentation, the experiences categorised over a range from positive to negative. The information given in this form for the presentation was considered to be difficult for those attending to assimilate. A separate graph was shown for each of the following groups and is given below, with the results highlighted green for positive, yellow for mixed, and red for negative experiences for clarity, as used by the NHS for their performance reports:

Patients in a community hospital bed:
Experiences positive for recovering in hospital (physical health), my relationship with staff, support from family, friends and neighbours, getting well enough to go home and keeping well as can be, coping with and preventing crisis.
Experiences negative for before going to hospital, getting admitted, emotional recovery, planning discharge and relationship with discharge team, avoid a hospital admission.

People receiving care in the place they call home:
Experiences mixed decisions about care, keeping physically well or as well as can be, emotionally well, relationship with health and/or social care staff, support from people in my life, preventing or coping with crisis, impact my condition has with my loved ones.
Experiences negative for relationship with GP, impact of my condition on my life, what gives confidence to receive all care at home.

Family carers:
Experiences mixed for relationship with health and social care support.
Experiences negative for involvement in decisions, supporting loved ones physically, supporting loved ones emotionally, managing pain, coordinating loved ones care, support at hospital discharge, managing a crisis, coping with caring, impact of caring on life.

Frontline staff:

Experiences mixed for relationship with person and family, involving and communicating with person and family, relationship with other health and social care staff, involving person in decisions about their care, employer and team support.

Experiences negative for decisions about care and referral, accessing other care, review and making referrals, coordinating and providing physical and emotional support, relationship and working with other services, follow up and review of a care plan.

Care home staff and domiciliary staff:

Experiences positive for relationship with person and family, involving and communicating with person and family.

Experiences mixed for decisions about care, reviewing and accessing other care, employer and team support.

Experiences negative for relationship with other health and social care staff, involving person in decisions about their care, coordinating and providing physical and emotional support, relationship and working with other services, my own health, wellbeing and personal resilience.

3.9 **It is clear from the results that the 'new way of working' put in place to transform community healthcare at the time of the Ashby Community Health Services Review and since, as now set out under the NHS Better Care Together, is not proving to be effective. The replacement services are shown not to be resourced sufficiently to operate effectively. The principle of 'discharge first and assess at home later' is shown not to have worked. It gives me no pleasure to say that this situation was what I and so many others predicted during the public consultation process on the future of Ashby and District Community Hospital. It was clear that the WLCCG had a fixed agenda to bring about the closure of the hospital, and were not prepared to be 'open minded' and listen to and take account of other views, arguments and concerns expressed during that 'so called' public consultation process.**

3.10 The presentation continued by setting out a series of 'High impact principles' to improve community services. This was followed by table-top discussions with those attending the event.

3.11 This was followed by the presentation of planned proposals for future community-based services, covering:

- Why we need to improve services provided in the community
- What we want to do, which will take 2-3 years of transformation
- What we have reviewed so far to support the improvements
- Planned first phase of improvements
- What else should we consider?

3.12 The presenters 'put on a brave face' when talking about the further measures that were being planned to improve things. However, many of the attendees during the question and answer session shared their concerns about how things could be significantly improved against a background of funding restrictions for both health and social care and an increasing ageing population with greater health problems.

3.13 **It is clear that there must be no further closures of Community Hospitals and reductions in beds throughout LLR unless and until alternative community-based services are shown to be effective.**

3.14 **Priority should be given to improving services in Ashby and District with the loss of Ashby and District Community Hospital**.

4 THE RE-PROVISION AND PROMISED IMPROVEMENT OF OUTPATIENT AND THERAPY SERVICES FOLLOWING THE CLOSURE OF ASHBY & DISTRICT COMMUNITY HOSPITAL

The Ashby Community Health Services Review and Undertakings Given

4.1 The public consultation document for the Ashby Community Health Services Review included the following undertaking for option 2: '*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.'*

4.2 In respect of Outpatient and therapy services: '*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.'*

4.3 The strengths of Option 2 were stated as including:

- *clinics remain in the Ashby area and their range would be extended offering a wider range of services, e.g. consultant geriatrician clinics*
- *allows more integration of health and social care services*
- *allows services to expand in line with the growing population's needs.*

Monitoring and Review

4.4 These undertakings have only been honoured in part. Whist some outpatient and therapy services have been relocated and provided in Ashby; many have not. Continued challenge on this subsequent to the decision to close the Ashby Hospital has generally been met by WLCCG arguing that services are 'still local to Ashby', where they are available at locations such as Coalville and Loughborough, despite this being contrary to the undertakings given as part of the public consultation.

4.5 In my email of 8 January 2018 to WLCCG, I referred to the information included in the WLCCG and LPT's joint Consultation and Questionnaire 'Fit for the Future' Ashby Community Health Services Review – Improving Community Health Services for patients in Ashby. This set out what would happen to the various health services in the event of closure of Ashby Community Hospital. It was at the meeting of 27 May 2014 that this document was presented and formed the basis of the decisions that were made by both WLCCG and LPT Boards to close the hospital.

4.6 In WLCCG's Mr Chudasama's response of 22 January 2018, he simply ignored the fact that in the Review Consultation documentation the following undertaking had been given: ***'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'.*** He responded *'I can confirm that the CCG has reviewed the further information provided in your email, but maintain our position that Ashby is local to Coalville, given that it is a distance of 6 miles between the two towns.'*

4.7 I emailed WLCCG again on 30 January 2018. I pointed out that I had gone through the list of clinics no longer available in Ashby as listed in my email of 8 January 2018 and compared them to the clinics detailed in the report to the WLCCG Board of 9 December 2014 approving the proposals. I set out the following comments:

- **Dermatology**. A vague commitment to provide, in the event at Coalville Hospital.
- **Cardiology.** This refers to **the setting up of a 'one stop' cardiology service for Ashby residents once they have their new health facility** to incorporate ECG, 24hr tapes and other

basic tests improving patient care and reducing the need to go to an acute hospital, if not appropriate.

- **Falls Clinic.** Looking to **provide a Falls Clinic within Ashby once the new health facility is available.**
- **ENT. Intend to provide an Audiology Service to the residents of Ashby over the next 1-2 years.**
- **Community Children's Services. .... once facilities are available, it (the Alliance) would be keen to have a paediatric Community Clinic established for the residents of Ashby to access.**
- **Other Services. The elective Service also has a role in supporting patients with Long Term Conditions and is looking, as part of the Health community, to support programmes such as Cardiac and Pulmonary Rehab, development of back pain rehabilitation services and others.**

4.8 I pointed out that it was clear from the above extracts from the report that the Board in approving the report did so based on the stated intentions above with the clinics located in Ashby once the new health facility was available.

4.9 There was no specific reference in the report concerning the other outpatient clinics previously provided at Ashby Hospital, namely General Surgical, Gynaecology, Audiology, Enuresis and Home Oxygen. It would be reasonable for Board members to presume that these clinics would have been included in the section 'Other Services', which includes the expression 'such as', followed by the ones specifically listed. **I therefore maintained that the undertakings given to the WLCCG Board in the report had not been fulfilled** and that the matter of what was considered to be 'local to Ashby' was not the issue.

4.10 Mr Chudasama responded on 6 March 2018, in which he included the following comments:

'*The report to the CCG's Governing Body dated 9th December 2014 stated that The Alliance were looking to develop a Dermatology Clinic to support local patients. I can confirm that Dermatology Clinics are provided on a weekly basis at Coalville and Loughborough Hospitals and can be accessed through the E-referral service. Please note that dermatology services were only available on a monthly basis when they were provided at Ashby Hospital.*

In addition to this, the report also discussed moving a number of clinics such as ENT (ear, nose and throat), general surgery and gynaecology to Coalville Hospital and I can confirm that all of these clinics are available at both Coalville and Loughborough Hospitals. The report also discussed creating a cardiology and audiology service and I can confirm that both of these services are available directly in Ashby. For example, an audiology/balance service provided by the University Hospitals of Leicester NHS Trust (UHL) is available at Ashby Health Centre one day per week and the CCG has also commissioned a new ultrasound service at Ashby Health Centre, which is provided by Diagnostic World two days per month. An ultrasound service was not available in Ashby in 2014/15. With regards to cardiology, an echocardiogram service is provided by PDS Medical 1-2 days per month also at Ashby Health Centre. As mentioned in the report, it is hoped that these local clinics will reduce the need for patients to go to acute hospitals for treatment.

I understand that the report also stated that The Alliance would look to provide a Falls Clinic in Ashby when the health facility was available. Unfortunately, it has not been possible to provide a Falls Clinic in Ashby, as the UHL Consultant workforce is currently maximised however, Fall Clinics are available in both Loughborough and Coalville, therefore Ashby residents are still able to receive care in a local environment.'

In relation to the remaining services you discussed, such as children's community services and elective services, I respectfully confirm that Ashby was suggested as a possible location, but the CCG did not confirm that these services would be provided in Ashby. The report stated that The

Alliance would be eager to establish a paediatric community clinic that residents of Ashby can access and the CCG considers that Ashby and local surrounding areas are all sufficient points of access. The Children's Commissioning Team at Leicester City CCG are currently leading a review of children's services across the whole of Leicester, Leicestershire and Rutland (LLR) and the paediatric community clinic will be considered as part of the review. I can also confirm that a range of elective services are being reviewed through the STP (Sustainability & Transformation Partnership) work streams.

I hope this reassures you that the CCG has fulfilled its obligations in relation to the clinics discussed above.'

4.11 In the light of these responses, I would make the following further comments in relation to each of the clinics:

- **Dermatology**. **The previous monthly clinic in Ashby is not now available.** (WLCCG response: '*Weekly clinics at Coalville and Loughborough Hospitals.')*
- **Cardiology.** WLCCG response: '*With regards to cardiology, an echocardiogram service is provided by PDS Medical 1-2 days per month also at Ashby Health Centre.'* (It was not known how this service compares with **the setting up of a 'one stop' cardiology service for Ashby residents once they have their new health facility** to incorporate ECG, 24hr tapes and other basic tests improving patient care and reducing the need to go to an acute hospital if not appropriate. I have since asked WLCCG on this, but this point has not been answered. **However, Dr John Addison, Executive Partner of Castle Medical Group GP Practice, Ashby has since advised me that the echocardiogram service provided does not compare with a 'one stop' cardiology service as promised.**)
- **Falls Clinic.** Looking to **provide a Falls Clinic within Ashby once the new health facility is available.** WLCCG response: **'***Fall Clinics are available in both Loughborough and Coalville.'* I have since made further enquiries with WLCCG on this and have been referred to developments in relation to falls. Namely, work to develop the Falls Management Exercise (FaME) programme and the availability of a preventing falls leaflet. **This does not compare with a Falls Clinic within Ashby at the new health facility when available and which could be accommodated at Castle Medical Group's Ascebi House.**
- **ENT. Intend to provide an Audiology Service to the residents of Ashby over the next 1-2 years.** WLCCG response: '*An audiology/balance service provided by the University Hospitals of Leicester NHS Trust (UHL) is available at Ashby Health Centre* (Now Castle Medical Group - Ascebi House) *one day per week and the CCG has also commissioned a new ultrasound service at Ashby Health Centre* (Now Castle Medical Group - Ascebi House), *which is provided by Diagnostic World two days per month.*
- **Community Children's Services. .... once facilities are available it (the Alliance) would be keen to have a paediatric Community Clinic established for the residents of Ashby to access.** WLCCG response: '*the CCG considers that Ashby and local surrounding areas are all sufficient points of access*. *The Children's Commissioning Team at Leicester City CCG are currently leading a review of children's services across the whole of Leicester, Leicestershire and Rutland (LLR) and the paediatric community clinic will be considered as part of the review*.' (There was previously a teenage health clinic at Ashby Hospital where young people were able to discuss any aspect of their health with a member of the school nurse team. I have now established that the Leicestershire Partnership NHS Trust's School Nursing Service provides a comprehensive health service to the school-aged population at all the schools in Ashby and therefore this is most satisfactory.
- **Other Services. The elective Service also has a role in supporting patients with Long Term Conditions and is looking, as part of the Health community, to support programmes such as Cardiac and Pulmonary Rehab, development of back pain rehabilitation services and others.** WLCCG response: '*I can also confirm that a range of elective services are being reviewed through the STP (Sustainability & Transformation Partnership) work streams.'* **Therefore, these services have yet to be provided.**

4.12 Dr John Addison, Executive Partner of Castle Medical Group GP Practice, Ashby, emailed me on 21 March 2019 in response to my enquiry relating to patients from the Ashby area needing care in a community hospital frequently being placed in hospitals significant distances away. Dr Addison was involved in early July 2013 when clinicians representing primary, community and secondary care (both providers and commissioners) met to consider the clinical case for change to community health services in Ashby. Castle Medical Group serves over 15,000 patients in the Ashby area, as well as taking on a Caretaking role for The Surgery, North Street Practice from 1/3/2019 for a 6-month period whilst the WLCCG decide about the future of the Practice. In his email to me of 21 March 2019, he states: ***'I sympathise with issues raised with regard to the closure of Ashby Hospital and we also feel that promises made at that time have not been followed through'.*** **At a meeting with Dr Addison on 11th July 2013, having received a copy of this report, he concurred with the views/concerns expressed and the conclusions drawn.**

5 THAT PATIENTS FROM THE ASHBY AREA NEEDING CARE IN A COMMUNITY HOSPITAL OR CARE HOME ARE FREQUENTLY BEING PLACED IN HOSPITALS, NURSING HOMES AND CARE HOMES SIGNIFICANT DISTANCES AWAY

Enquiries Made to Establish the Extent of Discharge to Various Community Hospitals

5.1 Since the closure of Ashby & District Community Hospital, the Ashby Civic Society as well as the Ashby Town Council and many individual patients, their carers and relatives have been concerned that since the closure of Ashby Hospital at the end of October 2014 patients from the Ashby area needing care in a community hospital are frequently being placed in hospitals other than Loughborough or Coalville. These being significant distances away, difficult to reach by public transport, and even where possible, involving a great amount of time and inconvenience. This being detrimental to the patient and visitors alike.

5.2 I first raised this with WLCCG on 13 April 2018 when I asked for this information. Their response on 30 May 2018 was that they did not hold this information and therefore I may wish to contact LPT. This was followed by further correspondence with WLCCG, including my email of 16 July 2018 when I reiterated that this also involved hospitals within the Burton and Derby Trusts. I commented at the time that '*I would have expected the WLCCG to have been just as interested as I am on this as part of monitoring the consequences of the changes made. After all, it is the WLCCG who are commissioning these services on the public's behalf'.*

5.3 Despite further correspondence, WLCCG continued to refuse to obtain this information for me. As a consequence, I obtained this information myself from the Trusts as a result of requests made on 7 November 2018 under the Freedom of Information Act (FOI). This is summarised as follows:

Leicestershire Partnership NHS Trust (LPT)
94 patients from the LE65 area have been admitted to Community Hospitals between November 2014 and October 2018:

Coalville Community Hospital *[Broom Leys Road, Coalville]*	43	[46%]
Evington Centre - City Beds Unit *[Leicester General Hospital, Evington]*	3	[3%]
Fielding Palmer Hospital *[Gilmorton Road, Lutterworth]*	1	[1%]
Hinckley & Bosworth Community Hospital *[Ashby Road, Hinckley]*	21	[22%]
Loughborough Hospital *[Epinal Way, Loughborough]*	15	[16%]
Melton Mowbray Hospital *[Thorpe Road, Melton Mowbray]*	4	[4%]
Rutland Memorial Hospital *[Cold Overton Road, Oakham]*	4	[4%]
St Luke's Hospital *[Leicester Road, Market Harborough]*	3	[3%]

5.4 From this, it was established that only 62% of the LPT's Ashby (LE65 postal district) patients have been accommodated in Loughborough or Coalville Community Hospitals, the remaining 38%

being accommodated in LPT community hospitals elsewhere throughout Leicester, Leicestershire and Rutland (LLR).

5.5 **University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)**
Derby has 39 patients recorded from postcode LE65 between 1 November 2014 and 31 October 2018 as receiving care in their community hospitals; Burton has 100 patients since April 2015 (data prior to this is not available).

London Road Community Hospital *[London Road, Derby]*	39
Samuel Johnson Community Hospital *[Trent Valley Road, Lichfield]*	33
Sir Robert Peel Community Hospital *[Plantation Lane, Mile Oak, Tamworth]*	67

5.6 Adding in the 139 patients accommodated in UHDB community hospitals means **that only 58 of the 233 Ashby patients (25%) were accommodated in either Coalville or Loughborough hospitals.**

5.7 This is leading to significantly extra travel for families, carers and other visitors who have their own or can arrange transport and generally extremely difficult or impossible for those having to use public transport. This is a very significant factor for the patient's recovery and not simply for their visitors' ability to see them.

5.8 As a result of this information, I sought comments together with further information from WLCCG, LPT, UHDB and Ashby GP practices on 14 January 2019 under the Freedom of Information Act.

Further Responses Received from NHS Bodies

5.9 The responses received from UHDB and LPT were helpful and informative. The response from UHDB is particularly so and is given below:

University Hospitals of Derby and Burton NHS Foundation Trust

For all patients being discharged from either of our acute hospitals (Royal Derby or Queen's Burton), we are aiming to discharge them into the right setting (home with support, residential care or nursing care) to meet their needs; either in their own home or close to it, and to do so first time, so patients do not have a double move. However, there are factors which can influence this:

1) Patient Choice
For example, if a West Leicestershire patient who is registered with a Castle Donington GP is assessed as needing a community hospital bed, then they may prefer to go to London Road. As you indicate, a resident of Ashby will have a different view, and we should be aiming to discharge them into Leicestershire.

2) Available Capacity
The timely availability of capacity in the relevant discharge setting can be a factor.

- *There may be no capacity.*
- *Sometimes there are particular restrictions on the capacity available and the service will not accept the patient being referred due to their needs.*
- *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.*
- *Patient transport can also be a factor and we do often experience delays for Leicestershire patients; although we would not normally move the patient off the acute site if the discharge is arranged and all they are waiting for is transport.*

If a West Leicestershire patient could be discharged to a service back in Leicestershire, but that service has no capacity to take them at the time required, then this can result in the patient being transferred to one of our community hospitals at London Road in Derby, Lichfield or Tamworth pending Leicestershire capacity becoming available. We are not able to retain patients who are medically fit on the acute hospital site if our bed occupancy level is high, and we need to maintain the flow of discharges to create bed capacity for acutely unwell patients requiring admission.

The occasions that patients are transferred into one of our community hospitals rather than being discharged directly from the acute site back into a service in Leicestershire are not ideal and we would acknowledge your concerns about the implications for visitors/carers and potential impact on patients. It would also be desirable both from the University Hospitals of Derby and Burton Trust perspective and to Leicestershire partners to discharge patients back into the correct Leicestershire service first time, but that service does need to be available when we need it.

Representatives from the Queen's Hospital, Burton discharge team met with colleagues from Leicestershire Clinical Commissioning Groups, Leicestershire Partnership Trust and Leicestershire County Council on 24 January 2019 to discuss the current arrangements and a number of actions have been agreed to improve information sharing and situational awareness; as well as access to Leicestershire 'discharge to assess' pathways and community services. These actions have also been shared with the Royal Derby Hospital discharge team.

Our Trust will be continuing to work with Leicestershire partners to improve the situation, but would emphasise the timely availability of community capacity and transport to Leicestershire is crucially important to maintain flow in our acute hospital beds to avoid transfers to Derby, Lichfield and Tamworth community hospitals.

5.10 The penultimate paragraph of this response is particularly encouraging and indicates a recognition of the concerns expressed. Namely, that patients from the Ashby area needing care in a community hospital are frequently being placed in hospitals significant distances away, difficult to reach by public transport and, even where possible, involving a great amount of time and inconvenience. As the meeting referred to took place on 24 January 2019, it was clear that the meeting was arranged as a result of my enquiries of 14 January 2019.

5.11 **It will be important that further monitoring takes place to establish the effectiveness of the agreed actions and it is suggested that the results be established again over a further 12 months period. It is possible, indeed quite likely, that other patients in other areas of Leicestershire and Rutland and receiving treatment in an acute hospital in an adjacent county will not be being discharged into a more conveniently located community hospital within their own county, as has been happening for Ashby patients. This needs to be investigated elsewhere to ensure that this is not the case.**

Response from West Leicestershire CCG

5.12 The response from WLCCG of 12 February 2019 doesn't make for such good reading. In particular, the response to my questions: What level of use has been made of care in nursing homes and care home beds for Ashby patients since the closure of Ashby and District Community Hospital as an alternative to care in another community hospital? Where are these nursing and care homes located and how many patients have been accommodated in each? Does the NHS fund a specific number of nursing home beds for local patients or pay for each patient nursing home stay? If the NHS does not fund them, then who does?

5.13 The response to this question was as follows:

'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. This means home is considered first and foremost and bed base is utilised if it is not possible to support discharge home initially. 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.

The LLR CCGs commission 14 short term reablement beds in a Residential Care Home Everdale Grange, Lutterworth Road, Leicester) and Discharge to Assess beds in Nursing Homes across LLR – the Discharge to Assess beds are available in the following locations:

- *Harley Grange, 25 Elms Road, Leicester, Leicestershire, LE2 3JD*
- *Grey Ferrers, Priestley Road, Off Blakemore Drive, Braunstone, Leicester LE3 1LF*
- *Langdale Care Homes Ltd, Everdale Grange, 78-80 Lutterworth Rd, Leicester LE2 8PG*
- *Langdale House Ltd, 6 Church St, Stoney Stanton, Leicestershire, LE9 4FG*
- *Langdale View Ltd, 590 Gipsy Lane, Leicester, LE5 0TB*
- *Scraptoft Court, 273a, Scraptoft Lane, Leicester LE5 2HT*
- *Nightingale's Nursing Home, 35 Aylestone Lane, Wigston, LE18 1AB*
- *Prime Life Ltd, Caernarvon House, Leicester, LE2 3JN*
- *Rushcliffe Care, Epinal Way Care Centre, Loughborough, Leics, LE11 3GD*
- *The Willows Nursing & Residential Home, 105-107 Coventry Rd, Market Harborough, LE16 9BX*

The numbers of WLCCG patients who have been accepted into the 14 short-term reablement beds is as follows. The information is not held at postcode level, with the service commencing in July 2018. A phased implementation was requested to support the new service providers to settle into the contract.

Month	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Total*
WLCCG	*2*	*2*	*6*	*3*	*1*	*3*	*2*	*19*

Both of the above services meet different needs and are not an alternative to a community hospital, as they serve a different purpose, and as such are resourced differently. (To note, a patient can be discharged to these beds from a community hospital if it is felt clinically appropriate to do so to ultimately support safe discharge to home/usual place of residence).

The reablement beds and Discharge to Assess beds are accessed using clear criteria and are for all LLR GP registered patients who meet the criteria.

The NHS does fund or partly fund some patients' long-term nursing care in nursing care homes based upon clear indicators that need to be evidenced during a Continuing Health Care assessment. This process is separate to the services outlined above. If the patient is assessed and does not meet all of the criteria for NHS funding, a decision will be made based upon other factors about who pays for the care. It could be the patient, social care or a combination of these.'

5.14 **Regarding the 14 short-term reablement beds and the Discharge to Access beds commissioned by the LLR (W Leics, E Leics incl. Rutland and Leicester City) CCG's, it should be noted that the former beds are all in Leicester and the latter are at 10 care homes, 6 in Leicester, 1 in Stoney Stanton, 1 in Wigston, 1 in Loughborough and 1 in Market Harborough. Not exactly 'care local to home', as promised for Ashby residents in the Ashby Community Health Services Review.**

6 DEVELOPER FUNDING FOR HEALTHCARE

6.1 I and other members of Ashby Civic Society had attended The North West Leicestershire District Council's (NWLDC) Policy Development Group Meeting of 28 June 2017, which included a presentation given by WLCCG at that meeting. The Update Report - S106 Contributions to Health stated (2.2) that '*at the time of writing this report, meetings were due to take place between officers and the CCG to agree how and when the Ashby money, in particular, will be spent'.* Table 2 of the report showed the S106 monies secured for various towns/villages, split between 'Time expired' and 'Not time expired'. The minutes of that meeting record the concerns that such large sums of money were being held and not used and thereby potentially lost, especially as Ashby Community Hospital had been closed. (At which local outpatient clinics, as well as inpatient beds were previously accommodated.)

6.2 I and Ian Webb representing the Ashby Civic Society had attended the meeting of the Leicestershire County Council's Health Overview and Scrutiny Committee (LCC HOSC) of 5 September 2018. The Committee received a report of West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups which provided an overview of how Section 106 healthcare contributions were managed by the NHS and the process followed to ensure that all possible funding was received from developers.

6.3 Various concerns were expressed by members of the Committee, including lack of transparency of the process, wide variations in contributions secured by different District Councils and sums of monies remaining unspent after the agreement expiry dates and potentially lost.

6.4 With the permission of the Chairman, I and Mr Webb addressed the Committee with regard to concerns raised by the Ashby Civic Society about the use of Section 106 monies to fund healthcare developments in Ashby.

6.5 Appendix A of the report was Section 106 Healthcare Contribution Process - West Leicestershire CCG. The purpose of the report was stated to be *'to provide an overview of how Section 106 healthcare contributions are managed by the NHS and the process followed to ensure that all possible funding is received from developers*'. The report went on to state: '*WLCCG developed and implemented this process to support the management of Section 106 contributions, which has since been adopted by ELRCCG.'* **It was noted that there was nothing in the flowchart process covering what happens if the Planning Authority doesn't secure the full S106 funding the CCG is asking for.**

6.6 I attended the NWLDC's Policy Development Group meeting on 6 March 2019, when an update report 'Section 106 Contributions to Health' was considered. It was noted that money was only being sought for GP practices and not for other community healthcare facilities, such as for community hospital facilities, community nursing, local outpatient clinics, beds in local care homes for community healthcare, 'care at home' services, etc. **It is considered that the NHS should be seeking an element of S106 healthcare funds for these aspects of community healthcare as well as simply for GP surgeries.**

6.7 **The Ashby Civic Society's concerns remain that large sums of money were being held and not used by the S106 Agreement expiry date and thereby potentially lost.**

7 THE SURGERY, NORTH STREET, ASHBY

7.1 Dr D L Dawes' practice on North Street Ashby provided a second GP practice for the residents of Ashby and district. With the relocation of Castle Medical Group's GP practice from North Street to the outskirts of the town on Burton Road, access to this practice has become more difficult for those without their own transport or with difficulty to walk, in particularly the elderly. This being worsened by the loss of the town bus service and other bus services on Burton Road being

infrequent and resulting in some patients having to use taxis at significant cost. This led to some patients seeking to transfer to Dr Dawes practice.

7.2 The Care Quality Commission carried out an inspection of the practice on 6 February 2018 and published a Quality Report on the inspection dated 17th April 2018. The report assessed the practice as inadequate in respect of: are services safe? are services effective? are services well-led? The report assessed the practice as good in respect of: are services caring? are services responsive? This resulting in an overall rating for the service as inadequate.

7.3 However, in the report's Summary of Findings there are many positive findings, including:

- Improved system in place for reporting and recording significant events, lessons shared to make sure action taken to improve safety.
- An effective system in place to safeguard children and vulnerable adults.
- **The most recent results from the GP patient survey published in July 2017 was consistently high and showed extremely positive patient satisfaction in all of the 23 outcomes. The practice had been ranked top in Leicestershire.**

7.4 The report Summary stated that no further action was being taken, as the practice had begun the process to merge with another local GP practice (Measham Medical Unit). At this point in time WLCCG were planning to spend S106 developer funding on the practice. The WLCCG sent out a letter dated 18 February 2019 to all patients of the practice informing that Dr Dawes and partners at Measham Medical Unit had decided that the merger between the two practices would unfortunately no longer go ahead. Also, that the CCG has appointed a 'caretaker' organisation, Castle Medical Group, to run The Surgery for six months initially while working to determine a longer-term solution. It is not known what the position is now with regard to spending the S106 monies. Dr Addison has advised me that the Caretaking of The Surgery has presented significant challenges with the premises in need of much renovation and cost to bring them to suitable standard; a large Practice list of 4000 (average GP has around 1800 patients) with a large Practice Area and with many patients living outside the Practice Area; and inadequate staffing levels that have required bolstering from Castle Medical Group. In addition there are the known deficiencies within the running of the Practice that resulted in the CQC report already alluded to.

7.5 This coincided with a report in the Daily Mail of 28th February 2019 that a poll revealed that 42 per cent of GP's intend to leave the profession or retire within the next five years. It is likely that an additional percentage will chose to seek employment abroad. One can only hope that the CCG will give every assistance and support to ensure that any shortcomings are addressed and the practice can continue into the longer term to provide the good patient satisfaction that it has achieved. In particular, for those patients who have trouble with access and cost implications of attending Castle Medical Group's practice on Burton Road.

8 CONCLUSIONS

8.1 **It is considered that the relevant local authorities and Parliamentary representatives, namely Ashby Town Council, North West Leicestershire District Council, Leicestershire and Rutland County Councils, Leicester City Council and MPs, should consider and take up the various aspects covered by this report and to seek responses from the various NHS bodies on behalf of the residents of the Ashby area and indeed other areas of the Counties and Leicester City as appropriate. This should include requirements for regular monitoring and reporting of any progress on improvements, at a minimum of yearly intervals.**

8.2 The Ashby Civic Society members have worked hard over the last seven years to secure the best level of NHS Community Healthcare Provision for Ashby and indeed the wider public. This commensurate with the financial limitations placed on the NHS and the promises made by the NHS at the time of the Ashby Community Health Services Review and the introduction of the

'New Way of Working' for Community Healthcare Provision, first introduced at the time of that Review.

8.3 However, it is recognised that we do not have the statutory powers and duties to bring about such provision and therefore we look to those who do to bring this about.

Frank Bedford, MBE
On behalf of Ashby Civic Society

14th July 2019